

**Governing Body**  
**10.00 am – 2.00 pm, Wednesday 9 June 2021**  
**Held via video conferencing**

**Agenda**

| <b>Members</b>       |       |                                                                                          | <b>Apologies</b> |
|----------------------|-------|------------------------------------------------------------------------------------------|------------------|
| Dr Khalid Naeem      | (KN)  | GP Member for Batley and Birstall and Clinical Chair                                     | -                |
| Dr Razwan Ali        | (RA)  | GP Member for Tolson and Clinical Vice-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                                                                       | -                |
| Dr Gareth Price      | (GP)  | GP Member for Valleys                                                                    | -                |
| 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                                          | -                |
| <b>In Attendance</b> |       |                                                                                          |                  |
| 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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|------|
| <b>1. Welcome and introductions</b><br>- To open the meeting with introductions.                                                                                                                                                               | 10.00 | KN | -    |
| <b>2. Vision and Values</b><br>- The Vision and Values are attached for reference.                                                                                                                                                             | -     | KN | 005  |
| <b>3. Apologies and Declarations of Interest</b><br>- To note and record any apologies.<br>- Those in attendance are asked to declare any interests presenting an actual/potential conflict of interest arising from matters under discussion. | -     | KN | -    |
| <b>4. Accuracy of Minutes from 14 April 2021, Matters Arising, Action Logs</b><br>- To approve the minutes/review matters arising/outstanding actions.                                                                                         | 10.10 | KN | 006  |
| <b>5. Questions from Members of the Public</b><br>- The relevant guidance is attached for reference.                                                                                                                                           | 10.15 | KN | 022  |
| <b>6. Patient Story</b><br>- To share a patient's experience of healthcare.<br><b>Contact:</b> Penny Woodhead, Chief Quality and Nursing Officer                                                                                               | 10.30 | PW | -    |

### ITEMS FOR DECISION/ASSURANCE/STRATEGIC UPDATES

| ITEM                                                                                                                                                                            | Time  | By        | Page |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------|------|
| <b>7. Annual Report and Accounts 2020/21</b><br>- To approve the Annual Report and Accounts.<br><b>Contact:</b> Carol McKenna, Chief Officer/Ian Currell, Chief Finance Officer | 10.45 | CM/<br>IC | 023  |
| <b>8. Annual SIRO Report 2020/21</b><br>- To receive the report.<br><b>Contact:</b> Ian Currell, Chief Finance Officer                                                          | 10.55 | IC        | 364  |

### BREAK: 11.05 – 11.10

|                                                                                                                                                                     |       |    |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|-----|
| <b>9. Annual Complaints Report 2020/21</b><br>- To receive the report.<br><b>Contact:</b> Laura Ellis – Head of Corporate Governance                                | 11.10 | LE | 384 |
| <b>10. Communications and Engagement Annual Report 2020/21</b><br>- To receive the report.<br><b>Contact:</b> Siobhan Jones – Head of Communications and Engagement | 11.20 | SJ | 408 |
| <b>11. Communications and Engagement Strategy 2021/22</b><br>- To approve the strategy.<br><b>Contact:</b> Siobhan Jones – Head of Communications and Engagement    | 11.30 | SJ | 461 |
| <b>12. Financial Plan H1 2021-22</b><br>- To approve the plan.<br><b>Contact:</b> Ian Currell, Chief Finance Officer                                                | 11.40 | IC | 487 |
| <b>13. Committee Work Plans</b><br>- To receive the work plans.<br><b>Contact:</b> Laura Ellis – Head of Corporate Governance                                       | 11.55 | LE | 497 |

### ROUTINE REPORTS

| ITEM                                                                                                                      | Time  | By | Page |
|---------------------------------------------------------------------------------------------------------------------------|-------|----|------|
| <b>14. Chair's and Chief Officer's Report</b><br>- To receive the report.<br><b>Contact:</b> Carol McKenna, Chief Officer | 12.00 | CM | 511  |

| ITEM                                                                                                                         | Time  | By | Page |
|------------------------------------------------------------------------------------------------------------------------------|-------|----|------|
| <b>15. Finance and Contracting Update</b><br>- To consider the report.<br><b>Contact:</b> Ian Currell, Chief Finance Officer | 12.10 | IC | 518  |

**BREAK: 12.25 – 12.40**

|                                                                                                                                                                                                                                                       |       |    |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|-----|
| <b>16. Quality and Safety Report and Quality Dashboard</b><br>- To receive the update and consider any issues raised.<br><b>Contact:</b> Penny Woodhead, Chief Quality and Nursing Officer                                                            | 12.40 | PW | 532 |
| <b>17. Performance Report against Key Performance Indicators for 2021/22</b><br>- To receive the update and consider any issues raised.<br><b>Contact:</b> Natalie Ackroyd, Senior Strategic Planning, Performance and Service Transformation Manager | 12.55 | NA | 543 |
| <b>18. High Level Risk Report: Cycle 1 2021/22 (April – June 2021)</b><br>- To review and be given assurance regarding the risk register and log.<br><b>Contact:</b> Nick Lamper, Governance Manager (Corporate Governance & Risk)                    | 13.05 | NL | 575 |

**ITEMS FOR INFORMATION**

| ITEM                                                                                                                                                                                                                                                        | Time  | By | Page |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|------|
| <b>19. Governing Body Work Plan</b><br>- To review the work plan.<br><b>Contact:</b> Laura Ellis, Head of Corporate Governance                                                                                                                              | 13.15 | LE | 587  |
| <b>20. Receipt of Minutes</b><br>- To receive copies of minutes for information purposes:-<br>- Kirklees Health and Wellbeing Board – 26 November 2020<br>- West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups – 12 January 2021 | 13.20 | KN | 589  |
| <b>21. Any Other Business</b><br>- To discuss any other business raised and not on the agenda.                                                                                                                                                              | -     | KN | -    |
| <b>22. Date and Time of Next Meeting</b><br>The next meeting of the Governing Body will be held at 10.30 am on Wednesday 11 August 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.”

**BREAK: 13.25 – 13.30**

| ITEM                                                                                                                                                                      | Time  | By | Page      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|-----------|
| <b>23. Declarations of Interest (private session)</b><br>- To declare any interests arising from matters under discussion.                                                | 13.30 | KN | -         |
| <b>24. Accuracy of Minutes from 14 April 2021, Matters Arising, Action Logs (private session)</b><br>- To approve the minutes/review matters arising/outstanding actions. | -     | KN | To follow |

## ROUTINE REPORTS

| ITEM                                                                                                                                                                                                                  | Time  | By | Page |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|------|
| <b>25.Private Quality and Safety Report</b> <ul style="list-style-type: none"><li>- To receive the update and consider any issues raised.</li></ul> <b>Contact:</b> Penny Woodhead, Chief Quality and Nursing Officer | 13.35 | PW | 600  |
| <b>26.Governing Body Remuneration – Co-opted Members and Subject Specialists</b> <ul style="list-style-type: none"><li>- To approve the remuneration.</li></ul> <b>Contact:</b> Jenna McGuinness, HR Manager, NECS    | 13.45 | JM | 623  |

## ITEMS FOR INFORMATION

| ITEM                                                                                                                                       | Time | By | Page |
|--------------------------------------------------------------------------------------------------------------------------------------------|------|----|------|
| <b>27.Any Other Business</b> <ul style="list-style-type: none"><li>- To discuss any other business raised and not on the agenda.</li></ul> | -    | KN | -    |

**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 Kirklees CCG  
Governing Body Meeting (Public Session)**  
held at 10.00 am on Wednesday 14 April 2021  
Held via video conferencing

**Governing Body Members Present:**

|                      |      |                                                      |
|----------------------|------|------------------------------------------------------|
| 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      |

**In Attendance:**

|                     |       |                                                                                          |
|---------------------|-------|------------------------------------------------------------------------------------------|
| 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                                                    |
| Alison Needham      | (AN)  | Head of Finance                                                                          |
| 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                                             |

**Apologies:**

|                 |      |                                                                           |
|-----------------|------|---------------------------------------------------------------------------|
| Natalie Ackroyd | (NA) | Senior Strategic Planning, Performance and Service Transformation Manager |
| Richard Parry   | (RP) | Strategic Director for Adults and Health, Kirklees Council                |

**Minutes:**

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

**Four members of the public joined the meeting, along with some members of CCG staff.**

## **1 Welcome and Introductions**

KN welcomed everyone to the meeting.

## **2 Vision and Values**

The CCG's Vision and Values were submitted for reference.

## **3 Apologies and Declarations of Interest**

Apologies were received as detailed above.

In respect of the Governing Body Expenses Policy, all Governing Body members except KN, CM, IC and PW declared direct financial interests in the policy. As no material discussion was expected on this item (due to it being an existing policy), conflicted members would not participate in this part of the CCG Policies Approval item (minute 9).

## **4 Accuracy of Minutes from Last Meeting of Greater Huddersfield and North Kirklees CCG Governing Bodies held on 10 February 2021**

### **Greater Huddersfield CCG**

The minutes of the meeting held on 10 February 2021 were **APPROVED** as a correct record, subject to the substitution of "eligible" for "qualifying" and "pop-up clinic" for "vaccination centre" in the fifth and seventh paragraphs respectively of the preamble to minute 107.

### **North Kirklees CCG**

The minutes of the meeting held on 10 February 2021 were **APPROVED** as a correct record, subject to the substitution of "eligible" for "qualifying" and "pop-up clinic" for "vaccination centre" in the fifth and seventh paragraphs respectively of the preamble to minute 107.

## **5 Questions from Members of the Public**

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

The following questions had been submitted in advance of the meeting:-

- (1) Since the merger, how many GHCCG and NK CCG board members have lost their seats on the board?

(2) Has the merger resulted in any staff losing their jobs?

KN invited CM to respond to these and she provided the following answers:-

- (1) The Governing Bodies of the two former CCGs had come to an end and, prior to that, a process had been undertaken to appoint to the Governing Body of the new CCG in accordance with a model incorporating representation from each of the localities. As such the concept of members losing their seats was not applicable to the supersession of the former Governing Bodies by the new one.
- (2) No staff had lost their jobs as a result of the merger; they had transferred to the new organisation in accordance with the relevant organisational change policies. This had been facilitated to a large extent by the arrangements in place at the former CCGs whereby the majority of staff had been in shared roles working in shared teams.

## **6 Patient Story**

PW presented a video featuring the video diary of a patient living with Long COVID over the course of 128 days.

The Governing Body discussed and reflected upon the content of the video.

RA welcomed the video, describing it as powerful and outlining the challenges being faced by medical professionals dealing with a novel virus, noting how difficult the uncertainty and lack of knowledge could be.

A number of the GPs shared experiences in their practices with long COVID patients, reflecting on their needs and the role of primary care in supporting them.

CW highlighted information shared with member practices through the Primary Care Bulletin the previous day about accessing long COVID pathways and forthcoming webinars for practices.

BH reflected on how the story had resonated and the debilitating nature of the patient's ongoing issues, which were affecting every aspect of her life.

SO recounted how the Wellness Service, Locala, and Secondary Care were contributing to the service, but that patients may go to this clinic and sit on a waiting list; the way to shorten waiting lists, he suggested, was to invest more.

KN noted that the task and finish group was working hard with providers to set up the service in the community.

RE acknowledged that everyone had been under extreme pressure – Pulse Magazine had stated that there had been one million extra Primary Care appointments in January 2021 compared with January 2020; it was equally important to look after the doctors and staff.

KN believed that, as commissioners, the CCG needed to ensure patients were well looked after.

DV advised that NHS England had published a list of 64 trusts providing Secondary Care input; MYHT and CHFT were both on that list; a dedicated Long COVID Clinic had been set up for the previous three months.

PW explained that the service was effectively operating three tiers as follows:-

- ongoing but with mild symptoms – referred to self-help facilities and online communities;
- screen and investigate – Primary Care led; and
- pathway for MDTs – Community and Secondary Care led – now in place.

A bulletin had gone to Primary Care in the last 24 hours stating the need for rapid learning and focussing on outcomes for individuals.

The Governing Body **RECEIVED** and **NOTED** the content of video.

## **7 Governance Handbook – Documents**

LE presented a report setting out how the NHS England guidance on the new model CCG constitution referenced the creation of a governance handbook. The governance handbook assembled a range of statutory and corporate documents which formed the corporate governance framework of the CCG, and should be read alongside the constitution.

A number of the documents which would be included in the governance handbook were reserved to the Governing Body for approval, and these were now brought for approval prior to publication.

MW noted that the approval of the Annual Report and Accounts was reserved to the Governing Body, whereas it had been delegated to the Audit Committees of the former CCGs. LE advised that, as part of the merger programme, NHS England had expressed the view that it was important that this was done by the Governing Body, although the Audit Committee would still recommend the approval of the documents to the Governing Body. She added that they had also indicated that the Audit Chair should not be on the Remuneration Committee, the rationale being that the Audit Chair should be removed from operational

management. LE also advised members that the importance of the Conflicts of Interest Policy could not be over-estimated.

BH asked where reference to the urgent decision making process could be found, and LE confirmed that this was in each of the terms of reference and the constitution, but acknowledged that the style could be developed and it could be included in the handbook for ease of reference.

HT acknowledged, and expressed gratitude for, the large amount of work which had gone into the creation of the documents.

The Governing Body **APPROVED** the following documents forming 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

*The meeting was adjourned for a break at 11.00 am and reconvened at 11.05 am.*

## **8 CCG Policies Delegation**

LE presented a report outlining how the CCG had a statutory duty to have in place policies and procedural documents which complied with legislation, and it was important that the CCG had a systematic and planned approach to the development and review of policy and associated guidance documents.

The Governing Body had overall responsibility for approving policies, but it was common practice to delegate responsibility for approving certain policies to committees as it was neither desirable nor feasible for the Governing Body to reserve the approval of all policies to itself. The delegation of policy approval to appropriate committees enabled a more detailed review by those with specialist knowledge.

As part of the merger process, each of the predecessor CCGs' policies had been, or was in the process of being, reviewed. The review had focused on ensuring policies were up to date, made relevant to the new CCG, and also met the Accessible Information Standard.

In order to secure the approval of these policies for the new Kirklees CCG, the Governing Body was being asked to approve the delegation of policies as set out within the report.

The Governing Body **APPROVED**:-

- the delegation of the policies as set out within the report; and
- the interim use of the policies from the predecessor CCGs, until such time as each new policy was reviewed and approved.

## **9 CCG Policies Approval**

*In respect of the Governing Body Expenses Policy, all Governing Body members except KN, CM, IC and PW declared direct financial interests in the policy. As no material discussion was required on this item (due to it being an existing policy), conflicted members did not participate in this part of the item.*

LE presented a report outlining how the CCG had a statutory duty to have in place policies and procedural documents which complied with legislation. As part of the merger process, each of the predecessor CCGs' policies had been reviewed to ensure they remained up to date, were made relevant to the new CCG, and also met the Accessible Information Standard.

The Governing Body had overall responsibility for approving policies, and formally delegated the majority of these to its committees. However, there were a small number of policies which remained reserved to the Governing Body for approval, and the Governing Body was asked to approve a number of those policies.

The Governing Body **APPROVED** 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; and
- Policy for Approving Primary Care Prescribing Rebate Schemes.

## **10 2019-20 Mental Health Investment Standard Achievement**

IC presented a report providing 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.



IC was able to provide assurance that the calculations were correct and KPMG had provided an unequivocal opinion to confirm this. The KPMG report would be submitted to the next meeting of the Audit Committee. MW confirmed that he and HT had received copies of that report. KN added that, as a clinician on the ground he had seen evidence of improved services and reduced waiting times.

The Governing Body **REVIEWED** the two management representation letters appended to the report and **APPROVED**:-

- the management representation letter in respect of NHS Greater Huddersfield CCG; and
- the management representation letter in respect of NHS North Kirklees CCG.

## **11 Targeted Lung Health Checks Radiology and Respiratory Service – Award of Contract**

MP presented a report outlining how North Kirklees CCG had been invited to join the NHS England National Targeted Lung Health Check Programme, as part of the NHS Long Term Plan. The programme had started in April 2019 but had been paused due to COVID in March 2020. The project was now planned to run until March 2024 and NHS England had guaranteed the total funding for the project until this date.

The first 18 months to two years of the programme would see delivery of Lung Health Checks and Low Dose CT to patients in North Kirklees aged between 55 and 75 who were smokers or ex-smokers. These patients would then be followed up after 24 months.

At the point where the project had been paused due to COVID, Mid-Yorkshire Hospitals had been raising concerns about significant workforce challenges which may have prevented them from participating in the project. Following the restart of the project a number of options for service delivery had been discussed at joint meetings with the North Kirklees Project Steering Group and Mid-Yorkshire Hospitals. In October 2020, Mid-Yorkshire had confirmed that they would be unable to support the Radiology and Respiratory elements of the project. At this point the project had needed to source an alternative provider.

In March 2020, Bradford and Craven CCG had been offered the opportunity to join the National Programme, which would be delivered by Bradford Teaching Hospitals NHS Foundation Trust (BTHFT). BTHFT had confirmed that they would also be in a position to support the North Kirklees Project.

A Prior Interest Notice had been 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 were included in the report.

BTHFT had been identified as the only provider which could meet the specification. On this basis the Governing Body was being 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 would not affect the experience for the North Kirklees patient as the service would still be delivered in the North Kirklees community and agreement had been reached with Mid-Yorkshire that under this arrangement they would accept referrals of any patients with suspected cancers and other urgent conditions.

The financial plan for the programme had been supported by the NKCCG Finance Committee on 25 September 2019 and approved by NKCCG Governing Body on 9 October 2019. There would be no change to the previously approved financial plan as a result of a change of the provider. The overall value of the contract was £3.1m.

SO asked whether a mobile CT scanner would be used and MP confirmed that this was the case.

SO acknowledged the benefit of the initiative, but noted that it felt a little “awkward” that it only covered the area of one of the former CCGs now that Kirklees CCG had been formed. If one were aiming to pick up the most appropriate populations in Kirklees, he suggested, these would probably be Dewsbury and Huddersfield town centres.

KN accepted that this would be the case if such an initiative were now being considered anew from a Kirklees perspective, but pointed out that the funding had been approved in 2019 and the project had been delayed due to COVID.

SO asked whether the Equality Impact Assessment had been revisited and RE expressed a feeling of discomfort at approving that amount of money to one service only covering approximately half of the CCG’s area.

IK stated that the initiative was addressing health inequalities and large numbers of people would benefit from it. He suggested that there would be opportunities going forward to address pathways and services across the whole area taking account of the demographic prevalence of respiratory diseases. There would be many variations between the two former areas, which would be ironed out over time.

VD advised that the area covered had not been selected locally – this had been done by the NHS England programme: it was effectively national money selected by a national programme. During the ongoing programme over the next three

years the national group would look at indicators to determine which areas may be offered the opportunity to join the initiative going forward. The proposal to place the scanning element with Bradford had effectively resulted from a shortage of that particular skillset; the pathway would still flow through Mid-Yorkshire. The ambition was that in four years the whole of West Yorkshire would be on the programme.

NG was supportive of the proposal; he understood SO's point but acknowledged that there would be a number of examples of legacy services covering only part of the area. He supported the principle of extending the initiative to all those in Kirklees who would benefit, but this was not currently in the CCG's gift. He also questioned whether there would be radiological abnormalities on scanning resulting from COVID, and whether this would also have an impact on capacity.

YM supported the proposal and acknowledged that it may be possible for other parts of Kirklees to be included in a future cohort, and KN agreed that other areas could potentially be added in waves.

AN advised that the pilot had commenced in 2019/21 and funding had been based upon numbers on pathways. It would only be possible to draw down £1.4m this financial year, which would cover the former North Kirklees patients. There would be an opportunity to learn from the quality and process of the pilot.

CM was fully supportive of the recommendations and believed this was the right thing to do, but acknowledged the value of the conversation as there would be a need to understand the rationale and justification behind big legacy programmes. The reasoning was more sophisticated than just whether it related to the former Greater Huddersfield or North Kirklees areas; it was about locality level.

MW acknowledged that the pilot had brought extra funds into the area but the decision in hand was to deal with the inability of one part of the service to fulfil its expectations by engaging the right provider to address this.

RE asked whether NHS England had confirmed that the offer could not currently be rolled out across the whole of Kirklees and VD explained that she had spoken to them that morning and it could not be extended because it was based upon population modelling and mapping already undertaken.

MP advised that the key performance indicators in the specification would be monitored and some legacy issues would be discussed over the next couple of months.

A formal procurement had not been undertaken as a market test had shown BTHFT to be the only responder capable of fulfilling the service, and there was still a need to secure capacity to deliver the scope of the pilot.

The Governing Body:-

- **NOTED** the content of the report providing background to the project and progress to date; and
- **APPROVED** the direct award of contract for the Radiology and Respiratory Elements of the Lung Health Check Programme to Bradford Teaching Hospitals NHS Foundation Trust.

## 12 Chair's and Chief Officer's Report

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

- COVID-19 Update – CCG Response
- Right Care, Right Time, Right Place Update

She also undertook a presentation providing the current position in relation to the first.

The Governing Body **RECEIVED** the report and **NOTED** its content.

*The meeting was adjourned for a break at 12.00 noon and reconvened at 12.10 pm.*

## 13 Finance and Contracting Update

IC presented a report providing an update on the financial position of the former GH and NK CCGs as at February 2021 (month 11) and the key messages in respect of the contracts held by the former CCGs as at January 2021 (month 10).

ICu recapped on the financial regimes which had been in place during 2020/21 and why these were not representative of the underlying position, and led the Governing Body through the allocations in sections 4 and 5 of the report, the spend in section 6, and the key messages in section 3, including the change to the way community stock was treated in the accounts in response to a recommendation of the external auditor and the practice across the majority of other CCGs.

Following the financial planning process having been delayed on a national basis, the first draft of the plan would be submitted to the ICS and NHS England later in April, and would be presented to the Finance, Performance and Contracting Committee in May and the Governing Body in June.

KN asked how the financial position of the CCG compared with the position of the former CCGs pre-COVID and IC advised that the £750k surplus whereas the

underlying NK deficit of £7m pre-COVID was now modelling more along the lines of £2-4m. Kirklees CCG was big enough for that position to be reflected as one of business as usual rather than recovery.

SO asked about the position in relation to the change in approach to accounting for community stock and, in addition to IC's explanation, MW remarked that the Audit Committee would be discussing the matter in more detail at its next meeting.

RA referred to sections 5.1 and 5.2 – anticipated and unanticipated allocations in months 10 and 11, and expressed surprise that the former GH position had not improved. He asked whether a more prudent view had been taken in respect of former NK allocations given its financial history.

AN responded that a prudent approach had been taken with the NK plan, in addition to which it had been possible to claim some things which it had not been thought it would be possible to claim.

IK wondered whether GH had under-utilised the Home Visiting Service but KN advised that this had been a nationally mandated piece of work which had been modelled in a way which suited the CCG's patients and practices. CM added that there was a need to look further at the UCR model due to national planning guidance and this would be brought back through the Clinical Strategy Group.

MP led the Governing Body through the key aspects of the Contracting part of the report, describing it as the top of a pyramid of information which had been submitted to the Finance, Performance and Contracting Committee in the form of a 26-page report.

He advised that the merger had required the assimilation of 598 contracts or agreements – 334 in respect of the former Greater Huddersfield and 264 for North Kirklees.

The Governing Body **NOTED:-**

- the projected change in forecast to a surplus of £0.750m from a previous revised target deficit of breakeven in North Kirklees;
- the unchanged projected surplus of £0.751m in Greater Huddersfield;
- 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; and
- the key messages in respect of the Month 10 (January 2020/21) contracts position.

## 14 Quality and Safety Report and Dashboard

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

The report included the Quality Dashboard for March 2021, providing quality and safety information for the CCG's 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.

PW led the Governing Body through the key points of the report.

SO asked about the performance in relation to neck of femur fractures on the CHFT Quality Dashboard and PW advised that this was impacted by a lack of theatre capacity and she wished to see a performance improvement plan in relation to surgery within 36 hours. SO then asked about the corresponding data in relation to MYHT and PW undertook to extract this.

**ACTION: PW to extract performance data in respect of neck of femur fractures in relation to MYHT.**

The Governing Body **RECEIVED** the update on recent Quality and Safety information.

## 15 Performance Report against Key Performance Indicators for 2020/21

VD presented a report detailing the former CCGs' performance at Month 10 against all NHS Constitutional Standards, 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.

VD led the Governing Body through the detail contained within the report.

MD asked whether the assertion that DEXA scan referrals were being rejected was a true reflection and VD undertook to check this. She noted that MYHT had been working to increase capacity using AQP providers.

**ACTION: VD/NA to check whether DEXA scan referrals have been being rejected.**

PW added that clinical review and prioritisation was being undertaken in respect of long waiters, and processes needed to be in place around reporting harm and outcomes.

**ACTION: VD/NA to develop reporting to the “sandwich” section of the Quality Committee/Finance, Performance and Contacting Committee meeting to reflect harm and outcomes in respect of long waiters.**

RA suggested that an opportunity was being missed in respect of diagnostics in the former GH area by not using community providers, and VD advised that work was being undertaken to improve that position.

RE asked whether data was available on referrals rejected and VD explained that this was presented through the Elective Board, although it was difficult to measure and not nationally mandated.

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

## **16 Governing Body Work Plan**

LE presented the Governing Body work plan for information.

AN noted that financial planning would now need to appear twice on the work plan (six-monthly).

The Governing Body **RECEIVED and NOTED** the work plan.

## **17 Any Other Business**

No items were raised.

## **18 Date and Time of Next Meeting**

The next meeting of the Governing Body was scheduled for 10.30 am on Wednesday 9 June 2021, via video conferencing.

### **The Governing Body 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 CCG’s website, 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:** .....



**Kirklees CCG Governing Body Meeting  
2020/21 Action Log**

| Date Raised                    | Action Ref | Action                                                                                                                                                                                                                                                                   | Owner (Initials) | Due Date | Progress | Status      |
|--------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------|----------|-------------|
| 14/04/21                       | 14         | <b>Quality and Safety Report and Dashboard</b><br>PW to extract performance data in respect of neck of femur fractures in relation to MYHT.                                                                                                                              | PW               | June     |          | <b>OPEN</b> |
| 14/04/21                       | 15(a)      | <b>Performance Report against Key Performance Indicators for 2020/21</b><br>VD/NA to check whether DEXA scan referrals have been being rejected.                                                                                                                         | VD/NA            | June     |          | <b>OPEN</b> |
| 14/04/21                       | 15(b)      | <b>Performance Report against Key Performance Indicators for 2020/21</b><br>VD/NA to develop reporting to the “sandwich” section of the Quality Committee/Finance, Performance and Contacting Committee meeting to reflect harm and outcomes in respect of long waiters. | ICu              | June     |          | <b>OPEN</b> |
| <b>ACTIONS RECENTLY CLOSED</b> |            |                                                                                                                                                                                                                                                                          |                  |          |          |             |
|                                |            |                                                                                                                                                                                                                                                                          |                  |          |          |             |

## **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.

|                        |                                           |                              |                              |
|------------------------|-------------------------------------------|------------------------------|------------------------------|
| <b>Name of Meeting</b> | Governing Body                            | <b>Meeting Date</b>          | 9 June 2021                  |
| <b>Title of Report</b> | Annual Reports and Accounts 2020/21       | <b>Agenda Item No.</b>       | 7                            |
| <b>Report Author</b>   | Laura Ellis, Head of Corporate Governance | <b>Public / Private Item</b> | Public                       |
| <b>Clinical Lead</b>   | Dr Khalid Naeem, Clinical Chair           | <b>Responsible Officer</b>   | Carol McKenna, Chief Officer |

### Executive Summary

This report is briefing members of the Governing Body on the detailed work undertaken by the Audit Committee to review the Annual Reports and Annual Accounts for the former Greater Huddersfield and North Kirklees CCGs; and the outcome of the work by the CCG's internal and external auditors.

### Previous Considerations

|                        |                 |                     |               |
|------------------------|-----------------|---------------------|---------------|
| <b>Name of meeting</b> | Audit Committee | <b>Meeting Date</b> | 19 April 2021 |
| <b>Name of meeting</b> | Audit Committee | <b>Meeting Date</b> | 26 May 2021   |

### Recommendations

1. It is recommended that the Governing Body **APPROVE** the Annual Reports and Annual Accounts 2020/21 for submission to NHS England.
2. It is recommended that the Governing Body **APPROVE** the signing of the Management Representation letters on its behalf by the Accountable Officer.

|                                                     |                                                      |                                            |               |
|-----------------------------------------------------|------------------------------------------------------|--------------------------------------------|---------------|
| <b>Decision</b> <input checked="" type="checkbox"/> | <b>Assurance</b> <input checked="" type="checkbox"/> | <b>Discussion</b> <input type="checkbox"/> | <b>Other:</b> |
|-----------------------------------------------------|------------------------------------------------------|--------------------------------------------|---------------|

### Implications

|                                                                                                                                                          |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>Quality and Safety implications (including whether a quality impact assessment has been completed)</b>                                                | None directly arising from this report. |
| <b>Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations</b> | None directly arising from this report. |

|                                                                                         |                                        |
|-----------------------------------------------------------------------------------------|----------------------------------------|
| <b>Resources / Financial Implications (including Staffing/Workforce considerations)</b> | None directly arising from this report |
| <b>Sustainability Implications</b>                                                      | None directly arising from this report |

|                                                                       |                                     |                                    |                                                |
|-----------------------------------------------------------------------|-------------------------------------|------------------------------------|------------------------------------------------|
| <b>Has a Data Protection Impact Assessment (DPIA) been completed?</b> | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> | <b>N/A</b> <input checked="" type="checkbox"/> |
|-----------------------------------------------------------------------|-------------------------------------|------------------------------------|------------------------------------------------|

|                                                                                |                                                                                                                                                                                                                                                                       |                                                                                       |      |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------|
| <b>Strategic Objectives (which of the CCG objectives does this relate to?)</b> | All                                                                                                                                                                                                                                                                   | <b>Risk (include risk number and a brief description of the risk)</b>                 | None |
| <b>Legal / CCG Constitutional Implications</b>                                 | <p><b>Annual Report</b> – prepared as required under Section 14Z15 of the National Health Service Act 2006 (as amended)</p> <p><b>Annual Accounts</b> – prepared as required under Section 17 of Schedule 1A of the National Health Service Act 2006 (as amended)</p> | <b>Conflicts of Interest (include detail of any identified / potential conflicts)</b> | None |

## **1. Introduction**

- 1.1 This report is briefing members of the Governing Body on the detailed work undertaken by the Audit Committee to review the Annual Reports and Annual Accounts for the former Greater Huddersfield and North Kirklees CCGs; and the outcome of the work by the CCG's internal and external auditors.
- 1.2 The Audit Committee is recommending the formal approval of the documents for submission to NHS England.

## **2. Detail**

### **2.1 Background**

- 2.1.1 CCGs have a statutory duty to produce and publish, as a single document, an Annual Report and Accounts. This document should present the story of the CCG's activities during the previous financial year and the form and content is directed by NHS England – it must include:

- The Performance Report, which must include:
  - An overview
  - A performance analysis (optional this year)
- The Accountability Report, which must include:
  - A Corporate Governance Report
  - A Remuneration and Staff Report
  - A Parliamentary Accountability and Audit Report
- The Financial Statements

- 2.1.2 Whilst the guidance sets the minimum content of the Annual Report & Accounts, the CCG must take ownership of the documents and ensure that additional information is included where necessary to reflect the position of the CCGs within the community and give sufficient information to meet the requirements of public accountability.

- 2.1.3 This year, due to the ongoing pandemic, NHS England has flagged a number of areas which are optional – however the CCG has endeavoured to include as much detail as possible.

- 2.1.4 It is the responsibility of the CCG's Accountable Officer to prepare the Annual Report and Accounts.

### **2.2 Preparation of the Annual Reports / Accounts**

- 2.2.1 The Audit Committee has an important role in reviewing the developing documents, and assuring that a robust process is in place, and then recommending their approval to the Governing Body.
- 2.2.2 The Audit Committee was briefed at its meeting in April on the requirements in drafting the Annual Reports and Accounts.

- 2.2.3 The draft Annual Reports were shared with all Governing Body members on 7 May for comment.
- 2.2.4 On 26 May, the Audit Committee met with the CCG's internal auditors and external auditors to receive their findings. Governing Body members were invited to attend this meeting.
- 2.2.5 The Head of Internal Audit Opinion summary can be found within each of the CCGs' Annual Reports – they conclude significant assurance.
- 2.2.6 The External Audit reports to the Governing Body with their findings are appended at Appendix E and F. External Audit have confirmed that the financial statements give a 'true and fair view' and 'have been prepared in accordance with the accounting policies' and in reviewing the annual report they 'have not identified material misstatements' and the information is 'consistent with the financial statements'.
- 2.2.7 The Audit Committee, at their meeting on 26 May, concluded that they were satisfied the Annual Reports and Accounts present the predecessor CCGs' year in an appropriate, comprehensive, balanced and coherent way. They recommend their approval to the Governing Body, for submission to NHS England.

### 2.3 Governing Body

- 2.3.1 Based on the recommendation from the Audit Committee, the CCGs' auditors, and the earlier opportunities provided to the Governing Body members to review the Annual Reports and Accounts, the Governing Body is asked to formally approve the Annual Reports and Accounts for submission.

- 2.3.2 In doing so, each member of the Governing Body will be asked to make the following declaration:

*"Each individual who is a member of the Governing Body at the time the Members' Report is approved confirms:*

- So far as the member is aware, that there is no relevant audit information of which the CCG's auditor is unaware that would be relevant for the purposes of their audit report; and.*
- That the member has taken all the steps that they ought to have taken in order to make him or herself aware of any relevant audit information and to establish that the CCG's auditor is aware of it."*

- 2.3.3 The Governing Body is also asked to approve the signing of the management representation letters by the Accountable Officer on its behalf (Appendix G and H).

### 3 Next Steps

- 3.1 Following approval, the Annual Reports and Accounts 2020/21 will be submitted to NHS England.
- 3.2 The CCG will hold an AGM later in the year at which it will receive the Annual Reports and Accounts.

#### **4. Implications**

As set out on the cover page.

#### **5. Recommendations**

1. It is recommended that the Governing Body **APPROVE** the Annual Reports and Annual Accounts 2020/21 for submission to NHS England.
2. It is recommended that the Governing Body **APPROVE** the signing of the Management Representation letters on its behalf by the Accountable Officer.

#### **6. Appendices**

Appendix A – NHS Greater Huddersfield CCG Annual Report 2020/21

Appendix B – NHS Greater Huddersfield CCG Annual Accounts 2020/21

Appendix C – NHS North Kirklees CCG Annual Report 2020/21

Appendix D – NHS North Kirklees CCG Annual Accounts 2020/21

Appendix E – External Audit Report – Greater Huddersfield

Appendix F – External Audit Report – North Kirklees

Appendix G – Draft Management Representation Letter – Greater Huddersfield

Appendix H – Draft Management Representation Letter – North Kirklees

# **NHS Greater Huddersfield CCG**

## **Annual Report and Accounts**

### **2020 - 21**



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# Annual Report

## Performance Report

Insert signature

**Carol McKenna**  
Chief Officer

**?? June 2021**

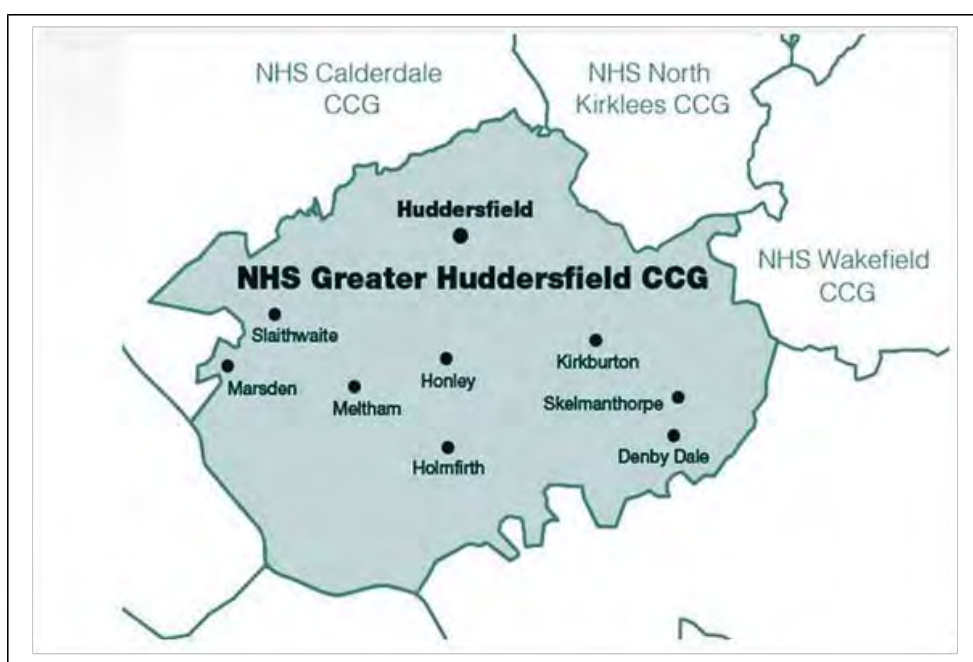
## Overview

This section of the Annual Report provides our Chief Officer's perspective on the performance of the CCG over the last twelve months. It includes information about the CCG, our main objectives and strategies, the principal risks that we face, and how we have performed during the year.

---

### About Us – Our Purpose and Activities

Greater Huddersfield Clinical Commissioning Group (CCG) is a membership organisation of 37 general practices. We are led by local GPs and it is our role to commission (plan and buy) the majority of hospital and community health services for our local population. 247,000 people live in our area (approximately 58% of the Kirklees Council area), and the map shows the area we cover:



It is our responsibility to ensure that the services we commission are high quality, safe and sustainable and that in doing so we manage our budgets efficiently and effectively.

The CCG works closely with North Kirklees CCG, and in November 2020 we agreed to work towards a merger of the two CCGs from 1 April 2021.

### Our Population and Their Needs

The Health and Social Care Act (2012) requires the Health and Wellbeing Board, working through local authorities and CCGs, to produce a Joint Strategic Needs Assessment (JSNA) of the health and well-being of their local community. In Kirklees, an annual Kirklees Overview is published online following approval by the Board, and provides a useful context for more detailed sections of the Kirklees Joint Strategic Assessment (KJSA) by summarising the big issues and key challenges for

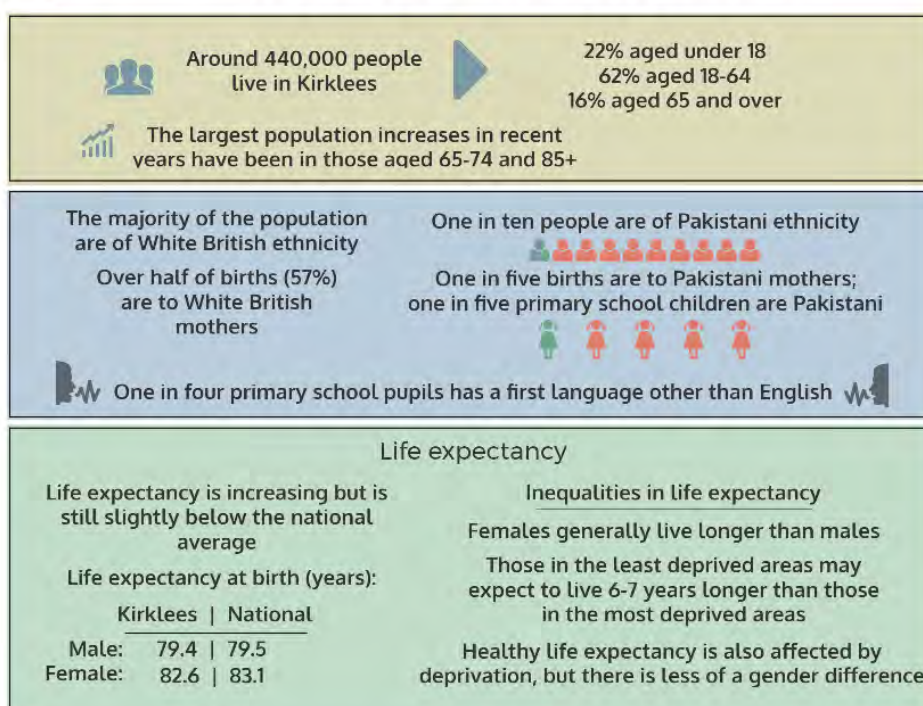
health and wellbeing. The latest version can be viewed at:  
[http://observatory.kirklees.gov.uk/Custom/Resources/Kirklees\\_Overview\\_2021\\_PDF.pdf](http://observatory.kirklees.gov.uk/Custom/Resources/Kirklees_Overview_2021_PDF.pdf).

In summary:

- Around 440,000 people live in Kirklees
- The population has increased by 8.4% since 2002, and is predicted to rise by a further 9.9% by 2030
- Projected increases are largest in very young and older adult age groups
- Over three-quarters of the population are of White British ethnicity
- One in ten people and one in five primary school children are of Pakistani ethnicity
- Life expectancy is increasing but there are inequalities – those in the least deprived areas live longer than those in more deprived areas
- Demand for suitable and affordable accommodation outstrips supply
- The number of households is expected to increase by 20% by 2039
- Around one in five people work in manufacturing (more than double the rate for England)
- More than two thirds of workers live and work in Kirklees
- Although fertility rates are declining, they are still higher than the England average
- Infant mortality rates have almost halved in the last 10 years, but are still amongst the highest in the region
- Mortality rates for under 75-year-olds are higher than national averages for cardiovascular and respiratory disease
- Asylum seekers and European economic migrants are contributing to the emergence of new communities within Kirklees



## Who lives in Kirklees?



## **Our Vision, Values, Ambitions and Objectives**

The CCG is passionate about making a difference to the health of the people in this area. It has agreed that it will abide by the principles, values and rights clearly set out in the NHS Constitution to make sure that the NHS in Greater Huddersfield works fairly and effectively.

The CCG has also developed its own Vision, Values, Ambitions and Objectives, following engagement with CCG members, our staff and patients.

### **Our Vision**

Working together for better health

### **Our Values**

- Focusing on people
- Leading
- Working together
- Listening
- Being adaptable
- Learning

### **Our Ambitions**

- Deliver high quality, sustainable care now and in the future.
- Promote self-care by empowering and supporting people.
- Manage within our budget.
- Ensure timely access to healthcare.
- Reduce health inequalities.

### **Our Strategic Objectives**

- Contribute to the development of a sustainable NHS workforce to support the delivery of high quality care.
- Build a collective sense of responsibility, amongst all those involved in health care, for the effective management of resources.
- Work with partners and the public to improve health awareness, emotional wellbeing, community and personal resilience.

- Shift healthcare spend towards community and primary care services to meet patient need and ensure value for money.
- 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.
- Work with the Local Authority to commission a range of health and social care services.
- Deliver our financial plans.
- Invest in the health, well-being and personal development of our staff.

## Our Commissioning Intentions and Ambitions

The Greater Huddersfield and North Kirklees CCGs' Operational Plan set out our ambitions for delivering high quality, financially sustainable services in the future and outlined how we planned to address the objectives described in the NHS England Long Term Plan during 2020-21. The plan underpins delivery of the Kirklees Health and Wellbeing Plan which is the local delivery vehicle of the West Yorkshire and Harrogate Integrated Care System (WY&H ICS).

The NHS is operating in an increasingly challenging environment, striving to maintain the availability of high quality services which respond to increased demand from a growing, aging population, and the availability of new and more innovative technology within the restraint of less resource. This is something we and other organisations are experiencing locally and we will be continuing actively to progress measures to recover and bring stability to the system over the next years. We will continue to re-focus our efforts on achieving the best outcomes for our population with the limited resources we have available to us. We will increase our focus on prevention and commission services which deliver proactive as well as reactive care. We will also empower patients to take responsibility for their own care and support changing behaviour through care planning and self-care initiatives.

Working with partners, patients and the public to look for opportunities to work at scale and in different and more integrated ways to secure sustainability for the future is at the forefront of this work. The development of a joint operational plan for Greater Huddersfield and North Kirklees CCGs signals our commitment to taking this work forwards. The existing plans for both CCGs have been refreshed to reflect the priorities and deliverables for 2020-21.

A key driver of integration is the development of joint commissioning plans and functions across the CCGs and Kirklees Council for transformation which is undertaken over a 'Kirklees Place' footprint and transformation undertaken over an

‘Acute System’ footprint with neighbouring Wakefield and Calderdale CCGs. This is supported by providers coming together to deliver services as a collaboration.

In 2016-17 Organisations (Provider, Commissioner and Local Authorities) were given a mandate to collaborate over an agreed geography (footprint) and develop plans which would address local challenges across the three gaps in the NHS England, *Five Year Forward View*. Our local STP footprint is West Yorkshire and Harrogate and changes are being delivered at this level through the West Yorkshire and Harrogate Integrated Care System (WY&H ICS).

The WY&H ICS exists to improve outcomes for people locally therefore its success is built on local relationships ‘Places’ to ensure change addresses local need and can happen as close to people as possible. By planning and working across a bigger footprint there is an opportunity to improve outcomes at a local level through sharing good practice and resources and learning from each other.

The priorities within the WY&H ICS are driven by those identified within ‘Places’. The CCGs are active members of the Kirklees Place. The Kirklees Health and Wellbeing Plan was developed to identify the priorities within Kirklees which drives what we have agreed to work together on through the WY&H ICS. The WY&H ICS has identified nine priorities and six enabling work streams. There also is an additional work stream focussing on carers.

Kirklees is one of seven national ‘**pilot**’ sites receiving a share of a £14 million national investment. The funding is part of a commitment set out in the NHS Long Term Plan to help keep older people well at home and reduce pressure on hospital services.

Kirklees have developed a community-based urgent care service for some of the most vulnerable patients, including those who are frail, elderly or have multiple long-term conditions.

The local NHS, council and community service teams have worked together to develop the service, which will ensure urgent health and social care support is available within two hours to help the elderly and those with complex needs remain well at home and avoid hospital admissions.

The service also ensures people receive tailored packages of care designed to restore independence and confidence after a hospital stay, within two days.

The WY&H ICS has recently been named as one of four new areas in England that will be given additional freedom and flexibility to manage the delivery of local services. The Partnership will join the Integrated Care System programme, putting the area at the forefront of nationwide action to provide better co-ordinated and more joined up care.



## Primary Care

Our Primary Care Strategy aims to:

- Enable patients to be able to make appropriate choices and responsible decisions about their health and wellbeing;
- Provide easily accessible primary care services for all patients;
- Ensure consistent, high quality, effective, safe, resilient care delivered to all patients;
- Develop a strong, innovative and resilient multidisciplinary workforce in primary care which recognises the difficulties in recruiting, retaining and training clinicians;
- Improve use of modern technology;
- Provide education and training opportunities that cultivate professional excellence and high motivation;
- Improve premises and infrastructure which increases capacity for clinical services out of hospital and improve 7 day access to effective care;
- Provide effective contracting models which are fairly and properly funded to deliver integration and positive health outcomes;
- Develop a culture which promotes openness and transparency;
- Ensure General Practice is at the heart of the health and social care system working collectively with partners and the wider community;
- Work at scale in General Practice through collaboration with partners.
- Ensure all Primary Care Networks (PCNs) meet national and local requirement in their development and further establishment across the system, improving integration and coordination across primary care providers.

## Right Care, Right Time, Right Place

The Strategic Outline Case for capital expenditure of £196.5 million to support implementation of the plans to reconfigure hospital services was submitted by Calderdale & Huddersfield Foundation Trust (CHFT) to NHS England and NHS Improvement in April 2019 and approved in November 2019. The public and colleague involvement work to develop the 'Design Brief' that describes the principles which inform and support the development of detailed design and construction schemes at both Huddersfield Royal Infirmary (HRI) and Calderdale Royal Hospital (CRH) was concluded prior to the Covid-19 pandemic and is available on the CHFT website.

Local people, key stakeholders and the Joint Health Scrutiny Committee continue to be fully involved in the next steps to deliver the proposed future model for hospital services across Calderdale and Greater Huddersfield. Since the development of the

design brief the COVID-19 pandemic has necessitated many service changes forced by critical need and implemented at pace across the health and social care system. The findings from the pandemic will build on the design brief previously developed to incorporate opportunities for improvement and accelerated transformation in some areas. This will also ensure that further design elements that take account of best practice in building design regarding infection control and prevention are included.

The continued work to progress the design plans at CRH and HRI will be incorporated into an updated Design Brief for each site. The updated Design Briefs will include 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 Design Briefs are key documents to support the submission of the planning applications to Calderdale Council and Kirklees Council.

In March 2021, ahead of the submission of the formal planning applications to the Councils, the Trust commenced involvement of key stakeholders and local residents to explain the design and building plans and provide opportunity for comment.

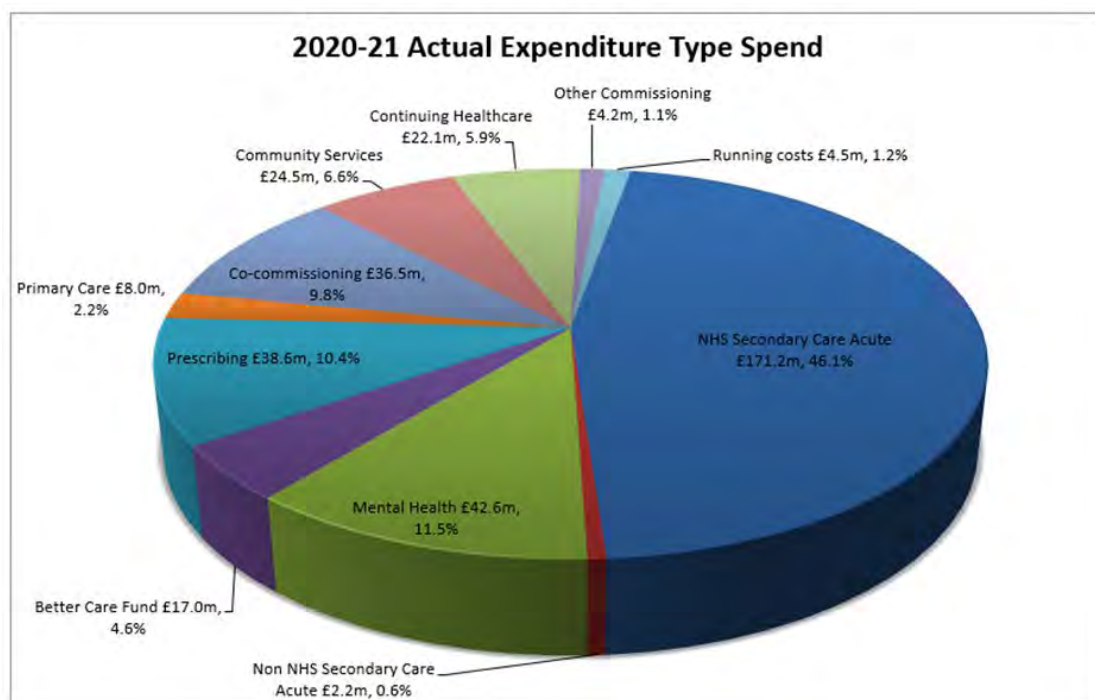
The detailed design and appearance of the proposals at CRH and HRI has not yet been confirmed. Public input will be considered alongside other partners / stakeholders and statutory consultees and will be used to inform the design development discussions at this stage of the process and will also play a key part in the detailed design development at future stages. Feedback on the design of the proposals will be used to inform the final designs in a 'Design and Access Statement', which will be submitted with the planning applications. The planned date for submission of planning applications to Calderdale and Kirklees Councils is May 2021.

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 be developed and submitted in 2021 and subject to NHSE and DHSC approval a subsequent Full Business Case will be developed for approval by 2023.

## How we spend your money

Due to the Covid-19 pandemic, the CCG has received funds via a new NHS England financial framework that was introduced to support the health and social care system at the start of the year. As a result of this the CCG did not receive funding via a population-based allocation basis for 2020-21. For 2020-21, the CCG has received funds to support business as usual activity via an allocation/claim process but has

also received additional funds to cover costs to the support the pandemic during the year. Due to the impact of Covid-19, there has been several significant changes to how we pay for services and contracts during the year. For 2020-21, contracts for the Independent Sector have been procured centrally by NHS England and our main providers of secondary care services have been paid agreed monthly payments to support services and income during this period. These changes allowed a reduction in the administration burden for the health care system. As a result of these changes how the CCG has spent funds has slightly differed from previous years as it will not include some expenditure paid in the past and will include additional costs to support the pandemic. The split for the year is shown in the graph and table below. Overall, the CCG has committed £371.375m for the financial year 2020-21.



## 2020-21 Actual Expenditure Type Spend

| Expenditure Type                   | £,000          | %             |
|------------------------------------|----------------|---------------|
| NHS Secondary Care Acute £171.2m   | 171,157        | 46.1%         |
| Non NHS Secondary Care Acute £2.2m | 2,209          | 0.6%          |
| Mental Health £42.6m               | 42,571         | 11.5%         |
| Better Care Fund £17.0m            | 16,958         | 4.6%          |
| Prescribing £38.6m                 | 38,613         | 10.4%         |
| Primary Care £8.0m                 | 8,042          | 2.2%          |
| Co-commissioning £36.5m            | 36,537         | 9.8%          |
| Community Services £24.5m          | 24,538         | 6.6%          |
| Continuing Healthcare £22.1m       | 22,057         | 5.9%          |
| Other Commissioning £4.2m          | 4,226          | 1.1%          |
| Running costs £4.5m                | 4,466          | 1.2%          |
| <b>Total 2020-21 Expenditure</b>   | <b>371,375</b> | <b>100.0%</b> |

### Key Issues and Risks

The CCG's principal risks are set out within the Governing Body Assurance Framework – this is a Governing Body level assessment of the organisation's objectives and the risks that may prevent or hinder the objectives being achieved. The Framework is important for the Governing Body as it allows the CCG to be confident that the systems, policies and people they have put in place are operating in a way that is effective in delivering the strategic objectives and minimising risks.

The Framework sets out the ways that the CCG seeks to control these risks, and how the Governing Body assures itself that these controls are working. Any gaps in assurance or control are identified and action plans are developed to address them. The Framework is kept under review by the Senior Management Team, Audit Committee and Governing Body as a true and fair reflection of strategic risks, and evidence that satisfactory progress is being maintained to manage risk. There is further detail within the Governance Statement on the CCG's approach to controlling and mitigating risk.

For each of the ten CCG strategic objectives, the principal risks that would prevent the CCG from achieving these goals are set out within the Governing Body Assurance Framework:

#### Strategic Objective 1 - Contribute to the development of a sustainable NHS workforce to support the delivery of high quality care.

- There is a risk that we will be unable to commission safe, high quality services for our population due to the local health and social care system being unable to recruit and retain the workforce required.
- There is a risk that there will be insufficient workforce to deliver a sustainable and effective General Practice – e.g. GPs, nurses and practice managers - due

to the inability to recruit and train a local workforce resulting in the quality of care reducing.

- There is a risk that providers of commissioned NHS funded services are not subject to the requirements set out within the NHS Standard Contract due to a contract not being in place leading to loss of leverage to ensure appropriate provider workforce is in place.

#### Strategic Objective 2 - Build a collective sense of responsibility, amongst all those involved in health care, for the effective management of resources.

- There is a risk of failure to maintain and improve the quality and safety of services due to ineffective assurance resulting in harm to patients.
- There is a risk that commissioning arrangements for safeguarding do not ensure providers are effectively discharging their duties due to ineffective safeguarding arrangements with partners, resulting in harm to children and adults.
- There is a risk that the spending on healthcare across the health economy is not delivering the full benefit for the resource deployed resulting in patients not getting the full benefit of the funding spent in Greater Huddersfield i.e. not delivering value for money.
- There is a risk that we are unable to secure active participation particularly from Member Practices resulting in the CCG's ability to deliver its priorities.

#### Strategic Objective 3 - Work with partners and the public to improve health awareness, emotional well-being, community and personal resilience.

- There is a risk that we are unable to secure effective partnerships to deliver shared priorities and service change.
- There is a risk that not using the wider determinants of health (eg JSA, HWBS) effectively will result in ineffective initiatives to improve the lives of everyone in Kirklees.

#### Strategic Objective 4 - Shift healthcare spend towards community and primary care services to meet patient need and ensure value for money.

- There is a risk that the CCG will be unable to re-direct financial resource to primary and community services due to rising demand for, and increased costs in, the hospital sector.

#### Strategic Objective 5 – Ensure appropriate use of hospital services

- There is a risk of not commissioning appropriate alternatives to hospital care resulting in services continuing to be accessed in hospital.

#### Strategic Objective 6 - Improve health related experiences and outcomes for people with long term conditions, particularly those that experience significant inequalities.

- There is a risk that individuals with enduring mental ill health and/or learning disability issues will have inequitable access to services to enable them to maintain their mental and physical well being.

### Strategic Objective 7 – Reduce avoidable variation in healthcare and patient experience

- There is a risk that patients will be harmed from inappropriate or ineffective health care resulting in poor patient outcomes (iatrogenic harm).
- There is a risk of not improving and maintaining patient experience due to:
  - Not using patient intelligence appropriately with providers to improve that experience
  - Not using patient intelligence to develop commissioning plans or service specifications resulting in patient dissatisfaction.
- Risk that CCG does not appropriately consider people with protected characteristics due to lack of effective processes for capturing equality and diversity information resulting in a failure to reduce variation in healthcare.
- There is a risk that we are unable to establish and support the development of strong Primary Care Networks resulting in inequities in service delivery.
- There is a risk to the delivery of sustainable Primary Care services if the following threat(s) are not successfully managed and mitigated by the CCG:
  - Engagement with Primary Care Networks
  - Workforce and capacity shortage, recruitment and retention
  - Under development of opportunities of primary care at scale
  - Increasing pressure and demand on services leading to workload pressures
  - Inadequate investment in primary care and primary care infrastructure

### Strategic Objective 8 - Work with the Local Authority to commission a range of health and social care services.

- There is a risk that we fail to realise our integrated commissioning ambitions due to constraints such as financial positions and capacity pressures.
- There is a risk that we will be unable to commission safe, high quality services for our population due to the local health and social care system being unable to integrate to meet the needs of patients at or as close to home as possible.

### Strategic Objective 9 – Deliver our financial plans

- There is a risk of failure to meet financial statutory responsibilities due to failure to meet financial targets, resulting in reputational risk, endangering patients and primary care services.

### Strategic Objective 10 - Invest in the health, well-being and personal development of our staff.

- There is a risk that failure to attract and maintain an adequate workforce and maintain high morale will result in a lack of capacity to deliver the CCG's business requirements.

### Corporate risks not directly linked to a strategic objective.

- There is a risk of failing to deliver annual accounts in the required timescale, to the required professional standard and supported by sound systems and



processes, resulting in failing to meet key NHSE requirements and reputational damage.

- There is a risk that failure to manage conflicts of interest properly will result in unsafe decision making.
- There is a risk of a breach of statutory duties/regulations, due to inadequate adherence to principles of good governance and our legal framework, resulting in reputational or financial damage, or risk to patients and services.
- There is a risk that failure to meet the NHS performance standards will result in reputational risk and endanger patients and services.

## **Moving Forward - Our Financial Plan for 2021-22 – Kirklees CCG**

The CCG from the 31 March 2021 ceased to exist and has successfully merged to become the new NHS Kirklees CCG from the 1<sup>st</sup> April 2021. The CCGs' merger will allow the Kirklees system to continue and develop services on a much wider footprint and develop greater economies of scale of resources that will ensure that all the population of Kirklees has access to the same level of services moving forward.

However, it should be recognised due to the ongoing impact of Covid-19 the new CCG will see a continuation of the financial framework that started this year. The CCG is currently developing merged financial plans for the first six months of the financial year and will have a new financial target to achieve a breakeven for 2021-22.

The CCG as part of this initial six-month plan is also looking at the full year implications of its overall expenditure plans and investments as we start moving into a more recovery phase of the pandemic. The combined CCGs pre and during Covid-19 had started and continued to work on improving its overall financial positions and will have a combined cumulative carried forward position of £2.9m. As we work through the year the new combined CCG will carry on this momentum to improve its overall financial position and on-going trajectories.

Whilst the plan is anticipated to achieve the breakeven financial target, the forthcoming year will not be without challenges. The new year due to the impact of Covid-19 on the health care system will require on going work to support the recovery of patient backlogs that have arisen due to the pandemic and the CCG will need to consider the long-term impact on the population in areas such as Mental Health and the unknown impact of long-Covid. Also, as part of the pandemic the inequalities in the health provision in some areas has been further highlighted.

Therefore, the plan that is being developed will incorporate the following areas –

- Supporting areas that have been greatly impacted by Covid
- Reduce the back logs of patient activity – working closely with provider colleagues

- Target the impact of health inequalities in the system
- Continuation of developing out of hospital services with local partners, to ensure care can be provided in the community settings
- Continued focus on delivery of financial targets and ensuring delivery of any efficiency targets
- Ensure that we spend our funding allocation to deliver the best outcomes for patients
- Continue to adopt a collaborative approach with partners to ensure that resources are deployed effectively.

## Performance Summary

The Annual Report highlights a number of areas where NHS Constitution targets continue to have been met and identifies those that remain a challenge in Greater Huddersfield CCG. The impact of COVID over the last twelve months has had a significant impact on performance across all measures but is most noticeable on the referral to treatment targets, waiting times and diagnostic measures. All three of these measures have seen significant deterioration in line with the performance that we are seeing nationally.

Demand on our hospital services continues to be significant and although numbers of A&E attendances are down by 28,710 and 4 hour breaches are down by 5,218 at CHFT challenges still remain. Our health economy has experienced a number of issues, not least for the elective care system and the impact of COVID on waiting times, notably the delays relating to Referral to Treatment (RTT) and those patients waiting in excess of 52 weeks.

Greater Huddersfield CCG, Calderdale CCG and Calderdale and Huddersfield NHS Foundation Trust formed the Accident and Emergency Delivery Board (A&EDB) in 2017, this forum continues to provide an opportunity for all Health and Social Care partners to address system pressures through an integrated approach. Key partners from both the Health and Social Care economy continue meet monthly to discuss the current issues and agree actions to address any areas of underperformance.

The last twelve months have been exceptional with the system response to COVID creating new challenges and intense pressure on clinical services. The response to managing the outbreak as well as the co-operative working to facilitate the roll out of the national vaccination program at the local (Kirklees) level has been excellent.

The emergency care standard (ECS) of 4 hours has continued to be under great pressure in spite of the reduction in numbers of patients presenting. The reported performance for 2020-2021 is 88.8% for Calderdale and Huddersfield NHS Foundation Trust. This shows a small improvement of 1.3% from the previous year.



CHFT are participating in the Elective CRS pilot so will not be reporting performance against the 18 week standard. Greater Huddersfield CCG has however tracked performance in this area and has excluded CHFT performance in line with the requirements of the pilot. The year to date figure for Greater Huddersfield patients excluding those attending CHFT is 67.9%. COVID has also had a significant impact on patients waiting 52 weeks and the year to date figure for Greater Huddersfield is 4746 patients.

Performance against the cancer measures for the CCG and in partnership with the trust is much better with only two of the national measures not achieving target:

- Maximum 31-day wait for subsequent treatment where that treatment is surgery (85.9%/94%)
- Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers (61%/90% - very low numbers)

The remaining 6 reportable cancer standards are all being achieved.

Based on the strong and consistent levels of performance we have achieved with our partners at CHFT in this area, we have been recognised as a high performing system by the WY&H Cancer Alliance. This achievement relies on strong partnership working combined with rigorous management and oversight of the pathway. In recognition of this, the Alliance has asked colleagues from our system to work with their core team and act as a critical friend to other organisations in WY&H in reviewing pathways and recovery plans based on our track record of delivery. In support of the system, and in spite of the current pressures, CHFT staff visited Airedale NHS Foundation Trust to provide support and a constructive review of their processes and procedures relating to their cancer pathways. A number of suggestions were made and the trust has adopted recommendations made.

This recognition puts Huddersfield in an excellent position to support the requirements of the NHS Long Term Plan with the ambitions to improve early cancer diagnosis and accelerating access to diagnosis and treatment.

More detailed information on our performance is set out on the following pages.

## Performance Analysis

**This section of the Annual Report provides a more detailed performance analysis, and reports on key performance measures and how the CCG checks itself against them. The Performance Analysis section was optional in 2020-21 due to the significant impact on resources due to the ongoing Covid-19 pandemic response. The CCG has aimed to include as much of the usual Performance Analysis section as possible, and has ensured the statutory requirements are met.**

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The NHS is founded on a common set of principles and values that bind together the communities and people it serves – patients and public – and the staff who work for it. The Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying NHS services, and local authorities in the exercise of their public health functions are required by law to take account of this Constitution in their decisions and actions.

Principles that guide the NHS

1. The NHS provides a comprehensive service, available to all.
2. Access to NHS services is based on clinical need, not an individual's ability to pay.
3. The NHS aspires to the highest standards of excellence and professionalism.
4. The patient will be at the heart of everything the NHS does.
5. The NHS works across organisational boundaries.
6. The NHS is committed to providing best value for taxpayers' money.
7. The NHS is accountable to the public, communities and patients that it serves.

## CCG Improvement and Assessment

Clinical commissioning groups (CCGs) were established on 1 April 2013 and are clinically-led organisations at the heart of the NHS system. NHS England has a statutory duty (under the Health and Social Care Act (2012)) to conduct an annual assessment of every CCG. NHS England did this through implementing the CCG Improvement and Assessment Framework (IAF), and since April 2019 the Oversight Framework.

## **Oversight Framework 2020-21**

The CCG Improvement and Assessment Framework (IAF) was updated for 2019-20, and replaced by the Oversight Framework which came into effect in April 2019, with updated metrics, the removal of some measures and the retention of the majority of the previously reported Improvement and Assessment measures. It builds on the IAF introduced in April 2016, which replaced both the existing CCG assurance framework and CCG performance dashboard, and was designed to provide a greater focus on assisting improvement, alongside the statutory assessment function.

The Oversight Framework aligns with NHS England's Mandate and planning guidance, with the aim of unlocking change and improvement in a number of key areas. This approach aims to reach beyond CCGs, enabling local health systems and communities to assess their own progress from ratings published online.

The framework is intended as a focal point for joint work and support between NHS England and CCGs. It draws together the NHS Constitution, performance and finance metrics and transformational challenges and plays an important part in the delivery of the Five Year Forward View (FYFW).

## **How the CCG Measures Performance**

In order to measure how well the CCG is performing against the NHS Constitutional standards, and the indicators set out in the Oversight Framework, a monthly performance report is produced showing the current month's performance against each of the Constitutional Standard metrics as well as the year to date position. Oversight framework metrics are reported on a quarterly basis. Each measure is rated red, amber or green (RAG rated) on both the month and year to date performance using the tolerance set out in the technical definitions. The direction of travel is highlighted which indicates whether performance is improving or declining from one month to the next.

Initial scrutiny on the CCG's performance is undertaken by the Finance, Performance and Contracting Committee, via the performance report which is reviewed monthly and includes updates on health economy-wide system issues, portfolio specific updates including risk, in addition to progress against NHS Constitution pledges and national and local priorities identified in the Outcomes Framework.

The Governing Body receives a performance dashboard that details performance against key quality standards, the NHS Constitution pledges, progress against the NHS Outcomes Framework and deliverables such as dementia diagnosis and increased access to psychological therapies (IAPT) bi-monthly. Any indicator not achieving the national standard is reported by exception to the Governing Body detailing the reasons for underperformance and actions taken to address it. Any prolonged underperformance is addressed by a performance improvement plan which is monitored throughout the recovery period.

The underperformance of services commissioned by the CCG and/or constitutional standards is addressed by the appropriate contract management group through monthly meetings. Greater Huddersfield CCG is the lead commissioner for Calderdale and Huddersfield NHS Foundation Trust; however, several of the commissioner roles are shared posts between the Calderdale and Greater Huddersfield CCGs. The Trust produces a monthly Service Quality and Performance Report (SQPR) which identifies performance against the constitutional standards and key performance indicators monitoring the delivery of services. The SQPR gives both a trust/provider view and how that disaggregates for the commissioners/CCGs.

The performance is discussed monthly through arrangements set up by the Contract Management Group (CMG), chaired by the CCG Head of Contracting and Procurement and focuses on Planned Care, Urgent and Emergency Care, Children and Young People and Community Services. Any service issues are highlighted and actions taken to address the underperformance are agreed. Where appropriate, a remedial action plan is put in place and monitored until recovered. Any further deterioration of performance or milestones not achieved within the recovery timescales may incur a penalty.

Greater Huddersfield CCG is also the lead commissioner for the Community Services contract provided by Locala across Kirklees. A monthly Performance and Quality Dashboard is produced ahead of the contracting meeting, and areas of underperformance against constitutional standards and/or patient outcomes are addressed at the meeting.

The outputs from the contracting meetings feed into the performance and contracting reports and are then presented to Finance, Performance & Contracting Committee and the Governing Body.

## Assurance

NHS England has a statutory duty (under the Health and Social Care Act (2012)) to conduct an annual assessment of every CCG.

The framework is intended as a focal point for joint work, support and dialogue between NHS England, CCGs, and STPs. Data is available at least quarterly for nearly all of the indicators, which enables everyone to see, in-year, what is working well and what is off-track. NHS England's national and regional teams are working together to ensure that the breadth of the framework is discussed with all CCGs during the year, through a rolling programme of local conversations, drawing on expertise and insight from the national programme teams.

The CCG assurance arrangements for 2020-21 saw the introduction of a new model of **integrated whole place assurance** for partners in WY&H. This saw all partners across Kirklees Health and Social Care footprint coming together to offer assurance against key priorities and national targets. The new arrangements were agreed by

the System Oversight and Assurance Group in January 2020. This is a key element of the development of our mutual accountability framework. The performance management regime during the year focussed on:

- Whole place quarterly review meetings with ICS and NHSE/I
- Formal annual assessment of CCGs by NHSE informed by the ICS
- NHSE/I and ICS agree where escalation or enhanced oversight is required
- NHSE/I will work with ICS to determine and coordinate a tailored support package, based on segmentation of support needs.

### Key Purposes of New Framework

- To support the alignment of the priorities of places, and the partner organisations within them.
- To help identify where places/organisations need support to improve.
- To provide an objective basis for decisions about when and how to use formal regulatory powers of intervention in cases where there are serious problems or risks.

### Scope of New Framework

- Clear focus on transformation, improvement and collaboration.
- Built around the priorities and indicators of the place plans.
- Focus on both immediate and longer term priorities, such as health outcomes and inequalities.
- Underpinned by regular review meetings, involving leaders from all partners in each place

In addition, we are asked to provide regular evidence against the following six domains:

Domain 1: Are patients receiving clinically commissioned, high-quality services?

Domain 2: Are patients and the public actively engaged and involved?

Domain 3: Are CCG plans delivering better outcomes for patients?

Domain 4: Does the CCG have robust governance arrangements?

Domain 5: Are CCGs working in partnership with others?

Domain 6: Does the CCG have strong and robust leadership?

The CCG assurance processes are designed to provide confidence to internal and external stakeholders and the wider public that the CCG is operating effectively to commission safe, high-quality and sustainable services within our resources. Where issues are identified, clear action plans and monitoring are put into place.

## Detailed Analysis and Explanation of the CCG's Development and Performance

### Referral to Treatment (RTT)

The NHS Constitution states that patients have the right to access certain services commissioned by the CCG within maximum waiting times.

The operational standard is that 92% of patients on incomplete pathways should have been waiting no more than 18 weeks from referral to treatment. This allows for situations where patients choose to delay appointments, cases where patients do not attend appointments, and cases where clinically-based exceptions are needed.

In Greater Huddersfield CCG the 92% target rate has not been met for the 18 week standard for incomplete pathways across 2020-21. The year-end performance for 2020-21 was 69.1%, but this data excludes CHFT (CHFT excluded since August 2019) as they are participating in the Elective care pilot and their data is excluded.

### Number of patients waiting more than 52 weeks

In 2013-14, NHS England introduced a 'zero tolerance' policy for any referral to treatment waits of more than 52 weeks, with such waits resulting in contractual penalties. In 2020-21, Greater Huddersfield CCG reported that 2592 residents had waited 52 weeks or more. Please note the total number of 52 week waits was calculated using the incomplete and completed 52 week cases to account for the number of patients that remained on the waiting list beyond the point at which they first breached 52 weeks. A robust reporting mechanism has been introduced to get an early warning of potential breaches, allowing a timely conversation between providers and commissioner to prevent further breaches.

Compared to the same time last year, this figure is significantly higher due to the effect of Covid-19 on waiting times as hospitals face unprecedented pressures. The charts below show the comparison of waiting times between this and last year, benchmarking against neighbouring CCGs.

**Figure 1 52 Week Waits 2019-20**

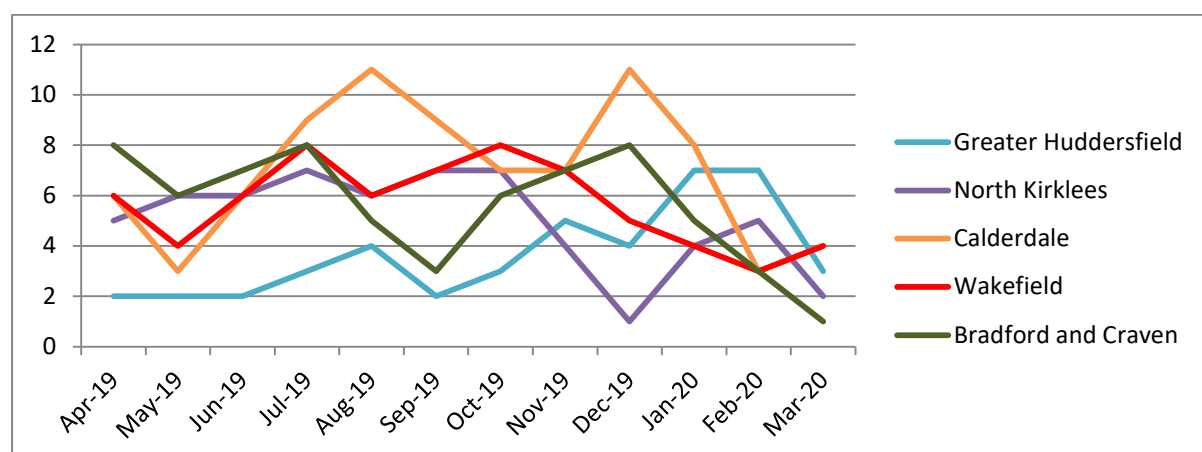
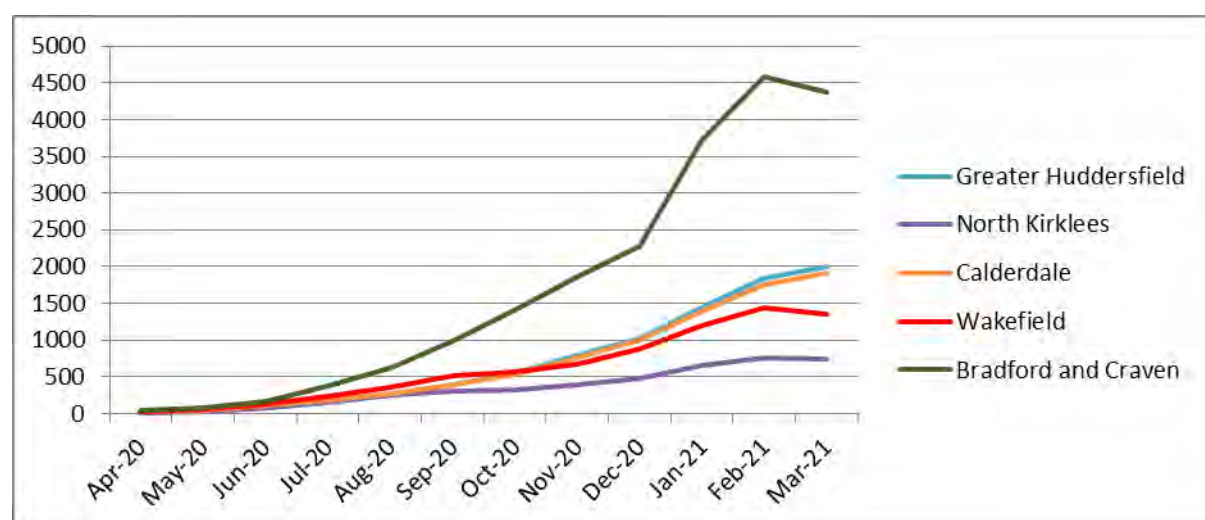


**Figure 2 52 Week Waits 2020-21**



In 2019-20 on average 3.6 Greater Huddersfield CCG patients waited more than 52 weeks for treatment, compared to 5.0 in North Kirklees CCG, 7.0 in Calderdale CCG, 5.7 in Wakefield CCG and 5.6 in Bradford and Craven CCG.

In 2020-21 all areas saw the effect of Covid-19 on their waiting times with an increased number of patients across the area waiting more than 52 weeks for treatment. On average in 2020-21 714.9 Greater Huddersfield CCG patients waited more than 52 weeks for treatment, compared to 348.8 patients in North Kirklees CCG, 699.8 patients in Calderdale CCG, 619.7 patients in Wakefield CCG and 1707.6 in Bradford and Craven CCG.

### Diagnostic test wait times

Prompt access to diagnostic tests is a key supporting measure for the delivery of the referral to treatment maximum waiting time standards. Early diagnosis is also important for patients and central to improving outcomes, for example, early diagnosis of cancer improves survival rates.

The operational standard is that the percentage of patients waiting 6 weeks or more for a diagnostic test should be less than 1%. In Greater Huddersfield CCG the year-end performance for 2020-21 was 55.5% of patients waiting 6 weeks or more for a diagnostic test. At the same time last year, 6.7% of patients were waiting 6 weeks or more.

The effect of Covid-19 has greatly increased wait times for Greater Huddersfield CCG and neighbouring CCGs as the charts below show when we compare 2019-20 to 2020-21.



**Figure 3 Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral - CCG % 2019-20**

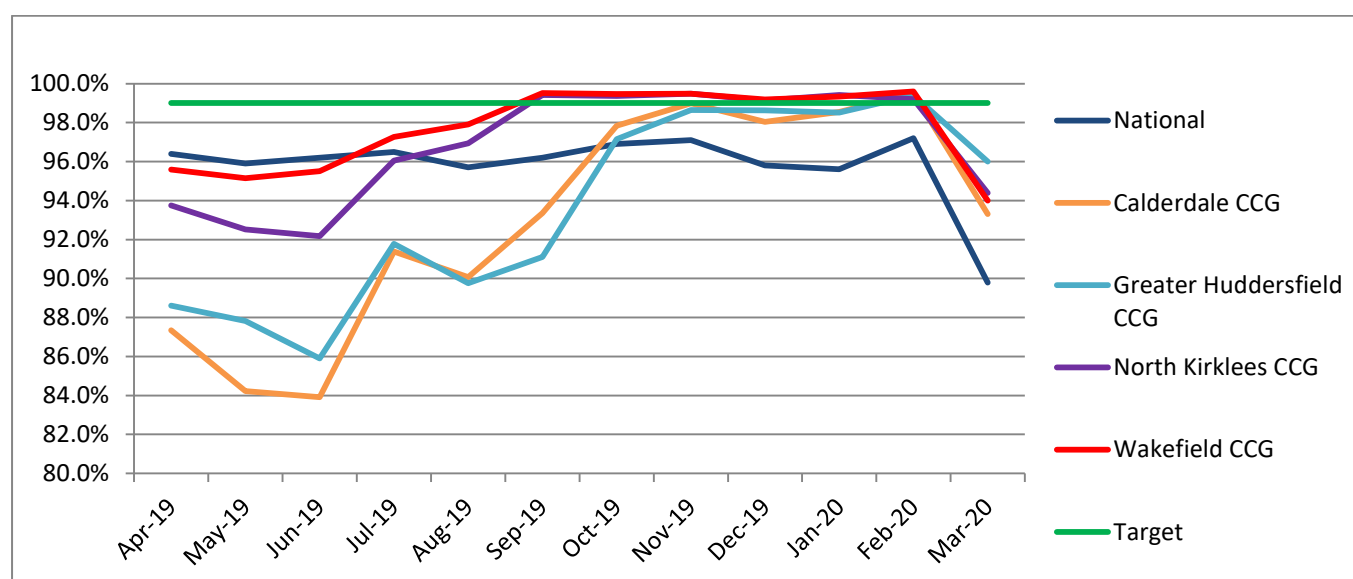
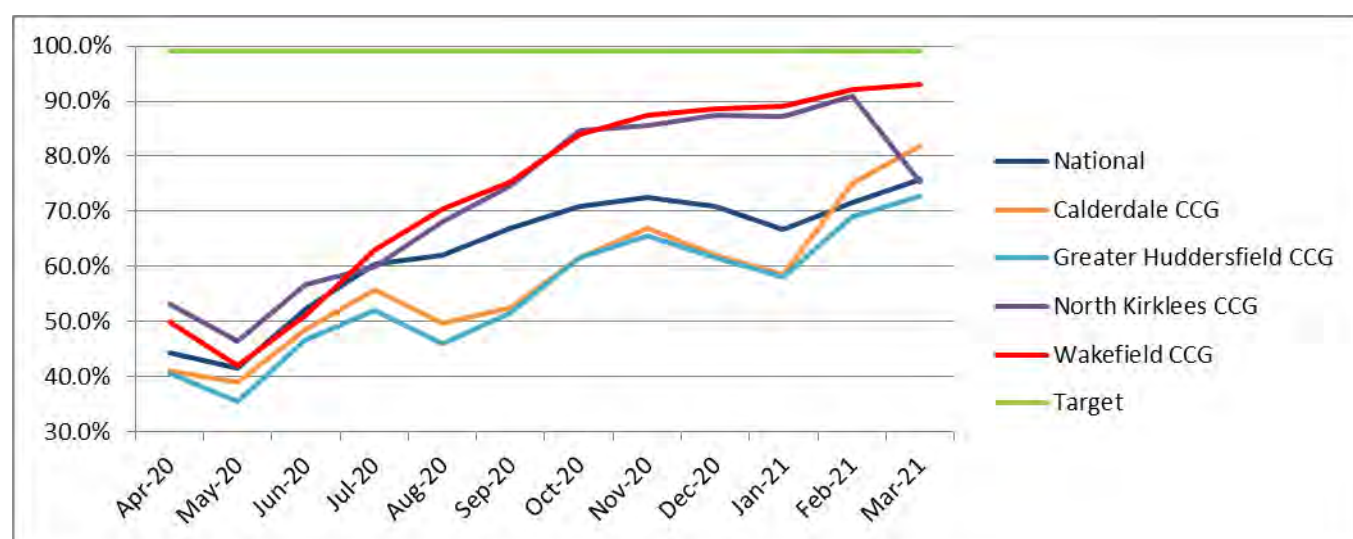


**Figure 4 Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral - CCG % 2020-21**



In 2019-20 Greater Huddersfield CCG performed lower than the national average in the first half of the year, gradually increasing over the winter period. Covid-19 had a dramatic impact on waiting times from March 20 to April 20 with Greater Huddersfield CCG increasing from just 4.0% of patients waiting over 6 weeks from referral in March 20 to 59.5% of patients waiting over 6 weeks in April 2020. The proportion of patients waiting over 6 weeks has steadily decreased over 2020-21, improving to 27.3%, however Greater Huddersfield CCG remains lower than the national average and below its regional neighbours



## Accident and emergency waits – total time in the A&E department

The NHS Constitution states that patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department.

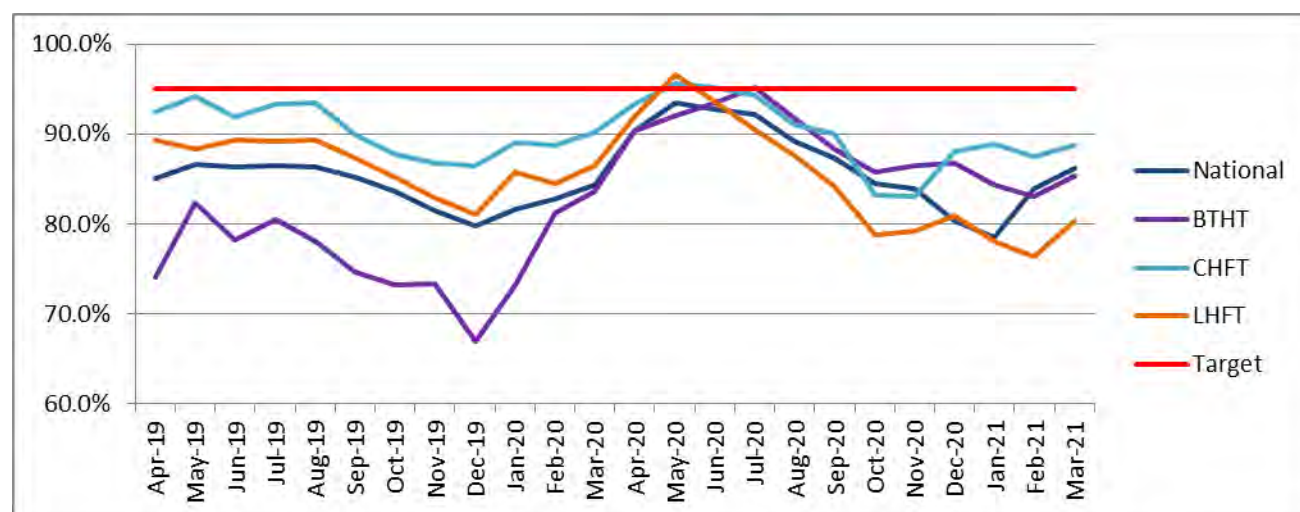
Longer lengths of stay are associated with poorer health outcomes and patient experience, as well as transport delays, treatment delays, ambulance diversion, patients leaving without being seen and financial effects. It is critical that patients receive the care they need in a timely fashion so that patients who require admission are placed in a bed as soon as possible, patients who need to be transferred to other healthcare providers receive transport with minimal delays and patients who are fit to go home are discharged safely and rapidly.

There is professional agreement that some patients need prolonged times in A&E. However, these exceptions are rare and unlikely to account for more than 5% of attendances. The standard is therefore that 95% of patients should be seen within 4 hours.

The Accident & Emergency Delivery Board continue to meet monthly to discuss system pressures. This is made up of representatives from across health and social care and covers our acute footprint of Calderdale & Huddersfield NHS Foundation Trust.

Calderdale and Huddersfield Foundation Trust achieved 88.9% in 2020-21. Performance has deteriorated this year in line with National trends and the continuing increases in both the number of attendees and the acuity of the patients presenting at A&E. YTD at March 2021 CHFT had 125,419 A&E attendances with 14,067 patients waiting in excess of the 4 hour standard. Throughout the course of 2019-20 and 2020-21 CHFT has tracked slightly higher than the national average as the chart below shows:

**Figure 5 Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department \* - Trust %**



## Mixed Sex Accommodation (MSA) breaches

All providers of NHS funded care are expected to eliminate mixed sex accommodation, except where it is in the overall best interest of the patient. All organisations are held to account for managing beds and facilities to eliminate MSA, and sanctions are applied by commissioners to organisations that breach the standard. We know that MSA is distressing for patients at a time when they feel at their most vulnerable. In 2020-21 MSA reporting has been suspended due to Covid-19.

## Cancer waits – 14 days

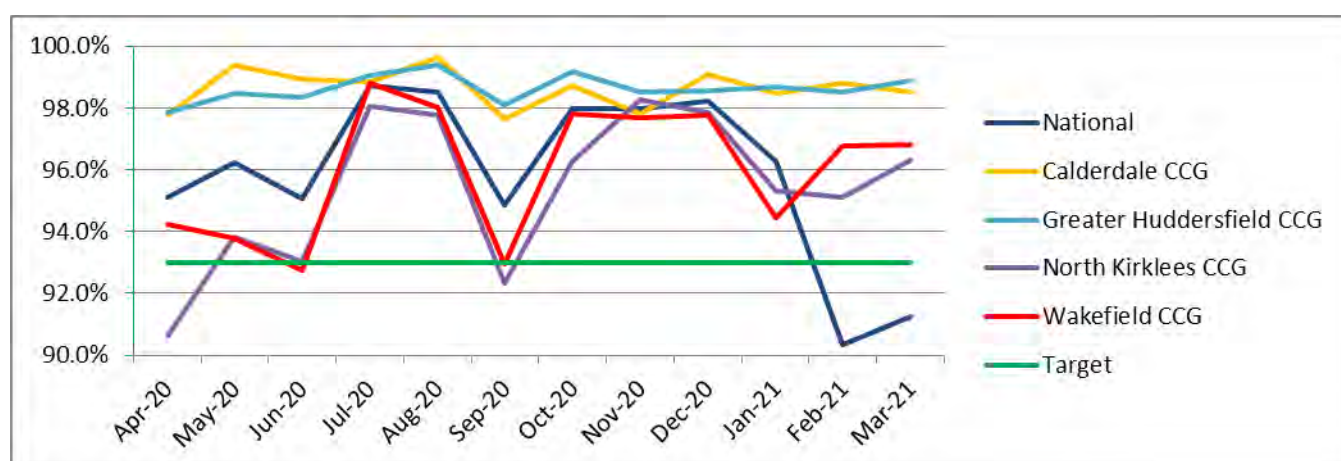
The NHS Constitution states that patients should have a maximum two-week wait for their first outpatient appointment if referred urgently with suspected cancer by a GP. It also states that patients should have a maximum two-week wait for their first outpatient appointment if referred urgently with breast symptoms (where cancer was not initially suspected). The two-week wait services ensure fast access to diagnostic tests, supporting the provision of an earlier diagnosis and assisting in improving survival rates for cancer. The standard is that 93% of patients should have a maximum two-week wait for their first outpatient appointment if referred with suspected cancer by a GP or if referred urgently with breast symptoms (where cancer is not initially suspected).

The year-end performance for 2020-21 for Greater Huddersfield CCG was:

- All cancer two-week waits – 98.7%
- Two-week wait for breast symptoms – 97.4%

Performance can be impacted on, in part, by patient choice and the CCG is targeting education for primary care and patients to reduce breaches due to choice. Despite the impact of Covid-19 on all trusts, the CCG has performed above the standard of 93% and has been the highest performing CCG in our locality 7 out of 12 months.

**Figure 6 Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP % - CCG 2020-21**



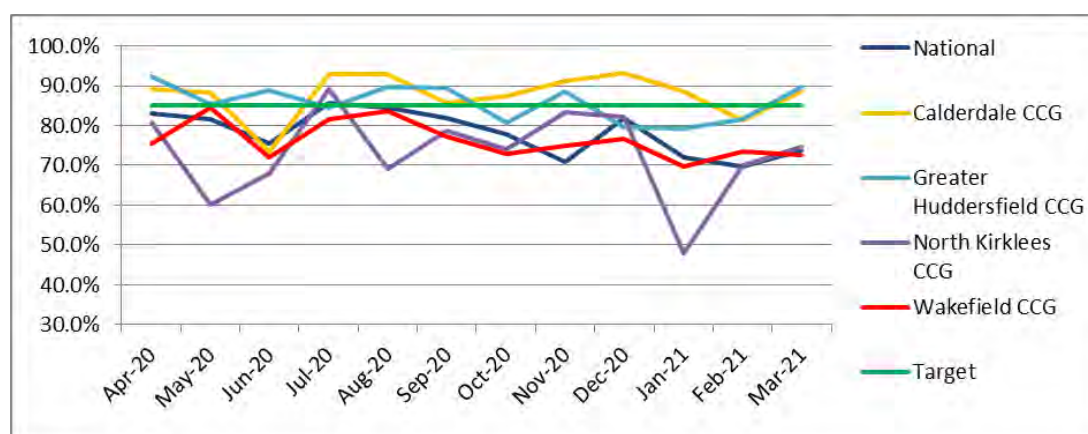
## Cancer waits – 31 and 62 days

The NHS Constitution sets a number of further standards for cancer waits, to ensure that cancer patients receive all treatments within their package of care within clinically appropriate timeframes, to provide better patient-centred care and improve cancer outcomes. The standards and CCG 2020-21 year end performance is:

- Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers – 96% (CCG performance – 96.8%)
- Maximum 31 day wait for subsequent treatment where that treatment is surgery – 94% (CCG performance – 86.3%)
- Maximum 31 days wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% (CCG performance – 99.3%)
- Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% (CCG performance – 98.3%)
- Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer – 85% (CCG performance – 86.3%)
- Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% (CCG performance – 67.9%)
- Maximum 62 day wait for first definitive treatment following a consultant's decision to upgrade the priority – there is no current operational standard, however performance data is monitored and published as national statistics. (CCG performance – 72.7%)

Performance is strong but can be greatly impacted by minimum breaches due to the low number of patients on the pathway. All breaches have a root cause analysis undertaken and breach reasons are monitored monthly. The chart below shows how the CCG has performed across 2020-21 performing largely above or to target in the first 6 months, however seeing a drop in the later few months of the year, in line with other CCGs in the region and the national average.

**Figure 7 Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer % - CCG 2020-21**



### Healthcare Acquired Infections (HCAI) measure (MRSA)

Tackling preventable healthcare associated infections, such as MRSA bloodstream infections, is one of the NHS's key priorities.

With reported MRSA bloodstream infections at an all-time low and many trusts reporting zero cases of MRSA bloodstream infection over the past year, the CCG is clear that preventable MRSA bloodstream infections are not acceptable in NHS funded services. There is a zero tolerance standard.

There have been three reported cases of MRSA for Greater Huddersfield residents. Any reported cases of MRSA are investigated by the Trust and the Head of Health Protection to identify the root cause and to understand if the incident was avoidable. If a case is deemed avoidable, process and procedures will be put in place to mitigate the risk of any further incidents. The details of the root cause analysis are shared with the Quality Committee and action plans agreed to monitor performance throughout the year are scrutinised by the Quality Team. Although there is a zero tolerance standard, this figure remains low when compared to other trusts across the region.

### Healthcare Acquired Infections (HCAI) measure (Clostridium Difficile infections (CDI))

CDI is an unpleasant and potentially severe or fatal infection that occurs mainly in elderly and other vulnerable patient groups, especially those who have been exposed to antibiotic treatment.

The 2020-21 annual CDI objectives for the CCG were set at no more than 39 cases. The CCG is required to establish and report against monthly trajectories for CDI cases in order to ensure continued reduction.

There have been 56 reported cases in respect of Greater Huddersfield CCG residents in 2020-21. Reported cases of CDI are investigated to identify the root cause and to understand if the incident was avoidable. If a case is deemed avoidable, process and procedures will be put in place to mitigate the risk of any further incidents. The details of the root cause analysis are shared with the Quality Committee and action plans agreed to monitor performance throughout the year are scrutinised by the Quality Team.

### Cancelled Operations

All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons must be offered another binding date within 28 days or the patient's treatment should be funded at the time and hospital of the patient's choice. In 2020-21 Cancelled Operations reporting has been suspended due to Covid-19.

## Mental health measure – Care Programme Approach (CPA)

The Care Programme Approach (CPA) is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs.

This standard relates to the proportion of those patients on CPA discharged from inpatient care who are followed up within 7 days, and at least 95% of patients must be followed up after discharge each quarter. In 2020-21 CPA reporting has been suspended due to Covid-19.

## Calderdale and Huddersfield NHS Foundation Trust (CHFT) 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. Initial indications are that it will be measured against average waiting time and the benchmark is being defined. The pilot commenced on 1<sup>st</sup> August and was initially expected to run until November 2019, the latest update suggests the pilot is on-going as at March 2021.

Calderdale and Huddersfield Foundation Trust achieved 88.8% against the target of 95% for the 4 hour emergency standard in 2020-21. Performance has deteriorated this year in line with National trends despite the impact of Covid-19 seeing a reduction of the number of people attending A&E.

CHFT reported 36 waits from decision to admit to admission (trolley waits) of more than 12 hours in the 2020-21 period, compared to just 9 in the previous year.

The trust achieved ALL Cancer waiting times standards in 2020-21. Performance was one of the best in our locality.

**Figure 8 Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP % - Trusts 2020-21**

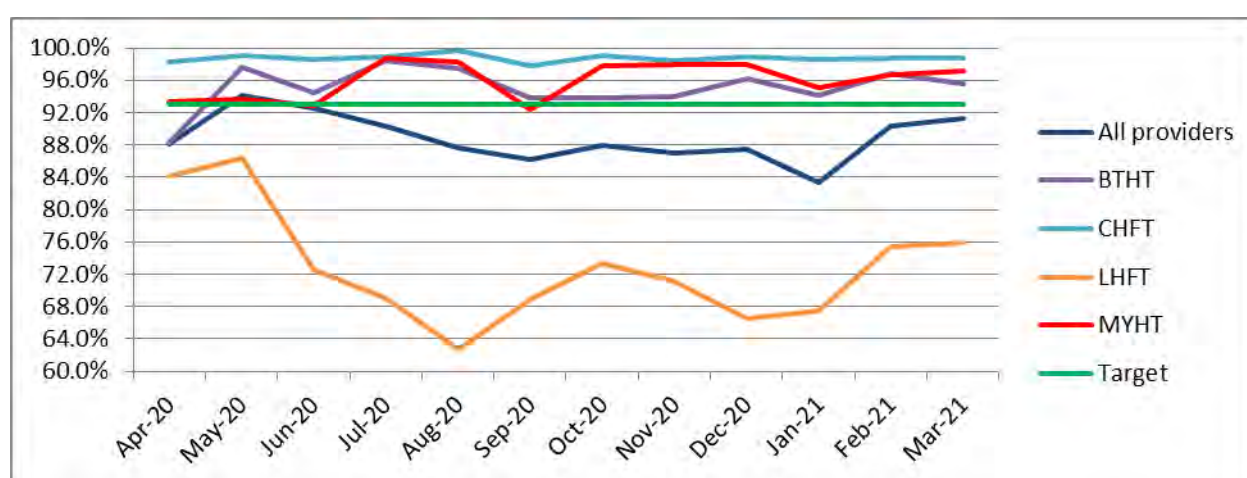




**Figure 9 Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms % - Trusts 2020-21**

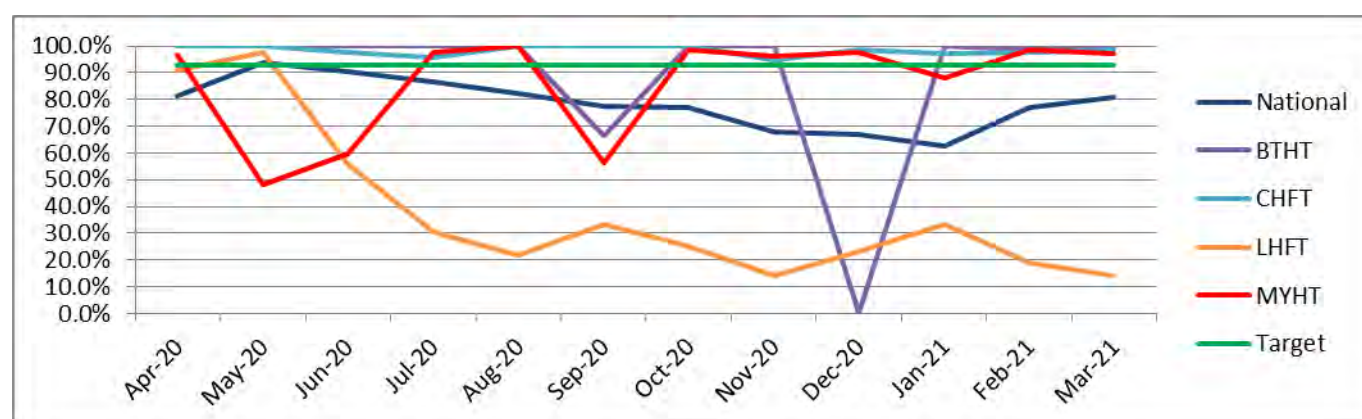


**Figure 10 Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers %- Trusts 2020-21**

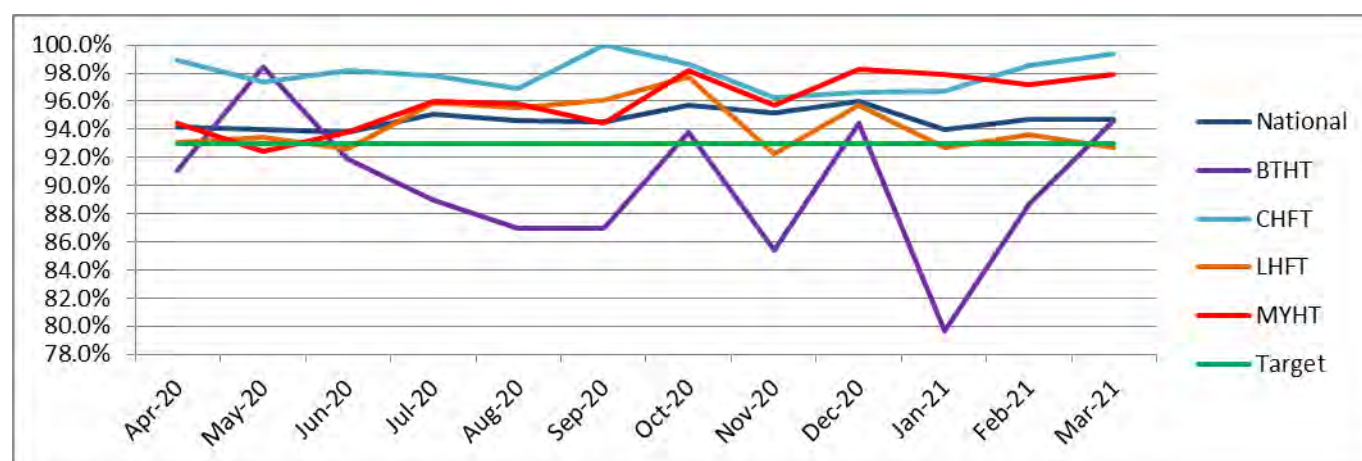
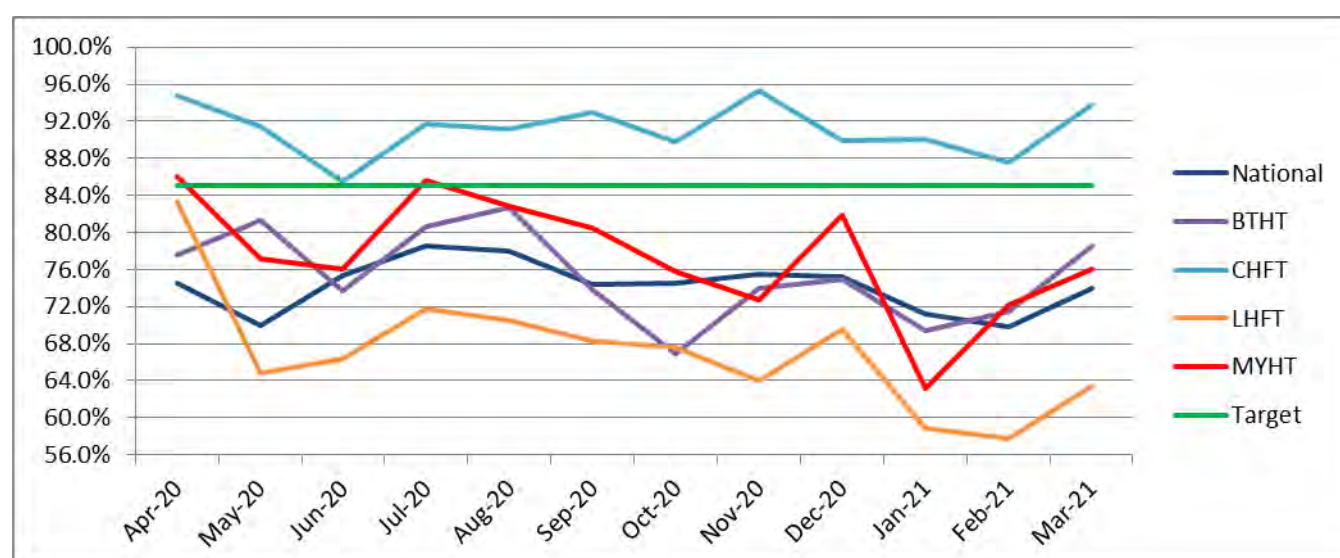


**Figure 11 Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer % - Trusts 2020-21**



In relation to 62 day cancer access standards have been a key element of the NHS's approach to improving the timeliness of treatment for people with cancer since they were introduced in the NHS Cancer Plan in 2000. One of the key indicators to assess progress is the time it takes for a patient to receive treatment they need - which follows the whole patient pathway from GP referral to their receipt of treatment.

Based on the strong and consistent levels of performance achieved at CHFT in this area, we have been recognised as a high performing system by the WY&H Cancer Alliance. This achievement relies on strong partnership working combined with rigorous management and oversight of the pathway. In recognition of this, the Alliance has asked colleagues from our system to work with their core team and act as a critical friend to other organisations in WY&H in reviewing pathways and recovery plans based on our track record of delivery. This builds on our collaborative approach to improvement with an openness to learn from each other about what works in what environment and 'stress test' each other's plans and business cases.

### NHS Constitution Rights and Pledges 2020-21

The dashboard that follows shows performance against all NHS constitutional measures, for both the current month and year to date.

| Reporting Period<br>March 21                                                | 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%               | 75.4%         |  | 69.1% |  |
| Referral To Treatment waiting times for non-urgent consultant-led treatment | Patients on incomplete pathways waiting more than 52 weeks                                                                                      | 0                 | 1998          |  | 2592  |  |
| Diagnostic Test Waiting Times                                               | Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral                                                 | 99%               | 87.8%         |  | 55.5% |  |
| A&E Waits                                                                   | Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department                                     | 95%               | 86.4%         |  | 88.8% |  |
| A&E Waits                                                                   | No waits from decision to admit to admission (trolley waits) of more than 12 hrs                                                                | 0                 | 0             |  | 36    |  |

| Reporting Period<br>March 21 | Measure                                                                                                                                           | Target /<br>Baseline | Period<br>Actual | Period<br>RAG                                                                         | YTD   | YTD<br>RAG                                                                            |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------|---------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------|
| Cancer Waits - 2 week wait   | Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP                               | 93%                  | 98.9%            |    | 98.8% |    |
| Cancer Waits - 2 week wait   | Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer not initially suspected) | 93%                  | 98.1%            |    | 97.4% |    |
| Cancer Waits - 31 days       | Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers                                                      | 96%                  | 97.9%            |    | 96.8% |    |
| Cancer Waits - 31 days       | Maximum 31-day wait for subsequent treatment where that treatment is surgery                                                                      | 94%                  | 96.0%            |    | 86.3% |    |
| Cancer Waits - 31 days       | Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen                                                  | 98%                  | 100%             |  | 99.3% |  |
| Cancer Waits - 31 days       | Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy                                                      | 94%                  | 100%             |  | 98.3% |  |
| Cancer Waits - 62 days       | Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer                                                  | 85%                  | 89.7%            |  | 86.3% |  |
| Cancer Waits - 62 days       | Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers                                     | 90%                  | 100.0%           |  | 67.9% |  |
| Cancer Waits - 62 days       | Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)         | tba                  | 100%             | TBC                                                                                   | 72.7% | TBC                                                                                   |
| Ambulance Calls              | All handovers between ambulance and A&E must take place within 15 minutes * CHFT                                                                  | 95%                  | 67.4%            |  | 73.2% |  |
| Ambulance Calls              | All crews should be ready to accept new calls within a further 15 minutes * CHFT                                                                  | 95%                  | 43.9%            |  | 46.2% |  |



| Reporting Period<br>March 21 | Measure                                                                                                                                                                                                                                                                        | Target<br>/<br>Baseli<br>ne | Period<br>Actual | Period<br>RAG                                                                         | YTD | YTD<br>RAG                                                                            |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------|---------------------------------------------------------------------------------------|-----|---------------------------------------------------------------------------------------|
| Mixed Sex Accomodation       | Minimise breaches - reporting suspended COVID 19                                                                                                                                                                                                                               | 0                           | 0                |    | 0   |    |
| MRSA                         | Number of MRSA reported infections                                                                                                                                                                                                                                             | 0                           | 0                |    | 3   |    |
| C_Diff                       | Number of C_Diff reported infections                                                                                                                                                                                                                                           | 39                          | 6                |    | 51  |    |
| 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                           | tbc              |    |     |    |
| 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%                         | tbc              |  |     |  |

### West Yorkshire and Harrogate Health and Care Partnership: stronger, better, healthier together

West Yorkshire and Harrogate is a large, complex system covering public, voluntary community and social enterprise organisations (VCSE). Collectively we support 2.7million people, including 260,000 unpaid carers. 23% (570,000) of the total West Yorkshire and Harrogate population are children and young people. We are proud to be home to 20% of people from minority ethnic groups, and have a sense of pride in the richness, heritage and diversity of our communities.

As a CCG we are proud to be part of West Yorkshire and Harrogate Health and Care Partnership. The Partnership belongs to us all.

Since the [Partnership](#) began in 2016, we have worked hard with our partners and communities to build the relationships needed to deliver better health, care and wellbeing support to people across West Yorkshire and Harrogate.

In doing so it has enabled us to create meaningful provider collaboratives, such as the [West Yorkshire Association of Acute Trusts](#), the [Mental Health, Learning Disabilities and Autism Committee in Common](#), and our [Joint Committee of Clinical Commissioning Groups](#). Supported by our politically led and inclusive [Partnership Board](#) (established in 2018) and all our places (Bradford district and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield), we have focused on the strength of joint working to improve people's lives.

The way we work has led to genuine changes, for example in the delivery of the vaccine programme, hyper acute stroke units (the critical care people receive in the first 72 hours), vascular services, and assessment and treatment units for people with complex learning disabilities, eating disorder services and a new specialised child and adolescent mental health services being built - to name a few.

It has led to good practice being shared, for example our award winning '[Healthy Hearts](#)' programme, where around 6,300 patients have had a change to a more effective statin and 2,400 people who are at risk of CVD have been offered a statin. In total an estimated 1200 people could avoid a heart attack or stroke in the next five to 10 years across the area.

Another important example is our work to tackle health inequalities whilst improving the lives of the poorest the fastest. COVID-19, with its disproportionate impact on those with the greatest challenges, including [minority ethnic communities](#) and colleagues, gives added urgency to this work and our recent [commission](#) on this topic focuses on real action, from housing and jobs to improved planning, representative leadership and improvements in mental health services.

The COVID-19 crisis has strengthened relationships and trust. Without this solid foundation, our handling of the pandemic would have been much poorer. Issues like maintaining personal protective equipment supply, coordinating testing, helping people who were shielding and mutual aid have been led by individuals working for the collective.

We have invested additional funding, over £2.5m in the VCSE to continue their essential [work](#). This stretches to the delivery of care as equal partners, for example support for men's mental health as part of our [suicide prevention strategy](#); the [Grief and Loss Support Service](#) and our staff [Check-In campaign](#) to help prevent staff suicide and our [mental health and wellbeing hub](#) for all colleagues.

This is underscored by the established [ethical principles](#) that underpin our work to help individual clinical decision makers and multidisciplinary teams have confidence and integrity during the pandemic and into the future.

Our [Improving Population Health Management Annual Report](#) (December 2020) sets out the collective difference we have made in the past 12 months, including our ambitions to address [climate change](#) and [housing for health](#). It also sets out actions for 2021, including violence reduction and the impact of [childhood trauma](#). Just some of our big ambitions set out in our coproduced [Five Year Plan](#).

Whilst the direct impacts of COVID-19 on health are recognised, it is important to acknowledge the economic and societal impacts associated with the long-term nature of the restrictions in West Yorkshire. Residents of West Yorkshire have been under a combination of national and local restrictions for all but two months since the end of March 2020 (accurate March 2021). The economic impact of COVID-19 across West Yorkshire and Harrogate has led to significant job losses and a recession which brings additional risks to the health of people.

The relationships we have with the West Yorkshire Combined Authority for the area's economic recovery plan, Health Education England, the Academic Health Science Network, med-tech and the skills sector, including universities, helps us to look at what we can do together to develop and grow our workforce and support people into better jobs via our People Board work.

As a proud and valued partner, we are pleased with the progress we have made. Together we are sharing and spreading good practice across the area, and ultimately saving more lives by improving people's health and wellbeing.

We know that more needs to be done to give everyone the very best start and every chance to live a long and healthy life. **Only by working together can we truly achieve this.**

You can find out more about the difference our Partnership is making [here](#) and also by visiting [www.wyhppartnership.co.uk](http://www.wyhppartnership.co.uk) or follow @wyhppartnership on twitter to find out more or get involved.

Information on the West Yorkshire & Harrogate Joint Committee of CCGs can be found in the Governance Statement at page 66.

## Primary Care

### Primary Care and COVID-19

In 2020-21, primary care services in Greater Huddersfield were predominantly focussed on the response to the COVID-19 Pandemic and in the latter half of the year, the delivery of a successful COVID-19 Vaccination Programme.

In the early days of the pandemic, primary care services had to rapidly adapt their ways of working and implement a 'digital first' approach which saw the utilisation of video, online and telephone consultations become the safest way to deliver services to the majority of patients. This way of reaching patients and reducing footfall to GP premises kept staff and patients safe and has remained in place as a model of operating services for the whole year. There is an increasing emphasis on restoring access to enable face to face consultations and the importance of this was a theme in the 2020 Healthwatch survey of patient experience during the pandemic in Kirklees. Access is likely to remain a priority in the recovery phase following the most recent national lockdown.

There were a number of actions taken and services commissioned which enabled primary care to remain resilient and responsive during the pandemic.

## **COVID Clinical Assessment Service (CCAS)**

In April 2020, the CCG worked with local practices, GP Federations and Primary Care Network (PCN) Clinical Directors to commission a COVID Clinical Assessment Service (CCAS) or 'hot site'. These clinics enabled patients with COVID symptoms who required face to face appointments to be seen safely and separately to other non-COVID patients.

The CCAS in Greater Huddersfield was located at Princess Royal Health Centre (Huddersfield) and operated by My Health Huddersfield operating in partnership and under CQC registration of Locala CIC. This site was mothballed in June 2020, with a room in Princess Royal still retained for COVID activity.

## **COVID Home Response Team (CoHoRT)**

The Kirklees COVID Home Response Team (CoHoRT) service was established in April 2020 offering a same-day service for housebound patients that were symptomatic (or confirmed positive) for COVID-19 (or housebound patients within a household where someone was COVID-19 symptomatic or positive) and needed face-to-face support.

It was agreed that the CoHoRT services would be managed by the Kirklees GP Federations and would work alongside the CCAC operations. Running these services together enabled the safe provision of staffing, workload, equipment, PPE and clinical oversight/support.

Appointments and service hours flexed in response to demand, throughout 2020-21. Reduced service utilisation in recent months led to collaborative discussions with the Kirklees Urgent Community Response (UCR) Programme and from April 2021, the UCR programme will manage appropriate COVID positive patients through a dedicated number of appointments available on a daily basis.

## **COVID testing**

Greater Huddersfield and North Kirklees CCGs were chosen to be the first pilot sites in the Department of Health and Social Care's (DHSC) National Swab Pilot. This new collaboration meant all patients that were referred into CCAC or CoHoRT would be offered a Kingfisher swab test. The pilot commenced in Greater Huddersfield at the end of July 2020.

Regular COVID testing continues to be offered to Primary Care staff on a regular basis via Lateral Flow Tests (LFT) ordered through a central portal.

Currently patient testing is through the numerous community testing pathways currently available (drive through, mobile testing units, walk-ins, home test kit ordering online) rather than directly from GP practices.

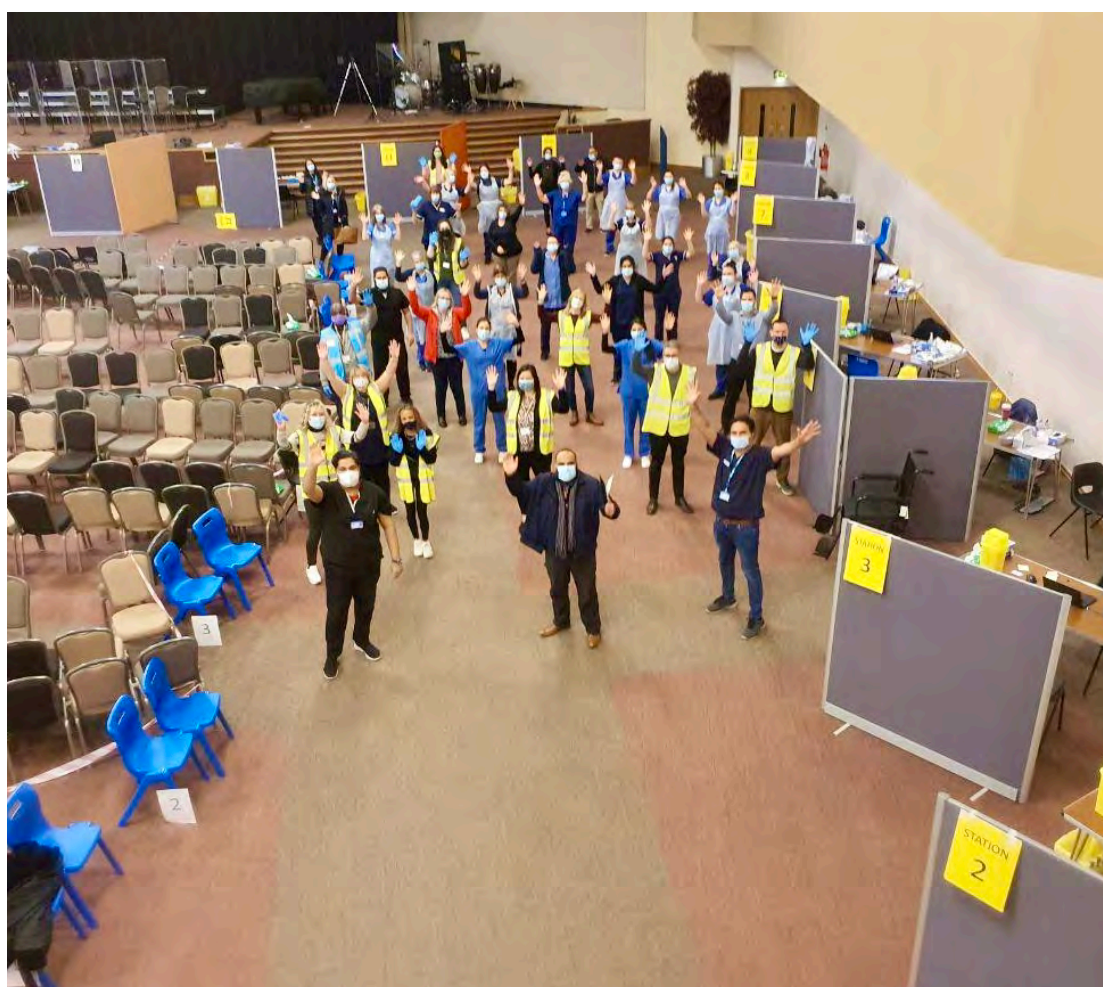
## **COVID – Oximetry@Home**

In December 2020, Kirklees GPs opted to commission one COVID Oximetry at Home (CO@H) service for the over 65 year old COVID positive population of Kirklees, which went live on 4 January 2021 (or younger people where clinically indicated). The service was commissioned from Local Care Direct with support from

Curo. In February 2021 PCN leads approved LCD access to NHS Digital daily data to allow early direct contact with eligible COVID positive individuals to offer the service. In March 2021, the referral age threshold was lowered to COVID positive individuals over the age of 50 years. As at March 2021, the CO@H service has received 218 referrals.

## COVID Vaccinations

In December 2020, Primary Care Networks were asked to put forward proposals to mobilise PCN Local Vaccination Service (sites LVS) through an Enhanced Service to deliver COVID vaccinations at scale. The CCG was tasked with visiting, approving and ensuring the readiness and safety of the sites. Greater Huddersfield CCG has and continues to meet all National targets in relation to the COVID Vaccination Programme.



**Staff at Cathedral House, Huddersfield celebrate achieving the Government target of inviting the top 4 priority categories for a vaccination (12 February 2021).**

Three of the Greater Huddersfield Primary Care Networks (PCN) collaborated to vaccinate patients within their practices from Cathedral House. This site hosts Greenwood, Tolson and Viaduct PCNs, has the capacity to deliver 6,000 vaccines per week and was mobilised as part of wave one, on 15 December 2020. The Valleys PCN operates from Holme Valley Memorial Hospital, can administer up to



2,000 vaccines per week and was mobilised as part of wave three, on 22 December 2020. The Mast PCN operates from Kirkburton Health Centre, can deliver up to 1,000 vaccines per week and was mobilised as part of wave four, on 29 December 2020.

In Greater Huddersfield there are two Community Pharmacy sites: Boots, Huddersfield and Honley Pharmacy. These sites went live on 23 and 28 December respectively and can deliver up to 2,400 and 2,000 vaccines per week.

Greater Huddersfield also hosts the Kirklees Community Vaccination Centre, operating from the John Smith's Stadium in Huddersfield. This site went live as a staff vaccination site on 25 January 2021 and as a public facing site on 1 February 2021. The maximum weekly capacity is up to 15,120 vaccinations per week.

Calderdale and Huddersfield NHS Foundation Trust offered vaccinations, albeit, primarily to Health and Social Care Staff. Vaccinations were based in Acre Mills Outpatients. This site went live on 30 December 2020 and had a capacity of 2,100 vaccinations per week.

Greater Huddersfield vaccination sites continue to follow priorities set by The UK Government, as aligned to the National cohorts.

## **Practice Workload and COVID-19**

In 2020-21, many of the requirements of practices and Primary Care Networks were stood down or reduced to free up capacity for the pandemic response. This took the form of income protection for many areas of contracts (e.g. Quality and Outcome Framework) and in the CCG agreed a number of local arrangements for local contracts and mechanisms to support practices such as obtaining PPE in the first few months of the pandemic or discretion to apply clinical prioritisation of services.

## **Medicines Management**

The Medicines Management Team has supported the safe and effective rollout of the vaccination programme within Greater Huddersfield CCG by providing PCNs with:

- visits to potential vaccination sites to check their suitability as outlined by NHS England
- detailed clinical knowledge about vaccines, their storage conditions and legal aspects around administration
- regular assurance visits
- mutual aid when needed in form of trained vaccinators and admin staff

Additional to the vaccination programme, the Medicines Management team have engaged with:

- GP practices and care homes to support the setup of proxy ordering within care homes

- Kirklees Council to provide support to shielded patients with obtaining their medication
- GP practices and pharmacies to change repeat prescriptions to electronic Repeat Dispensing to reduce the burden on practices and ensure patient's access to regular medication
- Care homes and GP practices to provide information and support when needed as part of an Multidisciplinary team
- PCN clinical pharmacists to provide a forum for joint working to review and discuss existing priorities and prescribing, to provide guidance and advice to constituent organisations for them to consider and approve through their organisational approval processes as appropriate.

## Access

It remains a key priority of the CCG and a key aim of the primary care strategy to provide easily accessible primary care services for all patients. During 2020-21, appointments in the evening and weekend were made available for all patients in Greater Huddersfield through an Extended Access service and through extended hours appointments delivered by Primary Care Networks. Along with GP practices, many of these appointments were delivered through video or telephone consultations with patients who needed to be seen face to face appointments being offered that option with appropriate safety measures in place.

The Extended Access Service in Greater Huddersfield works on a model of two central hubs (based at Huddersfield Royal Infirmary and the University Medical Practice) and a number of 'satellites' which are based in a number of individual GP practices who opt to provide Extended Access for their own patients. This suits some of the more rural areas in Greater Huddersfield. The service continued to offer a range of other services and clinicians such as phlebotomy, physiotherapy and cervical cytology and these were retained through the pandemic.

## Primary Care Equitable Funding Review

At the September 2020 Governing Body Meeting, the CCGs approved a tiered service model as an approach to deliver Primary Care services consistently across Kirklees by GP member practices.

Participating GP practices moved to an equivalent of the core General Medical Services (GMS) contract payment rate to deliver Tier 1, core contractual services. In addition an extra circa £1 million investment was agreed into primary care across Kirklees to implement Tier 2, 'Kirklees Essentials' from the 1st October 2020. Greater Huddersfield and North Kirklees CCGs have now achieved the NHS England aspiration of equity of funding between contract types (GMS and PMS) by the 1st April 2021 by implementing Tiers 1 and 2. The programme of work is now moving on to review the CCG's local enhanced services and PMS premium schemes in Tiers 3 and 4 to achieve consistency for patients and practices.

## Development of Primary Care Networks (PCNs)

### Workforce

Each Primary Care Network has recruited their full complement of Clinical Pharmacists and Social Prescribing Link Workers that were introduced to PCNs in 2019-20. This ensured that patients from all practices have access to the skills that they bring and the support they can offer to the work of the PCN. The Clinical Pharmacist role has been very valuable in supporting practices with prescribing workload and in undertaking medication reviews. Social Prescribing Link Workers have played a really important role in 2020-21 in supporting patients during the pandemic, and in particular, patients who have been socially isolated due to shielding.

Every PCN has developed plans to recruit to the new additional roles that have become available. Using data and local knowledge about their populations' health needs, PCNs have identified the roles that they believe will bring most benefit to their patients and have started to recruit to the posts.

In 2020-21, the number of roles that PCNs could recruit to was significantly expanded and can be seen in the table below.

| Role                            | Introduced |
|---------------------------------|------------|
| Clinical Pharmacists            | 2019/20    |
| Social Prescribing Link Workers | 2019/20    |
| First Contact Physiotherapists  | 2020/21    |
| Physician Associates            | 2020/21    |
| Pharmacy Technicians            | 2020/21    |
| Occupational therapist          | 2020/21    |
| Dieticians                      | 2020/21    |
| Podiatrists                     | 2020/21    |
| Health and Wellbeing Coaches    | 2020/21    |
| Care Co-ordinators              | 2020/21    |
| Paramedics                      | 2021/22    |
| Mental Health Practitioners     | 2021/22    |
| Nurse Associates                | Oct 2020   |
| Trainee Nursing Associates      | Oct 2020   |

PCNs continued to have access to development funding and the time and budget allocated to the Clinical Director role was increased from 1 day per week to 5 days per week to account for the significant workload during the vaccination roll out.



## Care Homes

Kirklees Care Home Programme builds on the key element and sub-elements of national PCN service specification for Enhanced Health in Care Homes (EHCH). The Framework lays out a clear vision for providing joined up primary, community and secondary, social care to residents of care and nursing homes via a range of in reach services.

The EHCH model has three principal aims:

- delivering high-quality personalised care within care homes;
- providing, wherever possible, for individuals who (temporarily or permanently), live in a care home access to the right care and the right health services in the place of their choosing; and
- enabling effective use of resources by reducing unnecessary conveyances to hospitals, hospital admissions, and bed days whilst ensuring the best care for people living in care homes

In the EHCH model, care providers work in partnership with local GPs, community healthcare providers, hospitals, social care, individuals and their families, and wider public services to deliver care in people's homes as well as in care homes. Services are 'wrapped around' the individual and their family, who are connected to and supported by their local community. Proactive, personalised care and support becomes the norm.

To complement the EHCH framework a number of requirements to support care homes were developed in 2020-21 as part of the COVID response, including:

- Identifying a clinical lead for each care home
- Providing a weekly check-in for each care home.

In order to achieve this and meet the requirements of the EHCH Enhanced Service, practices across Kirklees have aligned one practice to one care home. Each practice has an identified clinical lead that participates in the weekly home round / check in. Practices have worked closely with care home colleagues to provide virtual consultations using AccuRX.

Practices are also supporting care home colleagues during the COVID outbreak and are assisting to embed the SBAR (Situation, Background, Assessment, Recommendation) tool which is used to facilitate prompt and appropriate communication where the care home is concerned about a resident.

Practices are currently working with their aligned care home to ensure robust processes are in place to support their weekly home round and MDT meetings. Practices are working collaboratively with our community provider to ensure appropriate residents have advanced care plans incorporating treatment and escalation plans in place. Other work has begun to test digital solutions in care homes.

All the above initiatives have supported the development of improved communication and closer working relationships between practices and care homes resulting in better outcomes for residents

## **Digital**

### **GP online Consultation and video consultation**

Patients registered at all 37 Greater Huddersfield practices have been able to access their GP practice via the utilisation of the GP online E-Consult System. Through this system patients are able to communicate securely and safely online with their practice about non-emergency medical conditions or ask administration questions. The system also offers 24/7 access to symptom-specific self-help information and easy access to other local NHS and self-care services.

Since April 2020 and throughout the COVID19 pandemic, all GP practices have had access to utilising AccuRx, providing a way for video consultations to take place between practice staff and patients in a secure and accessible format.

### **GP online consultations, IT and digital first**

From June 2020, all practices were offering both online and video consultations to patients. This enables practices to triage patients safely and remotely to support the Covid-19 response. The CCG reviews reports of utilisation and patient feedback for online consultation every month.

### **Engagement with membership and practice visits**

As a membership organisation, the CCG supports the provision of education and training opportunities that cultivate professional excellence and high motivation. Where possible, this is done at scale in collaboration with partners and the GP Federation.

Regular 'Practice Protected Time' events took place in 2020-21 delivered with the support of My Health Huddersfield GP Federation and the adoption of technologies enabled events to continue remotely. Events are also arranged which focus on the learning and development needs of nursing and practice management colleagues.

My Health Huddersfield have worked closely with Practice Managers and wider teams to deliver the THRIVE programme of structured Quality Improvement techniques for general practice. Particular highlights have been the training of practice staff as Mental Health First Aiders – this is now available in every practice, and of a project to increase the uptake of physical health reviews for people with severe mental illness.

In 2020-21, the CCG continued a programme of Membership Engagement Events, moving these to online and supportive practice visits. These worked alongside a

programme of Quality Assurance Visits and the regular review of a comprehensive quality and contracting dashboard.

## Financial Performance

Due to the impact of the pandemic the CCG has seen some its usual financial targets suspended for the year, except for achieving a breakeven position and our key financial duties that are shown below. For 2020-21 the CCG has successfully achieved a surplus position for the year of £0.751m, against its breakeven target.

During the year the CCG has continued to utilise the resources it has received by targeting areas of greatest need. The CCG has invested significantly in areas such as Primary Care, to support the pressures experienced in this area. It has also developed several services in primary care, the care sector and within the community to support the ongoing response against Covid-19.

Due to the challenges this year has brought, the CCG has still looked to deliver new services that will be even more important as we move forward. The CCG has continued to make investments that include –

- Investment in primary care where the CCG has tackled the inequities in contract values.
- Continued to make investment and development in mental health services
- Development in Care Homes Services
- Development of community services.

The CCG has also continued to support West Yorkshire programmes of care as part of its wider system work within the Integrated Care System.

## Financial Duties

The CCG has several statutory financial duties and targets against which its performance is monitored. Although the CCG has had a number of its financial targets suspended, we are pleased to report that we were able to achieve our financial plan and that we have met all of our statutory financial duties. In relation to the public sector payment policy target (non-statutory), the CCG has achieved over 95% in all 4 of the indicators relating to payments made within 30 days.

The table below shows a summary of the CCG's performance against the statutory financial duties in 2020-21:

| Financial Duty                                        | Achieved/Not Achieved | Performance in 2020-21                                           |
|-------------------------------------------------------|-----------------------|------------------------------------------------------------------|
| Achieve operational financial balance                 | <b>Achieved</b>       | Delivered in-year surplus of £0.751m, cumulative surplus £5.192m |
| Maintain capital expenditure within Capital Resources | <b>Achieved</b>       | £0k of capital resource utilised against a limit of £0k          |
| Manage cash within the CCG's Cash Limit               | <b>Achieved</b>       | Cash balance of £0.165k                                          |

### Non-financial Matters

Throughout the Annual Report, details are shared of the CCG's focus on social matters (for example, the KJSA), our respect for human rights (for example, our compliance with statutory duties), and our commitment to anti-corruption and anti-bribery (for example, the Governance Statement details our management of risk).

# Sustainability Report

In this section of the Annual Report, we set out the CCG's performance in relation to sustainable development.

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## National Ambition

### NHS Vision:

***To deliver the world's first net zero health service and respond to climate change, improving health now and for future generations.***

The NHS was founded to provide high-quality care for all, now, and for future generations. Understanding that climate change and human health are inextricably linked, in October 2020, it became the first in the world to commit to delivering a net zero national health system. This means improving healthcare while reducing harmful carbon emissions, and investing in efforts that remove greenhouse gases from the atmosphere.

With around 4% of the country's carbon emissions, and over 7% of the economy, the NHS has an essential role to play in meeting the net zero targets set under the Climate Change Act (Delivering a 'Net Zero' National Health Service).

Two clear and feasible targets are outlined in the [Delivering a 'Net Zero' National Health Service](#) report:

- The NHS Carbon Footprint: for the emissions we control directly, net zero by 2040
- The NHS Carbon Footprint Plus: for the emissions we can influence, net zero by 2045.

## In Kirklees

In March 2020, the West Yorkshire and Harrogate Health and Care Partnership published its response to the NHS Long Term Plan. In this, the CCG in partnership with other West Yorkshire CCGs, NHS providers and local authority partners identified climate change as one of the key priorities requiring action over the next five years.

In support of this, the CCG has commenced work on a Green Plan (jointly with North Kirklees CCG), to replace the former Sustainable Development Management Plan; however work has been delayed by the CCG's response to the coronavirus pandemic during 2020-21.

A Green Plan is a mechanism for organisations to take a coordinated, strategic and action-orientated approach to sustainability. Developing a Green Plan will help the CCG to:

1. Deliver on the Long-Term plan
2. Improve the health of the local community
3. Achieve its financial goals
4. Meet its legislative requirements

## Summary of Performance

The CCG moved into new premises part way through 2019-20, and therefore were unable to determine baseline performance for carbon emissions last year. 2020-21 will provide a baseline year for performance, however it should be noted that it has not been a typical year due to the coronavirus pandemic, when the majority of CCG staff have been working from home since March 2020.

| Resource    | Unit           | Consumption 2020-21                                                                                                                                                                                                                         | Carbon Emissions 2020-21 (tonnes CO <sub>2</sub> e) |
|-------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Electricity | kWh            | 15,202*                                                                                                                                                                                                                                     | 10.8                                                |
| Gas         | kWh            | The CCG does not have a gas supply at its headquarters.                                                                                                                                                                                     |                                                     |
| Water       | m <sup>3</sup> | The CCG is a tenant in a multi-occupier building and makes a contribution towards water as part of its service charge. It is not possible to identify the consumption attributable to the CCG, or the carbon emissions connected with this. |                                                     |

\* The CCG is a tenant in a multi-occupier building and is charged a percentage of usage from a number of meters covering the building. The usage is further split 50:50 with North Kirklees CCG due to staff being shared and using communal space.

# Performance Report

## Statutory Duties

The CCG is required to comply with a number of statutory duties. The CCG monitors compliance with these throughout the year and we have sought to demonstrate this throughout the Annual Report. Whilst we have complied with all of our statutory duties, the Health & Social Care Act 2012 (as amended) includes a number of legislative requirements for CCGs in respect of the information we must include in our Annual Report. In this section, we have summarised our activities in a number of areas:

### Reducing Inequalities

(Section 14T, Health & Social Care Act 2012 (as amended))

The CCG has complied with the statutory duty relating to the reduction of inequalities by:

- Active membership of the Health and Wellbeing Board;
- Active engagement in the development of the Joint Health & Wellbeing Strategy;
- Inclusion of 'impact on health inequalities' as one of the key criteria for weighting commissioning decisions.

### Consultation and Work with the Health & Wellbeing Board

(Health & Social Care Act 2012 (as amended))

The CCG continues to be an active member of our local Health & Wellbeing Board. The work of the Board, and delivery of the Joint Health and Wellbeing Strategy, is reflected throughout the Annual Report and key areas of discussion have included:

- Kirklees Joint Strategic Assessment (KJSA) Overview 2020-21 and Director of Public Health Annual Report 2020-21
- Kirklees Inclusion Commission and Development of Kirklees Joint Health and Wellbeing Strategy
- Kirklees Children and Young People Plan
- Kirklees Health and Wellbeing Plan
- Kirklees wide approach to Health Inequalities
- Establishment of Kirklees Integrated Health and Care Leadership Board
- Pharmaceutical Needs Assessment

The Board has focussed extensively on COVID-19 during the past 12 months, and areas of focus have included:

- Community Engagement during COVID-19
- Implication of COVID-19 for Kirklees

- Stabilisation and Reset across Kirklees Health and Social Care System
- Kirklees Outbreak Control Plan

## Ensuring the continuous improvement in quality

(Section 14R, NHS Act 2006 (as amended))

Improving quality of health care and ensuring patient safety is a key role of the CCG. During this challenging year we have adapted our quality work by offering expert clinical and quality support to our provider colleagues, and we have adapted a proportionate, pragmatic approach to quality assurance.

In addition, in response to the Chief Nursing Officer asking CCGs to lead an Infection Prevention and Control and Personal Protective Equipment training package to 100% of all care home providers, including Learning Disability homes the CCG Quality team co-ordinated and delivered this phased programme on May 1<sup>st</sup> with completion of the final phase required on 29<sup>th</sup> May. The programme was required to ensure understanding and compliance with guidance and safe practices and involved identification and training of an identified number of Supertrainers who educated and assessed trainers as competent to deliver training with a required ratio of trainers depending on the number of homes.

100% offer was achieved within the required timescale, with training sessions delivered to 88 out of 127 open homes in Kirklees. Homes who declined the offer had often already done alternative training, and some were unable to accommodate this within the timescale and by September 29<sup>th</sup> 100 of 127 open homes had received training. Supplementary training sessions were offered to deliver the training to more care home staff and embed good practices.

We have ensured that we have fulfilled the requirement to assure ourselves on the quality and safety of service provision. We have done this by:

- Further developing the strong working relationships with our providers through CCG quality attendance at all provider Quality committees . Maintaining robust insight on quality performance through the scrutiny of the quality and safety dashboards.
- Adaptation of the Quality Impact Assessment process to support colleagues within the organisation respond to rapid service change required by the pandemic.
- Delivery of a national training programme on Infection Prevention and Control plus Personal Protective Equipment to all care home providers, including Learning Disability homes to ensure understanding and adherence to recommended guidance.
- Provision of an offer of 'Soft Signs-Recognition of deterioration' to all care home providers including Learning Disability homes to assist staff in



understanding how subtle, non-specific changes in residents can be important and what to do to obtain appropriate timely help.

- Participate in outbreak management processes and support any identified required quality improvements.
- Confirmation of organisational compliance from providers against the national Infection prevention and control Board Assurance Framework internal assurance as well as ongoing updates against the Trusts Infection and Control action plan.
- Supporting Primary Care Networks to plan safe Covid vaccination delivery which provide a positive patient experience.
- Provision of an offer of 'Fresh Eyes' Infection Prevention and Control support visits to primary care settings both proactively and in response to staff outbreaks.
- Continue to progress both the Quality for Health assurance system developed by the CCG and VAC for the voluntary sector plus request scoping into provision and resilience of the local Third Sector to identify gaps in areas of CCG priority.
- Sharing patient stories at every Governing Body meeting in order to learn about experience of accessing health services including experience of Covid vaccination.

## **Safeguarding Adults and Children**

The CCG has a legal responsibility to ensure that the principles and duties of safeguarding children and adults at risk remain a priority for both the CCG and the providers from which it commissions services. Whilst some statutory duties under the Care Act 2015 were eased during the past year due to the Covid Pandemic, the duties relating to safeguarding remained.

The safeguarding functions continued, albeit some delivered in different ways:

- **Supportive safeguarding advice:** The CCG Safeguarding team offered advice to support professionals in the CCG or Primary Care and extended the offer to include staff in commissioned health providers
- **Responding to urgent statutory safeguarding cases:** Significant statutory safeguarding cases require responsive actions to ensure that any learning is shared quickly to protect children or adults who may be at risk. The CCG Safeguarding Team continued to support the work on these cases throughout the year.
- **Work to support the Kirklees Safeguarding Boards/Partnerships:** The Safeguarding Board/Partnership Executive meetings continued and the CCG as a statutory member continued to attend and play a full role. Initially subgroups and work-streams of the Board/Partnerships were suspended, but these were re-commenced via virtual processes and the CCG are in full attendance

- **Supporting Primary Care and other partners with pertinent safeguarding information:** Supportive guidance for both safeguarding and adherence to the mental capacity act during the pandemic have been produced by the Team and distributed to Primary Care colleagues.

Seeking assurance that commissioned providers continue to prioritise and deliver safe and effective systems for safeguarding children and adults, including provision for Children in Care and a Child Death Overview Panel, remains a key part of the CCG Safeguarding team role.

### **The Learning Disabilities and Mortality Review Programme (LeDeR) update**

The LeDeR programme was established in 2017. Locally the CCG leads the programme of retrospective reviews the deaths of people with Learning Disabilities (LD) aged 4 to 74 across England. The key aim being: to identify learning and best practice so that any recommendations for improvement can be taken forward.

NHSE requirements are that a trained LeDeR Reviewer must be allocated within 3 months and the review completed within 6 months. The most significant challenge for the CCG has been limited funding to support the delivery of reviews and the majority of Reviewers continue to complete these in addition to their substantive posts.

With the support of local Health Providers and Local Authority partners a shared approach across Calderdale and Kirklees to complete the reviews was undertaken with success, as all backlog cases for the two areas were completed by December 2020

In November 2020 NHSE published a report analysing the LeDeR Reviews that had been undertaken of the deaths of 206 people with LD at the start of the pandemic. The report highlighted some good practice in the care of people with LD, but it also highlighted concerns in 4 key areas:-

- Issue 1: Identifying deterioration in health.
- Issue 2: Do not attempt cardiopulmonary resuscitation (DNACPR) and learning disability as a cause of death
- Issue 3: Diagnostic overshadowing
- Issue 4: Reasonable adjustments

The learning from the report in November 2020 has been taken forward by local commissioners of service for people LD, this remain as a key priority to addressing inequalities for people with LD.

### **Public Involvement and Consultation**

[\(Section 14Z2, Health & Social Care Act 2012 \(as amended\)\)](#)

We have a strong commitment to involving the public and patients. Our communications and engagement strategy sets out how we involve our main stakeholders and fulfil the duties identified in Section 14Z2 of the NHS Act 2006.

Below is a summary of the mechanisms we use to seek views from and share information with patients, carers, community and voluntary sector, and general public. You'll find more details on our website and in our annual statement of involvement.

The Patient and Community Engagement Indicator evidences compliance with statutory guidance as part of the NHS Oversight Framework. This year, we achieved an outstanding rating [Green Star] with a score of 15 out of a possible 15. More details are available on the NHS England website here:

<https://www.england.nhs.uk/participation/involvementguidance/ccg-iaf/>

### **Your health, your say network**

We maintain a database of local people who want to get involved in the development of new and existing services and share their experiences of local healthcare.

### **GP practice patient reference groups**

Patient reference groups are designed to give people the opportunity to contribute to the continuing improvement of their GP practice.

### **Patient reference group network**

This network has been set up by the CCG. It brings together representatives from GP practice patient reference groups to learn more about our commissioning plans consider and discuss proposals and engage with us on decision making. The group met 4 times this year and discussed the national GP survey results; GP online consultations; flu vaccination programme; primary care Networks; creating a single clinical commissioning group for Kirklees. It also received regular updates on how the CCG was dealing with the pandemic.

### **Patient engagement and assurance group**

This group provides assurance that the CCG involves patients, carers and members of the public when it plans, develops and purchases, or in some cases discontinues, health services. There were 4 meetings of the group in 2020-21 and discussions included the engagement plan for Broughton House surgery and future configuration of the CCGs. It also reviewed the CCG Communications and Engagement Strategy and received updates on personalised care; primary care networks; equality objectives; and integration.

## **Quarterly public events**

Our events are open to members of the public and representatives of voluntary and community sector organisations. We've been running public events jointly with NHS Greater Huddersfield CCG/NHS North Kirklees CCG since July 2019. Due to the COVID-19 pandemic, a meeting scheduled for April 2020 was cancelled. We were able to resume events in June using online meeting technology and therefore held three of the four planned sessions during the year. Topics discussed included regular updates on how the CCGs were dealing with the pandemic; North Kirklees CCG recovery plan; flu vaccination programme; hospital service reconfiguration in Halifax and Huddersfield; and the merger of the two Kirklees CCGs.

## **Engagement and consultation**

In line with our statutory duties, we seek the views of local people to learn more about their experiences and expectations of health services and inform commissioning decisions. During the year we engaged about creating a single clinical commissioning group for Kirklees; using maternity services during COVID-19; and sought views from patients at Broughton House Surgery.

## **Community and voluntary sector**

We very much value the support and challenge provided by community and voluntary sector organisations in Kirklees. We work with community organisations on specific engagement projects, encourage them to help us share important public health messages, and meet with them regularly through our public engagement events. We also work with Greater Huddersfield CCG/North Kirklees CCG to recruit and train Community Voices - individuals who engage with the local population on our behalf.

## **Communication campaigns**

The start of the COVID-19 pandemic saw the CCG re-prioritise its communications effort and focus on sharing national NHS information about the virus, supporting public health messaging, and providing information about how local health services were working – particularly GP services.

The CCG also supported colleagues across West Yorkshire to promote uptake of the COVID-19 vaccine; shared information and guidance about the local vaccination programme; and developed positive stories, such as the first jabs being given in Kirklees and the opening of the John Smith's Stadium vaccination centre.

As part of our pandemic response, we also worked with neighbouring CCGs, GPs, healthcare professionals, and Kirklees Council to develop a range of locally-focused material including press releases, short films and social media posts.

Alongside the COVID-19 response, we promoted the NHS 'Help us, help you' campaign, which was designed to encourage people back into NHS services; used self-care week in November to focus on a range of conditions such as diabetes and mental health; promoted the NHS flu vaccination campaign; and joined-up with colleagues across West Yorkshire and Harrogate to support the latest phase of the 'Looking out for our neighbours' campaign.

As part of our 'winter messages' promotion, we worked with VAC to undertake a range of community-based activities to highlight appropriate use of NHS services.

In February we launched the *Check-In* campaign, which aims to prevent staff suicide and promote a wellbeing culture by normalising the conversation around suicide and mental health as well as providing training, resources and signposting for support.

# Accountability Report

This section of the Annual Report enables the CCG to meet key accountability requirements to Parliament. In this section you will find:

- The Corporate Governance Report, which includes:
  - The Members' Report
  - The Statement of Accounting Officer's Responsibilities
  - The Governance Statement
- The Remuneration and Staff Report
- The Parliamentary Accountability and Audit Report

Insert signature

**Carol McKenna**  
**Chief Officer**

**?? June 2021**

# Corporate Governance Report

## Members Report

### Member practices

NHS Greater Huddersfield CCG is a membership organisation that consists of 37 GP practices as at 31 March 2021:

|                                 |                                     |
|---------------------------------|-------------------------------------|
| Almondbury Surgery              | Lindley Village Surgery             |
| Birkby Health Centre            | Lockwood Surgery                    |
| Bradford Road Medical Centre    | Marsh Surgery                       |
| Clifton House Surgery           | Meltham Group Practice              |
| Colne Valley Family Doctors     | Meltham Road Surgery                |
| Crosland Moor Surgery           | The New Street Surgery              |
| Dalton Surgery                  | Newsome Surgery                     |
| Dearne Valley Health Centre     | Oaklands Health Centre              |
| Elmwood Health Centre           | Paddock and Longwood Family Doctors |
| Fartown Green Road Surgery      | Shepley Health Centre               |
| Fieldhead Surgery               | Skelmanthorpe Family Doctors        |
| Rose Medical Practice           | Slaithwaite Health Centre           |
| The Grange Group Practice       | Thornton Lodge Surgery              |
| Greenhead Family Doctors        | University Health Centre            |
| Honley Surgery                  | The Waterloo Practice               |
| Junction Surgery                | Westbourne Surgery                  |
| Kirkburton Health Centre        | Whitehouse Centre                   |
| Lepton and Kirkheaton Surgeries | Woodhouse Hill                      |
| Lindley Group Practice          |                                     |

### Our Chair and Accountable Officer

Our Clinical Chair is Dr Steve Ollerton.

Our Accountable Officer is Carol McKenna.

## Our Governing Body

The CCG's Constitution sets out the composition of our Governing Body:

| Required Composition                                                                                                                                                                                                               | Individuals in Post                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8 representatives of member practices, one of whom shall be appointed as chair                                                                                                                                                     | Dr Steve Ollerton (Chair)<br>Dr Razwan Ali<br>Jenny Cullearn<br>Alix Ewen (until 12 June 2020)<br>Dr James Morton (until 23 September 2020)<br>Dr Amjid Rehman (from 14 July 2020)<br>Vacancies |
| 3 lay members, one of whom will act as deputy chair: <ul style="list-style-type: none"><li>• Patient and Public Involvement</li><li>• Audit, Governance &amp; Conflicts of Interest</li><li>• Finance &amp; Remuneration</li></ul> | Beth Hewitt<br>Martin Wright<br>Hilary Thompson                                                                                                                                                 |
| 1 registered nurse advisor                                                                                                                                                                                                         | Vacancy                                                                                                                                                                                         |
| 1 secondary care advisor                                                                                                                                                                                                           | Dr Chunda Sri-Chandana (until 31 October 2020)<br>Vacancy (from 1 November 2020)                                                                                                                |
| 3 executives:<br>(i) Chief Officer<br>(ii) Chief Finance Officer<br>(iii) Chief Quality & Nursing Officer                                                                                                                          | Carol McKenna<br>Ian Currell<br>Penny Woodhead                                                                                                                                                  |

The Governing Body is supported in its work by two advisors from the Local Authority – the Strategic Director for Adults and Health and Director of Public Health.

## Our Committees

Our Governing Body has appointed a number of committees:

- Audit Committee
- Finance, Performance & Contracting Committee



- Primary Care Commissioning Committee
- Quality Committee
- Remuneration Committee

The CCG is also a member of the West Yorkshire & Harrogate Joint Committee of CCGs.

For further information on all our Committees, including their terms of reference and membership please see the Governance Statement (page 61).

### **Register of Interests**

The declared interests of our Governing Body and Committee members are recorded in the CCG's Register of Interests, which can be viewed on the CCG's website at: <https://nkqh-ccg.co.uk/lists-and-registers/> A copy of the CCG's Register of Procurement Decisions can also be viewed on the CCG's website.

### **Personal Data Related Incidents**

The CCG has had no serious personal data related incidents which have required reporting to the Information Commissioner.

### **Statement of Disclosure to Auditors**

Each individual who is a member of the Governing Body at the time the Members' Report is approved confirms:

- So far as the member is aware, that there is no relevant audit information of which the CCG's auditor is unaware that would be relevant for the purposes of their audit report; and
- That the member has taken all the steps that they ought to have taken in order to make him or herself aware of any relevant audit information and to establish that the CCG's auditor is aware of it.

### **Modern Slavery Act**

NHS Greater Huddersfield CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking but does not meet the requirements for producing an annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015.

## Statement of Accountable Officer's Responsibilities

The National Health Service Act 2006 (as amended) states that each Clinical Commissioning Group shall have an Accountable Officer and that Officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed the Chief Officer to be the Accountable Officer of NHS Greater Huddersfield CCG.

The responsibilities of an Accountable Officer are set out under the National Health Service Act 2006 (as amended), Managing Public Money and in the Clinical Commissioning Group Accountable Officer Appointment Letter. They include responsibilities for:

- The propriety and regularity of the public finances for which the Accountable Officer is answerable.
- For keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the accounts comply with the requirements of the Accounts Direction).
- For safeguarding the Clinical Commissioning Group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities).
- The relevant responsibilities of accounting officers under Managing Public Money.
- Ensuring the CCG exercises its functions effectively, efficiently and economically (in accordance with Section 14Q of the National Health Service Act 2006 (as amended)) and with a view to securing continuous improvement in the quality of services (in accordance with Section 14R of the National Health Service Act 2006 (as amended)).
- Ensuring that the CCG complies with its financial duties under Sections 223H to 223J of the National Health Service Act 2006 (as amended).

Under the National Health Service Act 2006 (as amended), NHS England has directed each Clinical Commissioning Group to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Clinical Commissioning Group and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;

- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and,
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that NHS Greater Huddersfield CCG's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

I also confirm that:

- as far as I am aware, there is no relevant audit information of which the CCG's auditors are unaware, and that as Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the CCG's auditors are aware of that information.

## **Governance Statement**

### **Introduction and Context**

NHS Greater Huddersfield CCG is a body corporate established by NHS England on 1 April 2013 under the National Health Service Act 2006 (as amended).

The CCG's statutory functions are set out under the National Health Service Act 2006 (as amended). The CCG's general function is arranging the provision of services for persons for the purposes of the health service in England. The CCG is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its local population.

As at 1 April 2020, the CCG is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

### **Scope of Responsibility**

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the CCG's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

I am responsible for ensuring that the CCG is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the CCG as set out in this governance statement.

### **Governance Arrangements and Effectiveness**

The main function of the Governing Body is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it.

### **The CCG Governance Framework**

The National Health Service Act 2006 (as amended), at paragraph 14L(2)(b) states:

*'The main function of the governing body is to ensure that the group has made appropriate arrangements for ensuring that it complies with such generally accepted principles of good governance as are relevant to it.'*

### Key Governance Features of the CCG's Constitution

NHS Greater Huddersfield CCG is a membership organisation that consists of 37 GP practices. The CCG's Constitution, as agreed by the member practices, sets out the arrangements made by the CCG to meet its responsibilities for commissioning care for the population. It describes the governing principles, rules and procedures that we have established to ensure probity and accountability in the day to day running of the CCG, to ensure that our decisions are taken in an open and transparent way, and that the interests of patients and the public remain central to our goals.

The CCG's Scheme of Reservation and Delegation sets out:

- those decisions that are reserved for the membership as a whole;
- those decisions that are the responsibilities of the Governing Body (and its committees), the CCG's committees and sub-committees; individual members; and employees.

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

### CCGs – Journey to Merger

Greater Huddersfield and North Kirklees CCGs have a long history of working together to commission health services and this collaborative approach has continued to strengthen over recent years. For the last 3 years, the CCGs' Governing Bodies have been meeting in parallel with each other, which means that the meetings happen at the same time in the same place, with the Governing Bodies of both CCGs sat around the table. Each Governing Body has been separately chaired, and each Governing Body has managed its own quoracy, conflicts of interest, and made its own independent decisions. This same approach has also been used for Audit Committees; Finance, Performance & Contracting Committees; Quality Committees; and Remuneration Committees. Each CCG has had its own Primary Care Commissioning Committee, meeting separately, with a focus on local primary care issues.

Much has been achieved through joint working over the last few years; we have been able to:

- Strengthen the breadth and depth of leadership and management support.
- Play a full role, building our influence, within the ICS.
- Streamline CCG functions & teams.

- Appoint external governance roles in common across the two CCGs.
- Move to a single shared headquarters.
- Reduce running costs without impacting adversely on patients or member practices.
- Improve job satisfaction and support for our staff.
- Share best practice between the CCGs to the benefit of patient care.

The NHS Long Term Plan sets out the strategic direction for commissioning as a framework of strong primary care networks, greater integration with local authorities at place level and increased collaboration between leaner, more strategic Clinical Commissioning Groups across Integrated Care Systems. In that context, and as required by NHS England, it was right to consider whether the continuation of Greater Huddersfield CCG and North Kirklees CCG as two separate statutory organisations was the best way to support the needs of the Kirklees population into the future. Both CCGs therefore undertook an extensive piece of work to consider the future, with the decision about the future structure of each CCG resting with the membership of that CCG. This first started in early 2019 and in last year's annual report, it was explained that in March 2020 the member practices of each CCG had voted on whether they supported the creation of a single CCG for Kirklees. A majority of Greater Huddersfield member practices voted in support of this proposal. A majority of North Kirklees member practices voted against it. As the creation of a single Kirklees CCG required the support of both sets of member practices, we moved forward into 2020-21 as two separate organisations, exploring the detailed implications for each organisation of the decision not to merge and continuing to work in close partnership.

In the days following the membership vote in March 2020, the world significantly changed. Relationships between practices, Primary Care Networks, GP Federations, Local Medical Committees, Kirklees Council, the CCGs and providers transformed as the NHS collectively responded to COVID-19.

In November 2020 North Kirklees clinical leaders felt that given this new set of circumstances they should ask member practices to revisit their previous decision and a majority of North Kirklees member practices confirmed that they were now supportive of creating a single Kirklees CCG. Greater Huddersfield member practices confirmed that they remained supportive. Following confirmation of this membership support, both Governing Bodies on 25 November 2020 agreed to support an application to NHS England to dissolve the two existing CCGs and to establish a single Kirklees CCG from 1 April 2021. Following an assessment process, NHS England & Improvement agreed in principle to the proposed merger and establishment of NHS Kirklees CCG, and subsequently authorised this ahead of 1 April 2021.

## Governing Body

The main function of the Governing Body as set out in the Health and Social Care Act 2012 is to ensure that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the CCG's principles of good governance.

As at 31 March 2021, the membership comprised of four practice representatives (including the chair) as endorsed by the membership (with four vacancies); three lay members (one of whom is the deputy chair and leads on finance and remuneration matters, one who leads on audit, governance and conflict of interest matters, and one who leads on public and patient involvement) one registered nurse (vacant); one secondary care specialist (vacant); the Chief Officer (as Accountable Officer), the Chief Finance Officer and the Chief Quality & Nursing Officer.

The Director of Public Health and the Strategic Director for Adults and Health from Kirklees Council also attend the Governing Body as advisors. The role of these individuals is to support the CCG in taking forward key elements of the health and wellbeing agenda, ensuring good communications, strong relationships and an integrated approach to commissioning.

The Governing Body held a number of vacancies as they arose during 2020-21 as the CCG worked towards merger with North Kirklees CCG. Recruitment to the new CCG commenced in January 2020.

## Committees of the Governing Body

In 2020-21, the Governing Body had five committees to support its work. The full terms of reference of these committees are available at <https://nkgg-cg.co.uk/>

### Audit Committee

The role of the committee is to provide the Governing Body with an independent and objective view of the CCG's financial systems, financial information and compliance with laws, regulations and directions governing the CCG insofar as they relate to finance. The committee is also responsible for a number of other functions, under delegated powers from the Governing Body – Integrated Governance, Information Governance, the Risk Management Framework, and Emergency Planning.

The Committee reflected that it had met its terms of reference, providing assurance to the Governing Body that the CCG has effective controls and processes in place to manage the significant risks to achieving its strategic objectives. The Committee also played an important role in reviewing the CCG's amended financial, quality and corporate governance arrangements during the COVID-19 pandemic.

### Finance, Performance & Contracting Committee

The role of the committee is to advise and support 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 Plans. The Committee has identified the following highlights from its work during 2020-21:

- The Committee has continued to hold part of its meeting jointly with the Quality Committee, which has enabled members to learn from each other's expertise and enabled more robust challenge and scrutiny.
- The Committee discussed the learning it would like to share with the new Kirklees CCG's Finance, Performance and Contracting Committee.

### Primary Care Commissioning Committee

The role of the committee is to commission primary medical services for the people of the Greater Huddersfield area, under full delegation from NHS England. The committee carries out functions relating to the commissioning of primary medical services under Section 83 of the NHS Act. The Committee has identified the following highlights from its work during 2020-21:

- Utilisation of new technology to hold virtual meetings, and the development of new skills.
- Decisions made swiftly and flexibly using urgent decision-making processes.
- Maintaining oversight through regular Covid-19 updates.
- Healthwatch report on patient experiences during Covid-19

### Quality Committee

The role of the committee is to support 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 the 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. The Committee has identified the following highlights from its work during 2020-21:

- The Committee has continued to hold part of its meeting jointly with the Finance, Performance and Contracting Committee, which has enabled members to learn from each other's expertise and enabled more robust challenge and scrutiny.
- Significant focus on assurance around commissioned services and managing to retain robustness despite moving at pace during the response to the



pandemic. The Committee are keen to ensure that learning from the adapted governance is captured, and where it has worked well, taken forward.

### Remuneration Committee

The role of the committee is to make decisions, under delegated responsibility from the Governing Body, on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the CCG and on determinations about allowances under any pension scheme that the CCG may establish as an alternative to the NHS pension scheme. During 2020-21, the Committee reflected that it had fulfilled its terms of reference, offering an independent and unbiased decisions and recommendations. The Committee had welcomed the opportunity to develop a deeper understanding of remuneration and HR contracts.

### West Yorkshire & Harrogate Joint Committee of CCGs

The Joint Committee is part of the West Yorkshire & Harrogate (WY&H) Health & Care Partnership (HCP), and enables the WY&H CCGs to work together effectively – making sure that when it makes sense, work is done once and is then shared across WY&H. It was established in May 2017 and has delegated authority from the CCGs to take collective decisions on agreed priorities. As well as taking formal decisions, the Committee also makes recommendations to the CCGs when a joint approach will help to achieve better outcomes.

The members of each CCG have agreed the Committee's terms of reference and its work plan, which sets out the decisions for which it is responsible. The Committee is made up of 2 representatives from each of the WY&H CCGs – Carol McKenna, Chief Officer, and Dr Steve Ollerton, Clinical Chair represent Greater Huddersfield CCG. To ensure that decision making is open and transparent, the Committee has an independent lay chair and two lay members drawn from the CCGs. Representatives from the Partnership Team and NHS England also attend.

Reports to the Committee identify the patient and public involvement that has already taken place or is planned to inform any commissioning proposals. In this way, the Committee ensures that the voice of patients is at the centre of its decisions. To support this process, the Committee has established a PPI Assurance Group. Committee meetings are held in public and are also streamed 'live' on the internet.

The text below is a summary of the full annual report of the Committee, which is available to view on the HCP website at:

[https://www.wyhppartnership.co.uk/application/files/3716/2124/5735/WYaH\\_Joint\\_Committee\\_of\\_CCGs\\_Annual\\_Report\\_2021.pdf](https://www.wyhppartnership.co.uk/application/files/3716/2124/5735/WYaH_Joint_Committee_of_CCGs_Annual_Report_2021.pdf)

## **The role of the Joint Committee**

The Committee has delegated authority from the WY CCGs to take joint decisions on agreed priorities. The Committee also makes recommendations when a collaborative approach across WY&H will help to achieve better outcomes. The Committee has an independent lay chair, three CCG lay members and two representatives from each WY CCG. North Yorkshire CCG is an associate member. As a result of COVID-19, all meetings were held virtually in 2020/21 and were live streamed. The attendance record is at page 90.

The Committee has a Public and Patient Involvement Assurance Group made up of lay members from each CCG. The Group provides assurance that public and patient voice informs the Committee's decisions.

## **1. Improving outcomes**

### **Responding to COVID-19**

The Committee considered how WY&H health and care programmes had refocused to support the response to COVID-19. The Committee agreed that its work during the year would need to evolve to reflect the new priorities arising from COVID-19.

### **West Yorkshire and Harrogate Healthy Hearts**

In 2018, the Joint Committee recommended the CCGs to adopt the Healthy Hearts improvement project, building on successful work in Bradford. The project aims to identify more people with high blood pressure, help them to control it better and reduce the risk of heart attacks and strokes. As a result, 22,000 more people have had their blood pressure controlled to target numbers. WY&H Healthy Hearts won the Health Service Journal Cardiovascular Initiative of the Year award in 2020.

### **Assessment and Treatment Units (ATUs) for people with complex learning disabilities**

The Committee supported a proposal to commission a new care model for people with a learning disability. This involved collaborative commissioning between commissioners and providers across the whole pathway for people with learning disabilities. The aim is to develop a single system and centre of excellence. The Committee noted plans for engaging with people who had accessed care in [ATUs](#), their carers and staff. Formal approval for the proposals was sought at a meeting in 2021/22, following further [engagement](#).

### **Urgent and emergency care**

The Committee supported a national programme which built on learning from COVID-19. It encouraged people to phone 111 as an alternative to 'walking' unheralded into Emergency Departments (EDs). The integrated offer included alternative pathways, for example GPs, pharmacists and mental health advice. Patients are remotely triaged to determine if there is a clinical need to be seen face to face.

The Committee considered a report on primary medical care services in West Yorkshire, which were provided by Local Care Direct (LCD). The response to COVID-19, changes in national policy and potential changes to the commissioner landscape meant that there was uncertainty about what should be commissioned for the future. The Committee felt that in the current circumstances a pragmatic approach should be taken and agreed to extend the service from LCD for three years.

### **Improving planned care**

The Committee supported changes to the Improving Planned Care programme, which focused on restarting planned care following the first wave of COVID-19. This included improving access to diagnostic testing services and more shared decision making between primary and secondary care.

The Committee approved an amendment to a WY&H policy for flash glucose monitors - small sensors worn on the skin for monitoring the glucose levels of people with diabetes. The amendment covered type 2 diabetes patients with learning disabilities who need to use insulin. Self-management of diabetes by patients with learning disabilities would promote independence and reduce health inequalities.

The Joint Committee had previously agreed a number of clinical threshold policies, which had improved equality of access across WY&H and reduced levels of surgery where non-surgical interventions could be more effective.

### **Stroke**

In 2018, the Joint Committee agreed a common approach for commissioning hyper acute stroke services and all stages from prevention to recovery. The specialist hyper-acute stroke pathways are now well established, with 4 units providing hyper-acute care during the first 72 hours following stroke across WY&H. A sustainable stroke clinical network has been established, working to provide the best stroke services possible and further improve quality and stroke outcomes in each of our six places. Priorities include preventing strokes, delivering effective care when people have a stroke and ensuring that there is good support and rehabilitation for people after a stroke.

## **2. Working better together**

The Committee led new approaches to collaborative working between commissioners and providers. The Commissioning Futures programme was developed in collaboration with partners across the health and care system, based on our successful model of place-based working. Work is only carried out at WY&H level if it adds value to our places

The Committee supported collaboration between commissioners and providers through the Cancer Alliance, Improving Planned Care programme, Local Maternity System and Mental Health, Learning Disability and Autism Alliance. The Committee also supported the Yorkshire and Humber framework for integrated commissioning of Integrated Urgent and Emergency Care Services provided by Yorkshire Ambulance Service.

## **3. Governance**

In 2020, the WY CCGs agreed a revised Memorandum of Understanding for Collaborative Commissioning, which included a new work plan and the delegation of new commissioning decisions to the Joint Committee.

The Committee maintains a register of members' interests and declarations of interest are a standing item on all agendas. At each meeting, the Committee reviews the significant risks to the delivery of its work programme and assesses how these risks are being mitigated.

### **Membership and Attendance Records**

Details of the membership of the Governing Body and Committees (including the Joint Committee) are set out on page 88 – this includes each member's attendance record over the past year.

### **Governing Body – Assessment of Performance and Effectiveness**

The Governing Body regularly spend time in development mode, alongside North Kirklees CCG's Governing Body, reflecting on their performance and effectiveness and during 2020-21 this has focused on two key elements – COVID-19; and working towards merger of the two CCGs. Work to develop an Organisational Development Plan has focused on getting ready for the new merged CCG.

In March 2021, the Governing Body met in development mode with North Kirklees CCG's Governing Body to create a virtual 'time capsule' celebrating the work of the CCGs since April 2013, and looking ahead to the new Kirklees CCG from 1 April 2021. Members of the Governing Body reflected on the successes of the CCG,

identified learning to be taken forward into the new organisation, and helped to shape the induction plan for new Governing Body members.

### UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance. However, the CCG believes it to be good practice to demonstrate its compliance with relevant principles of the Code in a way that is commensurate with the size, status and legal framework of the organisation. We have therefore reported on our corporate governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code we consider to be relevant to the CCG. These are referred to throughout the Annual Report and Governance Statement as follows:

- **Board Leadership and Company Purpose**
  - Details of the Governing Body within the Corporate Governance Report
  - Details of the CCG's strategic objectives and performance within the Performance Report
  - Details of engagement work within the Performance Report
- **Division of Responsibilities**
  - Details of the Governing Body and its review of its own performance and effectiveness within the Corporate Governance Report
- **Composition, Succession and Evaluation**
  - Details of the Governing Body, its committees, and their effectiveness within the Corporate Governance Report
- **Audit, Risk and Internal Control**
  - Details of the Audit Committee within the Corporate Governance Report
  - Details of the Risk Management Framework within the Corporate Governance Report
- **Remuneration**
  - Remuneration and Staff Report, within the Annual Report

The CCG's Audit Committee undertakes monitoring of the CCG's compliance with the provisions of the Code, identifying where action is needed.

### Discharge of Statutory Functions

In light of recommendations of the 2013 Harris Review, the CCG has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I

can confirm that the CCG is clear about the legislative requirements associated with each of the statutory functions from which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead senior manager who has confirmed that their structures provide the necessary capability and capacity to undertake all of the CCG's statutory duties.

## **Risk Management Arrangements and Effectiveness**

As a publicly accountable organisation, the CCG needs to take many informed, transparent and complex decisions and manage the risks associated with these decisions. The CCG therefore needs to ensure that it has a sound system of internal control working within the organisation.

### **The CCG Risk Management Framework**

The CCG has an Integrated Risk Management Framework, which outlines the effective governance arrangements in place to manage all types of risks faced by the organisation. It describes:

- The CCG's approach to managing risk and risk management processes.
- The CCG's risk management objectives.
- The CCG's organisational and individual accountability for risk management.

The CCG is dedicated to ensuring a positive risk management culture is in place that ensures that risk management is an integral part of everything we do. This is supported by a comprehensive system of internal controls and risk management processes aligned to the working of the CCG to assure the Governing Body and our member practices that the CCG is doing its reasonable best to protect stakeholders against risks and is capable of delivering its strategic priorities. The Framework sets out five strategic objectives for risk management:

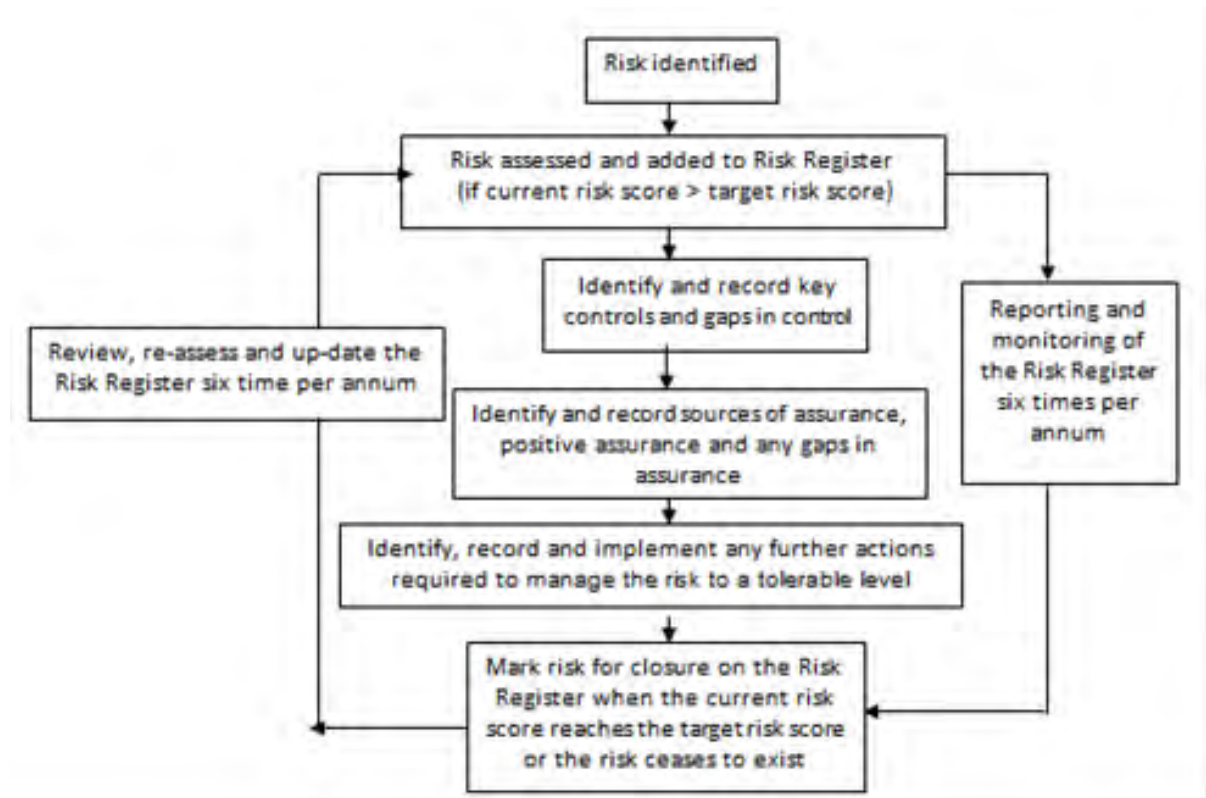
#### **1. Identify, Report and Manage Risk and Embed within the Commissioning Process**

The CCG's risk management process draws on the AS/NZ ISO 31000:2009 international risk management standard. This describes the risk management process as:

- Establishing the risk context
- Risk assessment
- Treating the risk

- Reviewing and monitoring risk
- Risk management and partner organisations

The risk assessment, management and reporting process is illustrated in the chart below:



Risk can only be managed if it is identified, and triangulation of soft and hard information from different sources gives assurance that all significant risks have been captured. The key sources of information used to check completeness of risk capture are:

- Performance indicators reporting variance from plan within commissioning; performance contracts and their reports;
- The results of planned reviews of compliance within statutory and regulatory requirements;
- Routine review of serious incidents, incident reports and complaints to identify emerging risks such as themes or specific concerns which can be escalated to the appropriate risk registers;
- Utilisation of intelligence through partner networks and from stakeholders to encourage the sharing of information to identify potential risks;
- Ensuring contact with regional and national professional associations that provide early warning on serious or major adverse events;



- Risk review and discussion through operational groups and formal meetings – Senior Management Team, Governing Body, Quality Committee, Finance, Performance & Contracting Committee, and Audit Committee, which highlights problems and issues which should be reflected in the risk register;
- Risk identification is also supported through review processes using the live risk register including team and contract review meetings.

A structured process is used for risk assessment:

- Identify a risk
  - Under potential impact
  - Examine control measures and their effectiveness
  - Decide if further actions necessary
  - Score risk and categorise potential of any outstanding risk

The risk score determines the prioritisation and allocation of resource, and is achieved by multiplying the potential consequence or severity by the potential likelihood or frequency level to provide a risk score utilising the 5 x 5 matrix scoring system:

| Consequence        | Likelihood |               |               |             |                        |
|--------------------|------------|---------------|---------------|-------------|------------------------|
|                    | Rare<br>1  | Unlikely<br>2 | Possible<br>3 | Likely<br>4 | Almost<br>Certain<br>5 |
| Insignificant<br>1 | 1          | 2             | 3             | 4           | 5                      |
| Minor<br>2         | 2          | 4             | 6             | 8           | 10                     |
| Moderate<br>3      | 3          | 6             | 9             | 12          | 15                     |
| Major<br>4         | 4          | 8             | 12            | 16          | 20                     |
| Catastrophic<br>5  | 5          | 10            | 15            | 20          | 25                     |

| Risk Grading                 |              | Priority<br>No |
|------------------------------|--------------|----------------|
| <b>Critical Risk (20-25)</b> | <b>Black</b> | 1              |
| Serious Risk (15-16)         | Red          | 2              |
| High Risk (8-12)             | Yellow       | 3              |
| Moderate Risk (4-6)          | Green        | 4              |
| Low Risk (1-3)               | Clear        | 5              |

Risk owners identify and report risks onto the system and regularly review and update all their risks. Senior managers are responsible for ensuring the review process is conducted in a timely and accurate manner and for ensuring the risk score and quality of information is fit for purpose. Clinical Leads are responsible for supporting and working with managers and risk owners to identify and manage risk within their own specialist areas. The ultimate management of risk lies with the CCG Governing Body which reviews the High Level Risk Log every risk cycle.

The CCG's Risk on a Page report, which is reviewed by Senior Management Team, Committees and Governing Body, provides a visual overview of the CCG's risk profile.

In respect of risk appetite, the High Level Risk Log reports all risks that are scored as 15 or above (ie deemed to be serious or critical) to the Audit Committee and Governing Body. If a risk scoring 20 or above is added to the risk register, or an



existing risk escalates to 20 or above, a critical risk report is immediately sent to Governing Body members, rather than waiting for the full review cycle to be completed.

The Risk Register identifies and manages performance based risks that may rise and fall within relatively short term periods – in essence, our operational risks. The Assurance Framework is a Governing Body level assessment of the organisation's objectives and the risks that may prevent or hinder the objectives being achieved. It includes an assessment of the controls that are in place to manage the identified risks. The sources of assurance received by the Governing Body are analysed and documented in the framework. Any gaps in assurance or controls are identified and suitable action plans developed to address them.

The Governing Body Assurance Framework is reviewed regularly and agreed by the Audit Committee and Governing Body as a true and fair reflection of strategic risks, and evidence that satisfactory progress is being maintained to manage risk.

## 2. Capture and Learn from Risk to Prevent Recurrence of Risk

An effective risk management process learns from experience, so that risks do not recur. The CCG's process has two main elements:

- *Learning from experience in the organisation*

The CCG is committed to an improvement philosophy – when things go wrong, we want to learn from them. We are also committed to honesty and openness; involving patients, partners, stakeholders, families and staff in our learning processes; and ensuring appropriate responses in our investigations when things do go wrong.

We have the opportunity to gather valuable learning information from a range of systems and activities, and we have processes in place to capture this learning. This includes:

- Reviewing the risk register for closed risks to assess whether there are any issues which need to be incorporated in processes to minimise occurrence in future.
- Investigating incidents, complaints and claims using root cause analysis to identify underlying issues which require improvements or interventions to reduce the chance of reoccurrence.
- Triangulation of intelligence on complaints, incidents and claims with soft intelligence and feedback from stakeholders.
- Regular CCG incident reporting to the Audit Committee and provider serious incident reporting to the Quality Committee.

- *Learning from others and using best practice*

We collate information from a range of data sources to identify and implement best practice, including:

- Feedback from external reviews of organisational systems – for example, internal audit, Care Quality Commission reviews, Ofsted, and the Ombudsman.
- Using local and national professional networks to identify best practice and benefit from the experience of others.
- Research and guidance published by professional bodies.
- Recommendations from external investigations and formal inquiries.

### 3. Ensure Clear Accountability for Risk Management

An effective accountability framework for the management and reporting of risk is in place, which separates the CCG's internal governance arrangements for risk processes and management of risk, and accountability to NHS England for the operational management of risk. Risk management is embedded into the activities of the CCG.

### 4. Ensure Statutory and Regulatory Compliance

The Risk Management Framework is designed to support the collection of evidence to comply with external assessments and best practice by, for example:

- Scheduling programmes of work for baseline self-assessment for key areas of compliance – for example, Care Quality Commission standards.
- Scrutiny of the effectiveness of the governance arrangements by the Audit Committee.

### 5. Manage Partnership Risks

The key partners for the CCG include a number of NHS providers, the Local Authority, independent contractors including Locala, and the voluntary sector. In addition to having robust internal scrutiny arrangements; the organisations are required to contribute to joint “risk registers” and frameworks with partner organisations. This recognises the need to manage risk across organisations and partnerships to deliver whole system change and improvement.

The CCG also has a number of major projects which have their own programme level risk registers and which are captured on the CCG's main risk register. In April 2020, the CCG introduced a dedicated risk register for the management of COVID-

19, and this ran until September 2020 when the remaining risks were either closed or moved onto the corporate risk register.

The CCG's key control mechanisms of the Risk Register and Governing Body Assurance Framework, as set out above, are complemented by a range of other control mechanisms designed to deliver assurance around: prevention of risk; deterrents to risks arising; and management of current risks. These include:

- The CCG has approved an Anti-Fraud, Bribery and Corruption Policy, which has been reinforced by mandatory training for both employees and Governing Body Members. There is a clear link on our intranet for all staff to confidentially report suspected fraud.
- The CCG has a Business Continuity Plan in place, which sets out the CCG's contingency plans to maintain an effective service in the event of a critical incident.
- The CCG undertakes regular health and safety, fire and premises risk assessments.
- The CCG makes use of equality and diversity expertise, guidance and support to ensure that we are compliant with the Equality Act 2010 Public Sector Equality Duty. All CCG staff are required to complete mandatory equality and diversity training, which helps staff identify those CCG policies, Governing Body papers and improvement programmes that will require an equality impact assessment.

## **Risk Assessment**

Risk assessments in relation to governance, risk management and internal control are carried out in three ways:

- Through internal governance arrangements taking account of self-assessment activity, the annual review of the CCG constitution, new national guidance or regulations, and external inquiries such as the Francis Review or the Winterbourne Review.
- Through the identification of targeted work by Audit Yorkshire as part of the Internal Audit work plan, which focuses on areas within the organisation that require strong governance and risk management arrangements in place.
- Through external audit through the year by KPMG.

The outputs and recommendations from each of these reviews are presented to the Audit Committee.

## Risks to Governance, Risk Management and Internal Control

As set out above, the CCG's corporate risk register details all risks relating to governance, risk management and internal control during the course of the year. We have identified below those risks to governance, risk management and internal control deemed to be major (ie scoring 15 or above) up to 31 March 2021:

| Risk                                                                                                                                                                                                                                                                                                                                                                                                                | How CCG has acted to manage the risk                                                                                                                                                                                                                                                                                           | How outcomes will be assessed                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| That the CCGs will fail to achieve both local and the national performance standards (set out in the NHS constitution), due to the impact of the national covid-19 pandemic & the NHS E directive to stop all non-essential services & elective procedures, resulting in a negative provider performance, patient experience & outcomes.                                                                            | <ul style="list-style-type: none"> <li>• Acute based planned care &amp; urgent care groups, to discuss performance &amp; impact monthly</li> <li>• Routine operational &amp; tactical discussion on a Daily &amp; weekly basis between senior SMT managers &amp; Clinicians</li> <li>• Updates provided to SMT Gold</li> </ul> | <ul style="list-style-type: none"> <li>• Monthly reports to committees and GB</li> <li>• Covid-19 risk register</li> <li>• Commissioner / provider task &amp; Finish groups</li> <li>• Regional NHS E/I world café session to plan &amp; review</li> <li>• Stabilisation &amp; reset</li> </ul> |
| That the CCG is unable to deliver on its part of the national expectations to deliver the Covid 19 vaccine due to; the lack of workforce, vaccine supply, vaccine instability, or the appetite of our population, resulting in our population not being protected from the virus, higher morbidity and mortality, continued high demand for health and care services and in inability to restart the local economy. | <ul style="list-style-type: none"> <li>• WY ICS SRO Programme established at WY (meetings twice weekly)</li> <li>• Kirklees Programme developed</li> <li>• Kirklees Health Protection Advisory Group receiving updates for assurance</li> </ul>                                                                                | <ul style="list-style-type: none"> <li>• Monitoring of vaccine uptake</li> </ul>                                                                                                                                                                                                                |
| Not being able to effectively plan and sufficiently resource the Data Security                                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>• Work Plan focusing on DSPT related work packages</li> </ul>                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>• Mandated Internal Audit of the DSPT 20/21 for assurance, prior to</li> </ul>                                                                                                                                                                           |

| Risk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | How CCG has acted to manage the risk                                                                                                                                                                                                                                                                                                                                                      | How outcomes will be assessed                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>and Protection Toolkit (DSPT) work programme activities for 2020/21, due to</p> <p>a. significant delay in the DSPT online tool being made available;</p> <p>b. significant number of the evidence lines (including new) having a dependency on actions of a third party;</p> <p>c. enhanced and prescriptive internal audit scope;</p> <p>d. earlier submission deadline for merging CCGs; leading to an increased risk of non-compliance against mandatory sub-assertions and a standards not met toolkit submission for 2020/21.</p> | <ul style="list-style-type: none"> <li>• Monthly IG Leads Meeting</li> <li>• SLA in place with The Health Informatics Service in relation to provision of IT and cyber security services.</li> <li>• Additional resource realigned to the IG team.</li> <li>• Confirmed reduction in published mandatory evidence requirements specifically relating to the IT evidence lines.</li> </ul> | <p>submission of the CCG's self-assessment.</p> <ul style="list-style-type: none"> <li>• Submission by 31 March 2021 of 'Standards Met' Toolkit</li> </ul> |

The CCG's **Governing Body Assurance Framework** describes the principal risks to compliance with our licence and being able to fulfil our strategic objectives. Each strategic objective and the principal risks to achieving these are set out in detail at page 13, together with risks identified as underlying risks across all strategic objectives.

### Capacity to handle risk

The CCG undertakes a number of actions which are identified to mitigate the above risks:

- *Governance Structures*

The CCG's principal risks are all set out within the Governing Body Assurance Framework, and this is kept under regular review by the Senior Management Team, Audit Committee, and Governing Body.

- *Responsibilities of Heads of Service and Committees*

Each principal risk has an identified Senior Management Team Lead, Governing Body Lead and Clinical Lead. This ensures clear accountability for the management and monitoring of each principal risk. Each Senior Management Team Lead, in conjunction with the other leads, is responsible for regularly reviewing the risk, including assessing the key controls for mitigating the risk, sources of assurance, identifying positive assurance, and where gaps in control or assurance are flagged, identifying corrective action.

The roles and responsibilities of staff as risk owners, and senior management team as reviewers are clearly set out in the Risk Management Framework. This ensures that there is clarity about the levels of accountability for the management and monitoring of risks. The senior management team is expected to ensure that there are robust control measures in place and that the appropriate assurances are generated.

- *Reporting lines and accountabilities*

Reporting lines and accountabilities are set out within the CCG's Integrated Risk Management Framework and Committee Terms of Reference. The risk cycle is as follows:

- Risk register is updated.
- Risk register is reviewed by Senior Management Team.
- Risk registers are submitted to Finance, Performance & Contracting Committee and Quality Committee. Audit Committee review the High Level Risk Log.
- Governing Body receive the High Level Risk Log and minutes of meetings from Committees.

- *Submission of timely and accurate information to assess risks to compliance*

The assessment of risks is a continuous process informed by:

- Senior Management Team identifying new risks or changes to risk profile.
- Financial, contracting, quality, QIPP and performance reports, which are submitted on a monthly basis to our Finance, Performance & Contracting Committee and Quality Committee.
- Discussions taking place at Finance, Performance & Contracting Committee and Quality Committee on the Risk Register and the Governing Body Assurance Framework, complemented by assurance discussions at the Audit Committee and the Governing Body.

- *Degree and rigour of Governing Body oversight over performance*

The Governing Body receives a number of reports at each meeting to provide it with the necessary degree and rigour of oversight on the CCG's performance. This is supported by detailed discussions and work undertaken by the Committees.

This level of grip, which has been supported by the detailed work of the committees, has placed the CCG in a strong position to deliver its performance and financial targets this year.

## Staff Training

An annual quality check of risks is undertaken. This involves meeting with each risk owner and senior reviewer on a 1-2-1 basis to review the wording and scoring of their risks, including controls and assurances, and to deliver detailed training on the Risk Register. Each risk owner and senior reviewer is asked to sign on completion of their training to document that this work has been undertaken. Guidance is provided to accompany the training. Good practice is actively shared between risk owners both within the organisation, and through wider sharing of practice with neighbouring CCGs.

## Other sources of assurance

### Internal Control Framework

A system of internal control is the set of processes and procedures in place in the CCG to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

Details of the CCG's control mechanisms are set out in the previous section of the Governance Statement.

### Annual audit of conflicts of interest management

The revised statutory guidance on managing conflicts of interest for CCGs (published June 2016) requires CCGs to undertake an annual internal audit of conflicts of interest management. To support CCGs to undertake this task, NHS England has published a template audit framework.

Audit Yorkshire has carried out an internal audit of the CCG's conflicts of interest management and has concluded an overall opinion of **Significant Assurance**. They have concluded that the CCG's internal policies and procedures are in line with the statutory guidance from NHS England for Managing Conflicts of Interest. They have made a small number of minor recommendations relating to the development of the

Conflicts of Interest Policy for the new merged CCG and checking the allocation of training modules for the new CCG.

## **Data Quality**

The quality of data presented to the Committees and the Governing Body continues to evolve, and all Governing Body members have confirmed, as part of the ongoing assessment process, that they receive clear and concise information enabling them to make a decision or receive assurance on a matter.

The CCG requires that reports which are submitted to the Committees and Governing Body clearly set out the detail required and a good quality of data is provided across a range of areas within finance, contracting, performance and quality and patient experience.

## **Information Governance**

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by the Data Security & Protection Toolkit and the annual submission process provides assurances to the CCG, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

The CCG continues to make every effort to successfully embed information governance and information risk management processes within the organisation. This has been supported by results from staff awareness surveys, audits and spot checks. Submission of the 2020-21 Data Security & Protection Toolkit had to be brought forward at short notice as the CCG was working towards merger from April 2020. This required the CCG to submit 3 months ahead of non-merging CCGs, which was a significant challenge. After a substantial effort, the CCG managed to achieve all mandatory assertions and sub-assertions within the Toolkit, and a significant number of non-mandatory assertions/sub-assertions.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect personal and corporate information. We have established an information governance management framework and have embedded information governance processes and procedures in line with the Toolkit including incident reporting and investigation of information security and personal data related incidents.

We have ensured that all staff undertake annual information governance training and have implemented a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities.



The roles of Senior Information Risk Owner, Caldicott Guardian, Data Protection Officer and Information Governance lead have been assigned and appropriately trained to fulfil the responsibilities of their role. The CCG have an in-house Information Governance Team shared with Calderdale CCG, North Kirklees CCG, and Wakefield CCG. The service is provided by an experienced team of experts offering advice and assistance on all areas of information governance.

It is a nationally mandated requirement that an organisation's information assets are risk assessed on an annual basis, but more importantly this process provides assurance to the Senior Information Risk Owner (SIRO) that information contained within the assets is secure and that personal data is being processed in accordance with the Data Protection Act. The CCG has assigned Information Asset Owners to take on responsibility for information security of a range of business systems used by staff. The Information Asset Owners have completed a comprehensive review and risk assessment of their information assets to ensure that sufficient security measures and controls are in place to protect any area or system where business sensitive or person identifiable information is stored.

### **Emergency Preparedness, Resilience and Response**

The CCG continues to place a high importance on working with colleagues to ensure appropriate Emergency Preparedness, Resilience and Response..

In March 2020, COVID-19 was declared a pandemic by the World Health Organisation. The CCG escalated its emergency planning and business continuity arrangements including:

- The establishment of an internal command control structure, supported by trained loggists to capture all decisions and actions taken.
- Participation in local, regional and national command and control structures.
- Strengthening of on-call arrangements to facilitate cascade and escalation of information and urgent actions.

These arrangements have been retained throughout 2020-21, reflecting a rapidly evolving situation, with an impact at an unprecedented scale. COVID-19 work dominated the focus of the Governing Body, its committees, and the wider CCG.

The CCG has updated the Governing Body in public session around its arrangements and activities during COVID-19. Additional assurance reports focusing on corporate governance, financial governance, and quality governance have been shared with the Audit Committee on a quarterly basis. At all stages there has been a focus on learning from events.

In August 2020 NHS England issued the statutory requirement which would formally assure them of EPRR readiness within the CCG and the wider NHS. The process was different this year, and the usual approach of the detailed and granular process

of previous years was acknowledged as excessive, especially as the CCG prepared for a further wave of COVID-19, as well as upcoming seasonal pressures and the operational demands of restoring services. The amended process for 2020-21 focused on three areas:

- progress made by organisations that were reported as partially or non-compliant in the 2019-20 process
- the process of capturing and embedding the learning from the first wave of the COVID-19 pandemic
- inclusion of progress and learning in winter planning preparations

The CCG submitted a statement of assurance to the NHS England and NHS Improvement Regional Head of EPRR by 31 October 2020.

### **Business critical models**

In the Macpherson report 'Review of Quality Assurance of Government Analytical Models', published March 2013, it was recommended that the Governance Statement should include confirmation that an appropriate Quality Assurance framework is in place and is used for all business critical models. Business critical models were deemed to be analytical models that informed government policy. The CCG has not developed any analytical models which have informed government policy.

### **Third party assurances**

Alongside the Head of Internal Audit Opinion and the Annual Report, the CCG considers the assurance statements received from other service providers such as NHS Shared Business Services, Primary Care Support England (Primary Medical Services Payments), Leeds Teaching Hospitals Trust (provider of payroll services) and NECS (provider of HR services and review of non-contracted activity). At the time of writing no significant issues have been reported.

### **Control Issues**

No significant control issues have been identified.

### **Review of Economy, Efficiency and Effectiveness of the Use of Resources**

The CCG has a range of processes in place to ensure that our resources are used economically, efficiently and effectively, and the Governing Body receives assurances to be able to determine that these processes are working well.

The Chief Finance Officer has delegated responsibility to determine arrangements to ensure a sound system of financial control.

The Finance, Performance & Contracting Committee and Governing Body receive detailed bi-monthly finance and contracting reports setting out the financial position including associated risks.

Internal Audit have responsibility for reviewing, appraising and reporting on the adequacy and application of financial controls. Internal Audit and External Audit representatives attend all meetings of the Audit Committee.

### **Delegation of functions**

The CCG does not have any delegated chains at this moment in time.

### **Counter fraud arrangements**

The CCG's Audit Committee approves an annual fraud, bribery and corruption work plan detailing planned anti-fraud activity at the CCG during the financial year. This plan is based on the NHS Protect Standards for Commissioners and is structured around the four key areas of activity:

- Strategic governance
- Inform and involve
- Prevent and deter
- Hold to account

The CCG's Local Counter Fraud Specialist (LCFS) is an NHS Accredited Counter Fraud Specialist and adheres to standards and principles of professional conduct as set out in the NHS Counter Fraud and Corruption Manual. The LCFS produces a Fraud Risk Assessment, which considers the fraud risks faced by the CCG using local and national data and NHS Counter Fraud Authority guidance.

The LCFS reports to the Chief Finance Officer on all fraud matters including proactive work, fraud referrals and areas of risk. The Chief Finance Officer provides strategic support and oversight of anti-fraud work and ensures adequate resources are provided.

The LCFS provides an annual report of anti-fraud, bribery and corruption work, which complies with the NHS Counter Fraud Authority's guidance. This is received and reviewed by the Audit Committee, together with regular updates throughout the year.

## Head of Internal Audit Opinion

Audit Yorkshire provide the CCG's internal audit service and following completion of the planned audit work for the financial year for the clinical commissioning group, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the clinical commissioning group's system of risk management, governance and internal control. The executive summary from the Head of Internal Audit's opinion is set out below:

### **HEAD OF INTERNAL AUDIT OPINION ON THE EFFECTIVENESS OF THE SYSTEM OF INTERNAL CONTROL AT NHS GREATER HUDDERSFIELD CLINICAL COMMISSIONING GROUP (CCG) FOR THE YEAR ENDED 31 MARCH 2021**

This Head of Internal Audit Opinion forms part of the Annual Report for NHS Greater Huddersfield Clinical Commissioning Group in which the planned internal audit coverage and outputs during 2020-21 and Audit Yorkshire's Key Performance Indicators (KPIs) are detailed.

| Key Area                                                                                   | Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Head of Internal Audit Opinion &amp; the Role of Internal Audit During the Pandemic</b> | <p>The overall opinion for the period 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021 provides <b>Significant Assurance</b>, that there is a good system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are generally being applied consistently.</p> <p>The Internal Audit Standards Advisory Board (IASAB) issued guidance regarding conformance with the Public Sector Internal Audit Standards (PSIAS) during the coronavirus pandemic (May 2020). All our work has continued to be delivered in full compliance with the PSIAS.</p> <p>Audit Yorkshire adopted a pragmatic approach to the delivery of your Internal Audit Service during 2020/21, with the focus on the delivery of your Head of Internal Audit Opinion. This again, was in line with the IASAB guidance.</p> <p>We supported you through the provision of a wide range of briefings, updates and benchmarking materials focused on helping you manage the challenges of COVID-19. We also supported the wider NHS systems across Audit Yorkshire's client base / geographies through the redeployment of our staff to maintain the effective delivery of services.</p> |
| <b>Planned Audit Coverage and Outputs</b>                                                  | <p>The 2020-21 Internal Audit Plan has been delivered with the focus on completion of high priority or 'must do' audits to support the provision of a meaningful Head of Internal Audit Opinion.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

| Key Area                             | Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                      | <p>This position has been reported within the progress reports across the financial year.</p> <p>The impact on the organisation of COVID-19 required us to review your internal audit risk assessment and plan for 2020-21 on a regular basis, in liaison with yourselves. As part of this assessment we took account of the following:</p> <ul style="list-style-type: none"> <li>• How the organisation has implemented NHSE/I guidance, issued to support them in responding to COVID-19, whilst still discharging their stewardship responsibilities;</li> <li>• Any revisions to the organisation's strategic priorities as well as liaising with you to review areas for internal audit focus;</li> <li>• Independent assurance requirements on how COVID-19 costs are captured and claimed across a range of areas; and</li> <li>• Mandated review requirements and audits which from a professional internal audit perspective are pre-requisite to ensuring sufficient coverage for a robust Head of Internal Audit Opinion.</li> </ul> <p>Therefore review coverage has been focused on:</p> <ul style="list-style-type: none"> <li>• The organisation's Assurance Framework</li> <li>• Core and mandated reviews, including follow up; and</li> <li>• A range of individual risk based assurance reviews.</li> </ul> <p>Due to the impact of the pandemic, there was limited scope to undertake the Quality and Business Development reviews originally included in the plan for 2020-21. These areas will be considered as part of the 2021-22 risk assessment and planning process.</p> |
| <b>Quality of Service Indicators</b> | The External Quality Assessment, undertaken by CIPFA (2020), provides assurance of Audit Yorkshire's full compliance with the Public Sector Internal Audit Standards.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

**Helen Kemp-Taylor, Head of Internal Audit**

## **Review of the Effectiveness of Governance, Risk Management and Internal Control**

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within the CCG who have responsibility for the development and maintenance of the internal control

framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

The Governing Body Assurance Framework provides me with evidence that the effectiveness of controls that manage risks to the CCG achieving its principal objectives have been reviewed.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Governing Body and the Audit Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The formal process for maintaining and reviewing the effectiveness of the system of internal control is:

- Governing Body keeps under review the systems of internal control through reports on risk management and the assurance framework as well as the performance, contracting, finance and quality reports.
- At a committee level the Finance, Performance & Contracting and Quality Committees take responsibility for keeping under review the governance arrangements relating to finance, contracting, performance and clinical governance.
- The Audit Committee has oversight of the CCG's financial systems, financial information, risk management, audit, information governance and business continuity.
- Auditors provide further assurance through the delivery of their annual work plan and providing assurance as well as recommendations on different aspects within the system of internal control.
- Self-assessment of the risk management system and committee governance arrangements undertaken on an annual basis.
- Financial Control Environment - In line with national guidance the CCG completes a regular self- assessment that is assured by the Audit Committee and submitted to NHS England.
- Third Party Assurance. Alongside the Head of Internal Audit Opinion and the Annual Report, the CCG considers the assurance statements received from other service providers. At the time of writing no significant issues have been reported although the formal assurance reports have not been received as yet.

## Conclusion

No significant control issues have been identified.

**Carol McKenna, Accountable Officer**

### Committee Membership and Attendance Records – 1 April 2020 – 31 March 2021

Please note that committee members regularly send substitutes to meetings when they cannot attend. This attendance record solely records whether they themselves were in attendance. Governing Body and PCCC meetings are split into public and private – these are classed as separate meetings in the below data, to reflect those who only attend part.

| <b>Governing Body<br/>(15 meetings)</b> | <b>Attendance</b> |
|-----------------------------------------|-------------------|
| Dr Steve Ollerton (Chair)               | 100%              |
| Dr Razwan Ali                           | 100%              |
| Jenny Cullearn                          | 86%               |
| Ian Currell                             | 87%               |
| Alix Ewen (until 12 June)               | 100%              |
| Beth Hewitt                             | 87%               |
| Carol McKenna                           | 100%              |
| Dr James Morton (until 23 Sept)         | 67%               |
| Dr Amjid Rehman (from 14 July)          | 100%              |
| Dr Chunda Sri-Chandana (until 31 Oct)   | 50%               |
| Hilary Thompson                         | 100%              |
| Penny Woodhead                          | 100%              |
| Martin Wright                           | 100%              |

| <b>Primary Care Commissioning Committee<br/>(13 meetings)</b> | <b>Attendance</b> |
|---------------------------------------------------------------|-------------------|
| Beth Hewitt (Chair)                                           | 100%              |
| Jenny Cullearn (from 1 October)                               | 67%               |
| Ian Currell                                                   | 92%               |
| Alix Ewen (until 12 June)                                     | 100%              |
| Carol McKenna                                                 | 77%               |
| Dr James Morton (until 23 Sept)                               | 100%              |
| Dr Steve Ollerton                                             | 69%               |
| Hilary Thompson                                               | 100%              |
| Penny Woodhead                                                | 85%               |
| Martin Wright                                                 | 100%              |

| <b>Audit Committee (5 meetings)</b>   | <b>Attendance</b> |
|---------------------------------------|-------------------|
| Martin Wright (Chair)                 | 100%              |
| Dr Chunda Sri-Chandana (until 31 Oct) | 50%               |
| Hilary Thompson                       | 100%              |

| <b>Finance, Performance &amp; Contracting Committee (6 meetings)</b> | <b>Attendance</b> |
|----------------------------------------------------------------------|-------------------|
| Hilary Thompson (Chair)                                              | 100%              |
| Jenny Cullearn                                                       | 83%               |
| Ian Currell                                                          | 100%              |
| Carol McKenna                                                        | 100%              |
| Dr Steve Ollerton                                                    | 83%               |
| Martin Wright                                                        | 100%              |

| <b>Remuneration Committee (5 meetings)</b> | <b>Attendance</b> |
|--------------------------------------------|-------------------|
| Hilary Thompson (Chair)                    | 100%              |
| Dr Chunda Sri-Chandana (until 31 Oct)      | 75%               |
| Martin Wright                              | 80%               |

| <b>Quality Committee (6 meetings)</b> | <b>Attendance</b> |
|---------------------------------------|-------------------|
| Dr Razwan Ali (Chair)                 | 100%              |
| Alix Ewen (until 12 June)             | 100%              |
| Beth Hewitt                           | 100%              |
| Carol McKenna                         | 100%              |
| Dr Amjid Rehman (from 14 July)        | 100%              |
| Dr Chunda Sri-Chandana (until 31 Oct) | 100%              |
| Penny Woodhead                        | 67%               |



## West Yorkshire and Harrogate Joint Committee of CCGs' Attendance Record

| Organisation and role                                          | Member                                      | Attendance<br>(eligible) |
|----------------------------------------------------------------|---------------------------------------------|--------------------------|
| <b>Independent Lay Chair</b>                                   | Marie Burnham                               | <b>3</b> (3)             |
| <b>CCG Lay members</b>                                         |                                             |                          |
|                                                                | Stephen Hardy                               | <b>3</b> (3)             |
| (to 7 <sup>th</sup> July 2020 meeting)                         | Richard Wilkinson                           | <b>1</b> (1)             |
| (from 6 <sup>th</sup> October 2020 meeting)                    | Ruby Bhatti                                 | <b>2</b> (2)             |
| (from 6 <sup>th</sup> October 2020 meeting)                    | John Mallalieu                              | <b>2</b> (2)             |
| <b>NHS Bradford, District and Craven CCG</b>                   |                                             |                          |
| Clinical Chair                                                 | Dr James Thomas                             | <b>3</b> (3)             |
| Chief Officer                                                  | Helen Hirst                                 | <b>2</b> (3)             |
| Strategic Director of Quality and Nursing                      | Michelle Thomas<br>(Deputy for Helen Hirst) | <b>1</b> (1)             |
| <b>NHS Calderdale CCG</b>                                      |                                             |                          |
| Clinical Chair                                                 | Dr Steven Cleasby                           | <b>2</b> (3)             |
| Deputy Chief Officer (to 6 <sup>th</sup> October 2020 meeting) | Neil Smurthwaite                            | <b>2</b> (2)             |
| Chief Officer (from 21 <sup>st</sup> January 2021 meeting)     | Robin Tuddenham                             | <b>1</b> (1)             |
| <b>NHS Greater Huddersfield CCG</b>                            |                                             |                          |
| Clinical Chair                                                 | Dr Steve Ollerton                           | <b>3</b> (3)             |
| <b>NHS North Kirklees CCG</b>                                  |                                             |                          |
| Clinical Chair                                                 | Dr Khalid Naeem                             | <b>2</b> (3)             |
| <b>NHS Greater Huddersfield and North Kirklees CCGs</b>        |                                             |                          |
| Chief Officer                                                  | Carol McKenna                               | <b>3</b> (3)             |
| <b>NHS Leeds CCG</b>                                           |                                             |                          |
| Clinical Chair                                                 | Dr Jason Broch                              | <b>3</b> (3)             |
| Chief Executive                                                | Tim Ryley                                   | <b>3</b> (3)             |
| <b>NHS Wakefield CCG</b>                                       |                                             |                          |
| Clinical Chair                                                 | Dr Adam Sheppard                            | <b>3</b> (3)             |
| Chief Officer                                                  | Jo Webster                                  | <b>3</b> (3)             |
|                                                                | <b>Associate member</b>                     |                          |
| <b>NHS North Yorkshire CCG</b>                                 |                                             |                          |
| Clinical Chair                                                 | Dr Charles Parker                           | <b>2</b> (3)             |
| Chief Officer                                                  | Amanda Bloor                                | <b>1</b> (3)             |

# Remuneration and Staff Report

## Remuneration Report

### Remuneration Committee

Details of the Remuneration Committee can be found within the Governance Statement (page 66). The Remuneration Committee is supported in its determinations by senior professionals who provide support and advice to the Committee regarding their specialism. These professionals include a senior HR practitioner (HR service provided by North of England Commissioning Support), the CCG Chief Finance Officer and the CCG Head of Corporate Governance.

### Policy on the remuneration of senior managers

The definition of 'senior managers' is: *Those persons in senior positions having authority or responsibility for directing or controlling the major activities of the Clinical Commissioning Group. This means those who influence the decisions of the Clinical Commissioning Group as a whole rather than the decisions of individual directorates or departments. Such persons will include advisory or lay members.* For the purpose of the Remuneration Report, all members of the Governing Body are deemed to be 'senior managers'.

To support the principle of local determination there are no set rates of pay for the different groups of Governing Body members. There is, however, a range of available documentation providing guiding principles to be followed and guidance both in terms of contractual status and remuneration or reimbursement. These, together with a review of comparative data across the CCGs and legal advice, are used to inform the determinations of the Remuneration Committee:

*Hutton review fair pay principles (2011):*

- Remuneration should fairly reward each individual's contribution to their organisation's success and should be sufficient to recruit, retain and motivate executives of sufficient calibre. However, organisations should be mindful of the need to avoid paying more than is necessary in order to ensure value for money in the use of public resources;
- Remuneration must be set through a process that is based on a consistent framework and independent decision-making based on accurate assessments of the weight of roles and individuals' performance in them;
- Remuneration should be determined through a fair and transparent process via bodies that are independent of the executives whose pay is being set, and who are qualified or experienced in the field of remuneration. No individual should be involved in deciding his or her own pay;

- Remuneration must be based on the principle of equal pay for work of equal value.

For the Lay Members, practice representatives and the GP Chair, the decisions were also informed by a range of available documentation providing guidance both in relation to contractual status and remuneration or reimbursement:

- RSM Tenon – Technical Employment Status Guidance (2012);
- RSM Tenon FAQs;
- Annex 2 of the April 2012 NHS Commissioning Board (NHS CB) publication “Clinical Commissioning Group Governing Body members: Role outlines, attributes and skills”. This provides guidance on the principles relating to reimbursement and remuneration for governing body members;
- NHS Commissioning Board (now referred to as NHS England) “Clinical Commissioning Groups – HR Frequently Asked Questions” (June 2012) notes the importance of considering the employment status of all CCG posts in order to determine the correct contractual status under current legislation and HM Revenue & Customs (HMRC) rules;
- The NHS Confederation briefing “Deciding how to pay: remuneration for clinical commissioners” (June 2012);
- David Nicholson letter – Gateway Reference 17993 (August 2012).

In determining the appropriate rate, the Remuneration Committee also took into account:

- The key and guiding principles set out
- Comparative rates for each of the Governing Body posts
- The requirement to obtain best value for money
- The need for an affordable staffing and remuneration structure within its running cost allowance.

For the Registered Nurse and Secondary Care Specialist posts on the Governing Body, remuneration should be either at a rate commensurate with their salary or as needed for replacement costs; or at a rate commensurate with the average rate for their profession and level of seniority.

For practice representatives on the Governing Body, including the clinical Chair, remuneration should be either:

- At a reasonable rate, in line with practice earnings;

- At a rate commensurate with allowing backfill, recognising that a locum cannot replace an experienced partner on a like for like basis, and that some additional locum time would be necessary;
- In line with any local sessional rate.

For the Accountable Officer and the Chief Finance Officer, who are subject to VSM terms and conditions, consideration also took account of:

- Pay guidance provided by NHS England;
- Benchmarking with other CCGs;
- Complexity factors;
- Availability of guidance on recruitment and retention premium;
- Prevailing economic climate and local market conditions;
- Any joint management arrangements;
- Performance of the individuals and the CCG.

For the Chief Quality & Nursing Officer, this is driven by Agenda for Change. This post is shared with North Kirklees and Calderdale CCGs, and the post holder is engaged by Greater Huddersfield under a contract of employment. This arrangement is governed by a Memorandum of Understanding between the CCGs.

### **Remuneration of Very Senior Managers**

The CCG is satisfied, on the basis of what it has considered and the factors set out above, that the remuneration received by the clinical chair is reasonable. No senior managers are paid more than £150,000 per annum pro rata.

## Senior Manager Remuneration (including salary and pension entitlements)

| Name & Title           |                                                      | 2020-21 Staff in Post    | 2020-21           |                              |                             |                                       |                                       |                   |
|------------------------|------------------------------------------------------|--------------------------|-------------------|------------------------------|-----------------------------|---------------------------------------|---------------------------------------|-------------------|
|                        |                                                      |                          | Salary            | Expense payments (taxable)   | Performance pay and bonuses | Long-term Performance pay and bonuses | All Pension Related Benefits (Note 5) | Total             |
|                        |                                                      |                          | (bands of £5,000) | (rounded to the nearest £00) | (bands of £5,000)           | (bands of £5,000)                     | (bands of £2,500)                     | (bands of £5,000) |
|                        |                                                      |                          | £000              | £                            | £000                        | £000                                  | £000                                  | £000              |
| Dr Stephen Ollerton    | Clinical Leader                                      | 01/04/2020 to 31/03/2021 | 105 - 110         |                              |                             |                                       | 57.5 - 60                             | 165 - 170         |
| Dr Razwan Ali          | Practice Representative                              | 01/04/2020 to 31/03/2021 | 30 - 35           |                              |                             |                                       |                                       | 30 - 35           |
| Dr James Morton        | Practice Representative                              | 01/04/2020 to 24/09/2020 | 15 - 20           |                              |                             |                                       |                                       | 15 - 20           |
| Dr Amjid Rehman        | Practice Representative                              | 13/07/2020 to 31/03/2021 | 20 - 25           |                              |                             |                                       |                                       | 20 - 25           |
| Alix Ewen              | Advanced Nurse Practitioner                          | 01/04/2020 to 12/06/2020 | 0 - 5             |                              |                             |                                       |                                       | 0 - 5             |
| Jenny Cullearn         | Practice Representative                              | 01/04/2020 to 31/03/2021 | 10 - 15           |                              |                             |                                       |                                       | 10 - 15           |
| Beth Hewitt            | Lay Member - Patient and Public Involvement (Note 4) | 01/04/2020 to 31/03/2021 | 10 - 15           |                              |                             |                                       |                                       | 10 - 15           |
| Hilary Thompson        | Lay Member - Finance and Remuneration (Note 4)       | 01/04/2020 to 31/03/2021 | 5 - 10            |                              |                             |                                       |                                       | 5 - 10            |
| Martin Wright          | Lay Member - Audit and Governance (Note 4)           | 01/04/2020 to 31/03/2021 | 5 - 10            |                              |                             |                                       |                                       | 5 - 10            |
| Dr Chunda Sri-Chandana | Secondary Care Advisor                               | 01/04/2020 to 31/10/2020 | 5 - 10            |                              |                             |                                       |                                       | 5 - 10            |
| Carol McKenna          | Chief Officer (Note 1)                               | 01/04/2020 to 31/03/2021 | 75 - 80           |                              |                             |                                       | 17.5 - 20                             | 95 - 100          |
| Ian Currell            | Chief Finance Officer (Note 2)                       | 01/04/2020 to 31/03/2021 | 65 - 70           |                              |                             |                                       | 15 - 17.5                             | 80 - 85           |
| Penny Woodhead         | Chief Quality and Nursing Officer (Note 3)           | 01/04/2020 to 31/03/2021 | 30 - 35           |                              |                             |                                       | 25 - 27.5                             | 55 - 60           |

**Note 1:** Carol McKenna is employed by Greater Huddersfield CCG but is a shared post with North Kirklees CCG, for whom she is also Chief Officer. Her total salary is in the banding £135k - 140k, however only 56% of the cost has been included in the Salary column. The above table includes the full pension information, not a proportion in relation to the shared post.

**Note 2:** Ian Currell is employed by Greater Huddersfield CCG but is a shared post with North Kirklees CCG, for whom he is also Chief Finance Officer. His total salary is in the banding £115k - 120k, however only 56% of the cost has been included in the Salary column. The above table includes the full pension information, not a proportion in relation to the shared post.

**Note 3:** Penny Woodhead is employed by Greater Huddersfield CCG but is a shared post also with Calderdale CCG and North Kirklees CCG, for whom she is also Chief Quality and Nursing Officer. Her total salary is in the banding £100k - 105k, however, only 33.33% has been included in the Salary column. The above table includes the full pension information, not a proportion in relation to the shared post.

**Note 4:** Beth Hewitt, Hilary Thompson and Martin Wright were new Layperson appointments in 19/20. They are employed by Greater Huddersfield CCG but are shared posts with North Kirklees CCG and their costs are split 50:50. Beth Hewitt's total salary is in the banding £20k - 25k, and Hilary Thompson and Martin Wright's salaries are in the banding £15k - 20k, however only 50% of the cost has been included in the Salary column.

**Note 5:** All Pension Related Benefits represent the annual increase in pension entitlement, and must be disclosed in £2,500 bands. The figures are calculated as follow:

The real increase in pensions multiplied by 20\*

Plus: The real increase in any lump sum\*

Less: Contributions made by the individual

**Equals Accrued pensions benefits**

\*The real increase is the difference between the annual rate of pension payable to the director at the end of the financial year and the rate payable at the start of the year. It excludes increases due to inflation/decreases due to transfer of pensions rights.

| Name & Title           |                                                      | 2019-20 Staff in Post    | 2019-20                   |                                   |                             |                                       |                                       |                           |
|------------------------|------------------------------------------------------|--------------------------|---------------------------|-----------------------------------|-----------------------------|---------------------------------------|---------------------------------------|---------------------------|
|                        |                                                      |                          | Salary                    | Expense payments (taxable)        | Performance pay and bonuses | Long-term Performance pay and bonuses | All Pension Related Benefits (Note 5) | Total                     |
|                        |                                                      |                          | (bands of £5,000)<br>£000 | (rounded to the nearest £00)<br>£ | (bands of £5,000)<br>£000   | (bands of £5,000)<br>£000             | (bands of £2,500)<br>£000             | (bands of £5,000)<br>£000 |
| Dr Stephen Ollerton    | Clinical Leader                                      | 01/04/2019 to 31/03/2020 | 95 - 100                  |                                   |                             |                                       | 15 - 17.5                             | 115 - 120                 |
| Dr Jane Ford           | Practice Representative                              | 01/04/2019 to 30/09/2019 | 20 - 25                   |                                   |                             |                                       |                                       | 20 - 25                   |
| Dr Dilshad Ashraf      | Practice Representative                              | 01/04/2019 to 30/09/2019 | 15 - 20                   |                                   |                             |                                       |                                       | 15 - 20                   |
| Dr Razwan Ali          | Practice Representative                              | 01/04/2019 to 31/03/2020 | 30 - 35                   |                                   |                             |                                       |                                       | 30 - 35                   |
| Dr David Hughes        | Practice Representative                              | 01/04/2019 to 30/06/2019 | 5 - 10                    |                                   |                             |                                       |                                       | 5 - 10                    |
| Dr James Morton        | Practice Representative                              | 01/12/2019 to 31/03/2020 | 0 - 5                     |                                   |                             |                                       |                                       | 0 - 5                     |
| Alix Ewen              | Advanced Nurse Practitioner                          | 01/04/2019 to 31/03/2020 | 10 - 15                   |                                   |                             |                                       |                                       | 10 - 15                   |
| Jenny Cullearn         | Practice Representative                              | 01/04/2019 to 31/03/2020 | 10 - 15                   |                                   |                             |                                       |                                       | 10 - 15                   |
| Fatima Khan-Shah       | Lay Advisor                                          | 01/04/2019 to 31/05/2019 | 0 - 5                     |                                   |                             |                                       |                                       | 0 - 5                     |
| Priscilla McGuire      | Lay Member - Patient and Public Involvement          | 01/04/2019 to 31/05/2019 | 0 - 5                     |                                   |                             |                                       |                                       | 0 - 5                     |
| David Longstaff        | Lay Member - Audit                                   | 01/04/2019 to 31/07/2019 | 5 - 10                    |                                   |                             |                                       |                                       | 5 - 10                    |
| Beth Hewitt            | Lay Member - Patient and Public Involvement (Note 4) | 01/06/2019 to 31/03/2020 | 5 - 10                    |                                   |                             |                                       |                                       | 5 - 10                    |
| Hilary Thompson        | Lay Member - Finance and Remuneration (Note 4)       | 01/07/2019 to 31/03/2020 | 5 - 10                    |                                   |                             |                                       |                                       | 5 - 10                    |
| Martin Wright          | Lay Member - Audit and Governance (Note 4)           | 01/08/2019 to 31/03/2020 | 5 - 10                    |                                   |                             |                                       |                                       | 5 - 10                    |
| Dr Chunda Sri-Chandana | Secondary Care Advisor                               | 01/04/2019 to 31/03/2020 | 10 - 15                   |                                   |                             |                                       |                                       | 10 - 15                   |
| Angela Monaghan        | Nurse Advisor                                        | 01/04/2019 to 31/12/2019 | 5 - 10                    |                                   |                             |                                       |                                       | 5 - 10                    |
| Carol McKenna          | Chief Officer (Note 1)                               | 01/04/2019 to 31/03/2020 | 75 - 80                   |                                   |                             |                                       | 45 - 47.5                             | 120 - 125                 |
| Ian Currell            | Chief Finance Officer (Note 2)                       | 01/04/2019 to 31/03/2020 | 60 - 65                   |                                   |                             |                                       | 20 - 22.5                             | 85 - 90                   |
| Penny Woodhead         | Chief Quality and Nursing Officer (Note 3)           | 01/04/2019 to 31/03/2020 | 30 - 35                   |                                   |                             |                                       | 22.5 - 25                             | 55 - 60                   |

## Pension Benefits as at 31 March 2021

| 2020-21                                                               |                          |                                         |                                                  |                                                       |                                                                     |                                                |                                                 |                                                 |
|-----------------------------------------------------------------------|--------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| Name & Title                                                          | 2020-21 Staff in Post    | Real increase in pension at pension age | Real increase in pension lump sum at pension age | Total accrued pension at pension age at 31 March 2021 | Lump sum at pension age related to accrued pension at 31 March 2021 | Cash Equivalent Transfer Value at 1 April 2020 | Real increase in Cash Equivalent Transfer Value | Cash Equivalent Transfer Value at 31 March 2021 |
|                                                                       |                          | (bands of £2,500)                       | (bands of £2,500)                                | (bands of £5,000)                                     | (bands of £5,000)                                                   |                                                |                                                 |                                                 |
|                                                                       |                          | £000                                    | £000                                             | £000                                                  | £000                                                                | £000                                           | £000                                            | £000                                            |
| Dr Stephen Ollerton    Clinical Leader                                | 01/04/2020 to 31/03/2021 | 2.5 - 5                                 | 2.5 - 5                                          | 20 - 25                                               | 30 - 35                                                             | 283                                            | 41                                              | 345                                             |
| Carol McKenna        Chief Officer <b>(Note 1)</b>                    | 01/04/2020 to 31/03/2021 | 0 - 2.5                                 | - 2.5 - 0                                        | 50 - 55                                               | 115 - 120                                                           | 990                                            | 24                                              | 1051                                            |
| Ian Currell            Chief Finance Officer <b>(Note 2)</b>          | 01/04/2020 to 31/03/2021 | 0 - 2.5                                 | - 2.5 - 0                                        | 45 - 50                                               | 100 - 105                                                           | 837                                            | 20                                              | 888                                             |
| Penny Woodhead      Chief Quality and Nursing Officer <b>(Note 3)</b> | 01/04/2020 to 31/03/2021 | 0 - 2.5                                 | 0 - 2.5                                          | 5 - 10                                                | 0 - 5                                                               | 60                                             | 13                                              | 88                                              |

**Note 1:** Carol McKenna is employed by Greater Huddersfield CCG but is a shared post with North Kirklees CCG, for whom she is also Chief Officer. The above table includes the full pension information, not a proportion in relation to the shared post.

**Note 2:** Ian Currell is employed by Greater Huddersfield CCG but is a shared post with North Kirklees CCG, for whom he is also Chief Finance Officer. The above table includes the full pension information, not a proportion in relation to the shared post.

**Note 3:** Penny Woodhead is employed by Greater Huddersfield CCG but is a shared post with Calderdale CCG and North Kirklees CCG, for whom she is also Chief Quality and Nursing Officer. The above table includes the full pension information, not a proportion in relation to the shared post.

**Note 4:** NHS Pensions Agency has stated that they cannot provide pension benefits information for Governing Body GPs who are classed only as practitioners with NHS Pensions Agency, and also where they have a contract for service with the CCG. As a result the CCG is not able to show the pension benefits related to their role as a governing body member. The CCG pays over the pension contributions to NHS England who act as the NHS Pension Employing Authority for these GPs.

**Note 5:** NHS Pensions are using pension and lump sum data from their systems without any adjustment for a potential future legal remedy required as a result of the McCloud judgement. (This is a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a Final Salary design.). We believe this approach is appropriate given that there is still considerable uncertainty on how the affected benefits within the new NHS 2015 Scheme would be adjusted in future once legal proceedings are completed

2019-20

| Name & Title                                                          | 2019-20 Staff in Post    | Real increase in pension at pension age | Real increase in pension lump sum at pension age | Total accrued pension at pension age at 31 March 2020 | Lump sum at pension age related to accrued pension at 31 March 2020 | Cash Equivalent Transfer Value at 1 April 2019 | Real increase in Cash Equivalent Transfer Value | Cash Equivalent Transfer Value at 31 March 2020 |
|-----------------------------------------------------------------------|--------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
|                                                                       |                          | (bands of £2,500)                       | (bands of £2,500)                                | (bands of £5,000)                                     | (bands of £5,000)                                                   |                                                |                                                 |                                                 |
|                                                                       |                          | £000                                    | £000                                             | £000                                                  | £000                                                                | £000                                           | £000                                            | £000                                            |
| Dr Stephen Ollerton    Clinical Leader                                | 01/04/2019 to 31/03/2020 | 0 - 2.5                                 | - 2.5 - 0                                        | 15 - 20                                               | 30 - 35                                                             | 254                                            | 8                                               | 283                                             |
| Carol McKenna        Chief Officer <b>(Note 1)</b>                    | 01/04/2019 to 31/03/2020 | 2.5 - 5                                 | 0 - 2.5                                          | 50 - 55                                               | 115 - 120                                                           | 901                                            | 48                                              | 990                                             |
| Ian Currell            Chief Finance Officer <b>(Note 2)</b>          | 01/04/2019 to 31/03/2020 | 0 - 2.5                                 | - 2.5 - 0                                        | 45 - 50                                               | 100 - 105                                                           | 777                                            | 25                                              | 837                                             |
| Penny Woodhead      Chief Quality and Nursing Officer <b>(Note 3)</b> | 01/04/2019 to 31/03/2020 | 0 - 2.5                                 | 0 - 2.5                                          | 0 - 5                                                 | 0 - 5                                                               | 36                                             | 11                                              | 60                                              |



## **Cash Equivalent Transfer Values**

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

## **Real increase in CETV**

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

## **Compensation on early retirement or for loss of office**

There has been no compensation on early retirement or for loss of office.

## **Payments to past very senior managers**

No payments have been made to past very senior managers.

## **Pay multiples**

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid member in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid member of the Governing Body of Greater Huddersfield CCG in the financial year 2020-21 was £170k - £175k (2019/20: £150k - £155k). This is based on a Full Time Equivalent (FTE) salary. This

was 4.2 times (2019/20: 3.9) the median remuneration of the workforce, which was £40,894 (2019/20: £38,765).

In 2020-21, no employees received remuneration in excess of the highest-paid member of the Governing Body. Remuneration ranged from £21,142 to £171,256 (2019/2020: £18,813 to £152,863).

Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

## Staff Report

The CCG's workforce profile is shown below and the information is based on the directly employed staff of the CCG as at 28<sup>th</sup> February 2021. Information relating to the Governing Body is reported separately.

### Number of senior managers

As set out in the Remuneration Report, all members of the Governing Body are deemed to be 'senior managers'. The Governing Body membership and remuneration is set out within the Remuneration Report (see page 91).

### Staff numbers and costs

Average number of people employed as per table below:

| This does not include Co-opted members and GB members | 28 February 2021    |        |        |
|-------------------------------------------------------|---------------------|--------|--------|
|                                                       | Permanent employees | Other  | Total  |
|                                                       | Number              | Number | Number |
| <b>Total CCG</b>                                      | 89                  | 11     | 100    |

The staff costs and employee benefits as at 31<sup>st</sup> March 2020 are set out as in the tables below:

|                                                                      | ADMIN               |            |              | PROGRAMME           |            |              | TOTAL               |            |              |
|----------------------------------------------------------------------|---------------------|------------|--------------|---------------------|------------|--------------|---------------------|------------|--------------|
|                                                                      | Perm                | Other      | Total        | Perm                | Other      | Total        | Perm                | Other      | Total        |
|                                                                      | Permanent Employees | Other      |              | Permanent Employees | Other      |              | Permanent Employees | Other      |              |
|                                                                      | £'000               | £'000      | £'000        | £'000               | £'000      | £'000        | £'000               | £'000      | £'000        |
|                                                                      | N4A                 | N4B        | N4C          | N4D                 | N4E        | N4F          | N4G                 | N4H        | N4I          |
| Salaries and wages                                                   | 2,841               | 198        | 3,038        | 1,333               | 168        | 1,501        | 4,174               | 366        | 4,539        |
| Social security costs                                                | 307                 | -          | 307          | 139                 | -          | 139          | 446                 | -          | 446          |
| Employer contributions to the NHS Pension Scheme                     | 611                 | -          | 611          | 188                 | -          | 188          | 799                 | -          | 799          |
| Other pension costs                                                  | -                   | -          | -            | -                   | -          | -            | -                   | -          | -            |
| Apprenticeship Levy                                                  | 6                   | -          | 6            | -                   | -          | -            | 6                   | -          | 6            |
| Other post-employment benefits                                       | -                   | -          | -            | -                   | -          | -            | -                   | -          | -            |
| Other employment benefits                                            | -                   | -          | -            | -                   | -          | -            | -                   | -          | -            |
| Termination benefits                                                 | -                   | -          | -            | -                   | -          | -            | -                   | -          | -            |
| <b>Gross Employee Benefits Expenditure</b>                           | <b>3,764</b>        | <b>198</b> | <b>3,962</b> | <b>1,660</b>        | <b>168</b> | <b>1,828</b> | <b>5,424</b>        | <b>366</b> | <b>5,790</b> |
| Less: Recoveries in respect of employee benefits (note 4.1.2)        | (462)               | -          | (462)        | -                   | -          | -            | (462)               | -          | (462)        |
| <b>Net employee benefits expenditure including capitalised costs</b> | <b>3,302</b>        | <b>198</b> | <b>3,500</b> | <b>1,660</b>        | <b>168</b> | <b>1,828</b> | <b>4,963</b>        | <b>366</b> | <b>5,328</b> |
| Less: Employee costs capitalised                                     | -                   | -          | -            | -                   | -          | -            | -                   | -          | -            |
| <b>Net employee benefits expenditure excluding capitalised costs</b> | <b>3,302</b>        | <b>198</b> | <b>3,500</b> | <b>1,660</b>        | <b>168</b> | <b>1,828</b> | <b>4,963</b>        | <b>366</b> | <b>5,328</b> |

|                                                                      | 31-Mar-20                    |                |                |                              |                |                |                              |                |                |
|----------------------------------------------------------------------|------------------------------|----------------|----------------|------------------------------|----------------|----------------|------------------------------|----------------|----------------|
|                                                                      | ADMIN                        |                |                | PROGRAMME                    |                |                | TOTAL                        |                |                |
|                                                                      | Perm                         | Other          |                | Perm                         | Other          |                | Perm                         | Other          |                |
|                                                                      | Permanent Employees<br>£'000 | Other<br>£'000 | Total<br>£'000 | Permanent Employees<br>£'000 | Other<br>£'000 | Total<br>£'000 | Permanent Employees<br>£'000 | Other<br>£'000 | Total<br>£'000 |
|                                                                      | N4J                          | N4K            | N4L            | N4M                          | N4N            | N4O            | N4P                          | N4Q            | N4R            |
| Salaries and wages                                                   | 2,747                        | 110            | 2,858          | 1,151                        | 299            | 1,450          | 3,899                        | 409            | 4,308          |
| Social security costs                                                | 290                          | -              | 290            | 127                          | -              | 127            | 416                          | -              | 416            |
| Employer contributions to the NHS Pension Scheme                     | 576                          | -              | 576            | 162                          | -              | 162            | 738                          | -              | 738            |
| Other pension costs                                                  | -                            | -              | -              | -                            | -              | -              | -                            | -              | -              |
| Apprenticeship Levy                                                  | 5                            | -              | 5              | -                            | -              | -              | 5                            | -              | 5              |
| Other post-employment benefits                                       | -                            | -              | -              | -                            | -              | -              | -                            | -              | -              |
| Other employment benefits                                            | -                            | -              | -              | -                            | -              | -              | -                            | -              | -              |
| Termination benefits                                                 | -                            | -              | -              | -                            | -              | -              | -                            | -              | -              |
| <b>Gross Employee Benefits Expenditure</b>                           | <b>3,618</b>                 | <b>110</b>     | <b>3,728</b>   | <b>1,440</b>                 | <b>299</b>     | <b>1,739</b>   | <b>5,059</b>                 | <b>409</b>     | <b>5,468</b>   |
| Less: Recoveries in respect of employee benefits (note 4.1.2)        | (374)                        | -              | (374)          | (0)                          | -              | (0)            | (374)                        | -              | (374)          |
| <b>Net employee benefits expenditure including capitalised costs</b> | <b>3,244</b>                 | <b>110</b>     | <b>3,355</b>   | <b>1,440</b>                 | <b>299</b>     | <b>1,739</b>   | <b>4,685</b>                 | <b>409</b>     | <b>5,094</b>   |
| Less: Employee costs capitalised                                     | -                            | -              | -              | -                            | -              | -              | -                            | -              | -              |
| <b>Net employee benefits expenditure excluding capitalised costs</b> | <b>3,244</b>                 | <b>110</b>     | <b>3,355</b>   | <b>1,440</b>                 | <b>299</b>     | <b>1,739</b>   | <b>4,685</b>                 | <b>409</b>     | <b>5,094</b>   |

## Staff composition

As at 28 February 2021, the CCG directly employed 100 staff (excluding Governing Body, but including the 4 Very Senior Managers (VSM). This equates to 88.81 whole time equivalent (WTE).

## Gender profile of the organisation

The following table sets out the gender profile of the organisation as at 31 March 2021.

|              | Governing Body<br>(excl. Very Senior<br>Managers) | Very Senior<br>Managers (VSM) | Staff Excl.<br>Governing Body<br>and VSMs |
|--------------|---------------------------------------------------|-------------------------------|-------------------------------------------|
| Female       | 3                                                 | 2                             | 75                                        |
| Male         | 3                                                 | 2                             | 20                                        |
| <b>Total</b> | <b>6</b>                                          | <b>4</b>                      | <b>95</b>                                 |

**Note 1: As an organisation with fewer than 250 employees, the CCG is not required to provide a gender pay report.**

## Sickness Absence Data

The CCG has policies and procedures in place to support employees with sickness absence and continues to develop a positive and pro-active approach in supporting employees through sickness absence or difficult periods in their lives. This has been evidenced by reviewing the Managing Sickness Absence Policy in not only aiming to reduce the levels of sickness through improvement plans but providing supporting mechanisms to employees during periods of short and long term sickness.

During 2015, the CCG introduced an Employee Assistance Programme (EAP) to further support the needs of the workforce and this service has been recently reviewed for a further 12 months. The aim of EAP is to help employees deal with personal problems that might adversely impact their work performance, health and well-being. This service provides confidential advice and counselling support to employees which makes available an early source of practical and emotional support for employees facing issues in their home or work life. This is viewed by the CCG as being important in supporting the health and wellbeing of employees.

Throughout the winter period of 2020, the CCG offered workplace flu vaccinations to all its employees, in order to support the resilience of the workforce and the community. The winter flu campaign raised awareness of the benefits of the flu vaccination. The final uptake was 73%. The CCG also commissions a comprehensive Occupational Health service, providing expert advice on the management of health conditions at work.

The CCG is committed to the health and wellbeing of its staff and works hard to promote a healthy working environment. The Staff Forum has been proactive throughout the year in carrying out a number of initiatives.

The CCG engages with its staff through a variety of mechanisms, including an active staff forum, weekly virtual staff briefings, and through a staff intranet, which includes regular news. The CCG participates annually in the national NHS Staff Survey in order to gain staff feedback and understand how the CCG benchmarks against other NHS organisations. 77.3% of staff responded to the survey in 2020. During 2020-21, the CCG has also participated in the monthly NHS People Pulse Survey, introduced nationally to support listening to colleagues during the coronavirus pandemic.

### Staff policies

To ensure that CCG staff do not experience discrimination, harassment and victimisation, the CCG has a range of HR related policies in place which are accessible to colleagues using the CCG's intranet system. Policies are reviewed in line with the internal governance arrangements and involve Staff Side and Trade Union representatives as appropriate. Final approval regarding any new or amended policies lies with the CCG's Remuneration Committee.

The CCG's commitment to recruitment, continuing employment, training and career development of disabled people is set out in a number of policies and procedures. These include:

| Requirement                                                                                                                                                                               | Policy or procedure                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Giving full and fair consideration to applications for employment by the CCG made by disabled persons, having regard to their particular aptitudes and abilities.                         | <ul style="list-style-type: none"> <li>• Equality and Diversity Policy;</li> <li>• Recruitment and Selection Policy.</li> </ul>                                                                                 |
| Continuing the employment of, and arranging appropriate training for, employees of the company who have become disabled persons during the period when they were employed by the company. | <ul style="list-style-type: none"> <li>• Equality and Diversity Policy;</li> <li>• Managing Sickness Absence Policy;</li> <li>• Flexible Working Policy;</li> <li>• Learning and Development Policy.</li> </ul> |

|                                                                                        |                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Training, career development and promotion of disabled people employed by the company. | <ul style="list-style-type: none"> <li>• Equality and Diversity Policy;</li> <li>• Recruitment and Selection Policy;</li> <li>• Learning and Development Policy;</li> <li>• Pay Progression Policy;</li> <li>• Appraisal Paperwork.</li> </ul> |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

The CCG has a rolling programme of policy review and awareness raising, as well as the appraisal procedure to further improve the focus on the quality of conversations taking place. The implementation of these policies together with occupational health input supports the continuation of employment and provision of appropriate training to any employee who becomes disabled and ensures access for all CCG employees, including disabled staff members to training, career development and promotion opportunities.

Equality impact assessments have been carried out on all the above policies. Over the past 12 months monitoring has taken place to ensure there has been no detrimental effect with regard to implementation of these workforce policies on CCG staff and to ensure that the CCG have proactively identified and addressed any inequalities.

### Trade Union Representation

Good working relationships with trade union representatives are important to us. The main mechanism for this is through our regular Joint Partnership Forum, where HR representatives and CCG senior managers from Calderdale, Greater Huddersfield and North Kirklees CCGs are able to meet with the relevant trade union representatives, to discuss any staff issues or test proposals that might have a direct impact on staff.

The Trade Union (Facility Time Publication Requirements) Regulations 2017 came into force on 1 April 2017. Under the Regulations, the NHS, including CCGs, must have at least one employee who is a relevant union official, namely a trade union official, a trade union learning representative or a safety representative in accordance with the Health and Safety at Work Act 1974.

### Relevant union officials during 2020-21

|                                                                                                            |   |
|------------------------------------------------------------------------------------------------------------|---|
| Total number of employees who were relevant union officials during the period 1 April 2020 – 31 March 2021 | 2 |
|------------------------------------------------------------------------------------------------------------|---|

\* Neither of these individuals is directly employed by Greater Huddersfield CCG

The below table contains information on the percentage of their working hours on facility time. For these purposes, facility time is defined as time that is taken off to carry out trade union duties or the duties of a union learning representative, to accompany a worker to a disciplinary or grievance hearing, or to carry out duties and receive training under the relevant safety legislation.

#### Percentage of time spent on facility time

| Percentage of time | Number of employees |
|--------------------|---------------------|
| 0%                 |                     |
| 1-50%              | 2                   |
| 51-99%             |                     |
| 100%               |                     |

\* Neither of these individuals is employed by Greater Huddersfield CCG

#### Percentage of pay bill spent on facility time\*

|                                                                                                                 |             |
|-----------------------------------------------------------------------------------------------------------------|-------------|
| Total cost of facility time                                                                                     | £1,493.74   |
| Total pay bill                                                                                                  | £15,169,636 |
| % of total pay bill spent on facility time, calculated as: (total cost of facility time / total pay bill) x 100 | 0.01%       |

\* This is combined annual pay bill for Calderdale, Greater Huddersfield and North Kirklees CCGs

The following table sets out as a percentage of total paid facility time hours, the number of hours spent by employees as union officials during 2019-20, on paid trade union activities.

#### Paid Trade Union activities

|                                                                                                                                                                                                                                                             |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period / total paid facility time hours) x 100 | 100% |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|



## Disability Confident Employer



In 2016, the government made a commitment to halve the employment gap for disabled people and in order to achieve this it introduced a new Disability Confident scheme. We are extremely proud to say that our CCG was awarded the level 2 Disability Confident Employer badge for 2 years from August 2019. The award is based on us being able to demonstrate that we have:

- Undertaken and successfully completed the Disability Confident self-assessment;
- Are taking all of the core actions to be a Disability Confident employer;
- Are offering at least one activity to get the right people for the business and at least one activity to keeping and developing employees.

As a Disability Confident Employer, we are able to use the logo which lets people know that we have made a commitment regarding recruitment, training, and retention of people with disabilities and the promotion of disability awareness across the organisation. We will continue to work to make this a welcoming and accessible place for people with a disability.

## Other employee matters

The CCG is also instrumental in leading other pieces of system-wide work. For instance, providing leadership to work which will support the development of relationships across multi-disciplinary teams, and chairing a group that brings stakeholders together to discuss and agree actions in relation to workforce.

The CCG's approach to human capital management is supported by a robust set of policies and procedures, which underpin the full employee cycle. This includes a fair and transparent approach to recruitment and learning, and a well-embedded appraisal process, to assist individuals and teams with career management in support of the strategic aims of the CCG and the health and care system.

The CCG's approach to pay is included in the remuneration report. With the exception of Very Senior Managers, all staff are engaged under Agenda for Change terms and conditions. There is a clear pay progression policy, ensuring that employees are performing to the standards required in their role, in order to progress up the pay scale.

## **COVID-19 Related Activities & Support**

### **Employee Assistance Programme**

During the pandemic the CCG through its commitment to health and wellbeing jointly with other neighbouring CCGs took out a further EAP contract to support the wider health and social care systems across the locality. The focus of support was on mental health during this time and the need to support wider group of staff and volunteers to access EAP services.

### **People Pulse survey**

In addition to the annual national staff survey the CCG has continued to engage on a monthly basis with staff through the People Pulse survey. The results of the survey to date have been positive and highlighted areas where some support is required for staff. This analysis and support will continue each month to understand trends and themes.

### **BAME 1-1 Risk Assessments**

In response to the growing concerns about the potential disproportionate impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) people, the CCG undertook an exercise of contacting line managers in undertaking individual risk assessments with staff that identified themselves as BAME. All BAME staff received a letter outlining the concerns regarding the emerging evidence of COVID-19 in addition to the work the organisation undertook to ensure individuals feel safe and supported at work through regular conversations. There were no immediate concerns highlighted in the 1-1 conversations and the compliance rate of completion was 100%.

### **COVID-19 1-1 risk assessments**

Current Government guidance is that if possible everyone should work from home. The CCG expects most staff will continue to work from home until further notice, unless there is a significant risk in them doing so. As part of the CCG COVID-19 recovery strategy with the aim of managing the health and wellbeing of staff – all staff have been requested to undertake a risk assessment with the expectation that this will be reviewed on a regular basis should circumstances change. As such 1-1 risk assessments in line with best practice were developed and completed by all staff across the organisation with a compliance rate of 100%.

There have been no concerns highlighted in the 1-1 conversations and control measures have been put in place such as continuing to work from home and regular conversations with managers/teams as part of one's health and wellbeing. A further reminder to staff has been issued on the importance of this.

## **System Wide Memorandum of Understanding (MOU)**

An MOU was developed to support staff in response to COVID-19 pressures and ensuring that there was greater resilience across Calderdale and Kirklees. The purpose of this was for organisations to mutually accept the reciprocal agreement to support the flexible deployment and allocation of staff across system in line with appropriate employment law and governance. In addition, there was a number of CCG staff redeployed to support the wider health and social care system.

## **Staff Side Meetings/ HR West Yorkshire and North East HR Leads Meetings**

In addition to the quarterly Social Partnership Forum meetings, HR has facilitated weekly staff side meetings. By working together in partnership, the CCG has been able to consult and/or discuss on a range of COVID related activity affecting the workforce and the approach to be taken on risk assessments and the continued dialogue associated with these.

HR/CCG management has been networking with the HR leads on a daily/weekly basis in response to COVID-19. The purpose of these additional meetings has been to share learning and ensure there is a consistency in good practice across the CCGs and/or West Yorkshire where applicable. This has proven to be effective in supporting the CCGs during the pandemic with workforce related activity where a quick turnaround was required in line with changing national advice.

## **Guidance Documentation**

There has been a number of guidance documents developed by HR and signposting of resources to deal with workforce issues that have arisen during the pandemic and to support the CCGs in protecting and supporting its workforce. Examples of such guidance has been in relation to annual leave and COVID, non-standard working hours and payment, regular HR FAQ's and managers guide to remote interviews.

## **Expenditure on consultancy**

In 2020-21, the CCG has spent £43k on consultancy fees.

## **Off payroll engagements**

### **Off-payroll engagements longer than 6 months**

For all off-payroll engagements as at 31 March 2021, for more than £245 per day and that last longer than six months:

|                                                        | Number |
|--------------------------------------------------------|--------|
| Number of existing engagements as of 31 March 2021     | 0      |
| <i>Of which, the number that have existed:</i>         |        |
| for less than one year at the time of reporting        | 0      |
| for between one and two years at the time of reporting | 0      |
| for between 2 and 3 years at the time of reporting     | 0      |
| for between 3 and 4 years at the time of reporting     | 0      |
| for 4 or more years at the time of reporting           | 0      |

### New off-payroll engagements

For all new off-payroll engagements, or those that reached six months in duration, between 01 April 2020 and 31 March 2021, for more than £245 per day and that last longer than six months:

|                                                                                                                 | Number |
|-----------------------------------------------------------------------------------------------------------------|--------|
| Number of new engagements, or those that reached six months in duration, between 1 April 2020 and 31 March 2021 | 0      |
| <i>Of which...</i>                                                                                              |        |
| No. assessed as caught by IR35                                                                                  | 0      |
| No. assessed as not caught by IR35                                                                              | 0      |
|                                                                                                                 |        |
| No. engaged directly (via PSC contracted to the entity) and are on the departmental payroll                     | 0      |
| No. of engagements reassessed for consistency / assurance purposes during the year                              | 0      |
| No. of engagements that saw a change to IR35 status following the consistency review                            | 0      |

### Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 01 April 2020 and 31 March 2021.

|                                                                                                                                                              |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year <sup>1</sup> | 0 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---|

<sup>1</sup> There should only be a very small number of off-payroll engagements of board members and/or senior officials with significant financial responsibility, permitted only in exceptional circumstances and for no more than six months

|                                                                                                                                                                                                                                                                                |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure should include both on payroll and off-payroll engagements. <sup>2</sup> | 13 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|

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<sup>2</sup> As both on payroll and off-payroll engagements are included in the total figure, no entries here should be blank or zero

## Parliamentary Accountability and Audit Report

Greater Huddersfield CCG is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this report at [note 2, note 5, note 31 and note 39](#). An audit certificate and report is also included in this Annual Report at page [??](#).

# Annual Accounts





## **FOREWORD TO THE ACCOUNTS**

### **NHS GREATER HUDDERSFIELD CLINICAL COMMISSIONING GROUP**

These accounts for the year ended 31 March 2021 have been prepared by NHS Greater Huddersfield Clinical Commissioning Group under the Health and Social Care Act 2012 in the form which the Secretary of State has, with the approval of the Treasury, directed.

# NHS Greater Huddersfield CCG - Annual Accounts 2020-21

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| Statement of Financial Position as at 31st March 2021                         | X |
| Statement of Changes in Taxpayers' Equity for the year ended 31st March 2021  | X |
| Statement of Cash Flows for the year ended 31st March 2021                    | X |

### Notes to the Accounts

|                                                                            |   |
|----------------------------------------------------------------------------|---|
| Accounting policies                                                        | X |
| Other operating revenue                                                    | X |
| Revenue                                                                    | X |
| Employee benefits and staff numbers                                        | X |
| Operating expenses                                                         | X |
| Better payment practice code                                               | X |
| Income generation activities                                               | X |
| Investment revenue                                                         | X |
| Other gains and losses                                                     | X |
| Finance costs                                                              | X |
| Net gain/(loss) on transfer by absorption                                  | X |
| Operating leases                                                           | X |
| Property, plant and equipment                                              | X |
| Intangible non-current assets                                              | X |
| Investment property                                                        | X |
| Inventories                                                                | X |
| Trade and other receivables                                                | X |
| Other financial assets                                                     | X |
| Other current assets                                                       | X |
| Cash and cash equivalents                                                  | X |
| Non-current assets held for sale                                           | X |
| Analysis of impairments and reversals                                      | X |
| Trade and other payables                                                   | X |
| Deferred revenue                                                           | X |
| Other financial liabilities                                                | X |
| Borrowings                                                                 | X |
| Private finance initiative, LIFT and other service concession arrangements | X |
| Finance lease obligations                                                  | X |
| Finance lease receivables                                                  | X |
| Provisions                                                                 | X |
| Contingencies                                                              | X |
| Commitments                                                                | X |
| Financial instruments                                                      | X |
| Operating segments                                                         | X |
| Joint arrangements - interests in joint operations                         | X |
| NHS Lift investments                                                       | X |
| Related party transactions                                                 | X |
| Events after the end of the reporting period                               | X |
| Losses and special payments                                                |   |
| Third party assets                                                         | X |
| Financial performance targets                                              | X |
| Impact of IFRS                                                             | X |
| Analysis of charitable reserves                                            | X |

# NHS Greater Huddersfield CCG - Annual Accounts 2020-21

## Statement of Comprehensive Net Expenditure for the year ended 31 March 2021

|                                                                                | Note | 2020-21<br>£'000 | 2019-20<br>£'000 |
|--------------------------------------------------------------------------------|------|------------------|------------------|
| Income from sale of goods and services                                         | 2    | (1,485)          | (2,930)          |
| Other operating income                                                         | 2    | -                | -                |
| <b>Total operating income</b>                                                  |      | <b>(1,485)</b>   | <b>(2,930)</b>   |
| Staff costs                                                                    | 4    | 5,790            | 5,467            |
| Purchase of goods and services                                                 | 5    | 365,385          | 357,367          |
| Depreciation and impairment charges                                            | 5    | 16               | 20               |
| Provision expense                                                              | 5    | (182)            | 284              |
| Other Operating Expenditure                                                    | 5    | 1,851            | 492              |
| <b>Total operating expenditure</b>                                             |      | <b>372,861</b>   | <b>363,630</b>   |
| <b>Net Operating Expenditure</b>                                               |      | <b>371,375</b>   | <b>360,700</b>   |
| Finance income                                                                 |      | -                | -                |
| Finance expense                                                                |      | -                | -                |
| <b>Net expenditure for the Year</b>                                            |      | <b>371,375</b>   | <b>360,700</b>   |
| Net (Gain)/Loss on Transfer by Absorption                                      |      | -                | -                |
| <b>Total Net Expenditure for the Financial Year</b>                            |      | <b>371,375</b>   | <b>360,700</b>   |
| <b>Other Comprehensive Expenditure</b>                                         |      |                  |                  |
| <b><u>Items which will not be reclassified to net operating costs</u></b>      |      |                  |                  |
| Net (gain)/loss on revaluation of PPE                                          |      | -                | -                |
| Net (gain)/loss on revaluation of Intangibles                                  |      | -                | -                |
| Net (gain)/loss on revaluation of Financial Assets                             |      | -                | -                |
| Net (gain)/loss on assets held for sale                                        |      | -                | -                |
| Actuarial (gain)/loss in pension schemes                                       |      | -                | -                |
| Impairments and reversals taken to Revaluation Reserve                         |      | -                | -                |
| <b><u>Items that may be reclassified to Net Operating Costs</u></b>            |      |                  |                  |
| Net (gain)/loss on revaluation of other Financial Assets                       |      | -                | -                |
| Net gain/loss on revaluation of available for sale financial assets            |      | -                | -                |
| Reclassification adjustment on disposal of available for sale financial assets |      | -                | -                |
| <b>Sub total</b>                                                               |      | <b>-</b>         | <b>-</b>         |
| <b>Comprehensive Expenditure for the year</b>                                  |      | <b>371,375</b>   | <b>360,700</b>   |

The notes on pages x to xx form part of this statement

# NHS Greater Huddersfield CCG - Annual Accounts 2020-21

## Statement of Financial Position as at 31 March 2021

|                                                                    |      | 2020-21         | 2019-20         |
|--------------------------------------------------------------------|------|-----------------|-----------------|
|                                                                    | Note | £'000           | £'000           |
| <b>Non-current assets:</b>                                         |      |                 |                 |
| Property, plant and equipment                                      | 13   | 33              | 49              |
| Intangible assets                                                  | 14   | -               | -               |
| Investment property                                                | 15   | -               | -               |
| Trade and other receivables                                        | 17   | -               | -               |
| Other financial assets                                             | 18   | -               | -               |
| <b>Total non-current assets</b>                                    |      | <b>33</b>       | <b>49</b>       |
| <b>Current assets:</b>                                             |      |                 |                 |
| Inventories                                                        | 16   | -               | 1,609           |
| Trade and other receivables                                        | 17   | 709             | 1,157           |
| Other financial assets                                             | 18   | -               | -               |
| Other current assets                                               | 19   | -               | -               |
| Cash and cash equivalents                                          | 20   | 165             | 132             |
| <b>Total current assets</b>                                        |      | <b>875</b>      | <b>2,898</b>    |
| Non-current assets held for sale                                   | 21   | -               | -               |
| <b>Total current assets</b>                                        |      | <b>875</b>      | <b>2,898</b>    |
| <b>Total assets</b>                                                |      | <b>908</b>      | <b>2,947</b>    |
| <b>Current liabilities</b>                                         |      |                 |                 |
| Trade and other payables                                           | 23   | (23,230)        | (27,617)        |
| Other financial liabilities                                        | 24   | -               | -               |
| Other liabilities                                                  | 25   | -               | -               |
| Borrowings                                                         | 26   | -               | -               |
| Provisions                                                         | 30   | -               | (37)            |
| <b>Total current liabilities</b>                                   |      | <b>(23,230)</b> | <b>(27,654)</b> |
| <b>Non-Current Assets plus/less Net Current Assets/Liabilities</b> |      | <b>(22,322)</b> | <b>(24,707)</b> |
| <b>Non-current liabilities</b>                                     |      |                 |                 |
| Trade and other payables                                           | 23   | -               | -               |
| Other financial liabilities                                        | 24   | -               | -               |
| Other liabilities                                                  | 25   | -               | -               |
| Borrowings                                                         | 26   | -               | -               |
| Provisions                                                         | 30   | (173)           | (318)           |
| <b>Total non-current liabilities</b>                               |      | <b>(173)</b>    | <b>(318)</b>    |
| <b>Assets less Liabilities</b>                                     |      | <b>(22,495)</b> | <b>(25,025)</b> |
| <b>Financed by Taxpayers' Equity</b>                               |      |                 |                 |
| General fund                                                       |      | (22,495)        | (25,025)        |
| Revaluation reserve                                                |      | -               | -               |
| Other reserves                                                     |      | -               | -               |
| Charitable Reserves                                                |      | -               | -               |
| <b>Total taxpayers' equity:</b>                                    |      | <b>(22,495)</b> | <b>(25,025)</b> |

The notes on pages x to xx form part of this statement

The financial statements on pages 1 to 4 were approved by the  
Governing Body, on 9 June 2021

and signed on its behalf by:

Carol McKenna  
Accountable Officer  
?? June 2021

**Statement of Changes In Taxpayers Equity for the year ended 31 March 2021**

The notes on pages x to xx form part of this statement

# NHS Greater Huddersfield CCG - Annual Accounts 2020-21

## Statement of Cash Flows for the year ended 31 March 2021

|                                                                                                              | Note | 2020-21<br>£'000 | 2019-20<br>£'000 |
|--------------------------------------------------------------------------------------------------------------|------|------------------|------------------|
| <b>Cash Flows from Operating Activities</b>                                                                  |      |                  |                  |
| Net operating expenditure for the financial year                                                             |      | (371,375)        | (360,700)        |
| Depreciation and amortisation                                                                                | 5    | 16               | 20               |
| Impairments and reversals                                                                                    | 5    | 0                | 0                |
| Non-cash movements arising on application of new accounting standards                                        |      | 0                | 0                |
| Movement due to transfer by Modified Absorption                                                              |      | 0                | 0                |
| Other gains (losses) on foreign exchange                                                                     |      | 0                | 0                |
| Donated assets received credited to revenue but non-cash                                                     |      | 0                | 0                |
| Government granted assets received credited to revenue but non-cash                                          |      | 0                | 0                |
| Interest paid                                                                                                |      | 0                | 0                |
| Release of PFI deferred credit                                                                               |      | 0                | 0                |
| Other Gains & Losses                                                                                         |      | 0                | 0                |
| Finance Costs                                                                                                |      | 0                | 0                |
| Unwinding of Discounts                                                                                       |      | 0                | 0                |
| (Increase)/decrease in inventories                                                                           |      | 1,609            | 176              |
| (Increase)/decrease in trade & other receivables                                                             | 17   | 447              | 477              |
| (Increase)/decrease in other current assets                                                                  |      | 0                | 0                |
| Increase/(decrease) in trade & other payables                                                                | 23   | (4,387)          | 2,517            |
| Increase/(decrease) in other current liabilities                                                             |      | 0                | 0                |
| Provisions utilised                                                                                          | 30   | 0                | 0                |
| Increase/(decrease) in provisions                                                                            | 30   | (182)            | 284              |
| <b>Net Cash Inflow (Outflow) from Operating Activities</b>                                                   |      | <b>(373,872)</b> | <b>(357,226)</b> |
| <b>Cash Flows from Investing Activities</b>                                                                  |      |                  |                  |
| Interest received                                                                                            |      | 0                | 0                |
| (Payments) for property, plant and equipment                                                                 |      | 0                | (49)             |
| (Payments) for intangible assets                                                                             |      | 0                | 0                |
| (Payments) for investments with the Department of Health                                                     |      | 0                | 0                |
| (Payments) for other financial assets                                                                        |      | 0                | 0                |
| (Payments) for financial assets (LIFT)                                                                       |      | 0                | 0                |
| Proceeds from disposal of assets held for sale: property, plant and equipment                                |      | 0                | 0                |
| Proceeds from disposal of assets held for sale: intangible assets                                            |      | 0                | 0                |
| Proceeds from disposal of investments with the Department of Health                                          |      | 0                | 0                |
| Proceeds from disposal of other financial assets                                                             |      | 0                | 0                |
| Proceeds from disposal of financial assets (LIFT)                                                            |      | 0                | 0                |
| Non-cash movements arising on application of new accounting standards                                        |      | 0                | 0                |
| Loans made in respect of LIFT                                                                                |      | 0                | 0                |
| Loans repaid in respect of LIFT                                                                              |      | 0                | 0                |
| Rental revenue                                                                                               |      | 0                | 0                |
| <b>Net Cash Inflow (Outflow) from Investing Activities</b>                                                   |      | <b>0</b>         | <b>(49)</b>      |
| <b>Net Cash Inflow (Outflow) before Financing</b>                                                            |      | <b>(373,872)</b> | <b>(357,275)</b> |
| <b>Cash Flows from Financing Activities</b>                                                                  |      |                  |                  |
| Grant in Aid Funding Received                                                                                |      | 373,906          | 357,370          |
| Other loans received                                                                                         |      | 0                | 0                |
| Other loans repaid                                                                                           |      | 0                | 0                |
| Capital element of payments in respect of finance leases and on Statement of Financial Position PFI and LIFT |      | 0                | 0                |
| Capital grants and other capital receipts                                                                    |      | 0                | 0                |
| Capital receipts surrendered                                                                                 |      | 0                | 0                |
| Non-cash movements arising on application of new accounting standards                                        |      | 0                | 0                |
| <b>Net Cash Inflow (Outflow) from Financing Activities</b>                                                   |      | <b>373,906</b>   | <b>357,370</b>   |
| <b>Net Increase (Decrease) in Cash &amp; Cash Equivalents</b>                                                | 20   | <b>34</b>        | <b>95</b>        |
| <b>Cash &amp; Cash Equivalents at the Beginning of the Financial Year</b>                                    |      | <b>132</b>       | <b>37</b>        |
| Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies       |      | 0                | 0                |
| <b>Cash &amp; Cash Equivalents (including bank overdrafts) at the End of the Financial Year</b>              |      | <b>165</b>       | <b>132</b>       |

The notes on pages x to xx form part of this statement

# NHS Greater Huddersfield CCG - Annual Accounts 2020-21

## Notes to the financial statements

### 1 Accounting Policies

NHS England has directed that the financial statements of clinical commissioning groups shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2020-21 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the clinical commissioning group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

#### 1.1 Going Concern

These accounts have been prepared on a going concern basis.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

Where a clinical commissioning group ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the financial statements are prepared on the going concern basis.

From the 31<sup>st</sup> March 2021, Greater Huddersfield CCG will cease operation in its current form. The CCG will form part of the new Kirklees CCG from the 1<sup>st</sup> April 2021.

#### 1.2 Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

#### 1.3 Movement of Assets within the Department of Health and Social Care Group

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately.

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

#### 1.4 Pooled Budgets

The clinical commissioning group has entered into three pooled budget arrangements with [Kirklees Metropolitan Council and NHS North Kirklees Clinical Commissioning Group in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for 1/ Community Equipment Service 2/ Better Care Fund and 3/ Healthy Child Programme and Note 35 to the accounts provides details of the income and expenditure.

The three pooled arrangements are hosted by Kirklees Metropolitan Council. The clinical commissioning group accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budgets, identified in accordance with the pooled budget agreements.

#### 1.5 Operating Segments

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the clinical commissioning group.

# NHS Greater Huddersfield CCG - Annual Accounts 2020-21

## Notes to the financial statements

### 1.6 Revenue

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as

- As per paragraph 121 of the Standard the clinical commissioning group will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,

- The clinical commissioning group is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.

- The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the clinical commissioning group to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the Clinical Commissioning Group is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance. Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles.

The value of the benefit received when the clinical commissioning group accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

### 1.7 Employee Benefits

#### 1.7.1 Short-term Employee Benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

#### 1.7.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the clinical commissioning group of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the clinical commissioning group commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

### Local Government Pensions

Some employees are members of the Local Government Pension Scheme (LGPS), which is a defined benefit pension scheme. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the clinical commissioning group's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs. The interest earned during the year from scheme assets is recognised within finance income. Re-measurements of the defined benefit plan are recognised in the Income and Expenditure reserve and reported as an item of other comprehensive income / net expenditure.

### 1.8

#### Other Expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

### 1.9

#### Grants Payable

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the clinical commissioning group recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.



# NHS Greater Huddersfield CCG - Annual Accounts 2020-21

## Notes to the financial statements

### 1.10 Property, Plant & Equipment

#### 1.10.1 Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the clinical commissioning group;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

#### 1.10.2 Measurement

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use; and,
- Specialised buildings – depreciated replacement cost.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are re-valued and depreciation commences when they are brought into use. IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

#### 1.10.3 Subsequent Expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

# NHS Greater Huddersfield CCG - Annual Accounts 2020-21

## Notes to the financial statements

### 1.11 Intangible Assets

#### 1.11.1 Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the clinical commissioning group's business or which arise from contractual or other legal rights. They are recognised only:

- When it is probable that future economic benefits will flow to, or service potential be provided to, the clinical commissioning group;
- Where the cost of the asset can be measured reliably; and,
- Where the cost is at least £5,000.

Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised but is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use;
- The intention to complete the intangible asset and use it;
- The ability to sell or use the intangible asset;
- How the intangible asset will generate probable future economic benefits or service potential;
- The availability of adequate technical, financial and other resources to complete the intangible asset and sell or
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

#### 1.11.2 Measurement

Intangible assets acquired separately are initially recognised at cost. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred. Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost or the value in use where the asset is income generating. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances. Revaluations and impairments are treated in the same manner as for property, plant and equipment.

#### 1.11.3 Depreciation, Amortisation & Impairments

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the clinical commissioning group expects to obtain economic benefits or service potential from the asset. This is specific to the clinical commissioning group and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life, unless NHS Greater Huddersfield CCG expects to acquire the asset at the end of the lease term, in which case the asset is. At each reporting period end, the clinical commissioning group checks whether there is any indication that any of its property, plant and equipment assets or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

### 1.12 Donated Assets

Donated non-current assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income. They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are treated in the same way as for purchased assets. Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain.

### 1.13 Government grant funded assets

# NHS Greater Huddersfield CCG - Annual Accounts 2020-21

## Notes to the financial statements

Government grant funded assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.

### 1.14 Non-current Assets Held For Sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when:

- The sale is highly probable;
- The asset is available for immediate sale in its present condition; and,
- Management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification.

Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Net Expenditure. On disposal, the balance for the asset on the revaluation Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

### 1.15 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

# NHS Greater Huddersfield CCG - Annual Accounts 2020-21

## Notes to the financial statements

### 1.15.1 The Clinical Commissioning Group as Lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in the Statement of Comprehensive Net Expenditure.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

### 1.15.2 The Clinical Commissioning Group as Lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the clinical commissioning group's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the clinical commissioning group's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

### 1.15.3 The Clinical Commissioning Group reclassification of Lease

The CCG had commenced the assessment of the application of IFRS 16 to its financial statements during financial year 2019/20, and re-categorised treatment of these costs during this financial year. This work was to identify leases which are currently operating leases and should be reclassified as finance leases as well as a broader review of recurring expenditure streams where right to use assets may be embedded in contracting arrangements. The work had progressed to March 2020, when the CCG revised its operational priorities and working patterns to deal with the COVID19 pandemic and combined with the decision to defer the implementation of IFRS16 in the NHS to 1 April 2022. The CCG will recommence during Autumn 2021.

### 1.16 Private Finance Initiative Transactions

PFI transactions that meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where

- payment for the fair value of services received
- repayment of the finance lease liability, including finance costs, and
- payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

#### 1.16.1 Services Received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

#### 1.16.2 PFI Asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS17. Subsequently, the assets are measured at current value in existing use.

#### 1.16.3 PFI Liability

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'finance costs' within the Statement of Comprehensive Net Expenditure.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

#### 1.16.4 Lifecycle Replacement

# NHS Greater Huddersfield CCG - Annual Accounts 2020-21

## Notes to the financial statements

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the clinical commissioning group's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at cost.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

### 1.16.5 Assets Contributed by the Clinical Commissioning Group to the Operator For Use in the Scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the clinical commissioning group's Statement of Financial Position.

### 1.16.6 Other Assets Contributed by the Clinical Commissioning Group to the Operator

Assets contributed (e.g. cash payments, surplus property) by the clinical commissioning group to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the clinical commissioning group, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured at the present value of the minimum lease payments, discounted using the implicit interest rate. It is subsequently measured as a finance lease liability in accordance with IAS 17.

On initial recognition of the asset, the difference between the fair value of the asset and the initial liability is recognised as deferred income, representing the future service potential to be received by the clinical commissioning group through the asset being made available to third party users.

The balance is subsequently released to operating income over the life of the concession on a straight-line basis.

On initial recognition of the asset, the difference between the fair value of the asset and the initial value of the liability is recognised as deferred income, representing the future service potential to be received by NHS Greater Huddersfield CCG through the asset being made available to third party users.

The balance is subsequently released to operating income over the life of the concession on a straight-line basis.

### 1.17 Inventories

Inventories are valued at the lower of cost and net realisable value. A change in accounting treatment has taken place this year to expense community stock in full, in line with the Clinical Commissioning Groups Local Authority partners, Kirklees Metropolitan Borough Council.

### 1.18 Cash & Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the clinical commissioning group's cash management.

Cash, bank and overdraft balances are recorded at current values.

### 1.19 Provisions

Provisions are recognised when the clinical commissioning group has a present legal or constructive obligation as a result of a past event, it is probable that the clinical commissioning group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of the cash flows estimated to settle the obligation. Early retirement provisions are discounted using HM Treasury's pension discount rate of **negative 0.95% (2019-20: negative 0.5%)** in real terms. All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

- A nominal short-term rate of -0.02% (2019-20: 0.51%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
- A nominal medium-term rate of 0.18% (2019-20: 0.55%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.

# NHS Greater Huddersfield CCG - Annual Accounts 2020-21

## Notes to the financial statements

- A nominal long-term rate of 1.99% (2019-20: 1.99%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
- A nominal very long-term rate of 1.99% (2019-20: 1.99%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the clinical commissioning group has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

### 1.20 Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the clinical commissioning group pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with clinical commissioning group.

### 1.21 Non-clinical Risk Pooling

The clinical commissioning group participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the clinical commissioning group pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

### 1.22 Continuing healthcare risk pooling

In 2014-15 a risk pool scheme was been introduced by NHS England for continuing healthcare claims, for claim periods prior to 31 March 2013. Under the scheme clinical commissioning group contribute annually to a pooled fund, which is used to settle the claims.

### 1.23 Carbon Reduction Commitment Scheme

The Carbon Reduction Commitment scheme was a mandatory cap and trade scheme for non-transport CO2 emissions. The scheme was closed on 31st March 2019. NHS Greater Huddersfield was registered with the Carbon Commitment Reduction scheme, and was therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. Allowances acquired under the scheme were recognised as intangible assets.

### 1.24 Contingent liabilities and contingent assets

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

# NHS Greater Huddersfield CCG - Annual Accounts 2020-21

## Notes to the financial statements

### 1.25 Financial Assets

Financial assets are recognised when the clinical commissioning group becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred and NHS Greater Huddersfield CCG has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset. Financial assets are initially recognised at fair value plus or minus directly attributable transaction costs for financial assets not measured at fair value through profit or loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices, where possible, or by valuation techniques.

Financial assets are classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

#### 1.25.1 Financial Assets at Amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

#### 1.25.2 Financial assets at fair value through other comprehensive income

Financial assets held at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest.

#### 1.25.3 Financial assets at fair value through profit and loss

Financial assets measure at fair value through profit and loss are those that are not otherwise measured at amortised cost or fair value through other comprehensive income. This includes derivatives and financial assets acquired principally for the purpose of selling in the short term.

#### 1.25.4 Impairment

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the clinical commissioning group recognises a loss allowance representing the expected credit losses on the financial asset. The clinical commissioning group adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The clinical commissioning group therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the clinical commissioning group does not recognise allowances for stage 1 or stage 2 impairments against these bodies. For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

### 1.26 Financial Liabilities

Financial liabilities are recognised on the statement of financial position when the clinical commissioning group becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

#### 1.26.1 Financial Guarantee Contract Liabilities

# NHS Greater Huddersfield CCG - Annual Accounts 2020-21

## Notes to the financial statements

Financial guarantee contract liabilities are subsequently measured at the higher of:

- The premium received (or imputed) for entering into the guarantee less cumulative amortisation; and,
- The amount of the obligation under the contract, as determined in accordance with IAS 37: Provisions, Contingent Liabilities and Contingent Assets.

### 1.26.2 Financial Liabilities at Fair Value Through Profit and Loss

Derivatives that are liabilities are subsequently measured at fair value through profit or loss. Embedded derivatives that are not part of a hybrid contract containing a host that is an asset within the scope of IFRS 9 are separately accounted for as derivatives only if their economic characteristics and risks are not closely related to those of their host contracts, a separate instrument with the same terms would meet the definition of a derivative, and the hybrid contract is not itself measured at fair value through profit or loss.

### 1.26.3 Other Financial Liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health and Social Care, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

### 1.27 Value Added Tax

Most of the activities of the clinical commissioning group are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.



# NHS Greater Huddersfield CCG - Annual Accounts 2020-21

## Notes to the financial statements

### 1.28 Foreign Currencies

The clinical commissioning group's functional currency and presentational currency is pounds sterling and amounts are presented in thousands of pounds unless expressly stated otherwise. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the clinical commissioning group's surplus/deficit in the period in which they arise.

### 1.29 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the clinical commissioning group has no beneficial interest in them.

### 1.30 Losses & Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the clinical commissioning group not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

### 1.31 Critical accounting judgements and key sources of estimation uncertainty

In the application of the clinical commissioning group's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

#### 1.31.1 Critical accounting judgements in applying accounting policies

There are no judgements, apart from those involving estimations, that management has made in the process of applying the clinical commissioning group's accounting policies.

#### 1.31.2 Sources of estimation uncertainty

The Clinical Commissioning Group has made an estimate for prescribing accrual based on the latest available NHS Business Service Authority information.

### 1.32 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

### 1.33 Accounting Standards That Have Been Issued But Have Not Yet Been Adopted

The Department of Health and Social Care GAM does not require the following IFRS Standards and Interpretations to be applied in 2020-21. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2022/23, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

The Department of Health and Social Care GAM does not require the following IFRS Standards and Interpretations to be applied in 2020-21. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2022/23, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 Leases – The Standard is effective 1 April 2022 as adapted and interpreted by the FReM.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

### 1.34 Roundings

Small rounding adjustments have been made in these published accounts for the Clinical Commissioning Group.

# NHS Greater Huddersfield CCG - Annual Accounts 2020-21

## 2 Other Operating Revenue

|                                                                    | 2020-21<br>Total<br>£'000 | 2019-20<br>Total<br>£'000 |
|--------------------------------------------------------------------|---------------------------|---------------------------|
| <b>Income from sale of goods and services (contracts)</b>          |                           |                           |
| Education, training and research                                   | -                         | 10                        |
| Non-patient care services to other bodies                          | 758                       | 2,501                     |
| Patient transport services                                         | -                         | -                         |
| Prescription fees and charges                                      | -                         | -                         |
| Dental fees and charges                                            | -                         | -                         |
| Income generation                                                  | -                         | -                         |
| Other Contract income                                              | 265                       | 45                        |
| Recoveries in respect of employee benefits                         | 462                       | 374                       |
| <b>Total Income from sale of goods and services</b>                | <b>1,485</b>              | <b>2,930</b>              |
| <b>Other operating income</b>                                      |                           |                           |
| Rental revenue from finance leases                                 | -                         | -                         |
| Rental revenue from operating leases                               | -                         | -                         |
| Charitable and other contributions to revenue expenditure: NHS     | -                         | -                         |
| Charitable and other contributions to revenue expenditure: non-NHS | -                         | -                         |
| Receipt of donations (capital/cash)                                | -                         | -                         |
| Receipt of Government grants for capital acquisitions              | -                         | -                         |
| Continuing Health Care risk pool contributions                     | -                         | -                         |
| Non cash apprenticeship training grants revenue                    | -                         | -                         |
| Other non contract revenue                                         | -                         | -                         |
| <b>Total Other operating income</b>                                | <b>-</b>                  | <b>-</b>                  |
| <b>Total Operating Income</b>                                      | <b>1,485</b>              | <b>2,930</b>              |

## NHS Greater Huddersfield CCG - Annual Accounts 2020-21

### 2.1 Disaggregation of Income - Income from sale of good and services (contracts)

|                          | Education, training<br>and research<br>£'000 | Non-patient care<br>services to other<br>bodies<br>£'000 | Patient transport<br>services<br>£'000 | Prescription fees<br>and charges<br>£'000 | Dental fees and<br>charges<br>£'000 | Income generation<br>£'000 | Other Contract<br>income<br>£'000 | Recoveries in<br>respect of employee<br>benefits<br>£'000 |
|--------------------------|----------------------------------------------|----------------------------------------------------------|----------------------------------------|-------------------------------------------|-------------------------------------|----------------------------|-----------------------------------|-----------------------------------------------------------|
| <b>Source of Revenue</b> |                                              |                                                          |                                        |                                           |                                     |                            |                                   |                                                           |
| NHS                      | -                                            | 758                                                      | -                                      | -                                         | -                                   | -                          | 180                               | 428                                                       |
| Non NHS                  | -                                            | -                                                        | -                                      | -                                         | -                                   | -                          | 85                                | 34                                                        |
| <b>Total</b>             | -                                            | <b>758</b>                                               | -                                      | -                                         | -                                   | -                          | <b>265</b>                        | <b>462</b>                                                |

|                          | Education, training<br>and research<br>£'000 | Non-patient care<br>services to other<br>bodies<br>£'000 | Patient transport<br>services<br>£'000 | Prescription fees<br>and charges<br>£'000 | Dental fees and<br>charges<br>£'000 | Income generation<br>£'000 | Other Contract<br>income<br>£'000 | Recoveries in<br>respect of employee<br>benefits<br>£'000 |
|--------------------------|----------------------------------------------|----------------------------------------------------------|----------------------------------------|-------------------------------------------|-------------------------------------|----------------------------|-----------------------------------|-----------------------------------------------------------|
| <b>Timing of Revenue</b> |                                              |                                                          |                                        |                                           |                                     |                            |                                   |                                                           |
| Point in time            | -                                            | 758                                                      | -                                      | -                                         | -                                   | -                          | 265                               | 462                                                       |
| Over time                | -                                            | -                                                        | -                                      | -                                         | -                                   | -                          | -                                 | -                                                         |
| <b>Total</b>             | -                                            | <b>758</b>                                               | -                                      | -                                         | -                                   | -                          | <b>265</b>                        | <b>462</b>                                                |

### 3 Revenue

|                            | 2020-21<br>Total<br>£'000 | 2019-20<br>Total<br>£'000 |
|----------------------------|---------------------------|---------------------------|
| From rendering of services | 1,485                     | 2,930                     |
| From sale of goods         | -                         | -                         |
| <b>Total</b>               | <b>1,485</b>              | <b>2,930</b>              |

Revenue is totally from the supply of services. The Clinical Commissioning Group received no revenue from the sale of goods.

# NHS Greater Huddersfield CCG - Annual Accounts 2020-21

## 4. Employee benefits and staff numbers

### 4.1.1 Employee benefits

|                                                                        | Total                           |                | 2020-21        |
|------------------------------------------------------------------------|---------------------------------|----------------|----------------|
|                                                                        | Permanent<br>Employees<br>£'000 | Other<br>£'000 | Total<br>£'000 |
| <b>Employee Benefits</b>                                               |                                 |                |                |
| Salaries and wages                                                     | 4,174                           | 366            | 4,539          |
| Social security costs                                                  | 446                             | -              | 446            |
| Employer Contributions to NHS Pension scheme                           | 799                             | -              | 799            |
| Other pension costs                                                    | -                               | -              | -              |
| Apprenticeship Levy                                                    | 6                               | -              | 6              |
| Other post-employment benefits                                         | -                               | -              | -              |
| Other employment benefits                                              | -                               | -              | -              |
| Termination benefits                                                   | -                               | -              | -              |
| <b>Gross employee benefits expenditure</b>                             | <b>5,424</b>                    | <b>366</b>     | <b>5,790</b>   |
| Less recoveries in respect of employee benefits (note 4.1.2)           | <b>(462)</b>                    | -              | <b>(462)</b>   |
| <b>Total - Net admin employee benefits including capitalised costs</b> | <b>4,963</b>                    | <b>366</b>     | <b>5,328</b>   |
| Less: Employee costs capitalised                                       | -                               | -              | -              |
| <b>Net employee benefits excluding capitalised costs</b>               | <b>4,963</b>                    | <b>366</b>     | <b>5,328</b>   |

### 4.1.1 Employee benefits

|                                                                        | Total                           |                | 2019-20        |
|------------------------------------------------------------------------|---------------------------------|----------------|----------------|
|                                                                        | Permanent<br>Employees<br>£'000 | Other<br>£'000 | Total<br>£'000 |
| <b>Employee Benefits</b>                                               |                                 |                |                |
| Salaries and wages                                                     | 3,899                           | 409            | 4,308          |
| Social security costs                                                  | 416                             | -              | 416            |
| Employer Contributions to NHS Pension scheme                           | 738                             | -              | 738            |
| Other pension costs                                                    | -                               | -              | -              |
| Apprenticeship Levy                                                    | 5                               | -              | 5              |
| Other post-employment benefits                                         | -                               | -              | -              |
| Other employment benefits                                              | -                               | -              | -              |
| Termination benefits                                                   | -                               | -              | -              |
| <b>Gross employee benefits expenditure</b>                             | <b>5,058</b>                    | <b>409</b>     | <b>5,467</b>   |
| Less recoveries in respect of employee benefits (note 4.1.2)           | <b>(374)</b>                    | -              | <b>(374)</b>   |
| <b>Total - Net admin employee benefits including capitalised costs</b> | <b>4,684</b>                    | <b>409</b>     | <b>5,093</b>   |
| Less: Employee costs capitalised                                       | -                               | -              | -              |
| <b>Net employee benefits excluding capitalised costs</b>               | <b>4,684</b>                    | <b>409</b>     | <b>5,093</b>   |

### 4.1.2 Recoveries in respect of employee benefits

|                                                         |                                 |                | 2020-21        | 2019-20        |
|---------------------------------------------------------|---------------------------------|----------------|----------------|----------------|
|                                                         | Permanent<br>Employees<br>£'000 | Other<br>£'000 | Total<br>£'000 | Total<br>£'000 |
| <b>Employee Benefits - Revenue</b>                      |                                 |                |                |                |
| Salaries and wages                                      | (372)                           | -              | (372)          | (307)          |
| Social security costs                                   | (42)                            | -              | (42)           | (34)           |
| Employer contributions to the NHS Pension Scheme        | (48)                            | -              | (48)           | (33)           |
| Other pension costs                                     | -                               | -              | -              | -              |
| Other post-employment benefits                          | -                               | -              | -              | -              |
| Other employment benefits                               | -                               | -              | -              | -              |
| Termination benefits                                    | -                               | -              | -              | -              |
| <b>Total recoveries in respect of employee benefits</b> | <b>(462)</b>                    | <b>-</b>       | <b>(462)</b>   | <b>(374)</b>   |

NHS Greater Huddersfield CCG - Annual Accounts 2020-21

4.2 Average number of people employed

|       | 2020-21                           |                 |                 | 2019-20                           |                 |                 |
|-------|-----------------------------------|-----------------|-----------------|-----------------------------------|-----------------|-----------------|
|       | Permanently<br>employed<br>Number | Other<br>Number | Total<br>Number | Permanently<br>employed<br>Number | Other<br>Number | Total<br>Number |
| Total | 92.38                             | 3.68            | 96.06           | 87.50                             | 4.44            | 91.94           |

Of the above:

|                                                                    |   |   |   |   |   |   |
|--------------------------------------------------------------------|---|---|---|---|---|---|
| Number of whole time equivalent people engaged on capital projects | - | - | - | - | - | - |
|--------------------------------------------------------------------|---|---|---|---|---|---|

4.3 Staff sickness absence and ill health retirements

This note has been removed from the accounts and is now included in the Annual Report.

4.4 Exit packages agreed in the financial year

There have been no exit packages agreed during financial year 2020-21.

## NHS Greater Huddersfield CCG - Annual Accounts 2020-21

### 4.5 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions).

Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities.

Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

#### 4.5.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

#### 4.5.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

# NHS Greater Huddersfield CCG - Annual Accounts 2020-21

## 5. Operating expenses

|                                                                     | 2020-21<br>Total<br>£'000 | 2019-20<br>Total<br>£'000 |
|---------------------------------------------------------------------|---------------------------|---------------------------|
| <b>Purchase of goods and services</b>                               |                           |                           |
| Services from other CCGs and NHS England                            | 1,285                     | 918                       |
| Services from foundation trusts                                     | 174,853                   | 171,966                   |
| Services from other NHS trusts                                      | 25,647                    | 24,299                    |
| Provider Sustainability Fund                                        | -                         | -                         |
| Services from Other WGA bodies                                      | -                         | -                         |
| Purchase of healthcare from non-NHS bodies                          | 83,858                    | 84,599                    |
| Purchase of social care                                             | -                         | -                         |
| General Dental services and personal dental services                | -                         | -                         |
| Prescribing costs                                                   | 38,613                    | 36,841                    |
| Pharmaceutical services                                             | 133                       | -                         |
| General Ophthalmic services                                         | 266                       | 398                       |
| GPMS/APMS and PCTMS                                                 | 38,173                    | 35,072                    |
| Supplies and services – clinical                                    | 281                       | 365                       |
| Supplies and services – general                                     | 416                       | 137                       |
| Consultancy services                                                | 43                        | 254                       |
| Establishment                                                       | 740                       | 943                       |
| Transport                                                           | (1)                       | 5                         |
| Premises                                                            | 899                       | 1,008                     |
| Audit fees                                                          | 60                        | 49                        |
| Other non statutory audit expenditure                               |                           |                           |
| · Internal audit services                                           | -                         | -                         |
| · Other services                                                    | 24                        | 9                         |
| Other professional fees                                             | 35                        | 398                       |
| Legal fees                                                          | 61                        | 87                        |
| Education, training and conferences                                 | (1)                       | 19                        |
| Funding to group bodies                                             | -                         | -                         |
| CHC Risk Pool contributions                                         | -                         | -                         |
| Non cash apprenticeship training grants                             | -                         | -                         |
| <b>Total Purchase of goods and services</b>                         | <b>365,385</b>            | <b>357,367</b>            |
| <b>Depreciation and impairment charges</b>                          |                           |                           |
| Depreciation                                                        | 16                        | 20                        |
| Amortisation                                                        | -                         | -                         |
| Impairments and reversals of property, plant and equipment          | -                         | -                         |
| Impairments and reversals of intangible assets                      | -                         | -                         |
| Impairments and reversals of financial assets                       | -                         | -                         |
| · Assets carried at amortised cost                                  | -                         | -                         |
| · Assets carried at cost                                            | -                         | -                         |
| · Available for sale financial assets                               | -                         | -                         |
| Impairments and reversals of non-current assets held for sale       | -                         | -                         |
| Impairments and reversals of investment properties                  | -                         | -                         |
| <b>Total Depreciation and impairment charges</b>                    | <b>16</b>                 | <b>20</b>                 |
| <b>Provision expense</b>                                            |                           |                           |
| Change in discount rate                                             | -                         | -                         |
| Provisions                                                          | (182)                     | 284                       |
| <b>Total Provision expense</b>                                      | <b>(182)</b>              | <b>284</b>                |
| <b>Other Operating Expenditure</b>                                  |                           |                           |
| Chair and Non Executive Members                                     | 182                       | 383                       |
| Grants to Other bodies                                              | -                         | -                         |
| Clinical negligence                                                 | -                         | -                         |
| Research and development (excluding staff costs)                    | 36                        | 33                        |
| Expected credit loss on receivables                                 | (3)                       | 5                         |
| Expected credit loss on other financial assets (stage 1 and 2 only) | -                         | -                         |
| Inventories written down                                            | -                         | -                         |
| Inventories consumed                                                | 1,609 *                   | -                         |
| Other expenditure                                                   | 28                        | 71                        |
| <b>Total Other Operating Expenditure</b>                            | <b>1,851</b>              | <b>492</b>                |
| <b>Total operating expenditure</b>                                  | <b>367,070</b>            | <b>358,163</b>            |

\* During the current financial year the CCG changed its accounting treatment of stock to show as an expense in line with its Local Authority partners, Kirklees Metropolitan Borough Council.



## NHS Greater Huddersfield CCG - Annual Accounts 2020-21

### 6.1 Better Payment Practice Code

| Measure of compliance                                          | 2020-21<br>Number | 2020-21<br>£'000 | 2019-20<br>Number | 2019-20<br>£'000 |
|----------------------------------------------------------------|-------------------|------------------|-------------------|------------------|
| <b>Non-NHS Payables</b>                                        |                   |                  |                   |                  |
| Total Non-NHS Trade invoices paid in the Year                  | 4,234             | 94,954           | 4,598             | 93,850           |
| Total Non-NHS Trade Invoices paid within target                | 4,094             | 92,505           | 4,401             | 91,532           |
| <b>Percentage of Non-NHS Trade invoices paid within target</b> | <b>96.69%</b>     | <b>97.42%</b>    | <b>95.72%</b>     | <b>97.53%</b>    |
| <b>NHS Payables</b>                                            |                   |                  |                   |                  |
| Total NHS Trade Invoices Paid in the Year                      | 1,085             | 243,202          | 2,882             | 228,072          |
| Total NHS Trade Invoices Paid within target                    | 1,060             | 242,848          | 2,779             | 224,833          |
| <b>Percentage of NHS Trade Invoices paid within target</b>     | <b>97.70%</b>     | <b>99.85%</b>    | <b>96.43%</b>     | <b>98.58%</b>    |

### 6.2 The Late Payment of Commercial Debts (Interest) Act 1998

The Clinical Commissioning Group has not made any payments under this legislation.

### 7 Income Generation Activities

The Clinical Commissioning Group does not undertake income generation activities.

### 8 Investment Revenue

The Clinical Commissioning Group has had no investment revenue during the period.

### 9 Other gains and losses

The Clinical Commissioning Group has had no other gains and losses.

### 10 Finance Costs

The Clinical Commissioning Group has had no finance costs during the period.

### 11 Net gain / (loss) on transfer by absorption

The Clinical Commissioning Group has had no net gains or losses on transfers during the period.



NHS Greater Huddersfield CCG - Annual Accounts 2020-21

12. Operating Leases

12.1 As lessee

12.1.1 Payments recognised as an Expense

|                                   | Land<br>£'000 | Buildings<br>£'000 | Other<br>£'000 | 2020-21<br>Total<br>£'000 | Land<br>£'000 | Buildings<br>£'000 | Other<br>£'000 | 2019-20<br>Total<br>£'000 |
|-----------------------------------|---------------|--------------------|----------------|---------------------------|---------------|--------------------|----------------|---------------------------|
| Payments recognised as an expense |               |                    |                |                           |               |                    |                |                           |
| Minimum lease payments            | -             | 49                 | 15             | 64                        | -             | 43                 | 18             | 61                        |
| Contingent rents                  | -             | -                  | -              | -                         | -             | -                  | -              | -                         |
| Sub-lease payments                | -             | -                  | -              | -                         | -             | -                  | -              | -                         |
| Total                             | -             | 49                 | 15             | 64                        | -             | 43                 | 18             | 61                        |

12.1.2 Future minimum lease payments

|                            | Land<br>£'000 | Buildings<br>£'000 | Other<br>£'000 | 2020-21<br>Total<br>£'000 | Land<br>£'000 | Buildings<br>£'000 | Other<br>£'000 | 2019-20<br>Total<br>£'000 |
|----------------------------|---------------|--------------------|----------------|---------------------------|---------------|--------------------|----------------|---------------------------|
| Payable:                   |               |                    |                |                           |               |                    |                |                           |
| No later than one year     | -             | 51                 | 15             | 66                        | -             | 69                 | 18             | 87                        |
| Between one and five years | -             | 153                | 15             | 168                       | -             | 246                | 36             | 282                       |
| After five years           | -             | -                  | -              | -                         | -             | -                  | -              | -                         |
| Total                      | -             | 204                | 30             | 234                       | -             | 315                | 54             | 369                       |

**13 Property, plant and equipment**

|                                                               | Land<br>£'000 | Buildings<br>excluding<br>dwellings<br>£'000 | Dwellings<br>£'000 | Assets under<br>construction<br>and payments<br>on account<br>£'000 | Plant &<br>machinery<br>£'000 | Transport<br>equipment<br>£'000 | Information<br>technology<br>£'000 | Furniture &<br>fittings<br>£'000 | Total<br>£'000 |
|---------------------------------------------------------------|---------------|----------------------------------------------|--------------------|---------------------------------------------------------------------|-------------------------------|---------------------------------|------------------------------------|----------------------------------|----------------|
| <b>2020-21</b>                                                |               |                                              |                    |                                                                     |                               |                                 |                                    |                                  |                |
| <b>Cost or valuation at 01 April 2020</b>                     | -             | -                                            | -                  | -                                                                   | -                             | -                               | 72                                 | -                                | 72             |
| Addition of assets under construction and payments on account |               |                                              |                    | -                                                                   |                               |                                 |                                    |                                  | -              |
| Additions purchased                                           | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Additions donated                                             | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Additions government granted                                  | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Additions leased                                              | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Reclassifications                                             | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Reclassified as held for sale and reversals                   | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Disposals other than by sale                                  | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Upward revaluation gains                                      | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Impairments charged                                           | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Reversal of impairments                                       | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Transfer (to)/from other public sector body                   | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Cumulative depreciation adjustment following revaluation      | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| <b>Cost/Valuation at 31 March 2021</b>                        | -             | -                                            | -                  | -                                                                   | -                             | -                               | 72                                 | -                                | 72             |
| <b>Depreciation 01 April 2020</b>                             | -             | -                                            | -                  | -                                                                   | -                             | -                               | 23                                 | -                                | 23             |
| Reclassifications                                             | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Reclassified as held for sale and reversals                   | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Disposals other than by sale                                  | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Upward revaluation gains                                      | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Impairments charged                                           | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Reversal of impairments                                       | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Charged during the year                                       | -             | -                                            | -                  | -                                                                   | -                             | -                               | 16                                 | -                                | 16             |
| Transfer (to)/from other public sector body                   | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Cumulative depreciation adjustment following revaluation      | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| <b>Depreciation at 31 March 2021</b>                          | -             | -                                            | -                  | -                                                                   | -                             | -                               | 40                                 | -                                | 40             |
| <b>Net Book Value at 31 March 2021</b>                        | -             | -                                            | -                  | -                                                                   | -                             | -                               | 33                                 | -                                | 33             |
| Purchased                                                     | -             | -                                            | -                  | -                                                                   | -                             | -                               | 33                                 | -                                | 33             |
| Donated                                                       | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Government Granted                                            | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| <b>Total at 31 March 2021</b>                                 | -             | -                                            | -                  | -                                                                   | -                             | -                               | 33                                 | -                                | 33             |
| <b>Asset financing:</b>                                       |               |                                              |                    |                                                                     |                               |                                 |                                    |                                  |                |
| Owned                                                         | -             | -                                            | -                  | -                                                                   | -                             | -                               | 33                                 | -                                | 33             |
| Held on finance lease                                         | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| On-SOFP Lift contracts                                        | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| PFI residual: interests                                       | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| <b>Total at 31 March 2021</b>                                 | -             | -                                            | -                  | -                                                                   | -                             | -                               | 33                                 | -                                | 33             |

## NHS Greater Huddersfield CCG - Annual Accounts 2020-21

### 13 Property, plant and equipment cont'd

#### 13.1 Additions to assets under construction

The Clinical Commissioning Group has no assets under construction as at 31st March 2021.

#### 13.2 Donated assets

The Clinical Commissioning Group has no donated assets as at 31st March 2021.

#### 13.3 Government granted assets

The Clinical Commissioning Group has no government granted assets as at 31st March 2021.

#### 13.4 Property revaluation

The Clinical Commissioning Group has had no property revaluations during the period.

#### 13.5 Compensation from third parties

The Clinical Commissioning Group has not received any compensation from third parties for assets impaired during the period.

#### 13.6 Write downs to recoverable amount

No assets have been written down to recoverable amounts during the period.

#### 13.7 Temporarily idle assets

The Clinical Commissioning Group has no temporarily idle assets as at 31st March 2021.

#### 13.8 Cost or valuation of fully depreciated assets

The cost or valuation of fully depreciated assets still in use was as follows:

|                               | 2020-21<br>£'000 | 2019-20<br>£'000 |
|-------------------------------|------------------|------------------|
| Land                          | -                | -                |
| Buildings excluding dwellings | -                | -                |
| Dwellings                     | -                | -                |
| Plant & machinery             | -                | -                |
| Transport equipment           | -                | -                |
| Information technology        | 23               | 23               |
| Furniture & fittings          | -                | -                |
| <b>Total</b>                  | <b>23</b>        | <b>23</b>        |

#### 13.9 Economic lives

|                               | Minimum<br>Life (years) | Maximum Life<br>(Years) |
|-------------------------------|-------------------------|-------------------------|
| Buildings excluding dwellings | 0                       | 0                       |
| Dwellings                     | 0                       | 0                       |
| Plant & machinery             | 0                       | 0                       |
| Transport equipment           | 0                       | 0                       |
| Information technology        | 3                       | 3                       |
| Furniture & fittings          | 5                       | 5                       |

## NHS Greater Huddersfield CCG - Annual Accounts 2020-21

### 14 Intangible non-current assets

The Clinical Commissioning Group has no intangible current assets as at 31st March 2021.

#### 14.1 Donated assets

The Clinical Commissioning Group has no donated assets as at 31st March 2021.

#### 14.2 Government granted assets

The Clinical Commissioning Group has no government granted assets as at 31st March 2021.

#### 14.3 Revaluation

The Clinical Commissioning Group has no revalued assets as at 31st March 2021.

#### 14.4 Compensation from third parties

The Clinical Commissioning Group has not received any compensation from third parties as at 31st March 2021.

#### 14.5 Write downs to recoverable amount

The Clinical Commissioning Group has had no write downs to recoverable amount as at 31st March 2021.

#### 14.6 Non-capitalised assets

The Clinical Commissioning Group has no non-capitalised assets as at 31st March 2021.

#### 14.7 Temporarily idle assets

The Clinical Commissioning Group has no temporary idle assets as at 31st March 2021.

#### 14.8 Cost or valuation of fully amortised assets

The Clinical Commissioning Group has no fully amortised assets as at 31st March 2021.

#### 14.9 Economic lives

|                                                | Minimum<br>Life (years) | Maximum<br>Life (Years) |
|------------------------------------------------|-------------------------|-------------------------|
| Computer software: purchased                   | 0                       | 0                       |
| Computer software: internally generated        | 0                       | 0                       |
| Licences & trademarks                          | 0                       | 0                       |
| Patents                                        | 0                       | 0                       |
| Development expenditure (internally generated) | 0                       | 0                       |

## NHS Greater Huddersfield CCG - Annual Accounts 2020-21

### 15 Investment property

The Clinical Commissioning Group has no investment property as at 31st March 2021.

### 16 Inventories

|                                                                                           | Drugs    | Consumables | Energy   | Work in Progress | Loan Equipment | Other    | Total          |
|-------------------------------------------------------------------------------------------|----------|-------------|----------|------------------|----------------|----------|----------------|
|                                                                                           | £'000    | £'000       | £'000    | £'000            | £'000          | £'000    | £'000          |
| <b>Balance at 01 April 2020</b>                                                           | -        | -           | -        | -                | -              | 1,609    | <b>1,609</b>   |
| Additions                                                                                 | -        | -           | -        | -                | -              | -        | -              |
| Inventories recognised as an expense in the period                                        | -        | -           | -        | -                | -              | (1,609)  | <b>(1,609)</b> |
| Write-down of inventories (including losses)                                              | -        | -           | -        | -                | -              | -        | -              |
| Reversal of write-down previously taken to the statement of comprehensive net expenditure | -        | -           | -        | -                | -              | -        | -              |
| Transfer (to) from -Goods for resale                                                      | -        | -           | -        | -                | -              | -        | -              |
| <b>Balance at 31 March 2021</b>                                                           | <u>-</u> | <u>-</u>    | <u>-</u> | <u>-</u>         | <u>-</u>       | <u>-</u> | <u>-</u>       |

During the current financial year the CCG changed its accounting treatment of stock to show as an expense in line with its Local Authority partners, Kirklees Metropolitan Borough Council.



NHS Greater Huddersfield CCG - Annual Accounts 2020-21

17.1 Trade and other receivables

|                                                                                                            | Current<br>2020-21<br>£'000 | Non-current<br>2020-21<br>£'000 | Current<br>2019-20<br>£'000 | Non-current<br>2019-20<br>£'000 |
|------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------|-----------------------------|---------------------------------|
| NHS receivables: Revenue                                                                                   | 436                         | -                               | 809                         | -                               |
| NHS receivables: Capital                                                                                   | -                           | -                               | -                           | -                               |
| NHS prepayments                                                                                            | 4                           | -                               | -                           | -                               |
| NHS accrued income                                                                                         | -                           | -                               | 93                          | -                               |
| NHS Contract Receivable not yet invoiced/non-invoice                                                       | -                           | -                               | -                           | -                               |
| NHS Non Contract trade receivable (i.e pass through funding)                                               | -                           | -                               | -                           | -                               |
| NHS Contract Assets                                                                                        | -                           | -                               | -                           | -                               |
| Non-NHS and Other WGA receivables: Revenue                                                                 | 59                          | -                               | 131                         | -                               |
| Non-NHS and Other WGA receivables: Capital                                                                 | -                           | -                               | -                           | -                               |
| Non-NHS and Other WGA prepayments                                                                          | 49                          | -                               | 41                          | -                               |
| Non-NHS and Other WGA accrued income                                                                       | 154                         | -                               | 39                          | -                               |
| Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice                                     | -                           | -                               | -                           | -                               |
| Non-NHS and Other WGA Non Contract trade receivable (i.e pass through funding)                             | -                           | -                               | -                           | -                               |
| Non-NHS Contract Assets                                                                                    | -                           | -                               | -                           | -                               |
| Expected credit loss allowance-receivables                                                                 | -                           | -                               | (5)                         | -                               |
| VAT                                                                                                        | 7                           | -                               | 49                          | -                               |
| Private finance initiative and other public private partnership arrangement prepayments and accrued income | -                           | -                               | -                           | -                               |
| Interest receivables                                                                                       | -                           | -                               | -                           | -                               |
| Finance lease receivables                                                                                  | -                           | -                               | -                           | -                               |
| Operating lease receivables                                                                                | -                           | -                               | -                           | -                               |
| Other receivables and accruals                                                                             | -                           | -                               | -                           | -                               |
| <b>Total Trade &amp; other receivables</b>                                                                 | <b>709</b>                  | <b>-</b>                        | <b>1,157</b>                | <b>-</b>                        |
| <b>Total current and non current</b>                                                                       | <b>709</b>                  |                                 | <b>1,157</b>                |                                 |
| <b>Included above:</b>                                                                                     |                             |                                 |                             |                                 |
| Prepaid pensions contributions                                                                             | -                           |                                 | -                           |                                 |

17.2 Receivables past their due date but not impaired

|                         | 2020-21<br>DHSC Group<br>Bodies<br>£'000 | 2020-21<br>Non DHSC<br>Group Bodies<br>£'000 | 2019-20<br>DHSC Group<br>Bodies<br>£'000 | 2019-20<br>Non DHSC<br>Group Bodies<br>£'000 |
|-------------------------|------------------------------------------|----------------------------------------------|------------------------------------------|----------------------------------------------|
| By up to three months   | 436                                      | 53                                           | 801                                      | 123                                          |
| By three to six months  | -                                        | -                                            | 8                                        | 2                                            |
| By more than six months | -                                        | 8                                            | -                                        | 5                                            |
| <b>Total</b>            | <b>436</b>                               | <b>61</b>                                    | <b>809</b>                               | <b>130</b>                                   |

£364k of the above amount has been subsequently recovered post the statement of financial position date.

The Clinical Commissioning Group did not hold any collateral against receivables outstanding at 31st March 2021.

17.3 Loss allowance on asset classes

|                                                                                  | Trade and other<br>receivables - Non<br>DHSC Group<br>Bodies<br>£'000 | Other financial<br>assets<br>£'000 | Total<br>£'000 |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------|----------------|
| Balance at 01 April 2020                                                         | (4)                                                                   | -                                  | (4)            |
| Lifetime expected credit loss on credit impaired financial assets                | -                                                                     | -                                  | -              |
| Lifetime expected credit losses on trade and other receivables-Stage 2           | -                                                                     | -                                  | -              |
| Lifetime expected credit losses on trade and other receivables-Stage 3           | -                                                                     | -                                  | -              |
| Credit losses recognised on purchase originated credit impaired financial assets | -                                                                     | -                                  | -              |
| Amounts written off                                                              | 2                                                                     | -                                  | 2              |
| Financial assets that have been derecognised                                     | -                                                                     | -                                  | -              |
| Changes due to modifications that did not result in derecognition                | -                                                                     | -                                  | -              |
| Other changes                                                                    | 2                                                                     | -                                  | 2              |
| <b>Total</b>                                                                     | <b>(0)</b>                                                            | <b>-</b>                           | <b>(0)</b>     |

## NHS Greater Huddersfield CCG - Annual Accounts 2020-21

### 18 Other financial assets

The Clinical Commissioning Group has no other financial assets as at 31st March 2021.

### 19 Other current assets

The Clinical Commissioning Group has no other current assets as at 31st March 2021.

### 20 Cash and cash equivalents

|                                                                        | 2020-21<br>£'000 | 2019-20<br>£'000 |
|------------------------------------------------------------------------|------------------|------------------|
| <b>Balance at 01 April 2020</b>                                        | 132              | 37               |
| Net change in year                                                     | 34               | 95               |
| <b>Balance at 31 March 2021</b>                                        | <b>165</b>       | <b>132</b>       |
| Made up of:                                                            |                  |                  |
| Cash with the Government Banking Service                               | 165              | 132              |
| Cash with Commercial banks                                             | -                | -                |
| Cash in hand                                                           | -                | -                |
| Current investments                                                    | -                | -                |
| <b>Cash and cash equivalents as in statement of financial position</b> | <b>165</b>       | <b>132</b>       |
| Bank overdraft: Government Banking Service                             | -                | -                |
| Bank overdraft: Commercial banks                                       | -                | -                |
| <b>Total bank overdrafts</b>                                           | <b>-</b>         | <b>-</b>         |
| <b>Balance at 31 March 2021</b>                                        | <b>165</b>       | <b>132</b>       |

The Clinical Commissioning Group does not hold patients monies.

### 21 Non-current assets held for sale

The Clinical Commissioning Group does not have any non current assets held for sale.

### 22 Analysis of impairments and reversals

The Clinical Commissioning Group has had no impairment or reversal of impairments on any of its assets during the period.

## NHS Greater Huddersfield CCG - Annual Accounts 2020-21

|                                         | Current<br>2020-21<br>£'000 | Non-current<br>2020-21<br>£'000 | Current<br>2019-20<br>£'000 | Non-current<br>2019-20<br>£'000 |
|-----------------------------------------|-----------------------------|---------------------------------|-----------------------------|---------------------------------|
| <b>23 Trade and other payables</b>      |                             |                                 |                             |                                 |
| Interest payable                        | -                           | -                               | -                           | -                               |
| NHS payables: Revenue                   | 98                          | -                               | 1,448                       | -                               |
| NHS payables: Capital                   | -                           | -                               | -                           | -                               |
| NHS accruals                            | 337                         | -                               | 3,766                       | -                               |
| NHS deferred income                     | -                           | -                               | -                           | -                               |
| NHS Contract Liabilities                | -                           | -                               | -                           | -                               |
| Non-NHS and Other WGA payables: Revenue | 1,158                       | -                               | 1,469                       | -                               |
| Non-NHS and Other WGA payables: Capital | -                           | -                               | -                           | -                               |
| Non-NHS and Other WGA accruals          | 21,155                      | -                               | 20,186                      | -                               |
| Non-NHS and Other WGA deferred income   | -                           | -                               | -                           | -                               |
| Non-NHS Contract Liabilities            | -                           | -                               | -                           | -                               |
| Social security costs                   | 68                          | -                               | 59                          | -                               |
| VAT                                     | -                           | -                               | -                           | -                               |
| Tax                                     | 52                          | -                               | 48                          | -                               |
| Payments received on account            | -                           | -                               | -                           | -                               |
| Other payables and accruals             | 361                         | -                               | 640                         | -                               |
| <b>Total Trade &amp; Other Payables</b> | <b>23,230</b>               | <b>-</b>                        | <b>27,616</b>               | <b>-</b>                        |
| Total current and non-current           | <b>23,230</b>               |                                 | <b>27,616</b>               |                                 |

Other payables include £280k outstanding GP and CCG pension contributions at 31 March 2021 (2019-20 £243k GP and Clinical Commissioning Group).

### 24 Other financial liabilities

The Clinical Commissioning Group has no financial liabilities as at 31st March 2021.

### 25 Other liabilities

The Clinical Commissioning Group has no other liabilities as at 31st March 2021.

### 26 Borrowings

The Clinical Commissioning Group has no borrowings as at 31st March 2021.

### 27 Private finance initiative, LIFT and other service concession arrangements

The Clinical Commissioning Group has no private finance initiative, LIFT or service concession arrangements as at 31st March 2021.

### 28 Finance lease obligations

The Clinical Commissioning Group has no finance lease obligations as at 31st March 2021.

### 29 Finance lease receivables

The Clinical Commissioning Group has no finance lease receivables as at 31st March 2021.



NHS Greater Huddersfield CCG - Annual Accounts 2020-21

30 Provisions

|                                                              | Current<br>2020-21<br>£'000                                        | Non-current<br>2020-21<br>£'000                           | Current<br>2019-20<br>£'000    | Non-current<br>2019-20<br>£'000 |                                        |                            |                               |                                      |                        |                        |
|--------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------|---------------------------------|----------------------------------------|----------------------------|-------------------------------|--------------------------------------|------------------------|------------------------|
| Pensions relating to former directors                        | -                                                                  | -                                                         | -                              | -                               |                                        |                            |                               |                                      |                        |                        |
| Pensions relating to other staff                             | -                                                                  | -                                                         | -                              | -                               |                                        |                            |                               |                                      |                        |                        |
| Restructuring                                                | -                                                                  | -                                                         | -                              | -                               |                                        |                            |                               |                                      |                        |                        |
| Redundancy                                                   | -                                                                  | -                                                         | 37                             | -                               |                                        |                            |                               |                                      |                        |                        |
| Agenda for change                                            | -                                                                  | -                                                         | -                              | -                               |                                        |                            |                               |                                      |                        |                        |
| Equal pay                                                    | -                                                                  | -                                                         | -                              | -                               |                                        |                            |                               |                                      |                        |                        |
| Legal claims                                                 | -                                                                  | -                                                         | -                              | -                               |                                        |                            |                               |                                      |                        |                        |
| Continuing care                                              | -                                                                  | -                                                         | -                              | -                               |                                        |                            |                               |                                      |                        |                        |
| Other                                                        | -                                                                  | 173                                                       | -                              | 318                             |                                        |                            |                               |                                      |                        |                        |
| <b>Total</b>                                                 | <b>-</b>                                                           | <b>173</b>                                                | <b>37</b>                      | <b>318</b>                      |                                        |                            |                               |                                      |                        |                        |
| <b>Total current and non-current</b>                         | <b>173</b>                                                         |                                                           | <b>355</b>                     |                                 |                                        |                            |                               |                                      |                        |                        |
|                                                              | <b>Pensions<br/>Relating to<br/>Former<br/>Directors<br/>£'000</b> | <b>Pensions<br/>Relating to<br/>Other Staff<br/>£'000</b> | <b>Restructuring<br/>£'000</b> | <b>Redundancy<br/>£'000</b>     | <b>Agenda for<br/>Change<br/>£'000</b> | <b>Equal Pay<br/>£'000</b> | <b>Legal Claims<br/>£'000</b> | <b>Continuing<br/>Care<br/>£'000</b> | <b>Other<br/>£'000</b> | <b>Total<br/>£'000</b> |
| <b>Balance at 01 April 2020</b>                              | -                                                                  | -                                                         | -                              | 37                              | -                                      | -                          | -                             | -                                    | 318                    | 355                    |
| Arising during the year                                      | -                                                                  | -                                                         | -                              | -                               | -                                      | -                          | -                             | -                                    | -                      | -                      |
| Utilised during the year                                     | -                                                                  | -                                                         | -                              | -                               | -                                      | -                          | -                             | -                                    | -                      | -                      |
| Reversed unused                                              | -                                                                  | -                                                         | -                              | (37)                            | -                                      | -                          | -                             | -                                    | (145)                  | (182)                  |
| Unwinding of discount                                        | -                                                                  | -                                                         | -                              | -                               | -                                      | -                          | -                             | -                                    | -                      | -                      |
| Change in discount rate                                      | -                                                                  | -                                                         | -                              | -                               | -                                      | -                          | -                             | -                                    | -                      | -                      |
| Transfer (to) from other public sector body                  | -                                                                  | -                                                         | -                              | -                               | -                                      | -                          | -                             | -                                    | -                      | -                      |
| Transfer (to) from other public sector body under absorption | -                                                                  | -                                                         | -                              | -                               | -                                      | -                          | -                             | -                                    | -                      | -                      |
| <b>Balance at 31 March 2021</b>                              | <b>-</b>                                                           | <b>-</b>                                                  | <b>-</b>                       | <b>-</b>                        | <b>-</b>                               | <b>-</b>                   | <b>-</b>                      | <b>-</b>                             | <b>173</b>             | <b>173</b>             |
| <b>Expected timing of cash flows:</b>                        |                                                                    |                                                           |                                |                                 |                                        |                            |                               |                                      |                        |                        |
| Within one year                                              | -                                                                  | -                                                         | -                              | -                               | -                                      | -                          | -                             | -                                    | -                      | -                      |
| Between one and five years                                   | -                                                                  | -                                                         | -                              | -                               | -                                      | -                          | -                             | -                                    | 173                    | 173                    |
| After five years                                             | -                                                                  | -                                                         | -                              | -                               | -                                      | -                          | -                             | -                                    | -                      | -                      |
| <b>Balance at 31 March 2021</b>                              | <b>-</b>                                                           | <b>-</b>                                                  | <b>-</b>                       | <b>-</b>                        | <b>-</b>                               | <b>-</b>                   | <b>-</b>                      | <b>-</b>                             | <b>173</b>             | <b>173</b>             |

The other non current provision is in respect of VAT risk on outsourced business intelligence VAT risk of £173k.

The CCG has written down its provisions in respect of GP Federation VAT and potential redundancy costs as these items are no longer considered a probable risk.

Under the Accounts Directions issued by NHS England, on 12 February 2014, NHS England has the responsibility for accounting of liabilities relating to NHS Continuing Healthcare claims prior to the formation of the Clinical Commissioning Group. However, the legal liability remains with the Clinical Commissioning Group and the total value of the legacy relating to the provision at 31 March 2020 is £71k (31 March 2020 £73k).

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### 31 Contingencies

The Clinical Commissioning Group has no contingent assets or liabilities.

### 32 Commitments

#### 32.1 Capital commitments

The Clinical Commissioning Group has no outstanding capital commitments as at 31st March 2021.

#### 32.2 Other financial commitments

The Clinical Commissioning Group has not entered into any non cancellable contracts as at 31st March 2021.

### 33 Financial instruments

#### 33.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because NHS Clinical Commissioning Group is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Clinical Commissioning Group has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Clinical Commissioning Group in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS Clinical Commissioning Group standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the NHS Clinical Commissioning Group and internal auditors.

##### 33.1.1 Currency risk

The NHS Clinical Commissioning Group is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The NHS Clinical Commissioning Group has no overseas operations. The NHS Clinical Commissioning Group therefore has low exposure to currency rate fluctuations.

##### 33.1.2 Interest rate risk

The Clinical Commissioning Group borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Clinical Commissioning Group therefore has low exposure to interest rate fluctuations.

##### 33.1.3 Credit risk

Because the majority of the NHS Clinical Commissioning Group revenue comes through parliamentary funding, NHS Clinical Commissioning Group has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

##### 33.1.4 Liquidity risk

NHS Clinical Commissioning Group is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The NHS Clinical Commissioning Group draws down cash to cover expenditure, as the need arises. The NHS Clinical Commissioning Group is not, therefore, exposed to significant liquidity risks.

##### 33.1.5 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

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## 33 Financial instruments cont'd

### 33.2 Financial assets

|                                                          | Financial Assets<br>measured at<br>amortised cost<br>2020-21<br>£'000 | Equity Instruments<br>designated at<br>FVOCI<br>2020-21<br>£'000 | Total<br>2020-21<br>£'000 |
|----------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|
| Equity investment in group bodies                        |                                                                       | -                                                                | -                         |
| Equity investment in external bodies                     |                                                                       | -                                                                | -                         |
| Loans receivable with group bodies                       | -                                                                     |                                                                  | -                         |
| Loans receivable with external bodies                    | -                                                                     |                                                                  | -                         |
| Trade and other receivables with NHSE bodies             | 428                                                                   |                                                                  | 428                       |
| Trade and other receivables with other DHSC group bodies | 160                                                                   |                                                                  | 160                       |
| Trade and other receivables with external bodies         | 61                                                                    |                                                                  | 61                        |
| Other financial assets                                   | -                                                                     |                                                                  | -                         |
| Cash and cash equivalents                                | 165                                                                   |                                                                  | 165                       |
| <b>Total at 31 March 2021</b>                            | <b>815</b>                                                            | <b>-</b>                                                         | <b>815</b>                |

### 33.3 Financial liabilities

|                                                          | Financial Liabilities<br>measured at<br>amortised cost<br>2020-21<br>£'000 | Other<br>2020-21<br>£'000 | Total<br>2020-21<br>£'000 |
|----------------------------------------------------------|----------------------------------------------------------------------------|---------------------------|---------------------------|
| Loans with group bodies                                  | -                                                                          |                           | -                         |
| Loans with external bodies                               | -                                                                          |                           | -                         |
| Trade and other payables with NHSE bodies                | 124                                                                        |                           | 124                       |
| Trade and other payables with other DHSC group bodies    | 8,780                                                                      |                           | 8,780                     |
| Trade and other payables with external bodies            | 14,206                                                                     |                           | 14,206                    |
| Other financial liabilities                              | -                                                                          |                           | -                         |
| Private Finance Initiative and finance lease obligations | -                                                                          |                           | -                         |
| <b>Total at 31 March 2021</b>                            | <b>23,110</b>                                                              | <b>-</b>                  | <b>23,110</b>             |

### 33.4 Maturity of Financial Liabilities

|                                                     | Payable to DH<br>2020-21<br>£'000 | Payable to Other<br>Bodies<br>2020-21<br>£'000 | Total<br>2020-21<br>£'000 |
|-----------------------------------------------------|-----------------------------------|------------------------------------------------|---------------------------|
| In one year or less                                 | 435                               | 22,675                                         | 23,110                    |
| In more than one year but not more than two years   | -                                 | -                                              | -                         |
| In more than two years but not more than five years | -                                 | -                                              | -                         |
| In more than five years                             | -                                 | -                                              | -                         |
| <b>Total at 31 March 2021</b>                       | <b>435</b>                        | <b>22,675</b>                                  | <b>23,110</b>             |

### 33.5 The entity's exposure to risk

The Clinical Commissioning Group does not have any significant exposure to credit risk as at 31st March 2021.

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34 Operating segments

|                                      | Gross<br>expenditure<br>£'000 | Income<br>£'000 | Net expenditure<br>£'000 | Total assets<br>£'000 | Total liabilities<br>£'000 | Net assets<br>£'000 |
|--------------------------------------|-------------------------------|-----------------|--------------------------|-----------------------|----------------------------|---------------------|
| Commissioning Of Healthcare Services | 372,861                       | (1,485)         | 371,375                  | 908                   | (23,403)                   | (22,495)            |
| <b>Total</b>                         | <b>372,861</b>                | <b>(1,485)</b>  | <b>371,375</b>           | <b>908</b>            | <b>(23,403)</b>            | <b>(22,495)</b>     |

34.1 Reconciliation between Operating Segments and SoCNE

|                                                                          | 2020-21<br>£'000 |
|--------------------------------------------------------------------------|------------------|
| Total net expenditure reported for operating segments                    | 371,375          |
| Total net expenditure per the Statement of Comprehensive Net Expenditure | 371,375          |

34.2 Reconciliation between Operating Segments and SoFP

|                                                         | 2020-21<br>£'000 |
|---------------------------------------------------------|------------------|
| Total assets reported for operating segments            | 908              |
| <b>Total assets per Statement of Financial Position</b> | <b>908</b>       |

|                                                              | 2020-21<br>£'000 |
|--------------------------------------------------------------|------------------|
| Total liabilities reported for operating segments            | (23,403)         |
| <b>Total liabilities per Statement of Financial Position</b> | <b>(23,403)</b>  |



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35 Joint arrangements - interests in joint operations

CCGs should disclose information in relation to joint arrangements in line with the requirements in IFRS 12 - Disclosure of interests in other entities.

35.1 Interests in joint operations

| Amounts recognised in Entities books ONLY |                                                   |                                                                 |        |             |        |             | Amounts recognised in Entities books ONLY |             |        |             |
|-------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------|--------|-------------|--------|-------------|-------------------------------------------|-------------|--------|-------------|
| 2020-21                                   |                                                   |                                                                 |        |             |        |             | 2019-20                                   |             |        |             |
| Name of arrangement                       | Parties to the arrangement                        | Description of principal activities                             | Assets | Liabilities | Income | Expenditure | Assets                                    | Liabilities | Income | Expenditure |
|                                           |                                                   |                                                                 | £'000  | £'000       | £'000  | £'000       | £'000                                     | £'000       | £'000  | £'000       |
| Better Care Fund                          | North Kirklees Clinical Commissioning Group       | Pooled Better Care Fund (including Community Equipment Service) | 0      | 0           | 13,673 | 5,063       | 0                                         | 0           | 12,878 | 4,684       |
| Better Care Fund                          | Greater Huddersfield Clinical Commissioning Group | Pooled Better Care Fund (including Community Equipment Service) | 0      | 0           | 16,958 | 6,695       | 0                                         | 0           | 15,966 | 6,198       |
| Better Care Fund                          | Kirklees Metropolitan Council                     | Pooled Better Care Fund (including Community Equipment Service) | 863    | 0           | 25,041 | 43,914      | 804                                       | 0           | 24,649 | 42,611      |
| Healthy Child Programme                   | North Kirklees Clinical Commissioning Group       | Pooled Childrens Services                                       | 0      | 0           | 1,454  | 1,454       | 0                                         | 0           | 1,454  | 1,454       |
| Healthy Child Programme                   | Greater Huddersfield Clinical Commissioning Group | Pooled Childrens Services                                       | 0      | 0           | 1,860  | 1,860       | 0                                         | 0           | 1,860  | 1,860       |
| Healthy Child Programme                   | Kirklees Metropolitan Council                     | Pooled Childrens Services                                       | 0      | 0           | 7,943  | 7,943       | 0                                         | 0           | 7,943  | 7,943       |

As part of the pooled budget agreement for community equipment service within the better care fund, the Clinical Commissioning Group recognises £863k reserve held by Kirklees Metropolitan Council.

The Better Care Fund pool for financial year 2020-21 is made up of contributions for health related schemes and social care schemes. For the purposes of this note, the Clinical Commissioning Group have only recognised expenditure on health related schemes.

35.2 Interests in entities not accounted for under IFRS 10 or IFRS 11

The Clinical Commissioning Group has no interests in entities which have not been accounted for under IFRS 10 and IFRS 11 for year ended 31 March 2021.

36 NHS Lift investments

The Clinical Commissioning Group has no LIFT investments.



NHS Greater Huddersfield CCG - Annual Accounts 2020-21

37 Related party transactions

Representatives from the GP practices below were members of our Governing Body during 2020-21 and/or 2019-20. Their practices received remuneration from the Clinical Commissioning Group for services to patients. The amounts involved are disclosed below. The remuneration of individual Executive Governing Body members is disclosed within the Clinical Commissioning Group's Remuneration Report section of the Annual Report.

Details of related party transactions with individuals are as follows:

|                                                 | Payments to<br>Related<br>Party<br>2019-20<br>£000 | Receipts<br>from Related<br>Party<br>2019-20<br>£000 | Amounts<br>owed to<br>Related<br>Party<br>2019-20<br>£000 | Amounts<br>due from<br>Related<br>Party<br>2019-20<br>£000 | Payments to<br>Related Party<br>2019-20<br>£000 | Receipts from<br>Related Party<br>2019-20<br>£000 | Amounts owed<br>to Related<br>Party<br>2019-20<br>£000 | Amounts due<br>from Related<br>Party<br>2019-20<br>£000 |
|-------------------------------------------------|----------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|
| Elmwood (Dr James Morton)                       | 2,629                                              | 0                                                    | 154                                                       | 0                                                          | 2,494                                           | 0                                                 | 193                                                    | 0                                                       |
| Lindley Group (Dr Matt Kaye - left)             | 0                                                  | 0                                                    | 0                                                         | 0                                                          | 0                                               | 0                                                 | 0                                                      | 0                                                       |
| The Grange (Dr Jane Ford - left))               | 0                                                  | 0                                                    | 0                                                         | 0                                                          | 2,187                                           | 0                                                 | 118                                                    | 0                                                       |
| Meltham Group (Dr Dilshad Ashraf - left)        | 0                                                  | 0                                                    | 0                                                         | 0                                                          | 883                                             | 0                                                 | 29                                                     | 0                                                       |
| Netherton (Dr Chris Beith - left)               | 0                                                  | 0                                                    | 0                                                         | 0                                                          | 0                                               | 0                                                 | 0                                                      | 0                                                       |
| Skelmanthorpe (Dr Steve Ollerton, Amjid Rehman) | 1,463                                              | 0                                                    | 24                                                        | 0                                                          | 1,248                                           | 0                                                 | 52                                                     | 0                                                       |
| University Health Centre (Alix Ewen)            | 2,343                                              | 0                                                    | 110                                                       | 0                                                          | 1,981                                           | 0                                                 | 142                                                    | 0                                                       |
| Junction Surgery (Dr Razwan Ali)                | 891                                                | 0                                                    | 28                                                        | 0                                                          | 786                                             | 0                                                 | 25                                                     | 0                                                       |
| Newsome (Amjid Rehman)                          | 854                                                | 0                                                    | 24                                                        | 0                                                          | 0                                               | 0                                                 | 0                                                      | 0                                                       |

Payments to related parties include invoices paid totalling £8,180k and amounts owed of £339k.

The Governing Body members have no material related party transactions in 2020-21.

All 37 GP Practices are members and have shares in My Health Huddersfield Limited.

Related party transactions in relation to the GP Federation My Health Huddersfield totalling £401k in 2020-21, of which a balance of £0k was owed at 31st March 2021.

Dr James Morton is a practice representatives from Elmwood Health Centre which is the designated payee for The Valleys Primary Care Network payments. Elmwood Health Centre attracted income in relation to The Valleys Primary Care Network of £407k in 2020-21, of which a balance of £71k was owed at 31st March 2021.

Alix Ewen is a practice representative from The University Health Centre which is the designated payee for Tolson Primary Care Network payments. The University Health Centre attracted income in relation to Tolson Primary Care Network of £504k in 2020-21, of which a balance of £55k was owed at 31st March 2021.

Dr Steve Ollerton is a practice representatives from Skelmanthorpe Family Doctors, which became the designated payee for The Mast Primary Care Network. Through Skelmanthorpe the Mast Primary Care Network attracted income of £318k in 2020-21, of which a balance of £28k was owed at 31st March 2021, further income of £161k had previously passed through Dearne Valley Health Centre for the network.

Dr Razwan Ali is a practice representative from The Junction Surgery, which has a relationship with Tolson Primary Care Network. Tolson Primary Care Network attracted income of £504k in 2020-21, of which a balance of £55k was owed at 31st March 2021.

Viaduct Health & Care Network attracted income of £546k in 2020-21, of which a balance of £4k was owed at 31st March 2021.

Greenwood Network attracted income of £620k in 2020-21, of which a balance of £121k was owed at 31st March 2021.

The parent entity for the Clinical Commissioning Group is NHS England. The Department of Health is regarded as a related party. During the year the clinical commissioning group has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. For example:

|                                                       | 2020-21<br>£000 | 2019-20<br>£000 |
|-------------------------------------------------------|-----------------|-----------------|
| Calderdale & Huddersfield NHS Foundation Trust        | 137,455         | 133,246         |
| Prescription Pricing Authority                        | 37,122          | 35,846          |
| South West Yorkshire Partnership NHS Foundation Trust | 26,344          | 25,342          |
| Yorkshire Ambulance Service NHS Trust                 | 14,859          | 12,906          |
| Leeds Teaching Hospitals NHS Trust                    | 8,056           | 8,107           |
| Barnsley Hospital NHS Foundation Trust                | 7,158           | 6,960           |
| Mid Yorkshire Hospitals NHS Trust                     | 2,637           | 2,578           |
| Bradford Teaching Hospitals NHS Foundation Trust      | 2,652           | 2,530           |
| Sheffield Teaching Hospitals NHS Foundation Trust     | 1,018           | 1,056           |
| NHS North of England CSU                              | 900             | 284             |

In addition, the Clinical Commissioning Group has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with

|                               | 2020-21<br>£000 | 2019-20<br>£000 |
|-------------------------------|-----------------|-----------------|
| Kirklees Metropolitan Council | 21,576          | 16,511          |

NHS Greater Huddersfield CCG - Annual Accounts 2020-21

38 Events after the end of the reporting period

From the 31<sup>st</sup> March 2021, Greater Huddersfield CCG will cease operation in its current form. The CCG will form part of the new Kirklees CCG from the 1<sup>st</sup> April 2021.

39 Losses and Special Payments

|                           | 2020-21<br>Total Number<br>of Cases<br>Number | 2020-21<br>Total Value of<br>Cases<br>£'000 |
|---------------------------|-----------------------------------------------|---------------------------------------------|
| Administrative write-offs | 1                                             | 2                                           |
| Fruitless payments        | -                                             | -                                           |
| Store losses              | -                                             | -                                           |
| Book Keeping              | -                                             | -                                           |
| Constructive loss         | -                                             | -                                           |
| Cash losses               | -                                             | -                                           |
| Claims abandoned          | -                                             | -                                           |
| <b>Total</b>              | <b>1</b>                                      | <b>2</b>                                    |

No special payments were made in the year to 31st March 2021.

40 Third party assets

The Clinical Commissioning Group does not hold any cash or cash equivalents on behalf of other parties.

41 Financial performance targets

NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended). NHS Clinical Commissioning Group performance against those duties was as follows:

|                                                                                                | 2020-21<br>Target | 2020-21<br>Performance | 2019-20<br>Target | 2019-20<br>Performance |
|------------------------------------------------------------------------------------------------|-------------------|------------------------|-------------------|------------------------|
| Expenditure not to exceed income                                                               | 373,612           | 372,861                | 364,682           | 363,680                |
| Capital resource use does not exceed the amount specified in Directions                        | -                 | -                      | 50                | 49                     |
| Revenue resource use does not exceed the amount specified in Directions                        | 372,126           | 371,375                | 361,702           | 360,701                |
| Capital resource use on specified matter(s) does not exceed the amount specified in Directions | -                 | -                      | -                 | -                      |
| Revenue resource use on specified matter(s) does not exceed the amount specified in Directions | -                 | -                      | -                 | -                      |
| Revenue administration resource use does not exceed the amount specified in Directions         | 4,836             | 4,466                  | 5,526             | 4,926                  |

In 2020-21 the Clinical Commissioning Group received revenue resource allocations totalling £372,126k and had net expenditure of £371,375k delivering an in-year surplus of £751k.

42 Impact of IFRS

There has been no impact to the Clinical Commissioning Group in relation to changes to IFRS during the financial year.

43 Analysis of charitable reserves

The Clinical Commissioning Group has no charitable reserves as at 31st March 2021.



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# **NHS North Kirklees CCG**

## **Annual Report and Accounts**

### **2020 - 21**

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# Annual Report

## Performance Report

Insert signature

**Carol McKenna**  
Chief Officer

**?? June 2021**

## Overview

This section of the Annual Report provides our Chief Officer's perspective on the performance of the CCG over the last twelve months. It includes information about the CCG, our main objectives and strategies, the principal risks that we face, and how we have performed during the year.

---

### About Us – Our Purpose and Activities

North Kirklees Clinical Commissioning Group (CCG) is a membership organisation of 27 general practices. We are led by local GPs and it is our role to commission (plan and buy) the majority of hospital and community health services for our local population. The services we commission include:

- Emergency and urgent health care
- Ambulance services
- Community health services such as community nursing, physiotherapy, occupational therapy, and chiropody
- Maternity services
- Hospital care such as outpatient and inpatient services and planned operations
- Rehabilitation services
- Services for those with mental health conditions and learning disabilities
- Prescriptions for medicines signed by doctors at GP practices across North Kirklees
- GP services (primary care).

194,000 people live in our area (approximately 42% of the Kirklees Council area), and the map below shows the area we cover.



It is our responsibility to ensure that the services we commission are high quality, safe and sustainable and that in doing so we manage our budgets efficiently and effectively.

The CCG works closely with Greater Huddersfield CCG, and in November 2020 we agreed to work towards a merger of the two CCGs from 1 April 2021.

## Our Population and Their Needs

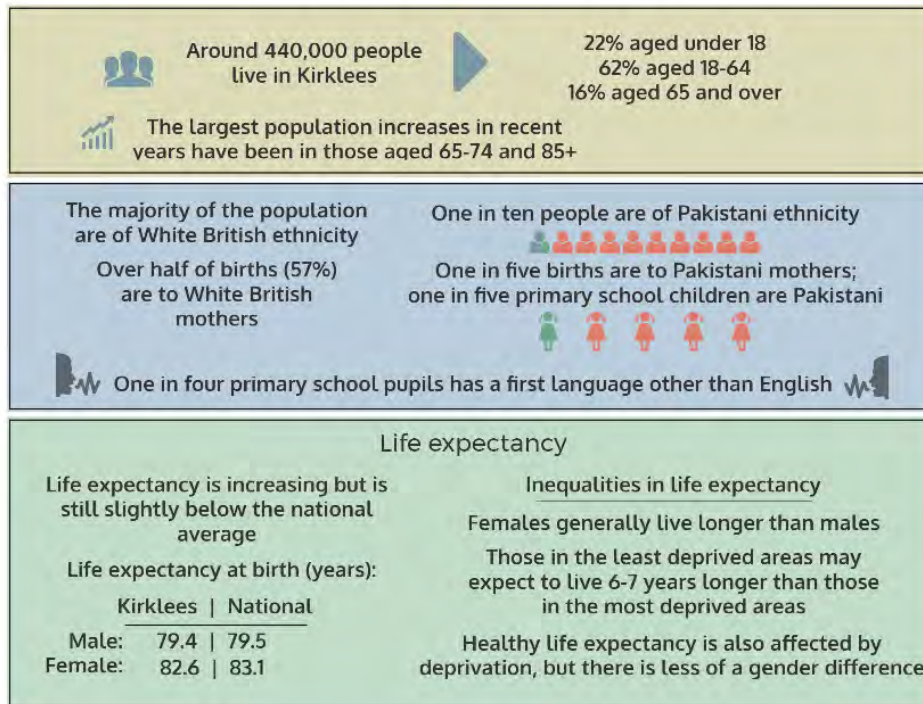
The Health and Social Care Act (2012) requires the Health and Wellbeing Board, working through local authorities and Clinical Commissioning Groups, to produce a Joint Strategic Needs Assessment (JSNA) of the health and well-being of their local community. In Kirklees, an annual Kirklees Overview is published online following approval by the Board, and provides a useful context for more detailed sections of the Kirklees Joint Strategic Assessment (KJSA) by summarising the big issues and key challenges for health and wellbeing. The latest version can be viewed at: [http://observatory.kirklees.gov.uk/Custom/Resources/Kirklees Overview 2021 PDF.pdf](http://observatory.kirklees.gov.uk/Custom/Resources/Kirklees_Overview_2021_PDF.pdf).

In summary:

- Around 440,000 people live in Kirklees
- The population has increased by 8.4% since 2002, and is predicted to rise by a further 9.9% by 2030
- Projected increases are largest in very young and older adult age groups
- Over three-quarters of the population are of White British ethnicity
- One in ten people and one in five primary school children are of Pakistani ethnicity
- Life expectancy is increasing but there are inequalities – those in the least deprived areas live longer than those in more deprived areas
- Demand for suitable and affordable accommodation outstrips supply
- The number of households is expected to increase by 20% by 2039
- Around one in five people work in manufacturing (more than double the rate for England)
- More than two thirds of workers live and work in Kirklees
- Although fertility rates are declining, they are still higher than the England average
- Infant mortality rates have almost halved in the last 10 years, but are still amongst the highest in the region
- Mortality rates for under 75-year-olds are higher than national averages for cardiovascular and respiratory disease
- Asylum seekers and European economic migrants are contributing to the emergence of new communities within Kirklees



## Who lives in Kirklees?



## Our Vision, Values, Ambitions and Objectives

Our vision is to enable local people to live longer, healthier and happier lives. This lies at the heart of everything we do and every decision we make. Our work is guided by five key values:

- Patient first
- Strive for excellence
- Value each other
- Lead from every seat
- Engage, involve and include.

### ***Behaviours that define our values***

#### **Patient first**

##### We will:

- Achieve the best for our community
- Consult, engage and involve patients as part of our day-to-day business
- Put our community at the heart of our decision-making



- Ensure good quality and best value
- Learn from and respond to patient and community feedback
- Advocate for our patients

### **Strive for excellence**

#### We will:

- Be clear about our goal and vision
- Commission safe, good quality, clinically-effective and best value services
- Hold our providers to account with rigour
- Continually improve
- Learn from our mistakes

### **Value each other**

#### We will:

- Treat each other with respect
- Give timely, honest and sincere appreciation
- Bring a positive attitude to work – take responsibility for our actions and reactions
- Support each other, especially when times are hard
- Work as one team

### **Lead from every seat**

#### We will:

- Embrace improvement and innovation
- Embrace opportunities
- Take pride in the work we do
- Be consistent in our messages
- Be clear about our objectives
- Be personally accountable in our role and function
- Hold each other to account
- Commit to learning: we are a learning organisation

## **Engage, involve and include**

### We will:

- Work fully in partnership with our community, members and colleagues
- Be open, honest and transparent in our processes
- Listen and encourage feedback because everyone's feedback counts
- Recognise and respect differences amongst us

## **Aims**

The CCG's aims are to:

- Provide a co-ordinated resolution to the health and wellbeing challenges facing localities and communities, including the inequality challenge
- Develop and commission services that are of a high quality and safe for patients
- Embrace the values enshrined in the NHS constitution and work together with colleagues maintaining respect and dignity
- Be accountable to the public, communities and patients that are served by the CCG
- Be committed to providing the best value for taxpayers' money and the most effective, fair and sustainable use of finite resources
- Ensure that services reflect the clinical needs and informed choices of patients, their families and carers
- Develop our plans based on sound evidence based clinical research and practice to ensure continual modernisation and improvement in services
- Represent information openly and honestly, act with integrity, be accountable for actions, respect confidentiality and declare relevant conflicts of interest where appropriate so to do
- Develop active stakeholder partnerships engaging in the widest possible participation by individuals and groups within the area
- Work across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.

## Our Commissioning Intentions and Ambitions

The North Kirklees and Greater Huddersfield CCGs' Operational Plan set out our ambitions for delivering high quality, financially sustainable services in the future and outlined how we planned to address the objectives described in the NHS England Long Term Plan during 2020-21. The plan underpins delivery of the Kirklees Health and Wellbeing Plan which is the local delivery vehicle of the West Yorkshire and Harrogate Integrated Care System (WY&H ICS).

The NHS is operating in an increasingly challenging environment, striving to maintain the availability of high quality services which respond to increased demand from a growing, aging population, and the availability of new and more innovative technology within the restraint of less resource. This is something we and other organisations are experiencing locally and we will be continuing actively to progress measures to recover and bring stability to the system over the next years. We will continue to re-focus our efforts on achieving the best outcomes for our population with the limited resources we have available to us. We will increase our focus on prevention and commission services which deliver proactive as well as reactive care. We will also empower patients to take responsibility for their own care and support changing behaviour through care planning and self-care initiatives.

Working with partners, patients and the public to look for opportunities to work at scale and in different and more integrated ways to secure sustainability for the future is at the forefront of this work. The development of a joint operational plan for North Kirklees and Greater Huddersfield CCGs signals our commitment to taking this work forwards. The existing plans for both CCGs have been refreshed to reflect the priorities and deliverables for 2020-21.

A key driver of integration is the development of joint commissioning plans and functions across the CCGs and Kirklees Council for transformation which is undertaken over a 'Kirklees Place' footprint and transformation undertaken over an 'Acute System' footprint with neighbouring Wakefield and Calderdale CCGs. This is supported by providers coming together to deliver services as a collaboration.

In 2016-17 Organisations (Provider, Commissioner and Local Authorities) were given a mandate to collaborate over an agreed geography (footprint) and develop plans which would address local challenges across the three gaps in the NHS England, *Five Year Forward View*. Our local STP footprint is West Yorkshire and Harrogate and changes are being delivered at this level through the West Yorkshire and Harrogate Integrated Care System (WY&H ICS).

The WY&H ICS exists to improve outcomes for people locally therefore its success is built on local relationships 'Places' to ensure change addresses local need and can happen as close to people as possible. By planning and working across a bigger footprint there is an opportunity to improve outcomes at a local level through sharing good practice and resources and learning from each other.

The priorities within the WY&H ICS are driven by those identified within 'Places'. The CCGs are active members of the Kirklees Place. The Kirklees Health and Wellbeing Plan was developed to identify the priorities within Kirklees which drives what we have agreed to work together on through the WY&H ICS. The WY&H ICS has identified nine priorities and six enabling work streams. There also is an additional work stream focussing on carers.

Kirklees is one of seven national '**pilot**' sites receiving a share of a £14 million national investment. The funding is part of a commitment set out in the NHS Long Term Plan to help keep older people well at home and reduce pressure on hospital services.

Kirklees have developed a community-based urgent care service for some of the most vulnerable patients, including those who are frail, elderly or have multiple long-term conditions.

The local NHS, council and community service teams have worked together to develop the service, which will ensure urgent health and social care support is available within two hours to help the elderly and those with complex needs remain well at home and avoid hospital admissions.

The service also ensures people receive tailored packages of care designed to restore independence and confidence after a hospital stay, within two days.

The WY&H ICS has recently been named as one of four new areas in England that will be given additional freedom and flexibility to manage the delivery of local services. The Partnership will join the Integrated Care System programme, putting the area at the forefront of nationwide action to provide better co-ordinated and more joined up care.

## Primary Care

Our Primary Care Strategy aims to:

- Enable patients to be able to make appropriate choices and responsible decisions about their health and wellbeing;
- Provide easily accessible primary care services for all patients;
- Ensure consistent, high quality, effective, safe, resilient care delivered to all patients;
- Develop a strong, innovative and resilient multidisciplinary workforce in primary care which recognises the difficulties in recruiting, retaining and training clinicians;
- Improve use of modern technology;
- Provide education and training opportunities that cultivate professional excellence and high motivation;

- Improve premises and infrastructure which increases capacity for clinical services out of hospital and improve 7 day access to effective care;
- Provide effective contracting models which are fairly and properly funded to deliver integration and positive health outcomes;
- Develop a culture which promotes openness and transparency;
- Ensure General Practice is at the heart of the health and social care system working collectively with partners and the wider community;
- Work at scale in General Practice through collaboration with partners.
- Ensure all PCNs meet national and local requirement in their development and further establishment across the system, improving integration and coordination across primary care providers.

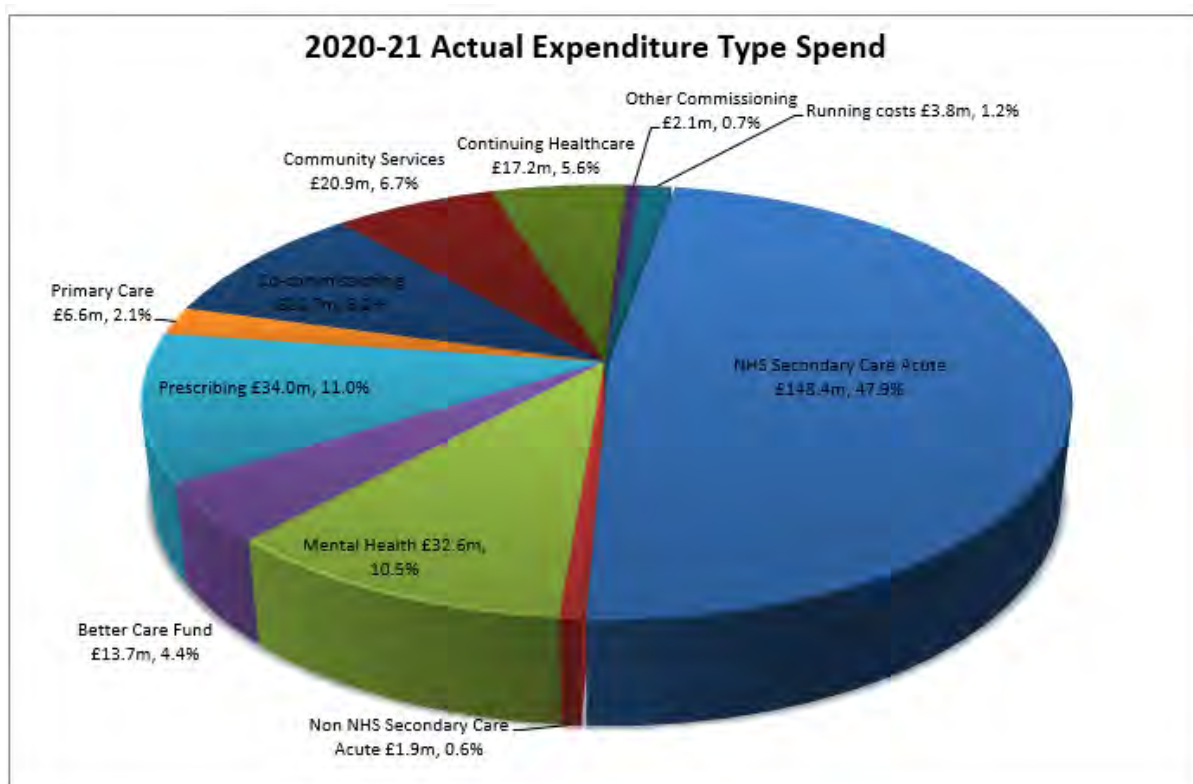
## How we spend your money

Due to the Covid-19 pandemic, the CCG has received funds via a new NHS England financial framework that was introduced to support the health and social care system at the start of the year. As a result of this the CCG did not receive funding via a population-based allocation basis for 2020-21.

For 2020-21, the CCG has received funds to support business as usual activity via an allocation/claim process but has also received additional funds to cover costs to support the pandemic during the year.

Due to the impact of Covid-19, there have been several significant changes to how we pay for services and contracts during the year. For 2020-21, contracts for the Independent Sector have been procured centrally by NHS England and our main providers of secondary care services have been paid agreed monthly payments to support services and income during this period. These changes allowed a reduction in the administration burden for the health care system.

As a result of these changes how the CCG has spent funds will differ from previous years as it will not include some expenditure paid in the past. The split for the year is shown in the graph and table below. Overall, the CCG has committed £309.764m for the financial year 2020-21.



## 2020-21 Actual Expenditure Type Spend

| Expenditure Type                   | £,000          | %             |
|------------------------------------|----------------|---------------|
| NHS Secondary Care Acute £148.4m   | 148,382        | 47.9%         |
| Non NHS Secondary Care Acute £1.9m | 1,909          | 0.6%          |
| Mental Health £32.6m               | 32,581         | 10.5%         |
| Better Care Fund £13.7m            | 13,673         | 4.4%          |
| Prescribing £34.0m                 | 33,984         | 11.0%         |
| Primary Care £6.6m                 | 6,572          | 2.1%          |
| Co-commissioning £28.7m            | 28,652         | 9.2%          |
| Community Services £20.9m          | 20,850         | 6.7%          |
| Continuing Healthcare £17.2m       | 17,242         | 5.6%          |
| Other Commissioning £2.1m          | 2,135          | 0.7%          |
| Running costs £3.8m                | 3,783          | 1.2%          |
| <b>Total 2020-21 Expenditure</b>   | <b>309,764</b> | <b>100.0%</b> |

### Key Issues and Risks

The CCG's principal risks are set out within the Governing Body Assurance Framework – this is a Governing Body level assessment of the organisation's objectives and the risks that may prevent or hinder the objectives being achieved. The Framework is important for the Governing Body as it allows the CCG to be

confident that the systems, policies and people they have put in place are operating in a way that is effective in delivering the strategic objectives and minimising risks.

The Framework sets out the ways that the CCG seeks to control these risks, and how the Governing Body assures itself that these controls are working. Any gaps in assurance or control are identified and action plans are developed to address them. The Framework is kept under review by the Senior Management Team, Audit Committee and Governing Body as a true and fair reflection of strategic risks, and evidence that satisfactory progress is being maintained to manage risk. There is further detail within the Governance Statement on the CCG's approach to controlling and mitigating risk.

For each of the ten CCG strategic objectives, the principal risks that would prevent the CCG from achieving these goals are set out within the Governing Body Assurance Framework:

#### Strategic Objective 1 - Our patients are at the heart of our commissioning decisions.

- There is a risk of not improving and maintaining patient experience due to:
  - not using patient intelligence appropriately with providers to improve that experience,
  - not using patient experience to develop commissioning plans or service specifications resulting in patient dissatisfaction.
- There is a risk that the CCG does not appropriately consider people with protected characteristics due to not having optimum processes in place for capturing and application of equality and diversity information resulting in a failure to reduce variation in healthcare.
- There is a risk that not using business intelligence and Joint Strategic Assessment (JSA) effectively will result in patients not being placed at the heart of commissioning decisions.
- There is a risk that competing demands (eg NHSE directives) will result in patients not being placed at the heart of commissioning decisions.

#### Strategic Objective 2 – Commissioning equitable services which are fit for purpose.

- There is a risk that we do not have effective prioritisation and monitoring processes in place to understand if the services we commission are sufficient to meet rising demand, or unwarranted variation which could result in unmet need, poor patient experience and outcomes.
- There is a risk that competing requirements from different regulators could result in commissioning services which do not fully meet local need.
- There is a risk of not commissioning appropriate alternatives to hospital care resulting in services continuing to be accessed in hospital.
- There is a risk that the spending on healthcare across the health economy is not delivering the full benefit for the resource deployed resulting in patients not getting the full benefit of the funding spent in North Kirklees i.e. not delivering value for money.

- There is a risk that providers of commissioned NHS funded services are not subject to the requirements set out within the NHS Standard Contract due to a contract not being in place leading to loss of leverage to ensure appropriate provider workforce is in place.
- There is a risk to the delivery of sustainable Primary Care services if the following threat(s) are not successfully managed and mitigated by the CCG:
  - Engagement with Primary Care Networks
  - Workforce and capacity shortage, recruitment and retention
  - Under development of opportunities of primary care at scale,
  - Increasing pressure and demand on services leading to workload pressures
  - Inadequate investment in primary care and primary care infrastructure
- There is a risk that patients will be harmed from inappropriate or ineffective health care resulting in poor patient outcomes (iatrogenic harm).
- There is a risk that individuals with enduring mental ill health and/or learning disability issues will have inequitable access to services to enable them to maintain their mental and physical well being.

#### Strategic Objective 3 – Improving the lives of everyone who lives in North Kirklees.

- There is a risk of failure to maintain and improve the quality and safety of services due to ineffective assurance resulting in harm to patients.
- There is a risk that commissioning arrangements for safeguarding do not ensure providers are effectively discharging their duties due to ineffective safeguarding arrangements with partners, resulting in harm to children and adults.
- There is a risk that we will be unable to commission safe, high quality services for our population due to the local health and social care system being unable to integrate to meet the needs of patients at or as close to home as possible.
- There is a risk that not using the wider determinants of health (eg JSA, HWBS) effectively will result in ineffective initiatives to improve the lives of everyone in Kirklees.
- There is a risk that the CCG will be unable to re-direct financial resource to primary and community services due to rising demand for, and increased costs in, the hospital sector.
- There is a risk that we are unable to establish and support the development of strong Primary Care Networks resulting in inequities in service delivery.

#### Strategic Objective 4 – Building a sustainable organisation based on the aspirations of our members.

- There is a risk that failure to attract and maintain an adequate workforce and maintain high morale will result in a lack of capacity to deliver the CCG's business requirements.
- There is a risk that failure to maintain adequate engagement with, and involve and listen to, the CCG's membership will result in an inability to build a sustainable organisation.



- There is a risk that the aspirations and priorities of members may not be fully aligned with the duties and requirements of the organisation, resulting in an inability to build a sustainable organisation.

#### Corporate risks not directly linked to a strategic objective.

- There is a risk of failure to meet financial statutory responsibilities due to failure to meet financial targets, resulting in reputational risk, endangering patients and primary care services.
- There is a risk that failure to manage conflicts of interest properly will result in unsafe decision making.
- There is a risk of a breach of statutory duties/regulations, due to inadequate adherence to principles of good governance and our legal framework, resulting in reputational or financial damage, or risk to patients and services.
- There is a risk that failure to meet the NHS performance standards will result in reputational risk and endanger patients and services.

### Moving Forward - Our Financial Plan for 2021-22 – Kirklees CCG

The CCG from the 31<sup>st</sup> March 2021, ceased to exist and has successfully merged to become the new NHS Kirklees CCG from the 1<sup>st</sup> April 2021. The CCGs merger will allow the Kirklees system to continue and develop services on a much wider footprint and develop greater economies of scale of resources that will ensure that all the population of Kirklees has access to the same level of services moving forward.

However, it should be recognised due to the ongoing impact of Covid-19 the new CCG will see a continuation of the financial framework that started this year. The CCG is currently developing merged financial plans for the first six months of the financial year and will have a new financial target to achieve a breakeven for 2021-22.

The CCG as part of this initial six-month plan is also looking at the full year implications of its overall expenditure plans and investments as we start moving into a more recovery phase of the pandemic. The combined CCGs pre and during Covid-19 had started and continued to work on improving its overall financial positions and will have a combined cumulative carried forward position of £2.9m. As we work through the year the new combined CCG will carry on this momentum to improve its overall financial position and on-going trajectories.

Whilst the plan is anticipated to achieve the breakeven financial target, the forthcoming year will not be without challenges. The new year due to the impact of Covid-19 on the health care system will require on going work to support the recovery of patient backlogs that have arisen due to the pandemic and the CCG will need to consider the long-term impact on the population in areas such as Mental Health and the unknown impact of long-Covid. Also, as part of the pandemic the inequalities in the health provision in some areas has been further highlighted.

Therefore, the plan that is being developed will incorporate the following areas –

- Supporting areas that have been greatly impacted by Covid
- Reduce the back logs of patient activity – working closely with provider colleagues
- Target the impact of health inequalities in the system
- Continuation of developing out of hospital services with local partners, to ensure care can be provided in the community settings
- Continued focus on delivery of financial targets and ensuring delivery of any efficiency targets
- Ensure that we spend our funding allocation to deliver the best outcomes for patients
- Continue to adopt a collaborative approach with partners to ensure that resources are deployed effectively.

## Performance Summary

The Annual Report highlights a number of areas where NHS Constitution targets continue to have been met and identifies those that remain a challenge in North Kirklees CCG. The impact of COVID over the last twelve months has had a significant impact on performance across all measures but is most noticeable on the referral to treatment targets, waiting times and diagnostic measures. All three of these measures have seen significant deterioration in line with the performance that we are seeing nationally.

Demand on our hospital services continues to be a significant challenge as our population ages and the recovery from the impact of the pandemic continues. Our health economy has experienced considerable challenges, not least for A&E and the urgent care system as well as the impact COVID has had on elective activity.

The reporting standards and targets in respect of the 4 hour emergency standard at MYHT have however been suspended as they continue to participate in the UEC pilot.

North Kirklees CCG, Wakefield CCG and Mid Yorkshire Hospitals Trust formed the Accident and Emergency Delivery Board (A&EDB) in 2017; this forum continues to provide an opportunity for all Health and Social Care partners to address system pressures through an integrated approach. Key partners from both the Health and Social Care economy continue meet monthly to discuss the current issues and agree actions to address any areas of underperformance.

The last twelve months have been exceptional with the system response to COVID creating new challenges and intense pressure on clinical services. The response to managing the outbreak as well as the co-operative working to facilitate the roll out of

the national vaccination program at the local (Kirklees) level has been excellent with ministerial praise and a visit to the Al Hikmah vaccination hub by the Prime Minister.

The most significant impact of the pandemic are reflected in the constitutional standards relating to referral to treatment, patients waiting more than 52 weeks and diagnostic test waiting times. Operational plans are in place and being developed to seek to reduce these levels and are incorporated in the 2021-22 operational plans.

More detailed information on our performance is set out on the following pages.

## Performance Analysis

**This section of the Annual Report provides a more detailed performance analysis, and reports on key performance measures and how the CCG checks itself against them. The Performance Analysis section was optional in 2020-21 due to the significant impact on resources due to the ongoing Covid-19 pandemic response. The CCG has aimed to include as much of the usual Performance Analysis section as possible, and has ensured the statutory requirements are met.**

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The NHS is founded on a common set of principles and values that bind together the communities and people it serves – patients and public – and the staff who work for it. The Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying NHS services, and local authorities in the exercise of their public health functions are required by law to take account of this Constitution in their decisions and actions.

Principles that guide the NHS

1. The NHS provides a comprehensive service, available to all.
2. Access to NHS services is based on clinical need, not an individual's ability to pay.
3. The NHS aspires to the highest standards of excellence and professionalism.
4. The patient will be at the heart of everything the NHS does.
5. The NHS works across organisational boundaries.
6. The NHS is committed to providing best value for taxpayers' money.
7. The NHS is accountable to the public, communities and patients that it serves.

## CCG Improvement and Assessment

Clinical commissioning groups (CCGs) were established on 1 April 2013 and are clinically-led organisations at the heart of the NHS system. NHS England has a statutory duty (under the Health and Social Care Act (2012)) to conduct an annual assessment of every CCG. NHS England did this through implementing the CCG Improvement and Assessment Framework (IAF), and since April 2019 the Oversight Framework.

## **Oversight Framework 2020-21**

The CCG Improvement and Assessment Framework (IAF) was updated for 2019-20, and replaced by the Oversight Framework which came into effect in April 2019, with updated metrics, the removal of some measures and the retention of the majority of the previously reported Improvement and Assessment measures. It builds on the IAF introduced in April 2016, which replaced both the existing CCG assurance framework and CCG performance dashboard, and was designed to provide a greater focus on assisting improvement, alongside the statutory assessment function.

The Oversight Framework aligns with NHS England's Mandate and planning guidance, with the aim of unlocking change and improvement in a number of key areas. This approach aims to reach beyond CCGs, enabling local health systems and communities to assess their own progress from ratings published online.

The framework is intended as a focal point for joint work and support between NHS England and CCGs. It draws together the NHS Constitution, performance and finance metrics and transformational challenges and plays an important part in the delivery of the Five Year Forward View (FYFW).

## **How the CCG Measures Performance**

In order to measure how well the CCG is performing against the NHS Constitutional standards, and the indicators set out in the Oversight Framework, a monthly performance report is produced showing the current month's performance against each of the Constitutional Standard metrics as well as the year to date position. Oversight framework metrics are reported on a quarterly basis. Each measure is rated red, amber or green (RAG rated) on both the month and year to date performance using the tolerance set out in the technical definitions. The direction of travel is highlighted which indicates whether performance is improving or declining from one month to the next.

Initial scrutiny on the CCG's performance is undertaken by the Finance, Performance and Contracting Committee, via the performance report which is reviewed monthly and includes updates on health economy-wide system issues, portfolio specific updates including risk, in addition to progress against NHS Constitution pledges and national and local priorities identified in the Outcomes Framework.

The Governing Body receives a performance dashboard that details performance against key quality standards, the NHS Constitution pledges, progress against the NHS Outcomes Framework and deliverables such as dementia diagnosis and increased access to psychological therapies (IAPT) bi-monthly. Any indicator not achieving the national standard is reported by exception to the Governing Body detailing the reasons for underperformance and actions taken to address it. Any prolonged underperformance is addressed by a performance improvement plan which is monitored throughout the recovery period.

The underperformance of services commissioned by the CCG and/or constitutional standards is addressed by the appropriate contract management group through monthly meetings. Wakefield CCG is the lead commissioner for Mid Yorkshire Hospitals NHS Trust, however North Kirklees CCG takes an active role, including representation on the A&EDB, and several of the commissioner roles are shared posts between the two CCGs. The Trust produces a monthly Service Quality and Performance Report (SQPR) which identifies performance against the constitutional standards and key performance indicators monitoring the delivery of services. The SQPR gives both a trust/provider view and how that disaggregates for the commissioners/CCGs.

The performance is discussed monthly through arrangements set up by the Contract Management Group (CMG), chaired by the CCG Head of Contracting and Procurement and focuses on Planned Care, Urgent and Emergency Care, Children and Young People and Community Services. Any service issues are highlighted and actions taken to address the underperformance are agreed. Where appropriate, a remedial action plan is put in place and monitored until recovered. Any further deterioration of performance or milestones not achieved within the recovery timescales may incur a penalty.

Greater Huddersfield CCG is the lead commissioner for the Community Services contract provided by Locala across Kirklees, however North Kirklees CCG takes an active role. A monthly Performance and Quality Dashboard is produced ahead of the contracting meeting, and areas of underperformance against constitutional standards and/or patient outcomes are addressed at the meeting.

The outputs from the contracting meetings feed into the performance and contracting reports and are then presented to Finance and Performance Committee and the Governing Body.

## Assurance

NHS England has a statutory duty (under the Health and Social Care Act (2012)) to conduct an annual assessment of every CCG.

The framework is intended as a focal point for joint work, support and dialogue between NHS England, CCGs, and STPs. Data is available at least quarterly for nearly all of the indicators, which enables everyone to see, in-year, what is working well and what is off-track. NHS England's national and regional teams are working together to ensure that the breadth of the framework is discussed with all CCGs during the year, through a rolling programme of local conversations, drawing on expertise and insight from the national programme teams.

The CCG assurance arrangements for 2020-21 saw the introduction of a new model of **integrated whole place assurance** for partners in WY&H. This saw all partners across Kirklees Health and Social Care footprint coming together to offer assurance against key priorities and national targets. The new arrangements were agreed by

the System Oversight and Assurance Group in January 2020. This is a key element of the development of our mutual accountability framework. The performance management regime during the year focussed on:

- Whole place quarterly review meetings with ICS and NHSE/I
- Formal annual assessment of CCGs by NHSE informed by the ICS
- NHSE/I and ICS agree where escalation or enhanced oversight is required
- NHSE/I will work with ICS to determine and coordinate a tailored support package, based on segmentation of support needs.

### Key Purposes of New Framework

- To support the alignment of the priorities of places, and the partner organisations within them.
- To help identify where places/organisations need support to improve.
- To provide an objective basis for decisions about when and how to use formal regulatory powers of intervention in cases where there are serious problems or risks.

### Scope of New Framework

- Clear focus on transformation, improvement and collaboration.
- Built around the priorities and indicators of the place plans.
- Focus on both immediate and longer term priorities, such as health outcomes and inequalities.
- Underpinned by regular review meetings, involving leaders from all partners in each place

In addition, we are asked to provide regular evidence against the following six domains:

Domain 1: Are patients receiving clinically commissioned, high-quality services?

Domain 2: Are patients and the public actively engaged and involved?

Domain 3: Are CCG plans delivering better outcomes for patients?

Domain 4: Does the CCG have robust governance arrangements?

Domain 5: Are CCGs working in partnership with others?

Domain 6: Does the CCG have strong and robust leadership?

The CCG assurance processes are designed to provide confidence to internal and external stakeholders and the wider public that the CCG is operating effectively to commission safe, high-quality and sustainable services within our resources. Where issues are identified, clear action plans and monitoring are put into place.

## Detailed Analysis and Explanation of the CCG's Development and Performance

### Referral to Treatment (RTT)

The NHS Constitution states that patients have the right to access certain services commissioned by the CCG within maximum waiting times.

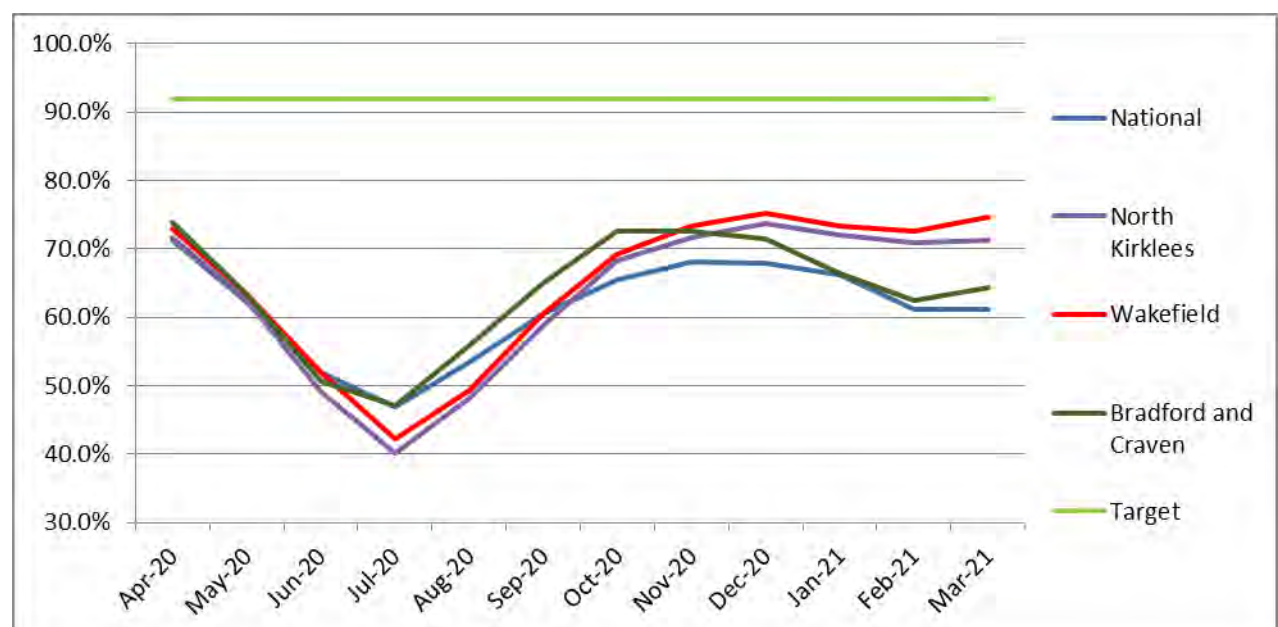
The operational standard is that 92% of patients on incomplete pathways should have been waiting no more than 18 weeks from referral to treatment. This allows for situations where patients choose to delay appointments, cases where patients do not attend appointments, and cases where clinically-based exceptions are needed.

In North Kirklees CCG we have struggled to achieve the 18 week standard for incomplete pathways throughout the year. The year-end performance for 2020-21 was **63.6%**.

North Kirklees CCG RTT performance has been benchmarked against other CCGs in the regions (other than Greater Huddersfield CCG as CHFT are taking part in a pilot scheme).

The chart below shows that over the course of 2020-21, North Kirklees CCG RTT 18 week standard has largely echoed the picture nationally and within the locality, performing slightly better than the national average, as well as Bradford and Craven CCGs.

**Figure 1 RTT 18 week standard 2020-21**





## Number of patients waiting more than 52 weeks

In 2013-14, NHS England introduced a 'zero tolerance' policy for any referral to treatment waits of more than 52 weeks, with such waits resulting in contractual penalties.

In 2020-21, North Kirklees CCG reported that 1289 residents had waited 52 weeks or more. Please note the total number of 52 week waits was calculated using the incomplete and completed 52 week cases to account for the number of patients that remained on the waiting list beyond the point at which they first breached 52 weeks. A robust reporting mechanism has been introduced to get an early warning of potential breaches, allowing a timely conversation between providers and commissioner to prevent further breaches. Compared to the same time last year, this figure is significantly higher due to the effect of Covid-19 on waiting times as hospitals face unprecedented pressures. The charts below show the comparison of waiting times between this and last year, benchmarking against neighbouring CCGs.

**Figure 2 52 week waits 2019-2020**

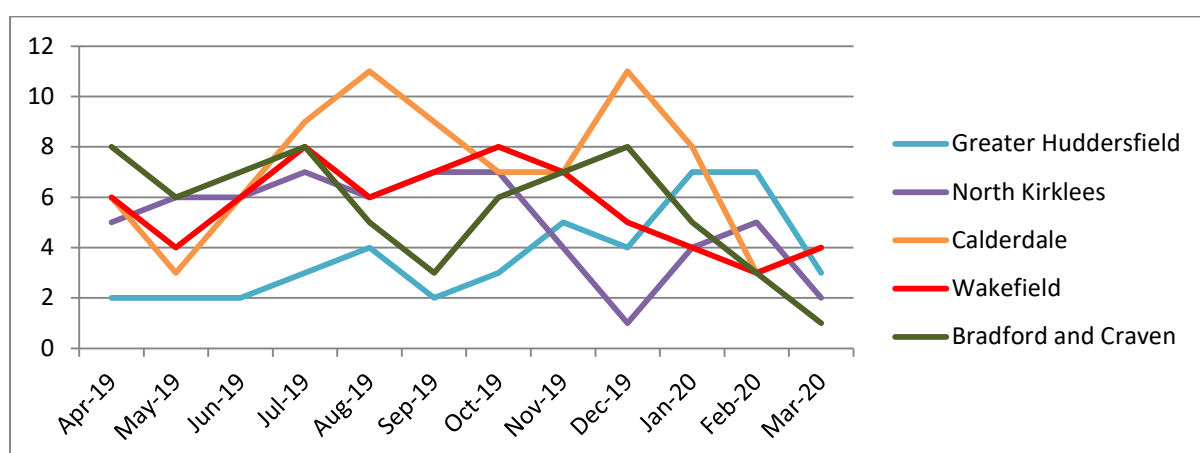
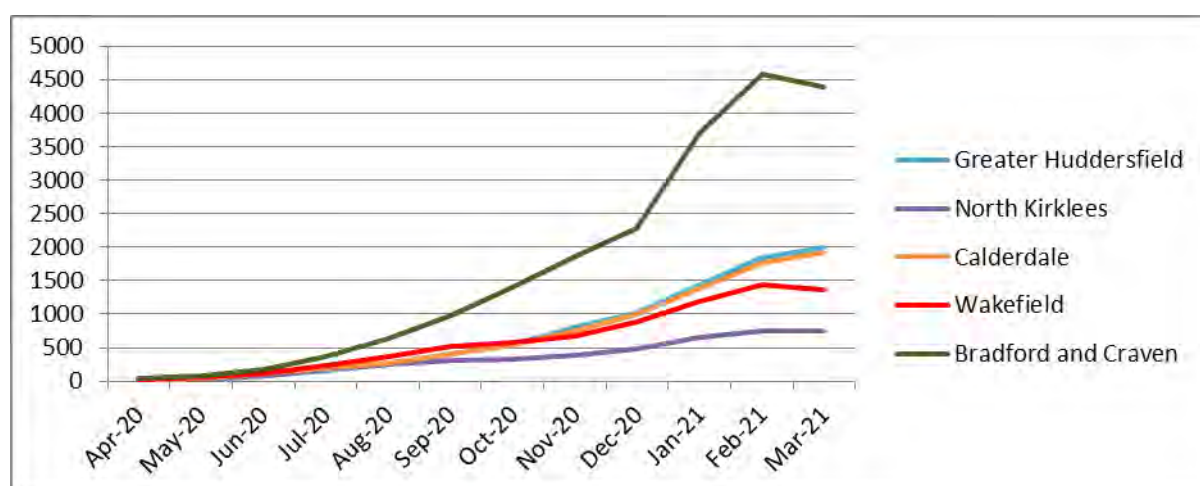


**Figure 3 52 week waits 2020-2021**



In 2019-20 on average **5.0 North Kirklees CCG** patients waited more than 52 weeks for treatment, compared to 3.6 in Greater Huddersfield CCG, 7.0 in Calderdale CCG, 5.7 in Wakefield CCG and 5.6 in Bradford and Craven CCG.

In 2020-21 all areas saw the effect of Covid-19 on their waiting times with an increased number of patients across the area waiting more than 52 weeks for treatment. On average in 2020-21 **343.8 North Kirklees CCG** patients waited more than 52 weeks for treatment, compared to 714.9 patients in Greater Huddersfield CCG, 699.8 patients in Calderdale CCG, 619.7 patients in Wakefield CCG and 1707.6 in Bradford and Craven CCG.

### Diagnostic test wait times

Prompt access to diagnostic tests is a key supporting measure for the delivery of the referral to treatment maximum waiting time standards. Early diagnosis is also important for patients and central to improving outcomes, for example, early diagnosis of cancer improves survival rates.

The operational standard is that the percentage of patients waiting 6 weeks or more for a diagnostic test should be less than 1%. In North Kirklees CCG the year-end performance for 2020-21 was 75.7% of patients waiting 6 weeks or more for a diagnostic test. At the same time last year, 3.3% of patients were waiting 6 weeks or more.

The effect of Covid-19 has greatly increased wait times for North Kirklees CCG and neighbouring CCGs as the charts below show when we compare 2019-20 to 2020-21.

**Figure 4 Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral - CCG % 2019-20**

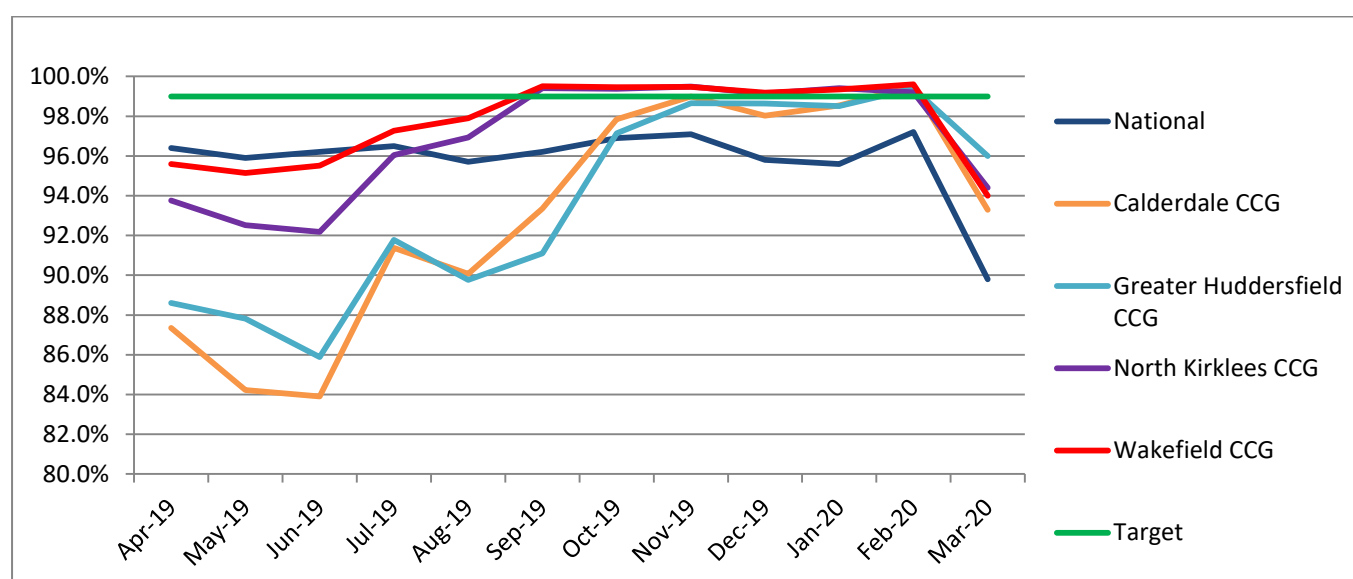
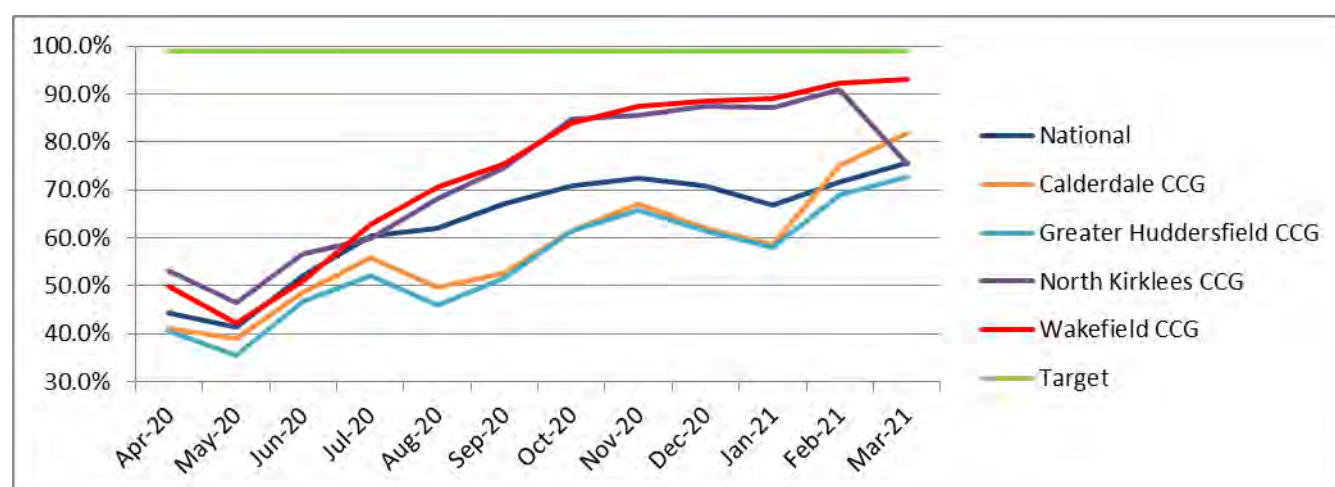


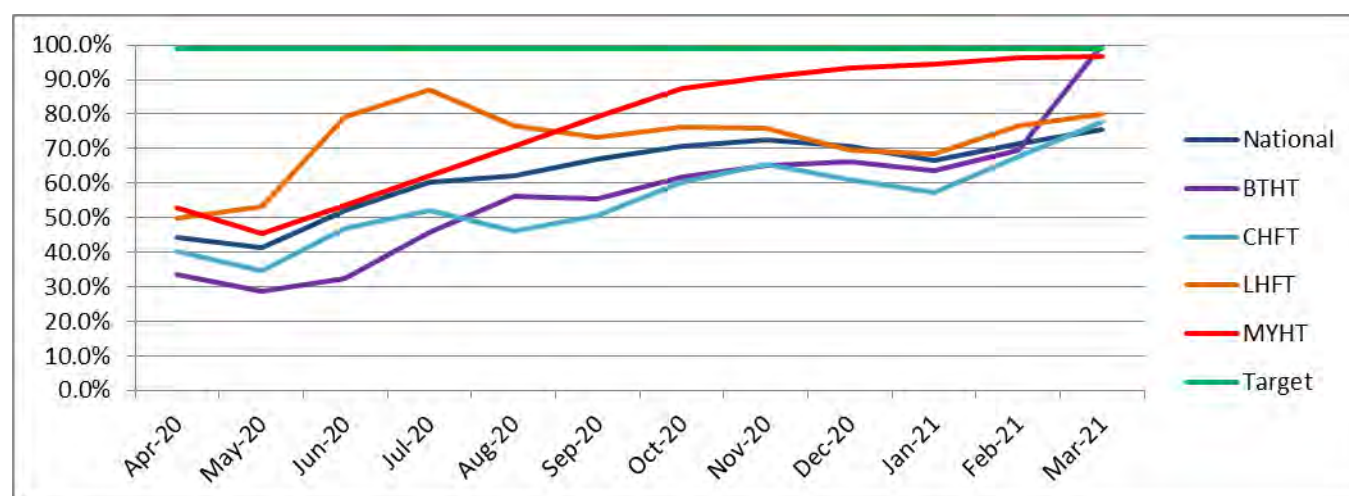
**Figure 5 Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral - CCG % 2020-21**



In 2019-20 North Kirklees CCG performed lower than the national average in the first quarter of the year, gradually increasing over the autumn and winter period. Covid-19 had a dramatic impact on waiting times from March 20 to April 20 with Greater Huddersfield CCG increasing from just 5.6% of patients waiting over 6 weeks from referral in Mar 20 to 46.8% of patients waiting over 6 weeks. The proportion of patients waiting over 6 weeks has steadily decreased over 2020-21, improving to 24.6%, with North Kirklees CCG performing near the national average in March 2021.

Mid Yorkshire Hospitals NHS Trust, the main hospital provider for North Kirklees and Wakefield CCGs has performed well over the national average in 2020-21 and compares favourably against other hospital trusts in the area, as seen in the chart below:

**Figure 6 Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral - Trust % 2020-21**



### Accident and emergency waits – total time in the A&E department

The NHS Constitution states that patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department.

Longer lengths of stay are associated with poorer health outcomes and patient experience, as well as transport delays, treatment delays, ambulance diversion, patients leaving without being seen and financial effects. It is critical that patients receive the care they need in a timely fashion so that patients who require admission are placed in a bed as soon as possible, patients who need to be transferred to other healthcare providers receive transport with minimal delays and patients who are fit to go home are discharged safely and rapidly.

There is professional agreement that some patients need prolonged times in A&E. However, these exceptions are rare and unlikely to account for more than 5% of attendances. The standard is therefore that 95% of patients should be seen within 4 hours.

The reporting standards and targets in respect of the 4 hour emergency standard have been suspended at MYHT as they are participating in the UEC pilot.

- Mid Yorks is one of 14 Trusts supporting the UEC pilot.
- The pilot commenced on the 22nd May 2019 with a focus on:
  - o Time to meaningful assessment (15 minutes)
  - o Total time in ED (12 hours)
  - o Mean time in ED (Measure to be specified)
  - o In order to support good patient flow, the Trust has added a local measure:
  - o 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.

### Mixed Sex Accommodation (MSA) breaches

All providers of NHS funded care are expected to eliminate mixed sex accommodation, except where it is in the overall best interest of the patient. All organisations are held to account for managing beds and facilities to eliminate MSA, and sanctions are applied by commissioners to organisations that breach the standard. We know that MSA is distressing for patients at a time when they feel at their most vulnerable. In 2020-21 MSA reporting has been suspended due to Covid-19.

## Cancer waits – 14 days

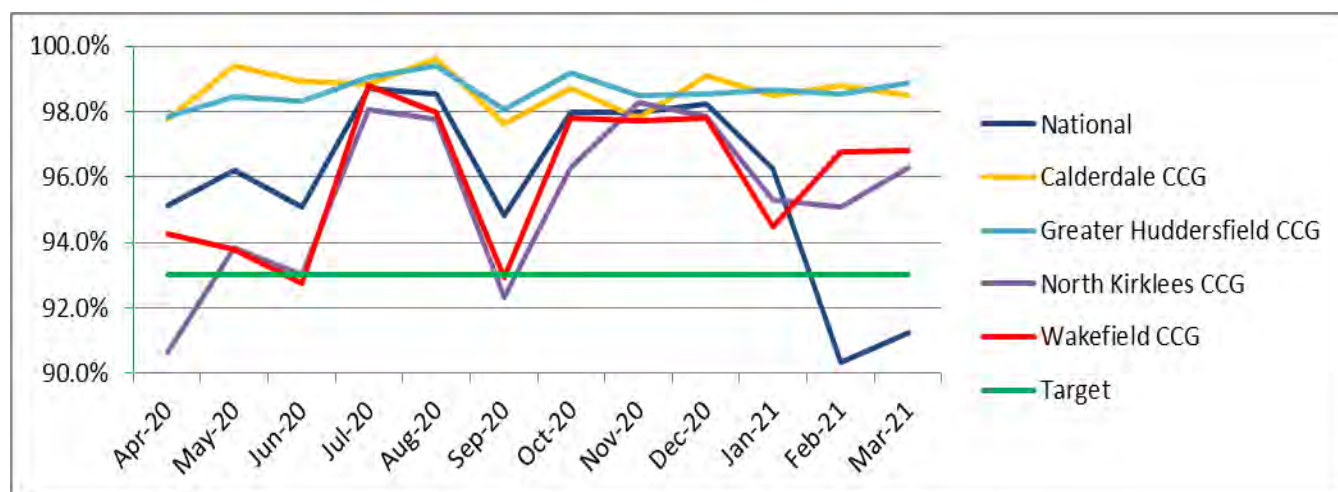
The NHS Constitution states that patients should have a maximum two-week wait for their first outpatient appointment if referred urgently with suspected cancer by a GP. It also states that patients should have a maximum two-week wait for their first outpatient appointment if referred urgently with breast symptoms (where cancer was not initially suspected). The two-week wait services ensure fast access to diagnostic tests, supporting the provision of an earlier diagnosis and assisting in improving survival rates for cancer. The standard is that 93% of patients should have a maximum two-week wait for their first outpatient appointment if referred with suspected cancer by a GP or if referred urgently with breast symptoms (where cancer is not initially suspected).

The year-end performance for 2020-21 for North Kirklees CCG was:

- All cancer two-week waits – 96.1%
- Two-week wait for breast symptoms – 88.3%

Performance can be impacted on, in part, by patient choice and the CCG is targeting education for primary care and patients to reduce breaches due to choice. Despite the impact of Covid-19 on all hospital trusts, North Kirklees CCG has largely performed above the standard of 93% in 2020-21.

**Figure 7 Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP % - CCG 2020-21**



## Cancer waits – 31 and 62 days

The NHS Constitution sets a number of further standards for cancer waits, to ensure that cancer patients receive all treatments within their package of care within clinically appropriate timeframes, to provide better patient-centred care and improve cancer outcomes. The standards, and North Kirklees CCG 2020-21 year end performance are as follows:

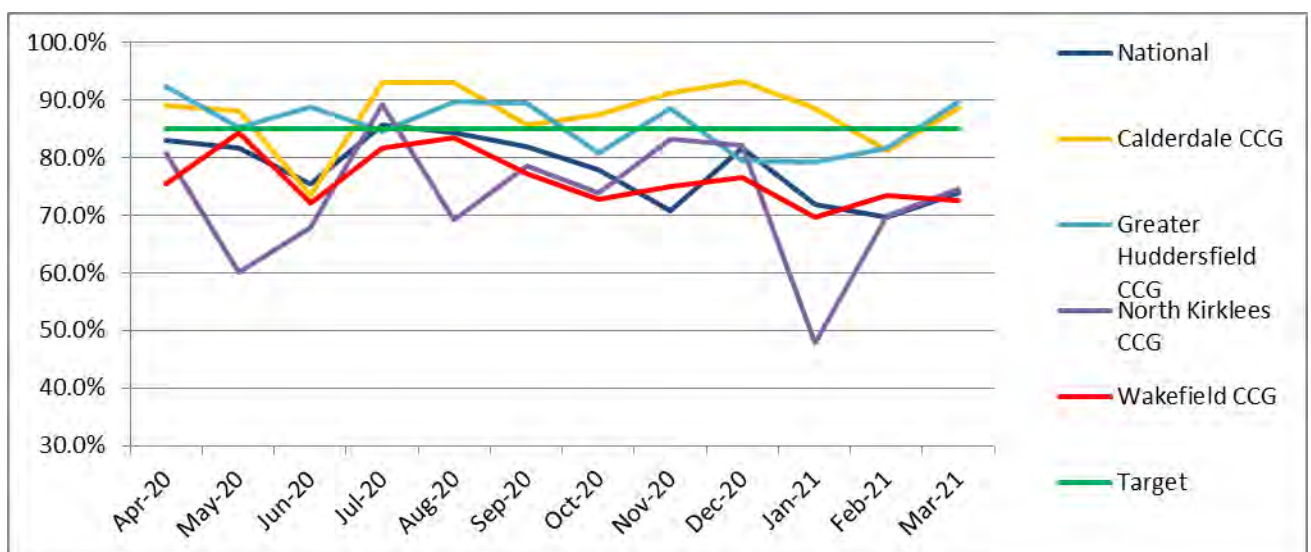


- Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers – 96% **(CCG performance – 95.2%)**
- Maximum 31 day wait for subsequent treatment where that treatment is surgery – 94% **(CCG performance – 91.6%)**
- Maximum 31 days wait for subsequent treatment where that treatment is an anti-cancer drug regimen – 98% **(CCG performance – 100.0%)**
- Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy – 94% **(CCG performance – 100.0%)**
- Maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer – 85% **(CCG performance – 73.9%)**
- Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers – 90% **(CCG performance – 33.3%)**
- Maximum 62 day wait for first definitive treatment following a consultant's decision to upgrade the priority – there is no current operational standard, however performance data is monitored and published as national statistics. **(CCG performance – 72.3%)**

Performance is strong within the 31 day wait areas for cancer drug and radiotherapy but can be greatly impacted by minimum breaches due to the low number of patients on the pathway. All breaches have a root cause analysis undertaken and breach reasons are monitored monthly.

The chart below shows how North Kirklees CCG has performed across 2020-21, performing lower than the national average and against other CCGs in our area.

**Figure 8 Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer % - CCG 2020-21**



### Healthcare Acquired Infections (HCAI) measure (MRSA)

Tackling preventable healthcare associated infections, such as MRSA bloodstream infections, is one of the NHS's key priorities.

With reported MRSA bloodstream infections at an all-time low and many trusts reporting zero cases of MRSA bloodstream infection over the past year, the CCG is clear that preventable MRSA bloodstream infections are not acceptable in NHS funded services. There is a zero tolerance standard.

There have been six reported cases of MRSA for North Kirklees residents. Any reported cases of MRSA are investigated by the Trust and the Head of Health Protection to identify the root cause and to understand if the incident was avoidable. If a case is deemed avoidable, process and procedures will be put in place to mitigate the risk of any further incidents. The details of the root cause analysis are shared with the Quality Committee and action plans agreed to monitor performance throughout the year are scrutinised by the Quality Team. Although there is a zero tolerance standard, this figure is high when compared to other trusts across the region.

### Healthcare Acquired Infections (HCAI) measure (Clostridium Difficile infections)

CDI is an unpleasant and potentially severe or fatal infection that occurs mainly in elderly and other vulnerable patient groups, especially those who have been exposed to antibiotic treatment.

The 2020-21 annual CDI objectives for the CCG were set at no more than 37 cases. The CCG is required to establish and report against monthly trajectories for CDI cases in order to ensure continued reduction.

There have been 35 reported cases in respect of North Kirklees CCG residents in 2020-21. Reported cases of CDI are investigated to identify the root cause and to understand if the incident was avoidable. If a case is deemed avoidable, process and procedures will be put in place to mitigate the risk of any further incidents. The details of the root cause analysis are shared with the Quality Committee and action plans agreed to monitor performance throughout the year are scrutinised by the Quality Team.

### Cancelled Operations

All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons must be offered another binding date within 28 days or the patient's treatment should be funded at the time and hospital of the patient's choice. In 2020-21 Cancelled Operations reporting has been suspended due to Covid-19.

## Mental health measure – Care Programme Approach (CPA)

The Care Programme Approach (CPA) is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs.

This standard relates to the proportion of those patients on CPA discharged from inpatient care who are followed up within 7 days, and at least 95% of patients must be followed up after discharge each quarter. In 2020-21 CPA reporting has been suspended due to Covid-19.

## Mid Yorkshire Hospitals NHS Trust (MYHT) Performance

Mid Yorkshire Hospitals NHS Trust reported **8** waits from decision to admit to admission (trolley waits) of more than 12 hours in the 2020-21 period, compared to 0 in the previous year.

The trust achieved good Cancer waiting times standards in 2020-21. Performance was one of the best in our locality, particularly for 31 day waits all cancers.

**Figure 9 Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP % - Trusts 2020-21**

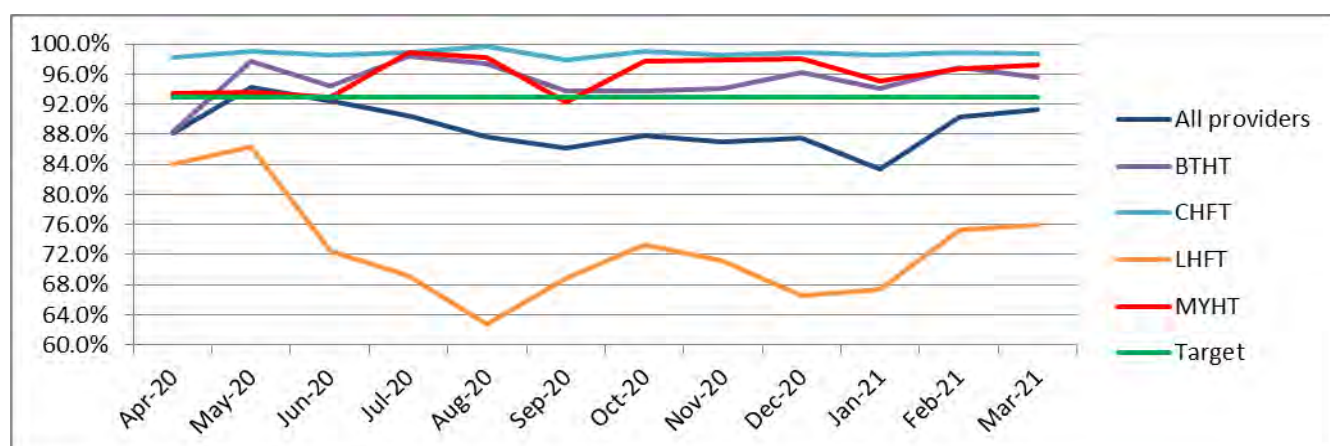


**Figure 10 Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms % - Trusts 2020-21**

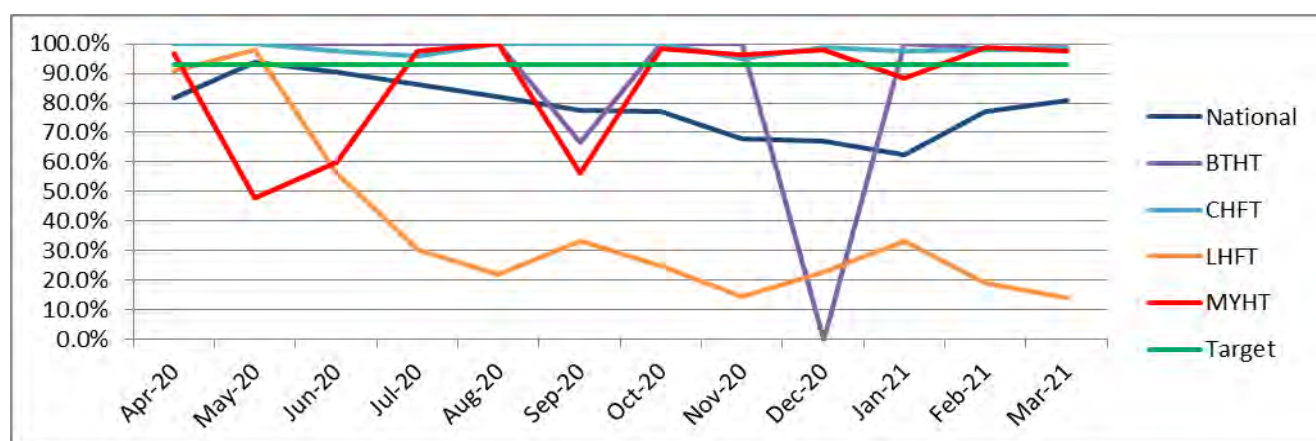
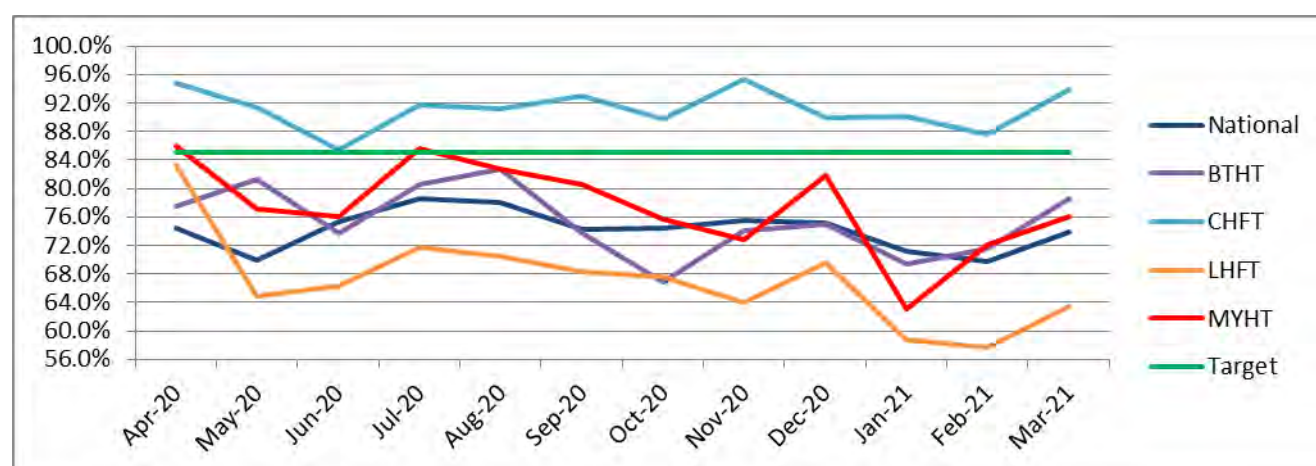




**Figure 11 Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers %- Trusts 2020-21**



**Figure 12 Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer % - Trusts 2020-21**



## NHS Constitution Rights and Pledges 2020-21

The dashboard that follows shows performance against all NHS constitutional measures, for both the current month and year to date.

| Reporting Period<br>March 21                                                | 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%               | 71.3%         | ❖          | 63.6% | ❖       |

| Reporting Period<br>March 21                                                | Measure                                                                                                                                           | Target /<br>Baseline | Period<br>Actual | Period<br>RAG                                                                         | YTD   | YTD<br>RAG                                                                            |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------|---------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------|
| Referral To Treatment waiting times for non-urgent consultant-led treatment | Patients on incomplete pathways waiting more than 52 weeks                                                                                        | 0                    | 749              |    | 1289  |    |
| Diagnostic Test Waiting Times                                               | Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral                                                   | 99%                  | 92.2%            |    | 75.7% |    |
| 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   |                                                                                       |
| A&E Waits                                                                   | No waits from decision to admit to admission (trolley waits) of more than 12 hrs                                                                  | 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%                  | 96.3%            |  | 96.1% |  |
| Cancer Waits - 2 week wait                                                  | Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer not initially suspected) | 93%                  | 96.1%            |  | 88.3% |  |
| Cancer Waits - 31 days                                                      | Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers                                                      | 96%                  | 96.0%            |  | 95.2% |  |
| Cancer Waits - 31 days                                                      | Maximum 31-day wait for subsequent treatment where that treatment is surgery                                                                      | 94%                  | 92.3%            |  | 91.6% |  |
| Cancer Waits - 31 days                                                      | Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen                                                  | 98%                  | 100%             |  | 100%  |  |
| Cancer Waits - 31 days                                                      | Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy                                                      | 94%                  | 100%             |  | 100%  |  |
| Cancer Waits - 62 days                                                      | Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer                                                  | 85%                  | 74.6%            |  | 73.9% |  |

| Reporting Period<br>March 21 | Measure                                                                                                                                                                                                                                                                        | Target /<br>Baseline | Period<br>Actual | Period<br>RAG                                                                         | YTD   | YTD<br>RAG                                                                            |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------|---------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------|
| Cancer Waits - 62 days       | Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers                                                                                                                                                                  | 90%                  | 0.0%             |    | 33.3% |    |
| Cancer Waits - 62 days       | Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)                                                                                                                                      | TBC                  | 100%             | TBC                                                                                   | 72.3% | TBC                                                                                   |
| Ambulance Calls              | All handovers between ambulance and A&E must take place within 15 minutes * CHFT                                                                                                                                                                                               | 95%                  | 64.8%            |    | 72.0% |    |
| Ambulance Calls              | All crews should be ready to accept new calls within a further 15 minutes * CHFT                                                                                                                                                                                               | 95%                  | 36.3%            |    | 37.3% |    |
| Mixed Sex Accommodation      | 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                                                                                                                                                                                                                                           | 39                   | 3                |  | 35    |  |
| 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                    | tbc              |  |       |  |
| 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%                  | tbc              |  |       |  |

## **West Yorkshire and Harrogate Health and Care Partnership: stronger, better, healthier together**

West Yorkshire and Harrogate is a large, complex system covering public, voluntary community and social enterprise organisations (VCSE). Collectively we support 2.7million people, including 260,000 unpaid carers. 23% (570,000) of the total West Yorkshire and Harrogate population are children and young people. We are proud to be home to 20% of people from minority ethnic groups, and have a sense of pride in the richness, heritage and diversity of our communities.

As a CCG we are proud to be part of West Yorkshire and Harrogate Health and Care Partnership. The Partnership belongs to us all.

Since the [Partnership](#) began in 2016, we have worked hard with our partners and communities to build the relationships needed to deliver better health, care and wellbeing support to people across West Yorkshire and Harrogate.

In doing so it has enabled us to create meaningful provider collaboratives, such as the [West Yorkshire Association of Acute Trusts](#), the [Mental Health, Learning Disabilities and Autism Committee in Common](#), and our [Joint Committee of Clinical Commissioning Groups](#). Supported by our politically led and inclusive [Partnership Board](#) (established in 2018) and all our places (Bradford district and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield), we have focused on the strength of joint working to improve people's lives.

The way we work has led to genuine changes, for example in the delivery of the vaccine programme, hyper acute stroke units (the critical care people receive in the first 72 hours), vascular services, and assessment and treatment units for people with complex learning disabilities, eating disorder services and a new specialised child and adolescent mental health services being built - to name a few.

It has led to good practice being shared, for example our award winning '[Healthy Hearts](#)' programme, where around 6,300 patients have had a change to a more effective statin and 2,400 people who are at risk of CVD have been offered a statin. In total an estimated 1200 people could avoid a heart attack or stroke in the next five to 10 years across the area.

Another important example is our work to tackle health inequalities whilst improving the lives of the poorest the fastest. COVID-19, with its disproportionate impact on those with the greatest challenges, including [minority ethnic communities](#) and colleagues, gives added urgency to this work and our recent [commission](#) on this topic focuses on real action, from housing and jobs to improved planning, representative leadership and improvements in mental health services.

The COVID-19 crisis has strengthened relationships and trust. Without this solid foundation, our handling of the pandemic would have been much poorer. Issues like maintaining personal protective equipment supply, coordinating testing, helping people who were shielding and mutual aid have been led by individuals working for the collective.

We have invested additional funding, over £2.5m in the VCSE to continue their essential [work](#). This stretches to the delivery of care as equal partners, for example support for men's mental health as part of our [suicide prevention strategy](#); the [Grief and Loss Support Service](#) and our staff [Check-In campaign](#) to help prevent staff suicide and our [mental health and wellbeing hub](#) for all colleagues.

This is underscored by the established [ethical principles](#) that underpin our work to help individual clinical decision makers and multidisciplinary teams have confidence and integrity during the pandemic and into the future.

Our [Improving Population Health Management Annual Report](#) (December 2020) sets out the collective difference we have made in the past 12 months, including our ambitions to address [climate change](#) and [housing for health](#). It also sets out actions for 2021, including violence reduction and the impact of [childhood trauma](#). Just some of our big ambitions set out in our coproduced [Five Year Plan](#).

Whilst the direct impacts of COVID-19 on health are recognised, it is important to acknowledge the economic and societal impacts associated with the long-term nature of the restrictions in West Yorkshire. Residents of West Yorkshire have been under a combination of national and local restrictions for all but two months since the end of March 2020 (accurate March 2021). The economic impact of COVID-19 across West Yorkshire and Harrogate has led to significant job losses and a recession which brings additional risks to the health of people.

The relationships we have with the West Yorkshire Combined Authority for the area's economic recovery plan, Health Education England, the Academic Health Science Network, med-tech and the skills sector, including universities, helps us to look at what we can do together to develop and grow our workforce and support people into better jobs via our People Board work.

As a proud and valued partner, we are pleased with the progress we have made. Together we are sharing and spreading good practice across the area, and ultimately saving more lives by improving people's health and wellbeing.

We know that more needs to be done to give everyone the very best start and every chance to live a long and healthy life. **Only by working together can we truly achieve this.**

You can find out more about the difference our Partnership is making [here](#) and also by visiting [www.wyhppartnership.co.uk](http://www.wyhppartnership.co.uk) or follow @wyhppartnership on twitter to find out more or get involved.

Information on the West Yorkshire & Harrogate Joint Committee of CCGs can be found in the Governance Statement at page 67.

## Primary Care

### Primary Care and COVID-19

In 2020-21, primary care services in North Kirklees were predominantly focussed on the response to the COVID-19 pandemic and in the latter half of the year, the delivery of a successful COVID-19 Vaccination Programme.

In the early days of the pandemic, primary care services had to rapidly adapt their ways of working and implement a 'digital first' approach which saw the utilisation of video, online and telephone consultations become the safest way to deliver services to the majority of patients. This way of reaching patients and reducing footfall to GP premises kept staff and patients safe and has remained in place as a model of operating services for the whole year. There is an increasing emphasis on restoring access to enable face to face consultations and the importance of this was a theme in the 2020 Healthwatch survey of patient experience during the pandemic in Kirklees. Access is likely to remain a priority in the recovery phase following the most recent national lockdown.

There were a number of actions taken and services commissioned which enabled primary care to remain resilient and responsive during the pandemic.

### **COVID-19 Clinical Assessment Service (CCAS)**

In April 2020, the CCG worked with local practices, GP Federations and Primary Care Network (PCN) Clinical Directors to commission a COVID Clinical Assessment Service (CCAS) or 'hot site'. These clinics enabled patients with COVID symptoms who required face to face appointments to be seen safely and separately to other non-COVID patients.

The CCAS in North Kirklees was located at Dewsbury Health Centre (vacant Victoria Medical Centre) operated by Curo Health GP Federation operating under CQC registration of Curo Health Ltd. In June 2020, the site reduced its operating hours, changing from a seven day operating week to a Monday – Friday, afternoon service. The service was able to be responsive during the various peaks and troughs in demand throughout the year and was of particular value in North Kirklees where transmission rates remained high. Reflecting the decreasing prevalence of COVID and the increasing vaccination rates, the service was decommissioned from the end of March 2021.

### **COVID Home Response Team (CoHoRT)**

The Kirklees COVID-19 Home Response Team (CoHoRT) service was established in April 2020 offering a same-day service for housebound patients that were symptomatic (or confirmed positive) for COVID-19 (or housebound patients within a household where someone was COVID-19 symptomatic or positive) and needed face-to-face support.

It was agreed that the CoHoRT services would be managed by the Kirklees GP Federations and would work alongside the CCAC operations. Running these



services together enabled the safe provision of staffing, workload, equipment, PPE and clinical oversight/support.

Appointments and service hours flexed in response to demand, throughout 2020-21. Reduced service utilisation in recent months led to collaborative discussions with the Kirklees Urgent Community Response (UCR) Programme and from April 2021, the UCR programme will manage appropriate COVID positive patients through a dedicated number of appointments available on a daily basis.

## **COVID testing**

Greater Huddersfield and North Kirklees CCGs were chosen to be the first pilot sites in the Department of Health and Social Care's (DHSC) National Swab Pilot. This new collaboration meant all patients that were referred into CCAC or CoHoRT would be offered a Kingfisher swab test. The pilot commenced in Greater Huddersfield at the end of July 2020.

Kirklees COVID Clinical Assessment Clinic and (CCAC) and CoHoRT services continue to work with DHSC on this initiative and services continue to offer a test to all patients referred in, unless they have had one in the last 48 hours and/or are self-isolating as someone they live with has tested positive.

Regular COVID testing continues to be offered to Primary Care staff on a regular basis via Lateral Flow Tests (LFT) ordered through a central portal.

Currently patient testing is through the numerous community testing pathways currently available (drive through, mobile testing units, walk-ins, home test kit ordering online) rather than directly from GP practices.

## **COVID – Oximetry@Home**

In December 2020, Kirklees GPs opted to commission one COVID Oximetry at Home (CO@H) service for the over 65 year old COVID positive population of Kirklees, which went live on 4<sup>th</sup> January 2021 (or younger people where clinically indicated). The service was commissioned from Local Care Direct with support from Curo. In February 2021 PCN leads approved LCD access to NHS Digital daily data to allow early direct contact with eligible COVID positive individuals to offer the service. In March 2021, the referral age threshold was lowered to COVID positive individuals over the age of 50 years. As at March 2021, the CO@H service has received 218 referrals.

## **COVID Vaccinations**

In December 2020, Primary Care Networks were asked to put forward proposals to mobilise PCN Local Vaccination Service (sites LVS) through an Enhanced Service to deliver COVID vaccinations at scale.

The CCG were tasked with visiting, approving and ensuring readiness of the sites.

North Kirklees CCG has and continues to meet all National targets in relation to the Covid Vaccination Programme.

Spenneth Health and Wellbeing Network (SHAWN) and Batley and Birstall PCNs collaborated to deliver vaccines from The Al-Hikmah Centre in Batley. This site was mobilised as part of wave one, on 16 December 2020 and can administer up to 3,500 vaccines per week. The site received national recognition with a visit from the Prime Minister, Boris Johnson on 1 February 2021 which praised the joint community working and the efforts made to vaccinate patients from Black and Minority Ethnic (BAME) backgrounds.



Three Centres and Dewsbury and Thornhill PCNs collaborated to deliver vaccination from Dewsbury Health Centre. This site was mobilised as part of wave six, on 11 January 2021 and can deliver up to 5,000 vaccines per week.

In North Kirklees there is one Community Pharmacy site, Knights Pharmacy which went live on 23 January 2021 and has the capacity to deliver 1,000 vaccines per week.

North Kirklees patients can also be vaccinated at the Kirklees Community Vaccination Centre, operating from the John Smith's Stadium. This site went live as a staff vaccination site on 25 January 2021 and as a public facing site on 1 February 2021. The maximum weekly capacity is up to 15,120 vaccinations per week.

North Kirklees vaccination sites continue to follow priorities set by The UK Government, as aligned to the National cohorts.

Calderdale and Huddersfield NHS Foundation Trust offered vaccinations, albeit, primarily to Health and Social Care Staff. Vaccinations were based in Acre Mills



Outpatients. This site went live on 30 December 2020 and had a capacity of 2,100 vaccinations per week.

North Kirklees vaccination sites continue to follow priorities set by The UK Government, as aligned to the National cohorts.

### **Practice Workload and COVID-19**

In 2020-21, many of the requirements of practices and Primary Care Networks (PCNs) were stood down or reduced to free up capacity for the pandemic response. This took the form of income protection for many areas of contracts (e.g. Quality and Outcome Framework) and in the CCG agreed a number of local arrangements for local contracts and mechanisms to support practices such as obtaining PPE in the first few months of the pandemic or applying clinical prioritisation for services.

### **Medicines Management**

The Medicines Management Team has supported the safe and effective rollout of the vaccination programme within Greater Huddersfield and North Kirklees CCGs by providing PCNs with:

- visits to potential vaccination sites to check their suitability as outlined by NHS England
- detailed clinical knowledge about vaccines, their storage conditions and legal aspects around administration
- regular assurance visits
- mutual aid when needed in form of trained vaccinators and admin staff

Additional to the vaccination programme, the Medicines Management team have engaged with:

- GP practices and care homes to support the setup of proxy ordering within care homes
- Kirklees Council to provide support to shielded patients with obtaining their medication
- GP practices and pharmacies to change repeat prescriptions to electronic Repeat Dispensing to reduce the burden on practices and ensure patient's access to regular medication
- Care homes and GP practices to provide information and support when needed as part of an Multidisciplinary team
- PCN clinical pharmacists to provide a forum for joint working to review and discuss existing priorities and prescribing, to provide guidance and advice to

constituent organisations for them to consider and approve through their organisational approval processes as appropriate.

## **Access**

It remains a key priority of the CCG and a key aim of the primary care strategy to provide easily accessible primary care services for all patients. During 2020-21, appointments in the evening and weekend were made available for all patients in North Kirklees through an Extended Access service and through extended hours appointments delivered by Primary Care Networks. Along with GP practices, many of these appointments were delivered through video or telephone consultations with patients who needed to be seen face to face appointments being offered that option with appropriate safety measures in place.

The North Kirklees extended access service is currently delivered by a mixed Primary Care workforce from 3 hubs, Dewsbury Health Centre, Broughton House Surgery and Liversedge Healthcentre and appointments are made available for routine and on the day requests. This is to ensure that the service meets the requirement to offer appointments on an equal footing to core hours appointments. Patients are able to access the appointments via their own North Kirklees registered GP surgery or via NHS 111

In 2020-21, the service moved to a hub and spoke model to widen access and to begin to move to a more Primary Care Network focussed provision which will become a national expectation from April 2022. An expanded range of services such as phlebotomy and cytology continued to be delivered through the pandemic.

## **Primary Care Equitable Funding Review**

At the September 2020 Governing Body Meeting, the CCGs approved a tiered service model as an approach to deliver Primary Care services consistently across Kirklees by GP member practices.

Participating GP practices moved to an equivalent of the core General Medical Services (GMS) contract payment rate to deliver Tier 1, core contractual services. In addition an extra circa £1 million investment was agreed into primary care across Kirklees to implement Tier 2, 'Kirklees Essentials' from the 1st October 2020. Greater Huddersfield and North Kirklees CCGs have now achieved the NHS England aspiration of equity of funding between contract types (GMS and PMS) by the 1st April 2021 by implementing Tiers 1 and 2. The programme of work is now moving on to review the CCG's local enhanced services and PMS premium schemes in Tiers 3 and 4 to achieve consistency for patients and practices.

## Development of Primary Care Networks (PCNs)

### Workforce

Each Primary Care Network has recruited their full complement of Clinical Pharmacists and Social Prescribing Link Workers that were introduced to PCNs in 2019-20. This ensured that patients from all practices have access to the skills that they bring and the support they can offer to the work of the PCN. The Clinical Pharmacist role has been very valuable in supporting practices with prescribing workload and in undertaking medication reviews. Social Prescribing Link Workers have been played a really important role in 2020-21 in supporting patients during the pandemic, and in particular, patients who have been socially isolated due to shielding.

Every PCN has developed plans to recruit to the new additional roles that have become available. Using data and local knowledge about their populations' health needs, PCNs have identified the roles that they believe will bring most benefit to their patients and have started to recruit to the posts.

In 2020-21, the number of roles that PCNs could recruit to was significantly expanded and can be seen in the table below.

| Role                            | Introduced |
|---------------------------------|------------|
| Clinical Pharmacists            | 2019/20    |
| Social Prescribing Link Workers | 2019/20    |
| First Contact Physiotherapists  | 2020/21    |
| Physician Associates            | 2020/21    |
| Pharmacy Technicians            | 2020/21    |
| Occupational therapist          | 2020/21    |
| Dieticians                      | 2020/21    |
| Podiatrists                     | 2020/21    |
| Health and Wellbeing Coaches    | 2020/21    |
| Care Co-ordinators              | 2020/21    |
| Paramedics                      | 2021/22    |
| Mental Health Practitioners     | 2021/22    |
| Nurse Associates                | Oct 2020   |
| Trainee Nursing Associates      | Oct 2020   |

PCNs continued to have access to development funding and the time and budget allocated to the Clinical Director role was increased from 1 day per week to 5 days per week to account for the significant workload during the vaccination roll out.

## Enhanced Health in Care Homes

The Kirklees Care Home Programme builds on the key element and sub-elements of national PCN service specification for Enhanced Health in Care Homes (EHCH). The Framework lays out a clear vision for providing joined up primary, community and secondary, social care to residents of care and nursing homes via a range of in reach services.

The EHCH model has three principal aims:

- delivering high-quality personalised care within care homes;
- providing, wherever possible, for individuals who (temporarily or permanently), live in a care home access to the right care and the right health services in the place of their choosing; and
- enabling effective use of resources by reducing unnecessary conveyances to hospitals, hospital admissions, and bed days whilst ensuring the best care for people living in care homes

In the EHCH model, care providers work in partnership with local GPs, community healthcare providers, hospitals, social care, individuals and their families, and wider public services to deliver care in people's homes as well as in care homes. Services are 'wrapped around' the individual and their family, who are connected to and supported by their local community. Proactive, personalised care and support becomes the norm.

To complement the EHCH framework a number of requirements to support care homes were developed in 2020-21 as part of the COVID response, including:

- Identifying a clinical lead for each care home
- Providing a weekly check-in for each care home.

In order to achieve this and meet the requirements of the EHCH Enhanced Service, practices across Kirklees have aligned one practice to one care home. Each practice has an identified clinical lead that participates in the weekly home round / check in. Practices have worked closely with care home colleagues to provide virtual consultations using AccuRX.

Practices are also supporting care home colleagues during the COVID outbreak and are assisting to embed the SBAR (Situation, Background, Assessment, Recommendation) tool which is used to facilitate prompt and appropriate communication where the care home is concerned about a resident.

Practices are currently working with their aligned care home to ensure robust processes are in place to support their weekly home round and MDT meetings. Practices are working collaboratively with our community provider to ensure appropriate residents have advanced care plans incorporating treatment and escalation plans in place. Other work has begun to test digital solutions in care homes.

All the above initiatives have supported the development of improved communication and closer working relationships between practices and care homes resulting in better outcomes for residents

## **DIGITAL**

### **GP online Consultation and video consultation**

Patient's registered at all 27 North Kirklees practices have been able to access their GP practice via the utilisation of the GP online Engage consult System, provided by Engage Health. Through this system patients are able to communicate securely and safely online with their practice about non-emergency medical conditions or ask administration questions. The system also offers 24/7 access to symptom-specific self-help information and easy access to other local NHS and self-care services.

Since April 2020 and throughout the COVID19 pandemic, all GP practices have had access to utilising AccuRx, providing a way for video consultations to take place between practice staff and patients in a secure and accessible format.

### **GP online consultations, IT and digital first**

From June 2020, all practices were offering both online and video consultations to patients. This enables practices to triage patients safely and remotely to support the Covid-19 response. The CCG reviews reports of utilisation and patient feedback for online consultation every month.

### **Engagement with membership and practice visits**

As a membership organisation, the CCG supports the provision of education and training opportunities that cultivate professional excellence and high motivation. Where possible, this is done at scale in collaboration with partners and the GP Federation.

Regular 'Practice Protected Time' events took place in 2020-21 delivered with the support of Curo GP Federation and the adoption of technologies enabled events to continue remotely. Events are also arranged which focus on the learning and development needs of nursing and practice management colleagues.

In 2020-21, the CCG continued a programme of membership engagement through the Council of Members, moving these to online during the pandemic. Supportive practice visits were also offered to member practices. These worked alongside a programme of Quality Assurance Visits and the regular review of a comprehensive quality and contracting dashboard.

## Financial Performance

Due to the impact of the pandemic the CCG has seen some its usual financial targets suspended for the year, except for achieving a breakeven position and our key financial duties that are shown below. For 2020-21 the CCG has successfully achieved a surplus position for the year of £0.750m, against its breakeven target.

During the year the CCG has continued to utilise the resources it has received by targeting areas of greatest need. The CCG has invested significantly in areas such as Primary Care, to support the pressures experienced in this area. It has also developed several services in primary care, the care sector and within the community to support the ongoing response against Covid-19.

Due to the challenges this year has brought, the CCG has still looked to deliver new services that will be even more important as we move forward. The CCG has continued to make investments that include –

- Investment in primary care where the CCG has tackled the inequities in contract values.
- Continued to make investment and development in mental health services
- Development in Care Homes Services
- Development of community services.

During 2019-20, the CCG was awarded as a national pilot site alongside our local providers to provide a new out of hospital service that sees patients within a 2-hour target with our local providers. This commenced during the year and will develop as we move into the new financial year.

The CCG has also continued to support West Yorkshire programmes of care as part of its wider system work within the Integrated Care System.

## Financial Duties

The CCG has several statutory financial duties and targets against which its performance is monitored. Although the CCG has had a number of its financial targets suspended, we are pleased to report that we were able to achieve our financial plan and that we have met all of our statutory financial duties. In relation to the public sector payment policy target (non-statutory), the CCG has achieved over 95% in all 4 of the indicators relating to payments made within 30 days.

The table below shows a summary of the CCG's performance against the statutory financial duties in 2020-21:

| Financial Duty                        | Achieved/Not Achieved | Performance in 2020-21                                            |
|---------------------------------------|-----------------------|-------------------------------------------------------------------|
| Achieve operational financial balance | <b>Achieved</b>       | Delivered in-year surplus of £0.750m, cumulative deficit £12.921m |

|                                                       |                 |                                                         |
|-------------------------------------------------------|-----------------|---------------------------------------------------------|
| Maintain capital expenditure within Capital Resources | <b>Achieved</b> | £0k of capital resource utilised against a limit of £0k |
| Manage cash within the CCG's Cash Limit               | <b>Achieved</b> | Cash balance of 0.041k                                  |

### Non-financial Matters

Throughout the Annual Report, details are shared of the CCG's focus on social matters (for example, the KJSA), our respect for human rights (for example, our compliance with statutory duties), and our commitment to anti-corruption and anti-bribery (for example, the Governance Statement details our management of risk).



# Sustainability Report

In this section of the Annual Report, we set out the CCG's performance in relation to sustainable development.

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## National Ambition

### NHS Vision:

***To deliver the world's first net zero health service and respond to climate change, improving health now and for future generations.***

The NHS was founded to provide high-quality care for all, now, and for future generations. Understanding that climate change and human health are inextricably linked, in October 2020, it became the first in the world to commit to delivering a net zero national health system. This means improving healthcare while reducing harmful carbon emissions, and investing in efforts that remove greenhouse gases from the atmosphere.

With around 4% of the country's carbon emissions, and over 7% of the economy, the NHS has an essential role to play in meeting the net zero targets set under the Climate Change Act (Delivering a 'Net Zero' National Health Service).

Two clear and feasible targets are outlined in the [Delivering a 'Net Zero' National Health Service](#) report:

- The NHS Carbon Footprint: for the emissions we control directly, net zero by 2040
- The NHS Carbon Footprint Plus: for the emissions we can influence, net zero by 2045.

## In Kirklees

In March 2020, the West Yorkshire and Harrogate Health and Care Partnership published its response to the NHS Long Term Plan. In this, the CCG in partnership with other West Yorkshire CCGs, NHS providers and local authority partners identified climate change as one of the key priorities requiring action over the next five years.

In support of this, the CCG has commenced work on a Green Plan (jointly with Greater Huddersfield CCG), to replace the former Sustainable Development Management Plan; however work has been delayed by the CCG's response to the coronavirus pandemic during 2020-21.

A Green Plan is a mechanism for organisations to take a coordinated, strategic and action-orientated approach to sustainability. Developing a Green Plan will help the CCG to:

1. Deliver on the Long-Term plan
2. Improve the health of the local community
3. Achieve its financial goals
4. Meet its legislative requirements



## Summary of Performance

The CCG moved into new premises part way through 2019-20, and therefore were unable to determine baseline performance for carbon emissions last year. 2020-21 will provide a baseline year for performance, however it should be noted that it has not been a typical year due to the coronavirus pandemic, when the majority of CCG staff have been working from home since March 2020.

| Resource    | Unit           | Consumption 2020-21                                                                                                                                                                                                                         | Carbon Emissions 2020-21 (tonnes CO <sub>2</sub> e) |
|-------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Electricity | kWh            | 15,202*                                                                                                                                                                                                                                     | 10.8                                                |
| Gas         | kWh            | The CCG does not have a gas supply at its headquarters.                                                                                                                                                                                     |                                                     |
| Water       | m <sup>3</sup> | The CCG is a tenant in a multi-occupier building and makes a contribution towards water as part of its service charge. It is not possible to identify the consumption attributable to the CCG, or the carbon emissions connected with this. |                                                     |

\* The CCG is a tenant in a multi-occupier building and is charged a percentage of usage from a number of meters covering the building. The usage is further split 50:50 with Greater Huddersfield CCG due to staff being shared and using communal space.

# Performance Report

## Statutory Duties

The CCG is required to comply with a number of statutory duties. The CCG monitors compliance with these throughout the year and we have sought to demonstrate this throughout the Annual Report. Whilst we have complied with all of our statutory duties, the Health & Social Care Act 2012 (as amended) includes a number of legislative requirements for CCGs in respect of the information we must include in our Annual Report. In this section, we have summarised our activities in a number of areas:

### Reducing Inequalities

(Section 14T, Health & Social Care Act 2012 (as amended))

The CCG has complied with the statutory duty relating to the reduction of inequalities by:

- Active membership of the Health and Wellbeing Board;
- Active engagement in the development of the Joint Health & Wellbeing Strategy;
- Inclusion of 'impact on health inequalities' as one of the key criteria for weighting commissioning decisions.

### Consultation and Work with the Health & Wellbeing Board

(Health & Social Care Act 2012 (as amended))

The CCG continues to be an active member of our local Health & Wellbeing Board. The work of the Board, and delivery of the Joint Health and Wellbeing Strategy, is reflected throughout the Annual Report and key areas of discussion have included:

- Kirklees Joint Strategic Assessment Overview 2020-21 and Director of Public Health Annual Report 2020-21
- Kirklees Inclusion Commission and Development of Kirklees Joint Health and Wellbeing Strategy
- Kirklees Children and Young People Plan
- Kirklees Health and Wellbeing Plan
- Kirklees wide approach to Health Inequalities
- Establishment of Kirklees Integrated Health and Care Leadership Board
- Pharmaceutical Needs Assessment

The Board has focussed extensively on COVID-19 during the past 12 months, and areas of focus have included:

- Community Engagement during COVID-19
- Implication of COVID-19 for Kirklees

- Stabilisation and Reset across Kirklees Health and Social Care System
- Kirklees Outbreak Control Plan

## Ensuring the continuous improvement in quality

(Section 14R, NHS Act 2006 (as amended))

Improving quality of health care and ensuring patient safety is a key role of the CCG. During this challenging year we have adapted our quality work by offering expert clinical and quality support to our provider colleagues, and we have adapted a proportionate, pragmatic approach to quality assurance.

In addition, in response to the Chief Nursing Officer asking CCGs to lead an Infection Prevention and Control and Personal Protective Equipment training package to 100% of all care home providers, including Learning Disability homes the CCG Quality team co-ordinated and delivered this phased programme on May 1<sup>st</sup> with completion of the final phase required on 29<sup>th</sup> May. The programme was required to ensure understanding and compliance with guidance and safe practices and involved identification and training of an identified number of Supertrainers who educated and assessed trainers as competent to deliver training with a required ratio of trainers depending on the number of homes.

100% offer was achieved within the required timescale, with training sessions delivered to 88 out of 127 open homes in Kirklees. Homes who declined the offer had often already done alternative training, and some were unable to accommodate this within the timescale and by September 29<sup>th</sup> 100 of 127 open homes had received training. Supplementary training sessions were offered to deliver the training to more care home staff and embed good practices.

We have ensured that we have fulfilled the requirement to assure ourselves on the quality and safety of service provision. We have done this by:

- Further developing the strong working relationships with our providers through CCG quality attendance at all provider Quality committees . Maintaining robust insight on quality performance through the scrutiny of the quality and safety dashboards.
- Adaptation of the Quality Impact Assessment process to support colleagues within the organisation respond to rapid service change required by the pandemic.
- Delivery of a national training programme on Infection Prevention and Control plus Personal Protective Equipment to all care home providers, including Learning Disability homes to ensure understanding and adherence to recommended guidance.
- Provision of an offer of 'Soft Signs-Recognition of deterioration' to all care home providers including Learning Disability homes to assist staff in

understanding how subtle, non-specific changes in residents can be important and what to do to obtain appropriate timely help.

- Participate in outbreak management processes and support any identified required quality improvements.
- Confirmation of organisational compliance from providers against the national Infection prevention and control Board Assurance Framework internal assurance as well as ongoing updates against the Trusts Infection and Control action plan.
- Supporting Primary Care Networks to plan safe Covid vaccination delivery which provide a positive patient experience.
- Provision of an offer of 'Fresh Eyes' Infection Prevention and Control support visits to primary care settings both proactively and in response to staff outbreaks.
- Continue to progress both the Quality for Health assurance system developed by the CCG and VAC for the voluntary sector plus request scoping into provision and resilience of the local Third Sector to identify gaps in areas of CCG priority.
- Sharing patient stories at every Governing Body meeting in order to learn about experience of accessing health services including experience of Covid vaccination.

## Safeguarding Adults and Children

The CCG has a legal responsibility to ensure that the principles and duties of safeguarding children and adults at risk remain a priority for both the CCG and the providers from which it commissions services. Whilst some statutory duties under the Care Act 2015 were eased during the past year due to the Covid Pandemic, the duties relating to safeguarding remained.

The safeguarding functions continued, albeit some delivered in different ways:

- **Supportive safeguarding advice:** The CCG Safeguarding team offered advice to support professionals in the CCG or Primary Care and extended the offer to include staff in commissioned health providers
- **Responding to urgent statutory safeguarding cases:** Significant statutory safeguarding cases require responsive actions to ensure that any learning is shared quickly to protect children or adults who may be at risk. The CCG Safeguarding Team continued to support the work on these cases throughout the year.
- **Work to support the Kirklees Safeguarding Boards/Partnerships:** The Safeguarding Board/Partnership Executive meetings continued and the CCG as a statutory member continued to attend and play a full role. Initially subgroups and work-streams of the Board/Partnerships were suspended, but these were re-commenced via virtual processes and the CCG are in full attendance

- **Supporting Primary Care and other partners with pertinent safeguarding information:** Supportive guidance for both safeguarding and adherence to the mental capacity act during the pandemic have been produced by the Team and distributed to Primary Care colleagues.

Seeking assurance that commissioned providers continue to prioritise and deliver safe and effective systems for safeguarding children and adults, including provision for Children in Care and a Child Death Overview Panel, remains a key part of the CCG Safeguarding team role.

### **The Learning Disabilities and Mortality Review Programme (LeDeR) update**

The LeDeR programme, which was established in 2017 . Locally the CCG leads the programme of retrospective reviews the deaths of people with Learning Disabilities (LD) aged 4 to 74 across England. The key aim being: to identify learning and best practice so that any recommendations for improvement can be taken forward.

NHSE requirements are that a trained LeDeR Reviewer must be allocated within 3 months and the review completed within 6 months. The most significant challenge for the CCG has been limited funding to support the delivery of reviews and the majority of Reviewers continue to complete these in addition to their substantive posts.

With the support of local Health Providers and Local Authority partners a shared approach across Calderdale and Kirklees to complete the reviews was undertaken with success, as all backlog cases for the two areas were completed by December 2020

In November 2020 NHSE published a report analysing the LeDeR Reviews that had been undertaken of the deaths of 206 people with LD at the start of the pandemic. The report highlighted some good practice in the care of people with LD, but it also highlighted concerns in 4 key areas:-

- Issue 1: Identifying deterioration in health.
- Issue 2: Do not attempt cardiopulmonary resuscitation (DNACPR) and learning disability as a cause of death
- Issue 3: Diagnostic overshadowing
- Issue 4: Reasonable adjustments

The learning from the report in November 2020 has been taken forward by local commissioners of service for people LD, this remain as a key priority to addressing inequalities for people with LD.

### **Public Involvement and Consultation**

(Section 14Z2, Health & Social Care Act 2012 (as amended))

We have a strong commitment to involving the public and patients. Our communications and engagement strategy sets out how we involve our main stakeholders and fulfil the duties identified in Section 14Z2 of the NHS Act 2006.

Below is a summary of the mechanisms we use to seek views from and share information with patients, carers, community and voluntary sector, and general public. You'll find more details on our website and in our annual statement of involvement.

The Patient and Community Engagement Indicator evidences compliance with statutory guidance as part of the NHS Oversight Framework. This year, we achieved an outstanding rating [Green Star] with a score of 15 out of a possible 15. More details are available on the NHS England website here:

<https://www.england.nhs.uk/participation/involvementguidance/ccg-iaf/>

### **Your health, your say network**

We maintain a database of local people who want to get involved in the development of new and existing services and share their experiences of local healthcare.

### **GP practice patient reference groups**

Patient reference groups are designed to give people the opportunity to contribute to the continuing improvement of their GP practice.

### **Patient reference group network**

This network has been set up by the CCG. It brings together representatives from GP practice patient reference groups to learn more about our commissioning plans consider and discuss proposals and engage with us on decision making. The group met 4 times this year and discussed the national GP survey results; GP online consultations; flu vaccination programme; primary care Networks; creating a single clinical commissioning group for Kirklees. It also received regular updates on how the CCG was dealing with the pandemic.

### **Patient engagement and assurance group**

This group provides assurance that the CCG involves patients, carers and members of the public when it plans, develops and purchases, or in some cases discontinues, health services. There were 4 meetings of the group in 2020-21 and discussions included the engagement plan for Broughton House surgery and future configuration of the CCGs. It also reviewed the CCG Communications and Engagement Strategy and received updates on personalised care; primary care networks; equality objectives; and integration.

## **Quarterly public events**

Our events are open to members of the public and representatives of voluntary and community sector organisations. We've been running public events jointly with NHS Greater Huddersfield CCG/NHS North Kirklees CCG since July 2019. Due to the COVID-19 pandemic, a meeting scheduled for April 2020 was cancelled. We were able to resume events in June using online meeting technology and therefore held three of the four planned sessions during the year. Topics discussed included regular updates on how the CCGs were dealing with the pandemic; North Kirklees CCG recovery plan; flu vaccination programme; hospital service reconfiguration in Halifax and Huddersfield; and the merger of the two Kirklees CCGs.

## **Engagement and consultation**

In line with our statutory duties, we seek the views of local people to learn more about their experiences and expectations of health services and inform commissioning decisions. During the year we engaged about creating a single clinical commissioning group for Kirklees; using maternity services during COVID-19; and sought views from patients at Broughton House Surgery.

## **Community and voluntary sector**

We very much value the support and challenge provided by community and voluntary sector organisations in Kirklees. We work with community organisations on specific engagement projects, encourage them to help us share important public health messages, and meet with them regularly through our public engagement events. We also work with Greater Huddersfield CCG/North Kirklees CCG to recruit and train Community Voices - individuals who engage with the local population on our behalf.

## **Communication campaigns**

The start of the COVID-19 pandemic saw the CCG re-prioritise its communications effort and focus on sharing national NHS information about the virus, supporting public health messaging, and providing information about how local health services were working – particularly GP services.

The CCG also supported colleagues across West Yorkshire to promote uptake of the COVID-19 vaccine; shared information and guidance about the local vaccination programme; and developed positive stories, such as the first jabs being given in Kirklees and the opening of the John Smith's Stadium vaccination centre.

As part of our pandemic response, we also worked with neighbouring CCGs, GPs, healthcare professionals, and Kirklees Council to develop a range of locally-focused material including press releases, short films and social media posts.

Alongside the COVID-19 response, we promoted the NHS 'Help us, help you' campaign, which was designed to encourage people back into NHS services; used self-care week in November to focus on a range of conditions such as diabetes and mental health; promoted the NHS flu vaccination campaign; and joined-up with colleagues across West Yorkshire and Harrogate to support the latest phase of the 'Looking out for our neighbours' campaign.

As part of our 'winter messages' promotion, we worked with VAC to undertake a range of community-based activities to highlight appropriate use of NHS services.

In February we launched the *Check-In* campaign, which aims to prevent staff suicide and promote a wellbeing culture by normalising the conversation around suicide and mental health as well as providing training, resources and signposting for support.



# Accountability Report

This section of the Annual Report enables the CCG to meet key accountability requirements to Parliament. In this section you will find:

- The Corporate Governance Report, which includes:
  - The Members' Report
  - The Statement of Accounting Officer's Responsibilities
  - The Governance Statement
- The Remuneration and Staff Report
- The Parliamentary Accountability and Audit Report

Insert signature

**Carol McKenna**  
**Chief Officer**

**?? June 2021**

# Corporate Governance Report

## Members Report

### Member practices

NHS North Kirklees CCG is a membership organisation that consists of 27 practices:

|                               |                               |
|-------------------------------|-------------------------------|
| Albion Mount                  | Liversedge Surgery            |
| Batley Health Centre          | Dr Mahmood and Partners       |
| Blackburn Road Medical Centre | Mirfield Health Centre        |
| Brookroyd Surgery             | Mount Pleasant Medical Centre |
| Broughton House Surgery       | Parkview Surgery              |
| Calder View Surgery           | Savile Town Medical Centre    |
| Dr Chandra and Partners       | Sidings Healthcare Centre     |
| Cherry Tree Surgery           | The Greenway Medical Practice |
| Cleckheaton Group Practice    | The Paddock Surgery           |
| Cook Lane Surgery             | Thornhill Lees Medical Centre |
| Eightlands Surgery            | Undercliffe Surgery           |
| Grove House Surgery           | Wellington House              |
| Healds Road Surgery           | Windsor Medical Centre        |
| Kirkgate Surgery              |                               |

### Our Chair and Accountable Officer

Dr David Kelly was Clinical Chair until 30 April 2021. From 1 May 2021, Dr Khalid Naeem became our new Clinical Chair. Our Accountable Officer is Carol McKenna.

### Our Governing Body

The CCG's Constitution sets out the composition of our Governing Body:

| Required Composition                                                                                                               | Individuals in Post                                                        |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Minimum of 4 GP representatives of member practices (one of which is the Chair) (With the intention of recruiting up to 6 members) | Dr Nadeem Ghafoor<br>Dr David Kelly<br>Dr Yasar Mahmood<br>Dr Khalid Naeem |

|                                                                                                                                                                                                                                        |                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 2 other primary care professionals from member practices                                                                                                                                                                               | Julie Pieske<br>Sarah Sowden                                                     |
| 3 lay members, one of whom will act as deputy chair: <ul style="list-style-type: none"> <li>• Patient and Public Involvement</li> <li>• Audit, Governance &amp; Conflicts of Interest</li> <li>• Finance &amp; Remuneration</li> </ul> | Beth Hewitt<br>Martin Wright<br>Hilary Thompson                                  |
| 1 secondary care advisor                                                                                                                                                                                                               | Dr Chunda Sri-Chandana (until 31 October 2020)<br>Vacancy (from 1 November 2020) |
| 3 executives:<br>(i) Chief Officer<br>(ii) Chief Finance Officer<br>(iii) Chief Quality & Nursing Officer                                                                                                                              | Carol McKenna<br>Ian Currell<br>Penny Woodhead                                   |

The Governing Body is supported in its work by two advisors from the Local Authority – the Strategic Director for Adults and Health and Director of Public Health.

## Our Committees

Our Governing Body has appointed a number of committees:

- Audit Committee
- Finance, Performance & Contracting Committee
- Primary Care Commissioning Committee
- Quality Committee
- Terms and Remuneration Committee

The CCG is also a member of the West Yorkshire & Harrogate Joint Committee of CCGs.

For further information on all our Committees, including their terms of reference and membership please see the Governance Statement (page 62).

## **Register of Interests**

The declared interests of our Governing Body and Committee members are recorded in the CCG's Register of Interests, which can be viewed on the CCG's website at: <https://nkgg-cg.co.uk/lists-and-registers/> A copy of the CCG's Register of Procurement Decisions can also be viewed on the CCG's website.

## **Personal Data Related Incidents**

The CCG has had no serious personal data related incidents which have required reporting to the Information Commissioner.

## **Statement of Disclosure to Auditors**

Each individual who is a member of the Governing Body at the time the Members' Report is approved confirms:

- So far as the member is aware, that there is no relevant audit information of which the CCG's auditor is unaware that would be relevant for the purposes of their audit report; and
- That the member has taken all the steps that they ought to have taken in order to make him or herself aware of any relevant audit information and to establish that the CCG's auditor is aware of it.

## **Modern Slavery Act**

NHS North Kirklees CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking but does not meet the requirements for producing an annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015.

## Statement of Accountable Officer's Responsibilities

The National Health Service Act 2006 (as amended) states that each Clinical Commissioning Group shall have an Accountable Officer and that Officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed the Chief Officer to be the Accountable Officer of NHS North Kirklees CCG.

The responsibilities of an Accountable Officer are set out under the National Health Service Act 2006 (as amended), Managing Public Money and in the Clinical Commissioning Group Accountable Officer Appointment Letter. They include responsibilities for:

- The propriety and regularity of the public finances for which the Accountable Officer is answerable.
- For keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the accounts comply with the requirements of the Accounts Direction).
- For safeguarding the Clinical Commissioning Group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities).
- The relevant responsibilities of accounting officers under Managing Public Money.
- Ensuring the CCG exercises its functions effectively, efficiently and economically (in accordance with Section 14Q of the National Health Service Act 2006 (as amended)) and with a view to securing continuous improvement in the quality of services (in accordance with Section 14R of the National Health Service Act 2006 (as amended)).
- Ensuring that the CCG complies with its financial duties under Sections 223H to 223J of the National Health Service Act 2006 (as amended).

Under the National Health Service Act 2006 (as amended), NHS England has directed each Clinical Commissioning Group to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Clinical Commissioning Group and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;

- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and,
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that NHS North Kirklees CCG's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

I also confirm that:

- as far as I am aware, there is no relevant audit information of which the CCG's auditors are unaware, and that as Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the CCG's auditors are aware of that information.

## **Governance Statement**

### **Introduction and Context**

NHS North Kirklees CCG is a body corporate established by NHS England on 1 April 2013 under the National Health Service Act 2006 (as amended).

The CCG's statutory functions are set out under the National Health Service Act 2006 (as amended). The CCG's general function is arranging the provision of services for persons for the purposes of the health service in England. The CCG is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its local population.

As at 1 April 2020, the CCG is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

### **Scope of Responsibility**

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the CCG's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

I am responsible for ensuring that the CCG is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the CCG as set out in this governance statement.

### **Governance Arrangements and Effectiveness**

The main function of the Governing Body is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it.

### **The CCG Governance Framework**

The National Health Service Act 2006 (as amended), at paragraph 14L(2)(b) states:

*'The main function of the governing body is to ensure that the group has made appropriate arrangements for ensuring that it complies with such generally accepted principles of good governance as are relevant to it.'*

### Key Governance Features of the CCG's Constitution

NHS North Kirklees CCG is a membership organisation that consists of 27 GP practices. The CCG's Constitution, as agreed by the member practices, sets out the arrangements made by the CCG to meet its responsibilities for commissioning care for the population. It describes the governing principles, rules and procedures that we have established to ensure probity and accountability in the day to day running of the CCG, to ensure that our decisions are taken in an open and transparent way, and that the interests of patients and the public remain central to our goals.

The CCG's Scheme of Reservation and Delegation sets out:

- those decisions that are reserved for the membership as a whole;
- those decisions that are the responsibilities of the Governing Body (and its committees), the CCG's committees and sub-committees; individual members; and employees.

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

### CCGs – Journey to Merger

North Kirklees and Greater Huddersfield CCGs have a long history of working together to commission health services and this collaborative approach has continued to strengthen over recent years. For the last 3 years, the CCGs' Governing Bodies have been meeting in parallel with each other, which means that the meetings happen at the same time in the same place, with the Governing Bodies of both CCGs sat around the table. Each Governing Body has been separately chaired, and each Governing Body has managed its own quoracy, conflicts of interest, and made its own independent decisions. This same approach has also been used for Audit Committees; Finance, Performance & Contracting Committees; Quality Committees; and Remuneration Committees. Each CCG has had its own Primary Care Commissioning Committee, meeting separately, with a focus on local primary care issues.

Much has been achieved through joint working over the last few years; we have been able to:

- Strengthen the breadth and depth of leadership and management support.
- Play a full role, building our influence, within the ICS.
- Streamline CCG functions & teams.



- Appoint external governance roles in common across the two CCGs.
- Move to a single shared headquarters.
- Reduce running costs without impacting adversely on patients or member practices.
- Improve job satisfaction and support for our staff.
- Share best practice between the CCGs to the benefit of patient care.

The NHS Long Term Plan sets out the strategic direction for commissioning as a framework of strong primary care networks, greater integration with local authorities at place level and increased collaboration between leaner, more strategic Clinical Commissioning Groups across Integrated Care Systems. In that context, and as required by NHS England, it was right to consider whether the continuation of North Kirklees CCG and Greater Huddersfield CCG as two separate statutory organisations was the best way to support the needs of the Kirklees population into the future. Both CCGs therefore undertook an extensive piece of work to consider the future, with the decision about the future structure of each CCG resting with the membership of that CCG. This first started in early 2019 and in last year's annual report, it was explained that in March 2020 the member practices of each CCG had voted on whether they supported the creation of a single CCG for Kirklees. A majority of Greater Huddersfield member practices voted in support of this proposal. A majority of North Kirklees member practices voted against it. As the creation of a single Kirklees CCG required the support of both sets of member practices, we moved forward into 2020-21 as two separate organisations, exploring the detailed implications for each organisation of the decision not to merge and continuing to work in close partnership.

In the days following the membership vote in March 2020, the world significantly changed. Relationships between practices, Primary Care Networks, GP Federations, Local Medical Committees, Kirklees Council, the CCGs and providers transformed as the NHS collectively responded to COVID-19.

In November 2020 North Kirklees clinical leaders felt that given this new set of circumstances they should ask member practices to revisit their previous decision and a majority of North Kirklees member practices confirmed that they were now supportive of creating a single Kirklees CCG. Greater Huddersfield member practices confirmed that they remained supportive. Following confirmation of this membership support, both Governing Bodies on 25 November 2020 agreed to support an application to NHS England to dissolve the two existing CCGs and to establish a single Kirklees CCG from 1 April 2021. Following an assessment process, NHS England & Improvement agreed in principle to the proposed merger and establishment of NHS Kirklees CCG, and subsequently authorised this ahead of 1 April 2021.

## Governing Body

The main function of the Governing Body as set out in the Health and Social Care Act 2012 is to ensure that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the CCG's principles of good governance.

As at 31 March 2021, the membership comprised of four practice representatives (including the chair) as endorsed by the membership; two other primary care professionals; three lay members (one of whom is the deputy chair and leads on finance and remuneration matters, one who leads on audit, governance and conflict of interest matters, and one who leads on public and patient involvement); one secondary care specialist (vacant); the Chief Officer (as Accountable Officer), the Chief Finance Officer and the Chief Quality & Nursing Officer (as registered nurse).

The Director of Public Health and the Strategic Director for Adults and Health from Kirklees Council also attend the Governing Body as advisors. The role of these individuals is to support the CCG in taking forward key elements of the health and wellbeing agenda, ensuring good communications, strong relationships and an integrated approach to commissioning.

The Governing Body held a number of vacancies as they arose during 2020-21 as the CCG worked towards merger with Greater Huddersfield CCG. Recruitment to the new CCG commenced in January 2020.

## Committees of the Governing Body

In 2020-21, the Governing Body had five committees to support its work. The full terms of reference of these committees are available at <https://nkggh-ccg.co.uk/>

### Audit Committee

The role of the committee is to provide the Governing Body with an independent and objective view of the CCG's financial systems, financial information and compliance with laws, regulations and directions governing the CCG insofar as they relate to finance. The committee is also responsible for a number of other functions, under delegated powers from the Governing Body – Integrated Governance, Information Governance, the Risk Management Framework, and Emergency Planning.

The Committee reflected that it had met its terms of reference, providing assurance to the Governing Body that the CCG has effective controls and processes in place to manage the significant risks to achieving its strategic objectives. The Committee also played an important role in reviewing the CCG's amended financial, quality and corporate governance arrangements during the COVID-19 pandemic.

## Finance, Performance & Contracting Committee

The role of the committee is to advise and support 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 Plans. The Committee has identified the following highlights from its work during 2020-21:

- The Committee has continued to hold part of its meeting jointly with the Quality Committee, which has enabled members to learn from each other's expertise and enabled more robust challenge and scrutiny.
- The Committee discussed the learning it would like to share with the new Kirklees CCG's Finance, Performance and Contracting Committee.

## Primary Care Commissioning Committee

The role of the committee is to commission primary medical services for the people of the North Kirklees area, under full delegation from NHS England. The committee carries out functions relating to the commissioning of primary medical services under Section 83 of the NHS Act. The Committee has identified the following highlights from its work during 2020-21:

- Decisions made swiftly and flexibly using urgent decision-making processes.
- Insight into primary care contracting and developing a good level of understanding around issues such as equitable funding.
- Introduced monitoring of primary care risks, with more work to follow in the new Kirklees CCG's Committee.
- Worked well as a committee, with a strengthening of existing relationships.

## Quality Committee

The role of the committee is to support 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 the 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. The Committee has identified the following highlights from its work during 2020-21:

- The Committee has continued to hold part of its meeting jointly with the Finance, Performance and Contracting Committee, which has enabled members to learn from each other's expertise and enabled more robust challenge and scrutiny.
- Significant focus on assurance around commissioned services and managing to retain robustness despite moving at pace during the response to the

pandemic. The Committee are keen to ensure that learning from the adapted governance is captured, and where it has worked well, taken forward.

### Terms and Remuneration Committee

The role of the committee is to make decisions and recommendations, under delegated responsibility from the Governing Body, on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the CCG and on determinations about allowances under any pension scheme that the CCG may establish as an alternative to the NHS pension scheme. During 2020-21, the Committee reflected that it had fulfilled its terms of reference, offering an independent and unbiased decisions and recommendations. The Committee had welcomed the opportunity to develop a deeper understanding of remuneration and HR contracts.

### West Yorkshire & Harrogate Joint Committee of CCGs

The Joint Committee is part of the West Yorkshire & Harrogate (WY&H) Health & Care Partnership (HCP), and enables the WY&H CCGs to work together effectively – making sure that when it makes sense, work is done once and is then shared across WY&H. It was established in May 2017 and has delegated authority from the CCGs to take collective decisions on agreed priorities. As well as taking formal decisions, the Committee also makes recommendations to the CCGs when a joint approach will help to achieve better outcomes.

The members of each CCG have agreed the Committee's terms of reference and its work plan, which sets out the decisions for which it is responsible. The Committee is made up of 2 representatives from each of the WY&H CCGs – Carol McKenna, Chief Officer, and Dr Khalid Naeem, Clinical Chair represent North Kirklees CCG. To ensure that decision making is open and transparent, the Committee has an independent lay chair and two lay members drawn from the CCGs. Representatives from the Partnership Team and NHS England also attend.

Reports to the Committee identify the patient and public involvement that has already taken place or is planned to inform any commissioning proposals. In this way, the Committee ensures that the voice of patients is at the centre of its decisions. To support this process, the Committee has established a PPI Assurance Group. Committee meetings are held in public and are also streamed 'live' on the internet.

The text below is a summary of the full annual report of the Committee, which is available to view on the HCP website at:

[https://www.wyhpартnership.co.uk/application/files/3716/2124/5735/WYаH\\_Joint\\_Co\\_mmittee\\_of\\_CCGs\\_Annual\\_Report\\_2021.pdf](https://www.wyhpартnership.co.uk/application/files/3716/2124/5735/WYаH_Joint_Co_mmittee_of_CCGs_Annual_Report_2021.pdf)

## **The role of the Joint Committee**

The Committee has delegated authority from the WY CCGs to take joint decisions on agreed priorities. The Committee also makes recommendations when a collaborative approach across WY&H will help to achieve better outcomes. The Committee has an independent lay chair, three CCG lay members and two representatives from each WY CCG. North Yorkshire CCG is an associate member. As a result of COVID-19, all meetings were held virtually in 2020-21 and were live streamed. The attendance record is at page 92.

The Committee has a Public and Patient Involvement Assurance Group made up of lay members from each CCG. The Group provides assurance that public and patient voice informs the Committee's decisions.

### **1. Improving outcomes**

#### **Responding to COVID-19**

The Committee considered how WY&H health and care programmes had refocused to support the response to COVID-19. The Committee agreed that its work during the year would need to evolve to reflect the new priorities arising from COVID-19.

#### **West Yorkshire and Harrogate Healthy Hearts**

In 2018, the Joint Committee recommended the CCGs to adopt the Healthy Hearts improvement project, building on successful work in Bradford. The project aims to identify more people with high blood pressure, help them to control it better and reduce the risk of heart attacks and strokes. As a result, 22,000 more people have had their blood pressure controlled to target numbers. WY&H Healthy Hearts won the Health Service Journal Cardiovascular Initiative of the Year award in 2020.

#### **Assessment and Treatment Units (ATUs) for people with complex learning disabilities**

The Committee supported a proposal to commission a new care model for people with a learning disability. This involved collaborative commissioning between commissioners and providers across the whole pathway for people with learning disabilities. The aim is to develop a single system and centre of excellence. The Committee noted plans for engaging with people who had accessed care in [ATUs](#), their carers and staff. Formal approval for the proposals was sought at a meeting in 2021-22, following further [engagement](#).

#### **Urgent and emergency care**

The Committee supported a national programme which built on learning from COVID-19. It encouraged people to phone 111 as an alternative to 'walking' unheralded into Emergency Departments (EDs). The integrated offer included alternative pathways, for example GPs, pharmacists and mental health advice.

Patients are remotely triaged to determine if there is a clinical need to be seen face to face.

The Committee considered a report on primary medical care services in West Yorkshire, which were provided by Local Care Direct (LCD). The response to COVID-19, changes in national policy and potential changes to the commissioner landscape meant that there was uncertainty about what should be commissioned for the future. The Committee felt that in the current circumstances a pragmatic approach should be taken and agreed to extend the service from LCD for three years.

### **Improving planned care**

The Committee supported changes to the Improving Planned Care programme, which focused on restarting planned care following the first wave of COVID-19. This included improving access to diagnostic testing services and more shared decision making between primary and secondary care.

The Committee approved an amendment to a WY&H policy for flash glucose monitors - small sensors worn on the skin for monitoring the glucose levels of people with diabetes. The amendment covered type 2 diabetes patients with learning disabilities who need to use insulin. Self-management of diabetes by patients with learning disabilities would promote independence and reduce health inequalities.

The Joint Committee had previously agreed a number of clinical threshold policies, which had improved equality of access across WY&H and reduced levels of surgery where non-surgical interventions could be more effective.

### **Stroke**

In 2018, the Joint Committee agreed a common approach for commissioning hyper acute stroke services and all stages from prevention to recovery. The specialist hyper-acute stroke pathways are now well established, with 4 units providing hyper-acute care during the first 72 hours following stroke across WY&H. A sustainable stroke clinical network has been established, working to provide the best stroke services possible and further improve quality and stroke outcomes in each of our six places. Priorities include preventing strokes, delivering effective care when people have a stroke and ensuring that there is good support and rehabilitation for people after a stroke.

## **2. Working better together**

The Committee led new approaches to collaborative working between commissioners and providers. The Commissioning Futures programme was developed in collaboration with partners across the health and care system, based on our successful model of place-based working. Work is only carried out at WY&H level if it adds value to our places

The Committee supported collaboration between commissioners and providers through the Cancer Alliance, Improving Planned Care programme, Local Maternity System and Mental Health, Learning Disability and Autism Alliance. The Committee also supported the Yorkshire and Humber framework for integrated commissioning of Integrated Urgent and Emergency Care Services provided by Yorkshire Ambulance Service.

### **3. Governance**

In 2020, the WY CCGs agreed a revised Memorandum of Understanding for Collaborative Commissioning, which included a new work plan and the delegation of new commissioning decisions to the Joint Committee.

The Committee maintains a register of members' interests and declarations of interest are a standing item on all agendas. At each meeting, the Committee reviews the significant risks to the delivery of its work programme and assesses how these risks are being mitigated.

#### **Membership and Attendance Records**

Details of the membership of the Governing Body and Committees (including the Joint Committee) are set out on page 90 – this includes each member's attendance record over the past year.

#### **Governing Body – Assessment of Performance and Effectiveness**

The Governing Body regularly spend time in development mode, alongside Greater Huddersfield CCG's Governing Body, reflecting on their performance and effectiveness and during 2020-21 this has focused on two key elements – COVID-19; and working towards merger of the two CCGs. Work to develop an Organisational Development Plan has focused on getting ready for the new merged CCG.

In March 2021, the Governing Body met in development mode with Greater Huddersfield CCG's Governing Body to create a virtual 'time capsule' celebrating the work of the CCGs since April 2013, and looking ahead to the new Kirklees CCG from 1 April 2021. Members of the Governing Body reflected on the successes of the CCG, identified learning to be taken forward into the new organisation, and helped to shape the induction plan for new Governing Body members.

#### **UK Corporate Governance Code**

NHS Bodies are not required to comply with the UK Code of Corporate Governance. However, the CCG believes it to be good practice to demonstrate its compliance with

relevant principles of the Code in a way that is commensurate with the size, status and legal framework of the organisation. We have therefore reported on our corporate governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code we consider to be relevant to the CCG. These are referred to throughout the Annual Report and Governance Statement as follows:

- **Board Leadership and Company Purpose**
  - Details of the Governing Body within the Corporate Governance Report
  - Details of the CCG's strategic objectives and performance within the Performance Report
  - Details of engagement work within the Performance Report
- **Division of Responsibilities**
  - Details of the Governing Body and its review of its own performance and effectiveness within the Corporate Governance Report
- **Composition, Succession and Evaluation**
  - Details of the Governing Body, its committees, and their effectiveness within the Corporate Governance Report
- **Audit, Risk and Internal Control**
  - Details of the Audit Committee within the Corporate Governance Report
  - Details of the Risk Management Framework within the Corporate Governance Report
- **Remuneration**
  - Remuneration and Staff Report, within the Annual Report

The CCG's Audit Committee undertakes monitoring of the CCG's compliance with the provisions of the Code, identifying where action is needed.

### Discharge of Statutory Functions

In light of recommendations of the 2013 Harris Review, the CCG has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I can confirm that the CCG is clear about the legislative requirements associated with each of the statutory functions from which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead senior manager who has confirmed that their structures provide the necessary capability and capacity to undertake all of the CCG's statutory duties.



## Risk Management Arrangements and Effectiveness

As a publicly accountable organisation, the CCG needs to take many informed, transparent and complex decisions and manage the risks associated with these decisions. The CCG therefore needs to ensure that it has a sound system of internal control working within the organisation.

### The CCG Risk Management Framework

The CCG has an Integrated Risk Management Framework, which outlines the effective governance arrangements in place to manage all types of risks faced by the organisation. It describes:

- The CCG's approach to managing risk and risk management processes.
- The CCG's risk management objectives.
- The CCG's organisational and individual accountability for risk management.

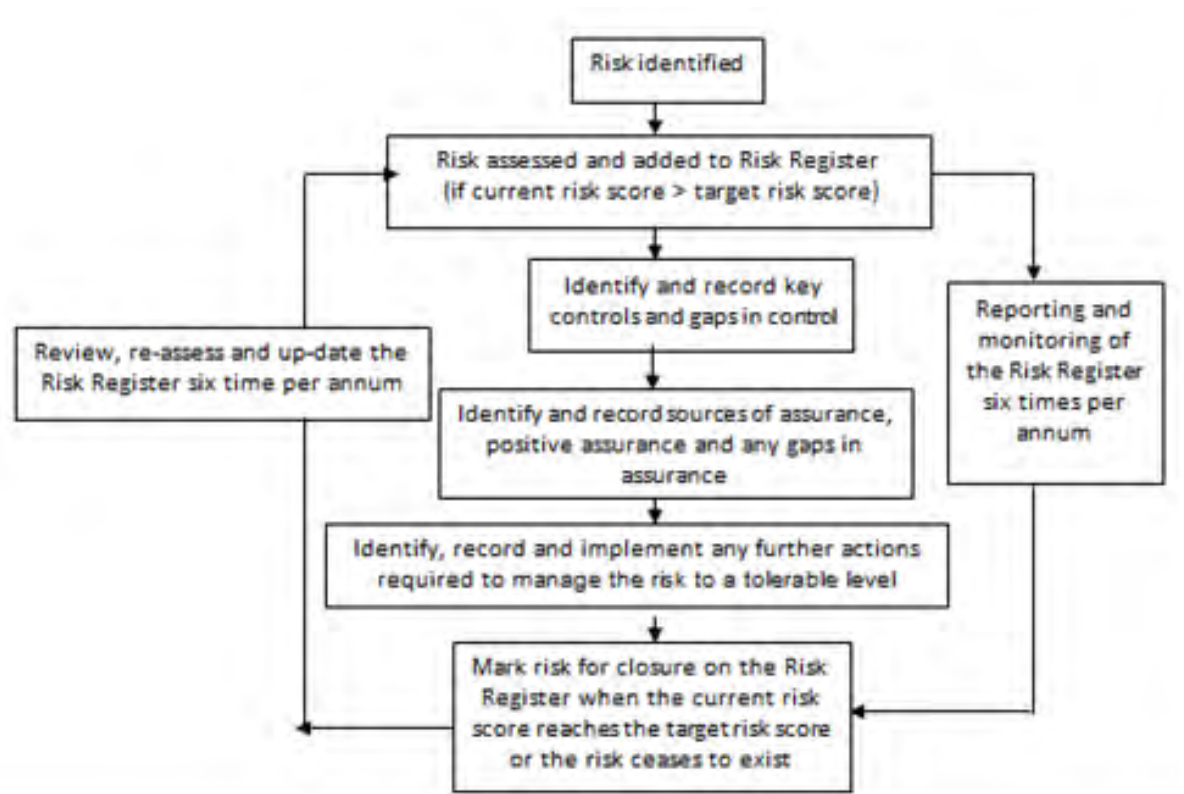
The CCG is dedicated to ensuring a positive risk management culture is in place that ensures that risk management is an integral part of everything we do. This is supported by a comprehensive system of internal controls and risk management processes aligned to the working of the CCG to assure the Governing Body and our member practices that the CCG is doing its reasonable best to protect stakeholders against risks and is capable of delivering its strategic priorities. The Framework sets out five strategic objectives for risk management:

#### 1. Identify, Report and Manage Risk and Embed within the Commissioning Process

The CCG's risk management process draws on the AS/NZ ISO 31000:2009 international risk management standard. This describes the risk management process as:

- Establishing the risk context
- Risk assessment
- Treating the risk
- Reviewing and monitoring risk
- Risk management and partner organisations

The risk assessment, management and reporting process is illustrated in the chart below:



Risk can only be managed if it is identified, and triangulation of soft and hard information from different sources gives assurance that all significant risks have been captured. The key sources of information used to check completeness of risk capture are:

- Performance indicators reporting variance from plan within commissioning; performance contracts and their reports;
- The results of planned reviews of compliance within statutory and regulatory requirements;
- Routine review of serious incidents, incident reports and complaints to identify emerging risks such as themes or specific concerns which can be escalated to the appropriate risk registers;
- Utilisation of intelligence through partner networks and from stakeholders to encourage the sharing of information to identify potential risks;
- Ensuring contact with regional and national professional associations that provide early warning on serious or major adverse events;
- Risk review and discussion through operational groups and formal meetings – Senior Management Team, Governing Body, Quality Committee, Finance, Performance & Contracting Committee, and Audit Committee, which highlights problems and issues which should be reflected in the risk register;
- Risk identification is also supported through review processes using the live risk register including team and contract review meetings.

A structured process is used for risk assessment:

- Identify a risk
  - Under potential impact
  - Examine control measures and their effectiveness
  - Decide if further actions necessary
  - Score risk and categorise potential of any outstanding risk

The risk score determines the prioritisation and allocation of resource, and is achieved by multiplying the potential consequence or severity by the potential likelihood or frequency level to provide a risk score utilising the 5 x 5 matrix scoring system:

| Consequence        | Likelihood |               |               |             |                        |
|--------------------|------------|---------------|---------------|-------------|------------------------|
|                    | Rare<br>1  | Unlikely<br>2 | Possible<br>3 | Likely<br>4 | Almost<br>Certain<br>5 |
| Insignificant<br>1 | 1          | 2             | 3             | 4           | 5                      |
| Minor<br>2         | 2          | 4             | 6             | 8           | 10                     |
| Moderate<br>3      | 3          | 6             | 9             | 12          | 15                     |
| Major<br>4         | 4          | 8             | 12            | 16          | 20                     |
| Catastrophic<br>5  | 5          | 10            | 15            | 20          | 25                     |

| Risk Grading                 |               | Priority<br>No |
|------------------------------|---------------|----------------|
| <b>Critical Risk (20-25)</b> | <b>Black</b>  | 1              |
| <b>Serious Risk (15-16)</b>  | <b>Red</b>    | 2              |
| <b>High Risk (8-12)</b>      | <b>Yellow</b> | 3              |
| <b>Moderate Risk (4-6)</b>   | <b>Green</b>  | 4              |
| <b>Low Risk (1-3)</b>        | <b>Clear</b>  | 5              |

Risk owners identify and report risks onto the system and regularly review and update all their risks. Senior managers are responsible for ensuring the review process is conducted in a timely and accurate manner and for ensuring the risk score and quality of information is fit for purpose. Clinical Leads are responsible for supporting and working with managers and risk owners to identify and manage risk within their own specialist areas. The ultimate management of risk lies with the CCG Governing Body which reviews the High Level Risk Log every risk cycle.

The CCG's Risk on a Page report, which is reviewed by Senior Management Team, Committees and Governing Body, provides a visual overview of the CCG's risk profile.

In respect of risk appetite, the High Level Risk Log reports all risks that are scored as 15 or above (ie deemed to be serious or critical) to the Audit Committee and Governing Body. If a risk scoring 20 or above is added to the risk register, or an existing risk escalates to 20 or above, a critical risk report is immediately sent to Governing Body members, rather than waiting for the full review cycle to be completed.

The Risk Register identifies and manages performance based risks that may rise and fall within relatively short term periods – in essence, our operational risks. The Assurance Framework is a Governing Body level assessment of the organisation's objectives and the risks that may prevent or hinder the objectives being achieved. It includes an assessment of the controls that are in place to manage the identified

risks. The sources of assurance received by the Governing Body are analysed and documented in the framework. Any gaps in assurance or controls are identified and suitable action plans developed to address them.

The Governing Body Assurance Framework is reviewed regularly and agreed by the Audit Committee and Governing Body as a true and fair reflection of strategic risks, and evidence that satisfactory progress is being maintained to manage risk.

## 2. Capture and Learn from Risk to Prevent Recurrence of Risk

An effective risk management process learns from experience, so that risks do not recur. The CCG's process has two main elements:

- *Learning from experience in the organisation*

The CCG is committed to an improvement philosophy – when things go wrong, we want to learn from them. We are also committed to honesty and openness; involving patients, partners, stakeholders, families and staff in our learning processes; and ensuring appropriate responses in our investigations when things do go wrong.

We have the opportunity to gather valuable learning information from a range of systems and activities, and we have processes in place to capture this learning. This includes:

- Reviewing the risk register for closed risks to assess whether there are any issues which need to be incorporated in processes to minimise occurrence in future.
- Investigating incidents, complaints and claims using root cause analysis to identify underlying issues which require improvements or interventions to reduce the chance of reoccurrence.
- Triangulation of intelligence on complaints, incidents and claims with soft intelligence and feedback from stakeholders.
- Regular CCG incident reporting to the Audit Committee and provider serious incident reporting to the Quality Committee.

- *Learning from others and using best practice*

We collate information from a range of data sources to identify and implement best practice, including:

- Feedback from external reviews of organisational systems – for example, internal audit, Care Quality Commission reviews, Ofsted, and the Ombudsman.

- Using local and national professional networks to identify best practice and benefit from the experience of others.
- Research and guidance published by professional bodies.
- Recommendations from external investigations and formal inquiries.

### 3. Ensure Clear Accountability for Risk Management

An effective accountability framework for the management and reporting of risk is in place, which separates the CCG's internal governance arrangements for risk processes and management of risk, and accountability to NHS England for the operational management of risk. Risk management is embedded into the activities of the CCG.

### 4. Ensure Statutory and Regulatory Compliance

The Risk Management Framework is designed to support the collection of evidence to comply with external assessments and best practice by, for example:

- Scheduling programmes of work for baseline self-assessment for key areas of compliance – for example, Care Quality Commission standards.
- Scrutiny of the effectiveness of the governance arrangements by the Audit Committee.

### 5. Manage Partnership Risks

The key partners for the CCG include a number of NHS providers, the Local Authority, independent contractors including Locala, and the voluntary sector. In addition to having robust internal scrutiny arrangements; the organisations are required to contribute to joint “risk registers” and frameworks with partner organisations. This recognises the need to manage risk across organisations and partnerships to deliver whole system change and improvement.

The CCG also has a number of major projects which have their own programme level risk registers and which are captured on the CCG's main risk register. In April 2020, the CCG introduced a dedicated risk register for the management of COVID-19, and this ran until September 2020 when the remaining risks were either closed or moved onto the corporate risk register.

The CCG's key control mechanisms of the Risk Register and Governing Body Assurance Framework, as set out above, are complemented by a range of other control mechanisms designed to deliver assurance around: prevention of risk; deterrents to risks arising; and management of current risks. These include:

- The CCG has approved an Anti-Fraud, Bribery and Corruption Policy, which has been reinforced by mandatory training for both employees and Governing Body Members. There is a clear link on our intranet for all staff to confidentially report suspected fraud.
- The CCG has a Business Continuity Plan in place, which sets out the CCG's contingency plans to maintain an effective service in the event of a critical incident.
- The CCG undertakes regular health and safety, fire and premises risk assessments.
- The CCG makes use of equality and diversity expertise, guidance and support to ensure that we are compliant with the Equality Act 2010 Public Sector Equality Duty. All CCG staff are required to complete mandatory equality and diversity training, which helps staff identify those CCG policies, Governing Body papers and improvement programmes that will require an equality impact assessment.

## **Risk Assessment**

Risk assessments in relation to governance, risk management and internal control are carried out in three ways:

- Through internal governance arrangements taking account of self-assessment activity, the annual review of the CCG constitution, new national guidance or regulations, and external inquiries such as the Francis Review or the Winterbourne Review.
- Through the identification of targeted work by Audit Yorkshire as part of the Internal Audit work plan, which focuses on areas within the organisation that require strong governance and risk management arrangements in place.
- Through external audit through the year by KPMG.

The outputs and recommendations from each of these reviews are presented to the Audit Committee.

## **Risks to Governance, Risk Management and Internal Control**

As set out above, the CCG's corporate risk register details all risks relating to governance, risk management and internal control during the course of the year. We have identified below those risks to governance, risk management and internal control deemed to be major (ie scoring 15 or above) up to 31 March 2021:

| Risk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | How CCG has acted to manage the risk                                                                                                                                                                                                                                                                                    | How outcomes will be assessed                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <p>The CCG has had a revised control target for the financial year of breakeven due to Covid-19. However, the CCG has an underlying recurrent deficit position moving into financial year 2020-21 of approx. £7m.</p>                                                                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>• Financial management and review of budgets deviating to plan</li> <li>• Financial reporting and escalating issues to Finance Committee and Governing Body</li> <li>• Development of a recovery plan</li> <li>• Comprehensive reporting of Covid-19 costs</li> </ul>            | <ul style="list-style-type: none"> <li>• Financial reporting to Finance Committee and Governing Body</li> </ul> |
| <p>There is a risk that different decisions will need to be made by the two Kirklees CCGs, due to North Kirklees CCG member practices not supporting the creation of a single Kirklees CCG. Resulting in: Difficult decisions to enable North Kirklees to meet its financial responsibilities, Inequity across the Kirklees population, potential undermining of the rationale for WY&amp;H ICS (primacy of Place), reduced effectiveness of integration of H&amp;SC, increased pressure on running costs, continued duplication in some tasks and reduced job satisfaction for staff.</p> | <ul style="list-style-type: none"> <li>• Interim financial plan agreed by Governing Body 8 April 2020.</li> <li>• Clear message to staff, partners and other stakeholders that joint working between the two CCGs will continue.</li> <li>• Organisational Development work planned</li> <li>• Recovery Plan</li> </ul> | <ul style="list-style-type: none"> <li>• Reporting to Committees and Governing Body</li> </ul>                  |
| <p>That the CCG is unable to deliver on its part of the national expectations to deliver the Covid 19 vaccine due to; the lack of workforce, vaccine supply,</p>                                                                                                                                                                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>• WY ICS SRO Programme established at WY (meetings twice weekly)</li> <li>• Kirklees Programme developed</li> </ul>                                                                                                                                                              | <ul style="list-style-type: none"> <li>• Monitoring of vaccine uptake</li> </ul>                                |



| Risk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | How CCG has acted to manage the risk                                                                                                                                                                                                                                                                                                                                                                                                                  | How outcomes will be assessed                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| vaccine instability, or the appetite of our population, resulting in our population not being protected from the virus, higher morbidity and mortality, continued high demand for health and care services and in inability to restart the local economy.                                                                                                                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>• Kirklees Health Protection Advisory Group receiving updates for assurance</li> </ul>                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    |
| <p>Not being able to effectively plan and sufficiently resource the Data Security and Protection Toolkit (DSPT) work programme activities for 2020-21, due to</p> <p>a. significant delay in the DSPT online tool being made available;</p> <p>b. significant number of the evidence lines (including new) having a dependency on actions of a third party;</p> <p>c. enhanced and prescriptive internal audit scope;</p> <p>d. earlier submission deadline for merging CCGs; leading to an increased risk of non-compliance against mandatory sub-assertions and a standards not met toolkit submission for 2020-21.</p> | <ul style="list-style-type: none"> <li>• Work Plan focusing on DSPT related work packages</li> <li>• Monthly IG Leads Meeting</li> <li>• SLA in place with The Health Informatics Service in relation to provision of IT and cyber security services.</li> <li>• Additional resource realigned to the IG team.</li> <li>• Confirmed reduction in published mandatory evidence requirements specifically relating to the IT evidence lines.</li> </ul> | <ul style="list-style-type: none"> <li>• Mandated Internal Audit of the DSPT 2020-21 for assurance, prior to submission of the CCG's self-assessment.</li> <li>• Submission by 31 March 2021 of 'Standards Met' Toolkit</li> </ul> |

The CCG's **Governing Body Assurance Framework** describes the principal risks to compliance with our licence and being able to fulfil our strategic objectives. Each strategic objective and the principal risks to achieving these are set out in detail at page 14, together with risks identified as underlying risks across all strategic objectives.



## Capacity to handle risk

The CCG undertakes a number of actions which are identified to mitigate the above risks:

- *Governance Structures*

The CCG's principal risks are all set out within the Governing Body Assurance Framework, and this is kept under regular review by the Senior Management Team, Audit Committee, and Governing Body.

- *Responsibilities of Heads of Service and Committees*

Each principal risk has an identified Senior Management Team Lead, Governing Body Lead and Clinical Lead. This ensures clear accountability for the management and monitoring of each principal risk. Each Senior Management Team Lead, in conjunction with the other leads, is responsible for regularly reviewing the risk, including assessing the key controls for mitigating the risk, sources of assurance, identifying positive assurance, and where gaps in control or assurance are flagged, identifying corrective action.

The roles and responsibilities of staff as risk owners, and senior management team as reviewers are clearly set out in the Risk Management Framework. This ensures that there is clarity about the levels of accountability for the management and monitoring of risks. The senior management team is expected to ensure that there are robust control measures in place and that the appropriate assurances are generated.

- *Reporting lines and accountabilities*

Reporting lines and accountabilities are set out within the CCG's Integrated Risk Management Framework and Committee Terms of Reference. The risk cycle is as follows:

- Risk register is updated.
- Risk register is reviewed by Senior Management Team.
- Risk registers are submitted to Finance, Performance & Contracting Committee and Quality Committee. Audit Committee review the High Level Risk Log.
- Governing Body receive the High Level Risk Log and minutes of meetings from Committees.

- *Submission of timely and accurate information to assess risks to compliance*

The assessment of risks is a continuous process informed by:

- Senior Management Team identifying new risks or changes to risk profile.

- Financial, contracting, quality, QIPP and performance reports, which are submitted on a monthly basis to our Finance, Performance & Contracting Committee and Quality Committee.
- Discussions taking place at Finance, Performance & Contracting Committee and Quality Committee on the Risk Register and the Governing Body Assurance Framework, complemented by assurance discussions at the Audit Committee and the Governing Body.
- *Degree and rigour of Governing Body oversight over performance*

The Governing Body receives a number of reports at each meeting to provide it with the necessary degree and rigour of oversight on the CCG's performance. This is supported by detailed discussions and work undertaken by the Committees.

This level of grip, which has been supported by the detailed work of the committees, has placed the CCG in a strong position to deliver its performance and financial targets this year.

## Staff Training

An annual quality check of risks is undertaken. This involves meeting with each risk owner and senior reviewer on a 1-2-1 basis to review the wording and scoring of their risks, including controls and assurances, and to deliver detailed training on the Risk Register. Each risk owner and senior reviewer is asked to sign on completion of their training to document that this work has been undertaken. Guidance is provided to accompany the training. Good practice is actively shared between risk owners both within the organisation, and through wider sharing of practice with neighbouring CCGs.

## Other sources of assurance

### Internal Control Framework

A system of internal control is the set of processes and procedures in place in the CCG to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

Details of the CCG's control mechanisms are set out in the previous section of the Governance Statement.

### **Annual audit of conflicts of interest management**

The revised statutory guidance on managing conflicts of interest for CCGs (published June 2016) requires CCGs to undertake an annual internal audit of conflicts of interest management. To support CCGs to undertake this task, NHS England has published a template audit framework.

Audit Yorkshire has carried out an internal audit of the CCG's conflicts of interest management and has concluded an overall opinion of **Significant Assurance**. They have concluded that the CCG's internal policies and procedures are in line with the statutory guidance from NHS England for Managing Conflicts of Interest. They have made a small number of minor recommendations relating to the development of the Conflicts of Interest Policy for the new merged CCG and checking the allocation of training modules for the new CCG.

### **Data Quality**

The quality of data presented to the Committees and the Governing Body continues to evolve, and all Governing Body members have confirmed, as part of the ongoing assessment process, that they receive clear and concise information enabling them to make a decision or receive assurance on a matter.

The CCG requires that reports which are submitted to the Committees and Governing Body clearly set out the detail required and a good quality of data is provided across a range of areas within finance, contracting, performance and quality and patient experience.

### **Information Governance**

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by the Data Security & Protection Toolkit and the annual submission process provides assurances to the CCG, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

The CCG continues to make every effort to successfully embed information governance and information risk management processes within the organisation. This has been supported by results from staff awareness surveys, audits and spot checks. Submission of the 2020-21 Data Security & Protection Toolkit had to be brought forward at short notice as the CCG was working towards merger from April 2020. This required the CCG to submit 3 months ahead of non-merging CCGs,

which was a significant challenge. After a substantial effort, the CCG managed to achieve all mandatory assertions and sub-assertions within the Toolkit, and a significant number of non-mandatory assertions/sub-assertions.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect personal and corporate information. We have established an information governance management framework and have embedded information governance processes and procedures in line with the Toolkit including incident reporting and investigation of information security and personal data related incidents.

We have ensured that all staff undertake annual information governance training and have implemented a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities.

The roles of Senior Information Risk Owner, Caldicott Guardian, Data Protection Officer and Information Governance lead have been assigned and appropriately trained to fulfil the responsibilities of their role. The CCG have an in-house Information Governance Team shared with Calderdale CCG, Greater Huddersfield CCG, and Wakefield CCG. The service is provided by an experienced team of experts offering advice and assistance on all areas of information governance.

It is a nationally mandated requirement that an organisation's information assets are risk assessed on an annual basis, but more importantly this process provides assurance to the Senior Information Risk Owner (SIRO) that information contained within the assets is secure and that personal data is being processed in accordance with the Data Protection Act. The CCG has assigned Information Asset Owners to take on responsibility for information security of a range of business systems used by staff. The Information Asset Owners have completed a comprehensive review and risk assessment of their information assets to ensure that sufficient security measures and controls are in place to protect any area or system where business sensitive or person identifiable information is stored.

## **Emergency Preparedness, Resilience and Response**

The CCG continues to place a high importance on working with colleagues to ensure appropriate Emergency Preparedness, Resilience and Response..

In March 2020, COVID-19 was declared a pandemic by the World Health Organisation. The CCG escalated its emergency planning and business continuity arrangements including:

- The establishment of an internal command control structure, supported by trained loggists to capture all decisions and actions taken.
- Participation in local, regional and national command and control structures.

- Strengthening of on-call arrangements to facilitate cascade and escalation of information and urgent actions.

These arrangements have been retained throughout 2020-21, reflecting a rapidly evolving situation, with an impact at an unprecedented scale. COVID-19 work dominated the focus of the Governing Body, its committees, and the wider CCG.

The CCG has updated the Governing Body in public session around its arrangements and activities during COVID-19. Additional assurance reports focusing on corporate governance, financial governance, and quality governance have been shared with the Audit Committee on a quarterly basis. At all stages there has been a focus on learning from events.

In August 2020 NHS England issued the statutory requirement which would formally assure them of EPRR readiness within the CCG and the wider NHS. The process was different this year, and the usual approach of the detailed and granular process of previous years was acknowledged as excessive, especially as the CCG prepared for a further wave of COVID-19, as well as upcoming seasonal pressures and the operational demands of restoring services. The amended process for 2020-21 focused on three areas:

- progress made by organisations that were reported as partially or non-compliant in the 2019-20 process
- the process of capturing and embedding the learning from the first wave of the COVID-19 pandemic
- inclusion of progress and learning in winter planning preparations

The CCG submitted a statement of assurance to the NHS England and NHS Improvement Regional Head of EPRR by 31 October 2020.

### **Business critical models**

In the Macpherson report 'Review of Quality Assurance of Government Analytical Models', published March 2013, it was recommended that the Governance Statement should include confirmation that an appropriate Quality Assurance framework is in place and is used for all business critical models. Business critical models were deemed to be analytical models that informed government policy. The CCG has not developed any analytical models which have informed government policy.

### **Third party assurances**

Alongside the Head of Internal Audit Opinion and the Annual Report, the CCG considers the assurance statements received from other service providers such as NHS Shared Business Services, Primary Care Support England (Primary Medical

Services Payments), Leeds Teaching Hospitals Trust (provider of payroll services) and NECS (provider of HR services and review of non-contracted activity). At the time of writing no significant issues have been reported.

### **Control Issues**

No significant control issues have been identified.

### **Review of Economy, Efficiency and Effectiveness of the Use of Resources**

The CCG has a range of processes in place to ensure that our resources are used economically, efficiently and effectively, and the Governing Body receives assurances to be able to determine that these processes are working well.

The Chief Finance Officer has delegated responsibility to determine arrangements to ensure a sound system of financial control.

The Finance, Performance & Contracting Committee and Governing Body receive detailed bi-monthly finance and contracting reports setting out the financial position including associated risks.

Internal Audit have responsibility for reviewing, appraising and reporting on the adequacy and application of financial controls. Internal Audit and External Audit representatives attend all meetings of the Audit Committee.

### **Delegation of functions**

The CCG does not have any delegated chains at this moment in time.

### **Counter fraud arrangements**

The CCG's Audit Committee approves an annual fraud, bribery and corruption work plan detailing planned anti-fraud activity at the CCG during the financial year. This plan is based on the NHS Protect Standards for Commissioners and is structured around the four key areas of activity:

- Strategic governance
- Inform and involve
- Prevent and deter
- Hold to account

The CCG's Local Counter Fraud Specialist (LCFS) is an NHS Accredited Counter Fraud Specialist and adheres to standards and principles of professional conduct as set out in the NHS Counter Fraud and Corruption Manual. The LCFS produces a

Fraud Risk Assessment, which considers the fraud risks faced by the CCG using local and national data and NHS Counter Fraud Authority guidance.

The LCFS reports to the Chief Finance Officer on all fraud matters including proactive work, fraud referrals and areas of risk. The Chief Finance Officer provides strategic support and oversight of anti-fraud work and ensures adequate resources are provided.

The LCFS provides an annual report of anti-fraud, bribery and corruption work, which complies with the NHS Counter Fraud Authority's guidance. This is received and reviewed by the Audit Committee, together with regular updates throughout the year.

### Head of Internal Audit Opinion

Audit Yorkshire provide the CCG's internal audit service and following completion of the planned audit work for the financial year for the clinical commissioning group, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the clinical commissioning group's system of risk management, governance and internal control. The executive summary from the Head of Internal Audit's opinion is set out below:

#### **HEAD OF INTERNAL AUDIT OPINION ON THE EFFECTIVENESS OF THE SYSTEM OF INTERNAL CONTROL AT NHS NORTH KIRKLEES CLINICAL COMMISSIONING GROUP (CCG) FOR THE YEAR ENDED 31 MARCH 2021**

This Head of Internal Audit Opinion forms part of the Annual Report for NHS North Kirklees Clinical Commissioning Group in which the planned internal audit coverage and outputs during 2020-21 and Audit Yorkshire's Key Performance Indicators (KPIs) are detailed.

| Key Area                                                                                   | Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Head of Internal Audit Opinion &amp; the Role of Internal Audit During the Pandemic</b> | <p>The overall opinion for the period 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021 provides <b>Significant Assurance</b>, that there is a good system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are generally being applied consistently.</p> <p>The Internal Audit Standards Advisory Board (IASAB) issued guidance regarding conformance with the Public Sector Internal Audit Standards (PSIAS) during the coronavirus pandemic (May 2020). All our work has continued to be delivered in full compliance with the PSIAS.</p> <p>Audit Yorkshire adopted a pragmatic approach to the delivery of your Internal Audit Service during 2020-21, with the focus on the delivery of your Head of Internal Audit Opinion. This again, was in line with the IASAB guidance.</p> |

| Key Area                                  | Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                           | <p>We supported you through the provision of a wide range of briefings, updates and benchmarking materials focused on helping you manage the challenges of COVID-19. We also supported the wider NHS systems across Audit Yorkshire's client base / geographies through the redeployment of our staff to maintain the effective delivery of services.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Planned Audit Coverage and Outputs</b> | <p>The 2020-21 Internal Audit Plan has been delivered with the focus on completion of high priority or 'must do' audits to support the provision of a meaningful Head of Internal Audit Opinion. This position has been reported within the progress reports across the financial year.</p> <p>The impact on the organisation of COVID-19 required us to review your internal audit risk assessment and plan for 2020-21 on a regular basis, in liaison with yourselves. As part of this assessment we took account of the following:</p> <ul style="list-style-type: none"> <li>• How the organisation has implemented NHSE/I guidance, issued to support them in responding to COVID-19, whilst still discharging their stewardship responsibilities;</li> <li>• Any revisions to the organisation's strategic priorities as well as liaising with you to review areas for internal audit focus;</li> <li>• Independent assurance requirements on how COVID-19 costs are captured and claimed across a range of areas; and</li> <li>• Mandated review requirements and audits which from a professional internal audit perspective are pre-requisite to ensuring sufficient coverage for a robust Head of Internal Audit Opinion.</li> </ul> <p>Therefore review coverage has been focused on:</p> <ul style="list-style-type: none"> <li>• The organisation's Assurance Framework</li> <li>• Core and mandated reviews, including follow up; and</li> <li>• A range of individual risk based assurance reviews.</li> </ul> <p>Due to the impact of the pandemic, there was limited scope to undertake the Quality and Business Development reviews originally included in the plan for 2020-21. These areas will be considered as part of the 2021-22 risk assessment and planning</p> |



| Key Area                             | Summary                                                                                                                                                               |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                      | process.                                                                                                                                                              |
| <b>Quality of Service Indicators</b> | The External Quality Assessment, undertaken by CIPFA (2020), provides assurance of Audit Yorkshire's full compliance with the Public Sector Internal Audit Standards. |

**Helen Kemp-Taylor**

**Head of Internal Audit**

### **Review of the Effectiveness of Governance, Risk Management and Internal Control**

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within the CCG who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

The Governing Body Assurance Framework provides me with evidence that the effectiveness of controls that manage risks to the CCG achieving its principal objectives have been reviewed.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Governing Body and the Audit Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The formal process for maintaining and reviewing the effectiveness of the system of internal control is:

- Governing Body keeps under review the systems of internal control through reports on risk management and the assurance framework as well as the performance, contracting, finance and quality reports.
- At a committee level the Finance, Performance & Contracting and Quality Committees take responsibility for keeping under review the governance arrangements relating to finance, contracting, performance and clinical governance.
- The Audit Committee has oversight of the CCG's financial systems, financial information, risk management, audit, information governance and business continuity.

- Auditors provide further assurance through the delivery of their annual work plan and providing assurance as well as recommendations on different aspects within the system of internal control.
- Self-assessment of the risk management system and committee governance arrangements undertaken on an annual basis.
- Financial Control Environment - In line with national guidance the CCG completes a regular self- assessment that is assured by the Audit Committee and submitted to NHS England.
- Third Party Assurance. Alongside the Head of Internal Audit Opinion and the Annual Report, the CCG considers the assurance statements received from other service providers. At the time of writing no significant issues have been reported although the formal assurance reports have not been received as yet.

## **Conclusion**

No significant control issues have been identified.

2020-21

**Carol McKenna**

**Accountable Officer**

### Committee Membership and Attendance Records – 1 April 2020 – 31 March 2021

Please note that committee members regularly send substitutes to meetings when they cannot attend. This attendance record solely records whether they themselves were in attendance. Governing Body and PCCC meetings are split into public and private – these are classed as separate meetings in the below data, to reflect those who only attend part.

| <b>Governing Body<br/>(14 meetings)</b> | <b>Attendance</b> |
|-----------------------------------------|-------------------|
| Dr Khalid Naeem (Chair from 1 May)      | 79%               |
| Dr David Kelly (Chair until 30 April)   | 86%               |
| Ian Currell                             | 86%               |
| Dr Nadeem Ghafoor                       | 86%               |
| Beth Hewitt                             | 86%               |
| Dr Yasar Mahmood                        | 100%              |
| Carol McKenna                           | 100%              |
| Julie Pieske                            | 100%              |
| Sarah Sowden                            | 71%               |
| Dr Chunda Sri-Chandana (until 31 Oct)   | 56%               |
| Hilary Thompson                         | 100%              |
| Penny Woodhead                          | 100%              |
| Martin Wright                           | 100%              |

| <b>Primary Care Commissioning Committee<br/>(13 meetings)</b> | <b>Attendance</b> |
|---------------------------------------------------------------|-------------------|
| Hilary Thompson (Chair)                                       | 100%              |
| Ian Currell                                                   | 100%              |
| Beth Hewitt                                                   | 100%              |
| Dr Oliver Hirst                                               | 77%               |
| Dr Abid Iqbal                                                 | 100%              |
| Carol McKenna                                                 | 85%               |
| Penny Woodhead                                                | 69%               |
| Martin Wright                                                 | 100%              |

| <b>Audit Committee (5 meetings)</b>   | <b>Attendance</b> |
|---------------------------------------|-------------------|
| Martin Wright (Chair)                 | 100%              |
| Dr Chunda Sri-Chandana (until 31 Oct) | 50%               |
| Hilary Thompson                       | 100%              |

| <b>Finance, Performance &amp; Contracting Committee (6 meetings)</b> | <b>Attendance</b> |
|----------------------------------------------------------------------|-------------------|
| Hilary Thompson (Chair)                                              | 100%              |
| Ian Currell                                                          | 100%              |
| Dr Yasar Mahmood                                                     | 100%              |
| Carol McKenna                                                        | 100%              |
| Dr Khalid Naeem                                                      | 50%               |
| Julie Pieske                                                         | 83%               |
| Dr Chunda Sri-Chandana (until 31 Oct)                                | 100%              |
| Martin Wright                                                        | 100%              |

| <b>Remuneration Committee (2 meetings)</b> | <b>Attendance</b> |
|--------------------------------------------|-------------------|
| Hilary Thompson (Chair)                    | 100%              |
| Dr Chunda Sri-Chandana (until 31 Oct)      | 100%              |
| Martin Wright                              | 50%               |

| <b>Quality Committee (6 meetings)</b> | <b>Attendance</b> |
|---------------------------------------|-------------------|
| Sarah Sowden (Chair)                  | 83%               |
| Beth Hewitt                           | 100%              |
| Dr David Kelly                        | 100%              |
| Carol McKenna                         | 100%              |
| Dr Khalid Naeem                       | 33%               |
| Penny Woodhead                        | 67%               |

## West Yorkshire and Harrogate Joint Committee of CCGs' Attendance Record

| Organisation and role                                          | Member                                      | Attendance<br>(eligible) |
|----------------------------------------------------------------|---------------------------------------------|--------------------------|
| <b>Independent Lay Chair</b>                                   | Marie Burnham                               | <b>3</b> (3)             |
| <b>CCG Lay members</b>                                         |                                             |                          |
|                                                                | Stephen Hardy                               | <b>3</b> (3)             |
| (to 7 <sup>th</sup> July 2020 meeting)                         | Richard Wilkinson                           | <b>1</b> (1)             |
| (from 6 <sup>th</sup> October 2020 meeting)                    | Ruby Bhatti                                 | <b>2</b> (2)             |
| (from 6 <sup>th</sup> October 2020 meeting)                    | John Mallalieu                              | <b>2</b> (2)             |
| <b>NHS Bradford, District and Craven CCG</b>                   |                                             |                          |
| Clinical Chair                                                 | Dr James Thomas                             | <b>3</b> (3)             |
| Chief Officer                                                  | Helen Hirst                                 | <b>2</b> (3)             |
| Strategic Director of Quality and Nursing                      | Michelle Thomas<br>(Deputy for Helen Hirst) | <b>1</b> (1)             |
| <b>NHS Calderdale CCG</b>                                      |                                             |                          |
| Clinical Chair                                                 | Dr Steven Cleasby                           | <b>2</b> (3)             |
| Deputy Chief Officer (to 6 <sup>th</sup> October 2020 meeting) | Neil Smurthwaite                            | <b>2</b> (2)             |
| Chief Officer (from 21 <sup>st</sup> January 2021 meeting)     | Robin Tuddenham                             | <b>1</b> (1)             |
| <b>NHS Greater Huddersfield CCG</b>                            |                                             |                          |
| Clinical Chair                                                 | Dr Steve Ollerton                           | <b>3</b> (3)             |
| <b>NHS North Kirklees CCG</b>                                  |                                             |                          |
| Clinical Chair                                                 | Dr Khalid Naeem                             | <b>2</b> (3)             |
| <b>NHS Greater Huddersfield and North Kirklees CCGs</b>        |                                             |                          |
| Chief Officer                                                  | Carol McKenna                               | <b>3</b> (3)             |
| <b>NHS Leeds CCG</b>                                           |                                             |                          |
| Clinical Chair                                                 | Dr Jason Broch                              | <b>3</b> (3)             |
| Chief Executive                                                | Tim Ryley                                   | <b>3</b> (3)             |
| <b>NHS Wakefield CCG</b>                                       |                                             |                          |
| Clinical Chair                                                 | Dr Adam Sheppard                            | <b>3</b> (3)             |
| Chief Officer                                                  | Jo Webster                                  | <b>3</b> (3)             |
|                                                                | <b>Associate member</b>                     |                          |
| <b>NHS North Yorkshire CCG</b>                                 |                                             |                          |
| Clinical Chair                                                 | Dr Charles Parker                           | <b>2</b> (3)             |
| Chief Officer                                                  | Amanda Bloor                                | <b>1</b> (3)             |

# Remuneration and Staff Report

## Remuneration Report

### Remuneration Committee

Details of the Remuneration Committee can be found within the Governance Statement (page 67). The Remuneration Committee is supported in its determinations by senior professionals who provide support and advice to the Committee regarding their specialism. These professionals include a senior HR practitioner (HR service provided by North of England Commissioning Support), the CCG Chief Finance Officer and the CCG Head of Corporate Governance.

### Policy on the remuneration of senior managers

The definition of 'senior managers' is: *Those persons in senior positions having authority or responsibility for directing or controlling the major activities of the Clinical Commissioning Group. This means those who influence the decisions of the Clinical Commissioning Group as a whole rather than the decisions of individual directorates or departments. Such persons will include advisory or lay members.* For the purpose of the Remuneration Report, all members of the Governing Body are deemed to be 'senior managers'.

To support the principle of local determination there are no set rates of pay for the different groups of Governing Body members. There is, however, a range of available documentation providing guiding principles to be followed and guidance both in terms of contractual status and remuneration or reimbursement. These, together with a review of comparative data across the CCGs and legal advice, are used to inform the determinations of the Remuneration Committee:

*Hutton review fair pay principles (2011):*

- Remuneration should fairly reward each individual's contribution to their organisation's success and should be sufficient to recruit, retain and motivate executives of sufficient calibre. However, organisations should be mindful of the need to avoid paying more than is necessary in order to ensure value for money in the use of public resources;
- Remuneration must be set through a process that is based on a consistent framework and independent decision-making based on accurate assessments of the weight of roles and individuals' performance in them;
- Remuneration should be determined through a fair and transparent process via bodies that are independent of the executives whose pay is being set, and who are qualified or experienced in the field of remuneration. No individual should be involved in deciding his or her own pay;

- Remuneration must be based on the principle of equal pay for work of equal value.

For the Lay Members, practice representatives and the GP Chair, the decisions were also informed by a range of available documentation providing guidance both in relation to contractual status and remuneration or reimbursement:

- RSM Tenon – Technical Employment Status Guidance (2012);
- RSM Tenon FAQs;
- Annex 2 of the April 2012 NHS Commissioning Board (NHS CB) publication “Clinical Commissioning Group Governing Body members: Role outlines, attributes and skills”. This provides guidance on the principles relating to reimbursement and remuneration for governing body members;
- NHS Commissioning Board (now referred to as NHS England) “Clinical Commissioning Groups – HR Frequently Asked Questions” (June 2012) notes the importance of considering the employment status of all CCG posts in order to determine the correct contractual status under current legislation and HM Revenue & Customs (HMRC) rules;
- The NHS Confederation briefing “Deciding how to pay: remuneration for clinical commissioners” (June 2012);
- David Nicholson letter – Gateway Reference 17993 (August 2012).

In determining the appropriate rate, the Terms and Remuneration Committee also took into account:

- The key and guiding principles set out
- Comparative rates for each of the Governing Body posts
- The requirement to obtain best value for money
- The need for an affordable staffing and remuneration structure within its running cost allowance.

For the Secondary Care Specialist post on the Governing Body, remuneration should be either at a rate commensurate with their salary or as needed for replacement costs; or at a rate commensurate with the average rate for their profession and level of seniority.

For practice representatives on the Governing Body, including the clinical Chair, remuneration should be either:

- At a reasonable rate, in line with practice earnings;
- At a rate commensurate with allowing backfill, recognising that a locum cannot replace an experienced partner on a like for like basis, and that some additional locum time would be necessary;
- In line with any local sessional rate.

For the Accountable Officer and the Chief Finance Officer, who are subject to VSM terms and conditions, consideration also took account of:

- Pay guidance provided by NHS England;
- Benchmarking with other CCGs;
- Complexity factors;
- Availability of guidance on recruitment and retention premium;
- Prevailing economic climate and local market conditions;
- Any joint management arrangements;
- Performance of the individuals and the CCG.

For the Chief Quality & Nursing Officer, this is driven by Agenda for Change. This post is shared with Greater Huddersfield and Calderdale CCGs, and the post holder is engaged by Greater Huddersfield under a contract of employment. This arrangement is governed by a Memorandum of Understanding between the CCGs.

### **Remuneration of Very Senior Managers**

The CCG is satisfied, on the basis of what it has considered and the factors set out above, that the remuneration received by the clinical chair is reasonable. No senior managers are paid more than £150,000 per annum pro rata.



## Senior Manager Remuneration (including salary and pension entitlements)

| Name & Title           |                                                      | 2020-21 Staff in Post    | 2020-21           |                              |                             |                                       |                                       |                   |
|------------------------|------------------------------------------------------|--------------------------|-------------------|------------------------------|-----------------------------|---------------------------------------|---------------------------------------|-------------------|
|                        |                                                      |                          | Salary            | Expense payments (taxable)   | Performance pay and bonuses | Long-term Performance pay and bonuses | All Pension Related Benefits (Note 6) | Total             |
|                        |                                                      |                          | (bands of £5,000) | (rounded to the nearest £00) | (bands of £5,000)           | (bands of £5,000)                     | (bands of £2,500)                     | (bands of £5,000) |
|                        |                                                      |                          | £000              | £                            | £000                        | £000                                  | £000                                  | £000              |
| Dr Khalid Naeem        | Chair (Note 5)                                       | 01/04/2020 to 31/03/2021 | 90 - 95           |                              |                             |                                       | 152.5 - 155                           | 240 - 245         |
| Dr David Kelly         | GP Practice Representatives                          | 01/04/2020 to 31/03/2021 | 35 - 40           |                              |                             |                                       |                                       | 35 - 40           |
| Dr Nadeem Ghafoor      | GP Practice Representatives                          | 01/04/2020 to 31/03/2021 | 60 - 65           |                              |                             |                                       |                                       | 60 - 65           |
| Dr Yasar Mahmood       | GP Practice Representatives                          | 01/04/2020 to 31/03/2021 | 50 - 55           |                              |                             |                                       |                                       | 50 - 55           |
| Julie Pieske           | Advanced Nurse Practitioner Member                   | 01/04/2020 to 31/03/2021 | 10 - 15           |                              |                             |                                       |                                       | 10 - 15           |
| Sarah Sowden           | Advanced Nurse Practitioner Member                   | 01/04/2020 to 31/03/2021 | 15 - 20           |                              |                             |                                       |                                       | 15 - 20           |
| Beth Hewitt            | Lay Member - Patient and Public Involvement (Note 4) | 01/04/2020 to 31/03/2021 | 10 - 15           |                              |                             |                                       |                                       | 10 - 15           |
| Hilary Thompson        | Lay Member - Finance and Remuneration (Note 4)       | 01/04/2020 to 31/03/2021 | 5 - 10            |                              |                             |                                       |                                       | 5 - 10            |
| Martin Wright          | Lay Member - Audit and Governance (Note 4)           | 01/04/2020 to 31/03/2021 | 5 - 10            |                              |                             |                                       |                                       | 5 - 10            |
| Dr Chunda Sri-Chandana | Secondary Care Advisor                               | 01/04/2020 to 31/10/2020 | 5 - 10            |                              |                             |                                       |                                       | 5 - 10            |
| Carol McKenna          | Chief Officer (Note 1)                               | 01/04/2020 to 31/03/2021 | 60 - 65           |                              |                             |                                       | 17.5 - 20                             | 75 - 80           |
| Ian Currell            | Chief Finance Officer (Note 2)                       | 01/04/2020 to 31/03/2021 | 50 - 55           |                              |                             |                                       | 15 - 17.5                             | 65 - 70           |
| Penny Woodhead         | Chief Quality and Nursing Officer (Note 3)           | 01/04/2020 to 31/03/2021 | 30 - 35           |                              |                             |                                       | 25 - 27.5                             | 55 - 60           |

**Note 1:** Carol McKenna is employed by Greater Huddersfield CCG but is a shared post with North Kirklees CCG, for whom she is also Chief Officer. Her total salary is in the banding £135k - 140k, however only 44% of the cost has been included in the Salary column. The above table includes the full pension information, not a proportion in relation to the shared post.

**Note 2:** Ian Currell is employed by Greater Huddersfield CCG but is a shared post with North Kirklees CCG, for whom he is also Chief Finance Officer. His total salary is in the banding £115k - 120k, however only 44% of the cost has been included in the Salary column. The above table includes the full pension information, not a proportion in relation to the shared post.

**Note 3:** Penny Woodhead is employed by Greater Huddersfield CCG but is a shared post also with Calderdale CCG and North Kirklees CCG, for whom she is also Chief Quality and Nursing Officer. Her total salary is in the banding £100k - 105k, however, only 33.33% has been included in the Salary column. The above table includes the full pension information, not a proportion in relation to the shared post.

**Note 4:** Beth Hewitt, Hilary Thompson and Martin Wright were new Layperson appointments in 19/20. They are employed by Greater Huddersfield CCG but are shared posts with North Kirklees CCG and their costs are split 50:50. Beth Hewitt's total salary is in the banding £20k - 25k, and Hilary Thompson and Martin Wright's salaries are in the banding £15k - 20k, however only 50% of the cost has been included in the Salary column.

**Note 5:** Dr Khalid Naeem's information includes pension entitlement from other roles previously held in the NHS.

**Note 6:** All Pension Related Benefits represent the annual increase in pension entitlement, and must be disclosed in £2,500 bands. The figures are calculated as follow:

The real increase in pensions multiplied by 20\*

Plus: The real increase in any lump sum\*

Less: Contributions made by the individual

### **Equals Accrued pensions benefits**

\*The real increase is the difference between the annual rate of pension payable to the director at the end of the financial year and the rate payable at the start of the year. It excludes increases due to inflation/decreases due to transfer of pensions rights.

| Name & Title           |                                                      | 2019-20 Staff in Post    | 2019-20           |                              |                             |                                       |                                       |                   |
|------------------------|------------------------------------------------------|--------------------------|-------------------|------------------------------|-----------------------------|---------------------------------------|---------------------------------------|-------------------|
|                        |                                                      |                          | Salary            | Expense payments (taxable)   | Performance pay and bonuses | Long-term Performance pay and bonuses | All Pension Related Benefits (Note 6) | Total             |
|                        |                                                      |                          | (bands of £5,000) | (rounded to the nearest £00) | (bands of £5,000)           | (bands of £5,000)                     | (bands of £2,500)                     | (bands of £5,000) |
|                        |                                                      |                          | £000              | £                            | £000                        | £000                                  | £000                                  | £000              |
| Dr David Kelly         | Chair (Note 4)                                       | 01/04/2019 to 31/03/2020 | 115 - 120         |                              |                             |                                       |                                       | 115 - 120         |
| Dr Nadeem Ghafoor      | GP Practice Representatives                          | 01/04/2019 to 31/03/2020 | 60 - 65           |                              |                             |                                       |                                       | 60 - 65           |
| Dr Indira Kasibhatla   | GP Practice Representatives                          | 01/04/2019 to 30/09/2019 | 15 - 20           |                              |                             |                                       |                                       | 15 - 20           |
| Dr Mangipudi Jayashree | GP Practice Representatives                          | 01/04/2019 to 29/02/2020 | 55 - 60           |                              |                             |                                       |                                       | 55 - 60           |
| Dr Yasar Mahmood       | GP Practice Representatives                          | 21/10/2019 to 09/03/2020 | 25 - 30           |                              |                             |                                       |                                       | 25 - 30           |
| Dr Khalid Naeem        | GP Practice Representatives                          | 01/04/2019 to 31/03/2020 | 35 - 40           |                              |                             |                                       |                                       | 35 - 40           |
| Julie Pieske           | Advanced Nurse Practitioner Member                   | 01/04/2019 to 31/03/2020 | 10 - 15           |                              |                             |                                       |                                       | 10 - 15           |
| Sarah Sowden           | Advanced Nurse Practitioner Member                   | 01/04/2019 to 31/03/2020 | 15 - 20           |                              |                             |                                       |                                       | 15 - 20           |
| Fatima Khan-Shah       | Patient and Public Involvement                       | 01/04/2019 to 31/05/2019 | 0 - 5             |                              |                             |                                       |                                       | 0 - 5             |
| David Longstaff        | Lay Member - Audit                                   | 01/04/2019 to 31/07/2019 | 0 - 5             |                              |                             |                                       |                                       | 0 - 5             |
| Beth Hewitt            | Lay Member - Patient and Public Involvement (Note 5) | 01/06/2019 to 31/03/2020 | 5 - 10            |                              |                             |                                       |                                       | 5 - 10            |
| Hilary Thompson        | Lay Member - Finance and Remuneration (Note 5)       | 01/07/2019 to 31/03/2020 | 5 - 10            |                              |                             |                                       |                                       | 5 - 10            |
| Martin Wright          | Lay Member - Audit and Governance (Note 5)           | 01/08/2019 to 31/03/2020 | 5 - 10            |                              |                             |                                       |                                       | 5 - 10            |
| Dr Chunda Sri-Chandana | Secondary Care Advisor                               | 01/04/2019 to 31/03/2020 | 10 - 15           |                              |                             |                                       |                                       | 10 - 15           |
| Carol McKenna          | Chief Officer (Note 1)                               | 01/04/2019 to 31/03/2020 | 55 - 60           |                              |                             |                                       | 45 - 47.5                             | 105 - 110         |
| Ian Currell            | Chief Finance Officer (Note 2)                       | 01/04/2019 to 31/03/2020 | 50 - 55           |                              |                             |                                       | 20 - 22.5                             | 70 - 75           |
| Penny Woodhead         | Chief Quality and Nursing Officer (Note 3)           | 01/04/2019 to 31/03/2020 | 30 - 35           |                              |                             |                                       | 22.5 - 25                             | 55 - 60           |

## Pension Benefits as at 31 March 2021

|                 |                                            | 2020-21                  |                                         |                                                  |                                                       |                                                                     |                                                |                                                 |                                                 |
|-----------------|--------------------------------------------|--------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| Name & Title    |                                            | 2020-20 Staff in Pos1    | Real increase in pension at pension age | Real increase in pension lump sum at pension age | Total accrued pension at pension age at 31 March 2021 | Lump sum at pension age related to accrued pension at 31 March 2021 | Cash Equivalent Transfer Value at 1 April 2020 | Real increase in Cash Equivalent Transfer Value | Cash Equivalent Transfer Value at 31 March 2021 |
|                 |                                            |                          | (bands of £2,500)                       | (bands of £2,500)                                | (bands of £5,000)                                     | (bands of £5,000)                                                   |                                                |                                                 |                                                 |
|                 |                                            |                          | £000                                    | £000                                             | £000                                                  | £000                                                                | £000                                           | £000                                            | £000                                            |
| Dr Khalid Naeem | Chair (Note 4)                             | 01/04/2020 to 31/03/2021 | 5 - 7.5                                 | 20 - 22.5                                        | 10 - 15                                               | 25 - 30                                                             | 62                                             | 145                                             | 220                                             |
| Carol McKenna   | Chief Officer (Note 1)                     | 01/04/2020 to 31/03/2021 | 0 - 2.5                                 | - 2.5 - 0                                        | 50 - 55                                               | 115 - 120                                                           | 990                                            | 24                                              | 1051                                            |
| Ian Currell     | Chief Finance Officer (Note 2)             | 01/04/2020 to 31/03/2021 | 0 - 2.5                                 | - 2.5 - 0                                        | 45 - 50                                               | 100 - 105                                                           | 837                                            | 20                                              | 888                                             |
| Penny Woodhead  | Chief Quality and Nursing Officer (Note 3) | 01/04/2020 to 31/03/2021 | 0 - 2.5                                 | 0 - 2.5                                          | 5 - 10                                                | 0 - 5                                                               | 60                                             | 13                                              | 88                                              |

**Note 1:** Carol McKenna is employed by Greater Huddersfield CCG but from 1st November 2017 has been a shared post with North Kirklees CCG, for whom she is also Chief Officer. The above table includes the full pension information, not a proportion in relation to the shared post.

**Note 2:** Ian Currell is employed by Greater Huddersfield CCG but from 1st August 2017 has been a shared post with North Kirklees CCG, for whom he is also Chief Finance Officer. The above table includes the full pension information, not a proportion in relation to the shared post.

**Note 3:** Penny Woodhead is employed by Greater Huddersfield CCG but is a shared post with Calderdale CCG and North Kirklees CCG, for whom she is also Chief Quality and Nursing Officer. The above table includes the full pension information, not a proportion in relation to the shared post.

**Note 4:** Dr Khalid Naeem's information includes pension entitlement from other roles previously held in the NHS.

**Note 5:** NHS Pensions Agency has stated that they cannot provide pension benefits information for Governing Body GPs who are classed only as practitioners with NHS Pensions Agency, and also where they have a contract for service with the CCG. As a result the CCG is not able to show the pension benefits related to their role as a governing body member. The CCG pays over the pension contributions to NHS England who act as the NHS Pension Employing Authority for these GPs.

**Note 6:** NHS Pensions are using pension and lump sum data from their systems without any adjustment for a potential future legal remedy required as a result of the McCloud judgement. (This is a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a FinalSalary design.). We believe this approach is appropriate given that there is still considerable uncertainty on how the affected benefits within the new NHS 2015 Scheme would be adjusted in future once legal proceedings are completed

2019-20

| Name & Title   |                                            | 2019-20 Staff in Post    | Real increase in pension at pension age | Real increase in pension lump sum at pension age | Total accrued pension at pension age at 31 March 2020 | Lump sum at pension age related to accrued pension at 31 March 2020 | Cash Equivalent Transfer Value at 1 April 2019 | Real increase in Cash Equivalent Transfer Value | Cash Equivalent Transfer Value at 31 March 2020 |
|----------------|--------------------------------------------|--------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
|                |                                            |                          | (bands of £2,500)                       | (bands of £2,500)                                | (bands of £5,000)                                     | (bands of £5,000)                                                   |                                                |                                                 |                                                 |
|                |                                            |                          | £000                                    | £000                                             | £000                                                  | £000                                                                | £000                                           | £000                                            | £000                                            |
| Carol McKenna  | Chief Officer (Note 1)                     | 01/04/2019 to 31/03/2020 | 2.5 - 5                                 | 0 - 2.5                                          | 50 - 55                                               | 115 - 120                                                           | 901                                            | 48                                              | 990                                             |
| Ian Currell    | Chief Finance Officer (Note 2)             | 01/04/2019 to 31/03/2020 | 0 - 2.5                                 | - 2.5 - 0                                        | 45 - 50                                               | 100 - 105                                                           | 777                                            | 25                                              | 837                                             |
| Penny Woodhead | Chief Quality and Nursing Officer (Note 3) | 01/04/2019 to 31/03/2020 | 0 - 2.5                                 | 0 - 2.5                                          | 0 - 5                                                 | 0 - 5                                                               | 36                                             | 11                                              | 60                                              |

## **Cash Equivalent Transfer Values**

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

## **Real increase in CETV**

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

## **Compensation on early retirement or for loss of office**

There has been no compensation on early retirement or for loss of office.

## **Payments to past very senior managers**

No payments have been made to past very senior managers.

## **Pay multiples**

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid member in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid member of the Governing Body of the clinical commissioning group in the financial year 2020-21 was £165k - £170k (2019-20, £175k - £180k). This is based on a Full Time Equivalent (FTE) salary. This was 4.3 times (2019-20, 4.7) the median remuneration of the workforce, which was

£38,890 (2019-20, £37,570). The pay multiple has reduced from 4.7 in 2019-20 to 4.3 in 2020-21 mainly due to the lower remuneration for the chair in 2020-21 (Dr Khalid Naeem) compared to the chair in 2019-20 (Dr David Kelly).

In 2020-21, no employees received remuneration in excess of the highest-paid member of the Membership Body/Governing Body (on a full time equivalent (FTE) salary basis). Remuneration ranged from £19,337 to £169,376 (2019-20 £18,813 to £175,189).

Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

## Staff Report

The CCG's workforce profile is shown below and the information is based on the directly employed staff of the CCG as at 28<sup>th</sup> February 2021. Information relating to the Governing Body is reported separately.

### Number of senior managers

As set out in the Remuneration Report, all members of the Governing Body are deemed to be 'senior managers'. The Governing Body membership and remuneration is set out within the Remuneration Report (see page 93).

### Staff numbers and costs

Average number of people employed as per table below:

| This does not include Co-opted members and GB members | 28 February 2021    |        |        |
|-------------------------------------------------------|---------------------|--------|--------|
|                                                       | Permanent employees | Other  | Total  |
|                                                       | Number              | Number | Number |
| <b>Total CCG</b>                                      | 89                  | 4      | 93     |

The staff costs and employee benefits as at 31<sup>st</sup> March 2020 are set out as in the tables below:

|                                                                      | 31-Mar-21                    |                |              |                              |                |              |                              |                |              |
|----------------------------------------------------------------------|------------------------------|----------------|--------------|------------------------------|----------------|--------------|------------------------------|----------------|--------------|
|                                                                      | ADMIN                        |                |              | PROGRAMME                    |                |              | TOTAL                        |                |              |
|                                                                      | Perm                         | Other          | Total        | Perm                         | Other          | Total        | Perm                         | Other          | Total        |
|                                                                      | Permanent Employees<br>£'000 | Other<br>£'000 |              | Permanent Employees<br>£'000 | Other<br>£'000 |              | Permanent Employees<br>£'000 | Other<br>£'000 |              |
|                                                                      | N4A                          | N4B            |              | N4D                          | N4E            |              | N4G                          | N4H            |              |
| Salaries and wages                                                   | 2,197                        | 105            | 2,302        | 989                          | 145            | 1,134        | 3,186                        | 250            | 3,436        |
| Social security costs                                                | 244                          | (1)            | 243          | 101                          | -              | 101          | 344                          | (1)            | 344          |
| Employer contributions to the NHS Pension Scheme                     | 516                          | (1)            | 515          | 134                          | -              | 134          | 650                          | (1)            | 649          |
| Other pension costs                                                  | -                            | -              | -            | -                            | -              | -            | -                            | -              | -            |
| Apprenticeship Levy                                                  | 4                            | -              | 4            | -                            | -              | -            | 4                            | -              | 4            |
| Other post-employment benefits                                       | -                            | -              | -            | -                            | -              | -            | -                            | -              | -            |
| Other employment benefits                                            | -                            | -              | -            | -                            | -              | -            | -                            | -              | -            |
| Termination benefits                                                 | -                            | -              | -            | -                            | -              | -            | -                            | -              | -            |
| <b>Gross Employee Benefits Expenditure</b>                           | <b>2,961</b>                 | <b>103</b>     | <b>3,064</b> | <b>1,223</b>                 | <b>145</b>     | <b>1,368</b> | <b>4,185</b>                 | <b>248</b>     | <b>4,432</b> |
| Less: Recoveries in respect of employee benefits (note 4.1.2)        | (195)                        | -              | (195)        | 0                            | -              | 0            | (195)                        | -              | (195)        |
| <b>Net employee benefits expenditure including capitalised costs</b> | <b>2,767</b>                 | <b>103</b>     | <b>2,870</b> | <b>1,223</b>                 | <b>145</b>     | <b>1,368</b> | <b>3,990</b>                 | <b>248</b>     | <b>4,238</b> |
| Less: Employee costs capitalised                                     | -                            | -              | -            | -                            | -              | -            | -                            | -              | -            |
| <b>Net employee benefits expenditure excluding capitalised costs</b> | <b>2,767</b>                 | <b>103</b>     | <b>2,870</b> | <b>1,223</b>                 | <b>145</b>     | <b>1,368</b> | <b>3,990</b>                 | <b>248</b>     | <b>4,238</b> |

|                                                                      | 31-Mar-20                    |                |              |                              |                |              |                              |                |              |
|----------------------------------------------------------------------|------------------------------|----------------|--------------|------------------------------|----------------|--------------|------------------------------|----------------|--------------|
|                                                                      | ADMIN                        |                |              | PROGRAMME                    |                |              | TOTAL                        |                |              |
|                                                                      | Perm                         | Other          | Total        | Perm                         | Other          | Total        | Perm                         | Other          | Total        |
|                                                                      | Permanent Employees<br>£'000 | Other<br>£'000 |              | Permanent Employees<br>£'000 | Other<br>£'000 |              | Permanent Employees<br>£'000 | Other<br>£'000 |              |
|                                                                      | N4J                          | N4K            | N4L          | N4M                          | N4N            | N4O          | N4P                          | N4Q            | N4R          |
| Salaries and wages                                                   | 2,208                        | 45             | 2,253        | 863                          | 226            | 1,089        | 3,071                        | 271            | 3,342        |
| Social security costs                                                | 247                          | 1              | 248          | 91                           | -              | 91           | 338                          | 1              | 339          |
| Employer contributions to the NHS Pension Scheme                     | 498                          | 2              | 500          | 116                          | -              | 116          | 614                          | 2              | 616          |
| Other pension costs                                                  | -                            | -              | -            | -                            | -              | -            | -                            | -              | -            |
| Apprenticeship Levy                                                  | 9                            | -              | 9            | -                            | -              | -            | 9                            | -              | 9            |
| Other post-employment benefits                                       | -                            | -              | -            | -                            | -              | -            | -                            | -              | -            |
| Other employment benefits                                            | -                            | -              | -            | -                            | -              | -            | -                            | -              | -            |
| Termination benefits                                                 | -                            | -              | -            | -                            | -              | -            | -                            | -              | -            |
| <b>Gross Employee Benefits Expenditure</b>                           | <b>2,963</b>                 | <b>47</b>      | <b>3,010</b> | <b>1,070</b>                 | <b>226</b>     | <b>1,296</b> | <b>4,033</b>                 | <b>274</b>     | <b>4,306</b> |
| Less: Recoveries in respect of employee benefits (note 4.1.2)        | (152)                        | -              | (152)        | -                            | -              | -            | (152)                        | -              | (152)        |
| <b>Net employee benefits expenditure including capitalised costs</b> | <b>2,811</b>                 | <b>47</b>      | <b>2,858</b> | <b>1,070</b>                 | <b>226</b>     | <b>1,296</b> | <b>3,881</b>                 | <b>274</b>     | <b>4,154</b> |
| Less: Employee costs capitalised                                     | -                            | -              | -            | -                            | -              | -            | -                            | -              | -            |
| <b>Net employee benefits expenditure excluding capitalised costs</b> | <b>2,811</b>                 | <b>47</b>      | <b>2,858</b> | <b>1,070</b>                 | <b>226</b>     | <b>1,296</b> | <b>3,881</b>                 | <b>274</b>     | <b>4,154</b> |



## Staff composition

As at 28 February 2021, the CCG directly employed 93 staff (excluding Governing Body, but including the 2 Very Senior Managers (VSM). This equates to 87.10 whole time equivalent (WTE).

## Gender profile of the organisation

The following table sets out the gender profile of the organisation as at 28 February 2021

| Gender      | Headcount | %       | FTE   |
|-------------|-----------|---------|-------|
| Female      | 79        | 84.95%  | 73.57 |
| Male        | 14        | 15.05%  | 13.53 |
| Grand Total | 93        | 100.00% | 87.1  |

**Note 1: As an organisation with fewer than 250 employees, the CCG is not required to provide a gender pay report.**

## Sickness Absence Data

The CCG has policies and procedures in place to support employees with sickness absence and continues to develop a positive and pro-active approach in supporting employees through sickness absence or difficult periods in their lives. This has been evidenced by reviewing the Managing Sickness Absence Policy in not only aiming to reduce the levels of sickness through improvement plans but providing supporting mechanisms to employees during periods of short and long term sickness.

During 2015, the CCG introduced an Employee Assistance Programme (EAP) to further support the needs of the workforce and this service has been recently reviewed for a further 12 months. The aim of EAP is to help employees deal with personal problems that might adversely impact their work performance, health and well-being. This service provides confidential advice and counselling support to employees which makes available an early source of practical and emotional support for employees facing issues in their home or work life. This is viewed by the CCG as being important in supporting the health and wellbeing of employees.

Throughout the winter period of 2020, the CCG offered workplace flu vaccinations to all its employees, in order to support the resilience of the workforce and the community. The winter flu campaign raised awareness of the benefits of the flu vaccination. The final uptake was 66%. The CCG also commissions a comprehensive Occupational Health service, providing expert advice on the management of health conditions at work.

The CCG is committed to the health and wellbeing of its staff and works hard to promote a healthy working environment. The Staff Forum has been proactive throughout the year in carrying out a number of initiatives.

The CCG engages with its staff through a variety of mechanisms, including an active staff forum, weekly virtual staff briefings, and through a staff intranet, which includes regular news. The CCG participates annually in the national NHS Staff Survey in order to gain staff feedback and understand how the CCG benchmarks against other NHS organisations. 77.3% of staff responded to the survey in 2020. Overall, the CCG's results were positive, with the engagement index score 79.3% being above the CCG average (**78.7%**) when benchmarked against other CCGs.

During 2020-21, the CCG has also participated in the monthly NHS People Pulse Survey, introduced nationally to support listening to colleagues during the coronavirus pandemic.

## Staff policies

To ensure that CCG staff do not experience discrimination, harassment and victimisation, the CCG has a range of HR related policies in place which are accessible to colleagues using the CCG's intranet system. Policies are reviewed in line with the internal governance arrangements and involve Staff Side and Trade Union representatives as appropriate. Final approval regarding any new or amended policies lies with the CCG's Terms and Remuneration Committee.

The CCG's commitment to recruitment, continuing employment, training and career development of disabled people is set out in a number of policies and procedures. These include:

| Requirement                                                                                                                                                                               | Policy or procedure                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Giving full and fair consideration to applications for employment by the CCG made by disabled persons, having regard to their particular aptitudes and abilities.                         | <ul style="list-style-type: none"> <li>Equality and Diversity Policy;</li> <li>Recruitment and Selection Policy.</li> </ul>                                                                             |
| Continuing the employment of, and arranging appropriate training for, employees of the company who have become disabled persons during the period when they were employed by the company. | <ul style="list-style-type: none"> <li>Equality and Diversity Policy;</li> <li>Managing Sickness Absence Policy;</li> <li>Flexible Working Policy;</li> <li>Learning and Development Policy.</li> </ul> |

|                                                                                        |                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Training, career development and promotion of disabled people employed by the company. | <ul style="list-style-type: none"> <li>• Equality and Diversity Policy;</li> <li>• Recruitment and Selection Policy;</li> <li>• Learning and Development Policy;</li> <li>• Pay Progression Policy;</li> <li>• Appraisal Paperwork.</li> </ul> |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

The CCG has a rolling programme of policy review and awareness raising, as well as the appraisal procedure to further improve the focus on the quality of conversations taking place. The implementation of these policies together with occupational health input supports the continuation of employment and provision of appropriate training to any employee who becomes disabled and ensures access for all CCG employees, including disabled staff members to training, career development and promotion opportunities.

Equality impact assessments have been carried out on all the above policies. Over the past 12 months monitoring has taken place to ensure there has been no detrimental effect with regard to implementation of these workforce policies on CCG staff and to ensure that the CCG have proactively identified and addressed any inequalities.

### Trade Union Representation

Good working relationships with trade union representatives are important to us. The main mechanism for this is through our regular Joint Partnership Forum, where HR representatives and CCG senior managers from Calderdale, Greater Huddersfield and North Kirklees CCGs are able to meet with the relevant trade union representatives, to discuss any staff issues or test proposals that might have a direct impact on staff.

The Trade Union (Facility Time Publication Requirements) Regulations 2017 came into force on 1 April 2017. Under the Regulations, the NHS, including CCGs, must have at least one employee who is a relevant union official, namely a trade union official, a trade union learning representative or a safety representative in accordance with the Health and Safety at Work Act 1974.

### Relevant union officials during 2020-21

|                                                                                                            |   |
|------------------------------------------------------------------------------------------------------------|---|
| Total number of employees who were relevant union officials during the period 1 April 2020 – 31 March 2021 | 2 |
|------------------------------------------------------------------------------------------------------------|---|

\* 1 of these individuals is directly employed by North Kirklees CCG

The below table contains information on the percentage of their working hours on facility time. For these purposes, facility time is defined as time that is taken off to carry out trade union duties or the duties of a union learning representative, to accompany a worker to a disciplinary or grievance hearing, or to carry out duties and receive training under the relevant safety legislation.

#### Percentage of time spent on facility time

| Percentage of time | Number of employees |
|--------------------|---------------------|
| 0%                 |                     |
| 1-50%              | 2                   |
| 51-99%             |                     |
| 100%               |                     |

\* 1 of these individuals is employed by North Kirklees CCG

#### Percentage of pay bill spent on facility time\*

|                                                                                                                 |             |
|-----------------------------------------------------------------------------------------------------------------|-------------|
| Total cost of facility time                                                                                     | £1,493.74   |
| Total pay bill                                                                                                  | £15,169,636 |
| % of total pay bill spent on facility time, calculated as: (total cost of facility time / total pay bill) x 100 | 0.01%       |

\* This is combined annual pay bill for Calderdale, Greater Huddersfield and North Kirklees CCGs

The following table sets out as a percentage of total paid facility time hours, the number of hours spent by employees as union officials during 2019-20, on paid trade union activities.

#### Paid Trade Union activities

|                                                                                                                                                                                                                                                             |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period / total paid facility time hours) x 100 | 100% |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|

## Disability Confident Employer



In 2016, the government made a commitment to halve the employment gap for disabled people and in order to achieve this it introduced a new Disability Confident scheme. We are extremely proud to say that our CCG was awarded the level 2 Disability Confident Employer badge for 2 years from August 2019. The award is based on us being able to demonstrate that we have:

- Undertaken and successfully completed the Disability Confident self-assessment;
- Are taking all of the core actions to be a Disability Confident employer;
- Are offering at least one activity to get the right people for the business and at least one activity to keeping and developing employees.

As a Disability Confident Employer, we are able to use the logo which lets people know that we have made a commitment regarding recruitment, training, and retention of people with disabilities and the promotion of disability awareness across the organisation. We will continue to work to make this a welcoming and accessible place for people with a disability.

## Other employee matters

The CCG is also instrumental in leading other pieces of system-wide work. For instance, providing leadership to work which will support the development of relationships across multi-disciplinary teams, and chairing a group that brings stakeholders together to discuss and agree actions in relation to workforce.

The CCG's approach to human capital management is supported by a robust set of policies and procedures, which underpin the full employee cycle. This includes a fair and transparent approach to recruitment and learning, and a well-embedded appraisal process, to assist individuals and teams with career management in support of the strategic aims of the CCG and the health and care system.

The CCG's approach to pay is included in the remuneration report. With the exception of Very Senior Managers, all staff are engaged under Agenda for Change terms and conditions. There is a clear pay progression policy, ensuring that employees are performing to the standards required in their role, in order to progress up the pay scale.

## **COVID-19 Related Activities & Support**

### **Employee Assistance Programme**

During the pandemic the CCG through its commitment to health and wellbeing jointly with other neighbouring CCGs took out a further EAP contract to support the wider health and social care systems across the locality. The focus of support was on mental health during this time and the need to support wider group of staff and volunteers to access EAP services.

### **People Pulse survey**

In addition to the annual national staff survey the CCG has continued to engage on a monthly basis with staff through the People Pulse survey. The results of the survey to date have been positive and highlighted areas where some support is required for staff. This analysis and support will continue each month to understand trends and themes.

### **BAME 1-1 Risk Assessments**

In response to the growing concerns about the potential disproportionate impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) people, the CCG undertook an exercise of contacting line managers in undertaking individual risk assessments with staff that identified themselves as BAME. All BAME staff received a letter outlining the concerns regarding the emerging evidence of COVID-19 in addition to the work the organisation undertook to ensure individuals feel safe and supported at work through regular conversations. There were no immediate concerns highlighted in the 1-1 conversations and the compliance rate of completion was 100%.

### **COVID-19 1-1 risk assessments**

Current Government guidance is that if possible everyone should work from home. The CCG expects most staff will continue to work from home until further notice, unless there is a significant risk in them doing so. As part of the CCG COVID-19 recovery strategy with the aim of managing the health and wellbeing of staff – all staff have been requested to undertake a risk assessment with the expectation that this will be reviewed on a regular basis should circumstances change. As such 1-1 risk assessments in line with best practice were developed and completed by all staff across the organisation with a compliance rate of 100%.

There have been no concerns highlighted in the 1-1 conversations and control measures have been put in place such as continuing to work from home and regular conversations with managers/teams as part of one's health and wellbeing. A further reminder to staff has been issued on the importance of this.

## **System Wide Memorandum of Understanding (MOU)**

An MOU was developed to support staff in response to COVID-19 pressures and ensuring that there was greater resilience across Calderdale and Kirklees. The purpose of this was for organisations to mutually accept the reciprocal agreement to support the flexible deployment and allocation of staff across system in line with appropriate employment law and governance. In addition, there was a number of CCG staff redeployed to support the wider health and social care system.

## **Staff Side Meetings/ HR West Yorkshire and North East HR Leads Meetings**

In addition to the quarterly Social Partnership Forum meetings, HR has facilitated weekly staff side meetings. By working together in partnership, the CCG has been able to consult and/or discuss on a range of COVID related activity affecting the workforce and the approach to be taken on risk assessments and the continued dialogue associated with these.

HR/CCG management has been networking with the HR leads on a daily/weekly basis in response to COVID-19. The purpose of these additional meetings has been to share learning and ensure there is a consistency in good practice across the CCGs and/or West Yorkshire where applicable. This has proven to be effective in supporting the CCGs during the pandemic with workforce related activity where a quick turnaround was required in line with changing national advice.

## **Guidance Documentation**

There has been a number of guidance documents developed by HR and signposting of resources to deal with workforce issues that have arisen during the pandemic and to support the CCGs in protecting and supporting its workforce. Examples of such guidance has been in relation to annual leave and COVID, non-standard working hours and payment, regular HR FAQ's and managers guide to remote interviews.

## **Expenditure on consultancy**

In 2020-21, the CCG has spent £7k on consultancy fees, of which £7k is running costs and £0k is programme costs.

## **Off payroll engagements**

### **Off-payroll engagements longer than 6 months**

For all off-payroll engagements as at 31 March 2021, for more than £245 per day and that last longer than six months:

|                                                        | Number |
|--------------------------------------------------------|--------|
| Number of existing engagements as of 31 March 2021     | 0      |
| <i>Of which, the number that have existed:</i>         |        |
| for less than one year at the time of reporting        | 0      |
| for between one and two years at the time of reporting | 0      |
| for between 2 and 3 years at the time of reporting     | 0      |
| for between 3 and 4 years at the time of reporting     | 0      |
| for 4 or more years at the time of reporting           | 0      |

### New off-payroll engagements

For all new off-payroll engagements, or those that reached six months in duration, between 01 April 2020 and 31 March 2021, for more than £245 per day and that last longer than six months:

|                                                                                                                 | Number |
|-----------------------------------------------------------------------------------------------------------------|--------|
| Number of new engagements, or those that reached six months in duration, between 1 April 2020 and 31 March 2021 | 0      |
| <i>Of which...</i>                                                                                              |        |
| No. assessed as caught by IR35                                                                                  | 0      |
| No. assessed as not caught by IR35                                                                              | 0      |
|                                                                                                                 |        |
| No. engaged directly (via PSC contracted to the entity) and are on the departmental payroll                     | 0      |
| No. of engagements reassessed for consistency / assurance purposes during the year                              | 0      |
| No. of engagements that saw a change to IR35 status following the consistency review                            | 0      |

### Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 01 April 2020 and 31 March 2021.

|                                                                                                                                                              |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year <sup>1</sup> | 0 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---|

<sup>1</sup> There should only be a very small number of off-payroll engagements of board members and/or senior officials with significant financial responsibility, permitted only in exceptional circumstances and for no more than six months



|                                                                                                                                                                                                                                                                                |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure should include both on payroll and off-payroll engagements. <sup>2</sup> | 13 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|

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<sup>2</sup> As both on payroll and off-payroll engagements are included in the total figure, no entries here should be blank or zero

## Parliamentary Accountability and Audit Report

North Kirklees CCG is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this report at [note 2, note 5, note 31 and note 39](#). An audit certificate and report is also included in this Annual Report at page [??](#).

# Annual Accounts



## **FOREWORD TO THE ACCOUNTS**

### **NHS NORTH KIRKLEES CLINICAL COMMISSIONING GROUP**

These accounts for the year ended 31 March 2021 have been prepared by NHS North Kirklees Clinical Commissioning Group under the Health and Social Care Act 2012 in the form which the Secretary of State has, with the approval of the Treasury, directed.

# NHS North Kirklees CCG - Annual Accounts 2020-21

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| Statement of Financial Position as at 31st March 2021                         | X |
| Statement of Changes in Taxpayers' Equity for the year ended 31st March 2021  | X |
| Statement of Cash Flows for the year ended 31st March 2021                    | X |

### Notes to the Accounts

|                                                                            |   |
|----------------------------------------------------------------------------|---|
| Accounting policies                                                        | X |
| Other operating revenue                                                    | X |
| Revenue                                                                    | X |
| Employee benefits and staff numbers                                        | X |
| Operating expenses                                                         | X |
| Better payment practice code                                               | X |
| Income generation activities                                               | X |
| Investment revenue                                                         | X |
| Other gains and losses                                                     | X |
| Finance costs                                                              | X |
| Net gain/(loss) on transfer by absorption                                  | X |
| Operating leases                                                           | X |
| Property, plant and equipment                                              | X |
| Intangible non-current assets                                              | X |
| Investment property                                                        | X |
| Inventories                                                                | X |
| Trade and other receivables                                                | X |
| Other financial assets                                                     | X |
| Other current assets                                                       | X |
| Cash and cash equivalents                                                  | X |
| Non-current assets held for sale                                           | X |
| Analysis of impairments and reversals                                      | X |
| Trade and other payables                                                   | X |
| Deferred revenue                                                           | X |
| Other financial liabilities                                                | X |
| Borrowings                                                                 | X |
| Private finance initiative, LIFT and other service concession arrangements | X |
| Finance lease obligations                                                  | X |
| Finance lease receivables                                                  | X |
| Provisions                                                                 | X |
| Contingencies                                                              | X |
| Commitments                                                                | X |
| Financial instruments                                                      | X |
| Operating segments                                                         | X |
| Joint arrangements - interests in joint operations                         | X |
| NHS Lift investments                                                       | X |
| Related party transactions                                                 | X |
| Events after the end of the reporting period                               | X |
| Losses and special payments                                                |   |
| Third party assets                                                         | X |
| Financial performance targets                                              | X |
| Impact of IFRS                                                             | X |
| Analysis of charitable reserves                                            | X |

## NHS North Kirklees CCG - Annual Accounts 2020-21

### Statement of Comprehensive Net Expenditure for the year ended 31 March 2021

|                                                                                | Note | 2020-21<br>£'000 | 2019-20<br>£'000 |
|--------------------------------------------------------------------------------|------|------------------|------------------|
| Income from sale of goods and services                                         | 2    | (342)            | (1,302)          |
| Other operating income                                                         | 2    | -                | -                |
| <b>Total operating income</b>                                                  |      | <b>(342)</b>     | <b>(1,302)</b>   |
| Staff costs                                                                    | 4    | 4,432            | 4,306            |
| Purchase of goods and services                                                 | 5    | 304,730          | 295,386          |
| Depreciation and impairment charges                                            | 5    | 14               | 93               |
| Provision expense                                                              | 5    | (733)            | 170              |
| Other Operating Expenditure                                                    | 5    | 1,663            | 599              |
| <b>Total operating expenditure</b>                                             |      | <b>310,107</b>   | <b>300,554</b>   |
| <b>Net Operating Expenditure</b>                                               |      | <b>309,764</b>   | <b>299,252</b>   |
| Finance income                                                                 |      | -                | -                |
| Finance expense                                                                |      | -                | -                |
| <b>Net expenditure for the Year</b>                                            |      | <b>309,764</b>   | <b>299,252</b>   |
| Net (Gain)/Loss on Transfer by Absorption                                      |      | -                | -                |
| <b>Total Net Expenditure for the Financial Year</b>                            |      | <b>309,764</b>   | <b>299,252</b>   |
| <b>Other Comprehensive Expenditure</b>                                         |      |                  |                  |
| <b><u>Items which will not be reclassified to net operating costs</u></b>      |      |                  |                  |
| Net (gain)/loss on revaluation of PPE                                          |      | -                | -                |
| Net (gain)/loss on revaluation of Intangibles                                  |      | -                | -                |
| Net (gain)/loss on revaluation of Financial Assets                             |      | -                | -                |
| Net (gain)/loss on assets held for sale                                        |      | -                | -                |
| Actuarial (gain)/loss in pension schemes                                       |      | -                | -                |
| Impairments and reversals taken to Revaluation Reserve                         |      | -                | -                |
| <b><u>Items that may be reclassified to Net Operating Costs</u></b>            |      |                  |                  |
| Net (gain)/loss on revaluation of other Financial Assets                       |      | -                | -                |
| Net gain/loss on revaluation of available for sale financial assets            |      | -                | -                |
| Reclassification adjustment on disposal of available for sale financial assets |      | -                | -                |
| <b>Sub total</b>                                                               |      | <b>-</b>         | <b>-</b>         |
| <b>Comprehensive Expenditure for the year</b>                                  |      | <b>309,764</b>   | <b>299,252</b>   |

The notes on pages 5 to 34 form part of this statement

# NHS North Kirklees CCG - Annual Accounts 2020-21

## Statement of Financial Position as at 31 March 2021

|                                                                    |      | 2020-21         | 2019-20         |
|--------------------------------------------------------------------|------|-----------------|-----------------|
|                                                                    | Note | £'000           | £'000           |
| <b>Non-current assets:</b>                                         |      |                 |                 |
| Property, plant and equipment                                      | 13   | 29              | 43              |
| Intangible assets                                                  | 14   | -               | -               |
| Investment property                                                | 15   | -               | -               |
| Trade and other receivables                                        | 17   | -               | -               |
| Other financial assets                                             | 18   | -               | -               |
| <b>Total non-current assets</b>                                    |      | <b>29</b>       | <b>43</b>       |
| <b>Current assets:</b>                                             |      |                 |                 |
| Inventories                                                        | 16   | -               | 1,249           |
| Trade and other receivables                                        | 17   | 1,074           | 1,282           |
| Other financial assets                                             | 18   | -               | -               |
| Other current assets                                               | 19   | -               | -               |
| Cash and cash equivalents                                          | 20   | 41              | 137             |
| <b>Total current assets</b>                                        |      | <b>1,115</b>    | <b>2,668</b>    |
| Non-current assets held for sale                                   | 21   | -               | -               |
| <b>Total current assets</b>                                        |      | <b>1,115</b>    | <b>2,668</b>    |
| <b>Total assets</b>                                                |      | <b>1,143</b>    | <b>2,711</b>    |
| <b>Current liabilities</b>                                         |      |                 |                 |
| Trade and other payables                                           | 23   | (16,187)        | (20,153)        |
| Other financial liabilities                                        | 24   | -               | -               |
| Other liabilities                                                  | 25   | -               | -               |
| Borrowings                                                         | 26   | -               | -               |
| Provisions                                                         | 30   | -               | (29)            |
| <b>Total current liabilities</b>                                   |      | <b>(16,187)</b> | <b>(20,182)</b> |
| <b>Non-Current Assets plus/less Net Current Assets/Liabilities</b> |      | <b>(15,044)</b> | <b>(17,471)</b> |
| <b>Non-current liabilities</b>                                     |      |                 |                 |
| Trade and other payables                                           | 23   | -               | -               |
| Other financial liabilities                                        | 24   | -               | -               |
| Other liabilities                                                  | 25   | -               | -               |
| Borrowings                                                         | 26   | -               | -               |
| Provisions                                                         | 30   | (92)            | (797)           |
| <b>Total non-current liabilities</b>                               |      | <b>(92)</b>     | <b>(797)</b>    |
| <b>Assets less Liabilities</b>                                     |      | <b>(15,136)</b> | <b>(18,268)</b> |
| <b>Financed by Taxpayers' Equity</b>                               |      |                 |                 |
| General fund                                                       |      | (15,136)        | (18,268)        |
| Revaluation reserve                                                |      | -               | -               |
| Other reserves                                                     |      | -               | -               |
| Charitable Reserves                                                |      | -               | -               |
| <b>Total taxpayers' equity:</b>                                    |      | <b>(15,136)</b> | <b>(18,268)</b> |

The notes on pages 5 to 34 form part of this statement

The financial statements on pages 1 to 4 were approved by the Governing Body, on 9 June 2021

and signed on its behalf by:

Carol McKenna  
Accountable Officer  
XX June 2021



31 March 2021

**Changes in taxpayers' equity for 2020-21**

**Balance at 01 April 2020**

Transfer between reserves in respect of assets transferred from closed NHS bodies

**Adjusted NHS Clinical Commissioning Group balance at 31 March 2020**

**Changes in NHS Clinical Commissioning Group taxpayers' equity for 2020-21**

Net operating expenditure for the financial year

Net gain/(loss) on revaluation of property, plant and equipment

Net gain/(loss) on revaluation of intangible assets

Net gain/(loss) on revaluation of financial assets

**Total revaluations against revaluation reserve**

Net gain (loss) on available for sale financial assets

Net gain/(loss) on revaluation of other investments and Financial Assets (excluding available for sale financial assets)

Net gain (loss) on revaluation of assets held for sale

Impairments and reversals

Net actuarial gain (loss) on pensions

Movements in other reserves

Transfers between reserves

Release of reserves to the Statement of Comprehensive Net Expenditure

Reclassification adjustment on disposal of available for sale financial assets

Transfers by absorption to (from) other bodies

Reserves eliminated on dissolution

**Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial year**

Net funding

**Balance at 31 March 2021**

| General fund<br>£'000 | Revaluation<br>reserve<br>£'000 | Other<br>reserves<br>£'000 | Total<br>reserves<br>£'000 |
|-----------------------|---------------------------------|----------------------------|----------------------------|
| (18,268)              | 0                               | 0                          | (18,268)                   |
| 0                     | 0                               | 0                          | 0                          |
| <b>(18,268)</b>       | <b>0</b>                        | <b>0</b>                   | <b>(18,268)</b>            |
| (309,764)             | 0                               | 0                          | (309,764)                  |
| 0                     | 0                               | 0                          | 0                          |
| 0                     | 0                               | 0                          | 0                          |
| 0                     | 0                               | 0                          | 0                          |
| <b>0</b>              | <b>0</b>                        | <b>0</b>                   | <b>0</b>                   |
| 0                     | 0                               | 0                          | 0                          |
| 0                     | 0                               | 0                          | 0                          |
| 0                     | 0                               | 0                          | 0                          |
| 0                     | 0                               | 0                          | 0                          |
| 0                     | 0                               | 0                          | 0                          |
| 0                     | 0                               | 0                          | 0                          |
| 0                     | 0                               | 0                          | 0                          |
| 0                     | 0                               | 0                          | 0                          |
| 0                     | 0                               | 0                          | 0                          |
| <b>(309,764)</b>      | <b>0</b>                        | <b>0</b>                   | <b>(309,764)</b>           |
| 312,896               | 0                               | 0                          | 312,896                    |
| <b>(15,136)</b>       | <b>0</b>                        | <b>0</b>                   | <b>(15,136)</b>            |

**Changes in taxpayers' equity for 2019-20**

**Balance at 01 April 2019**

Transfer of assets and liabilities from closed NHS bodies

**Adjusted NHS Clinical Commissioning Group balance at 31 March 2020**

**Changes in NHS Clinical Commissioning Group taxpayers' equity for 2019-20**

Net operating costs for the financial year

Net gain/(loss) on revaluation of property, plant and equipment

Net gain/(loss) on revaluation of intangible assets

Net gain/(loss) on revaluation of financial assets

**Total revaluations against revaluation reserve**

Net gain (loss) on available for sale financial assets

Net gain/(loss) on revaluation of other investments and Financial Assets (excluding available for sale financial assets)

Net gain (loss) on revaluation of assets held for sale

Impairments and reversals

Net actuarial gain (loss) on pensions

Movements in other reserves

Transfers between reserves

Release of reserves to the Statement of Comprehensive Net Expenditure

Reclassification adjustment on disposal of available for sale financial assets

Transfers by absorption to (from) other bodies

Reserves eliminated on dissolution

**Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year**

Net funding

**Balance at 31 March 2020**

| General fund<br>£'000 | Revaluation<br>reserve<br>£'000 | Other<br>reserves<br>£'000 | Total<br>reserves<br>£'000 |
|-----------------------|---------------------------------|----------------------------|----------------------------|
| (19,303)              | 0                               | 0                          | (19,303)                   |
| 0                     | 0                               | 0                          | 0                          |
| <b>(19,303)</b>       | <b>0</b>                        | <b>0</b>                   | <b>(19,303)</b>            |
| (299,252)             | 0                               | 0                          | (299,252)                  |
| 0                     | 0                               | 0                          | 0                          |
| 0                     | 0                               | 0                          | 0                          |
| 0                     | 0                               | 0                          | 0                          |
| 0                     | 0                               | 0                          | 0                          |
| 0                     | 0                               | 0                          | 0                          |
| 0                     | 0                               | 0                          | 0                          |
| 0                     | 0                               | 0                          | 0                          |
| 0                     | 0                               | 0                          | 0                          |
| 0                     | 0                               | 0                          | 0                          |
| 0                     | 0                               | 0                          | 0                          |
| 0                     | 0                               | 0                          | 0                          |
| 0                     | 0                               | 0                          | 0                          |
| 0                     | 0                               | 0                          | 0                          |
| 0                     | 0                               | 0                          | 0                          |
| <b>(299,252)</b>      | <b>0</b>                        | <b>0</b>                   | <b>(299,252)</b>           |
| 300,287               | 0                               | 0                          | 300,287                    |
| <b>(18,268)</b>       | <b>0</b>                        | <b>0</b>                   | <b>(18,268)</b>            |

The notes on pages x to xx form part of this statement

# NHS North Kirklees CCG - Annual Accounts 2020-21

## Statement of Cash Flows for the year ended 31 March 2021

|                                                                                                              | Note | 2020-21<br>£'000 | 2019-20<br>£'000 |
|--------------------------------------------------------------------------------------------------------------|------|------------------|------------------|
| <b>Cash Flows from Operating Activities</b>                                                                  |      |                  |                  |
| Net operating expenditure for the financial year                                                             |      | (309,764)        | (299,252)        |
| Depreciation and amortisation                                                                                | 5    | 14               | 93               |
| Impairments and reversals                                                                                    | 5    | 0                | 0                |
| Non-cash movements arising on application of new accounting standards                                        |      | 0                | 0                |
| Movement due to transfer by Modified Absorption                                                              |      | 0                | 0                |
| Other gains (losses) on foreign exchange                                                                     |      | 0                | 0                |
| Donated assets received credited to revenue but non-cash                                                     |      | 0                | 0                |
| Government granted assets received credited to revenue but non-cash                                          |      | 0                | 0                |
| Interest paid                                                                                                |      | 0                | 0                |
| Release of PFI deferred credit                                                                               |      | 0                | 0                |
| Other Gains & Losses                                                                                         |      | 0                | 0                |
| Finance Costs                                                                                                |      | 0                | 0                |
| Unwinding of Discounts                                                                                       |      | 0                | 0                |
| (Increase)/decrease in inventories                                                                           |      | 1,249            | 137              |
| (Increase)/decrease in trade & other receivables                                                             | 17   | 208              | 3,546            |
| (Increase)/decrease in other current assets                                                                  |      | 0                | 0                |
| Increase/(decrease) in trade & other payables                                                                | 23   | (3,965)          | (4,871)          |
| Increase/(decrease) in other current liabilities                                                             |      | 0                | 0                |
| Provisions utilised                                                                                          | 30   | 0                | 0                |
| Increase/(decrease) in provisions                                                                            | 30   | (733)            | 170              |
| <b>Net Cash Inflow (Outflow) from Operating Activities</b>                                                   |      | <b>(312,992)</b> | <b>(300,177)</b> |
| <b>Cash Flows from Investing Activities</b>                                                                  |      |                  |                  |
| Interest received                                                                                            |      | 0                | 0                |
| (Payments) for property, plant and equipment                                                                 |      | 0                | (43)             |
| (Payments) for intangible assets                                                                             |      | 0                | 0                |
| (Payments) for investments with the Department of Health                                                     |      | 0                | 0                |
| (Payments) for other financial assets                                                                        |      | 0                | 0                |
| (Payments) for financial assets (LIFT)                                                                       |      | 0                | 0                |
| Proceeds from disposal of assets held for sale: property, plant and equipment                                |      | 0                | 0                |
| Proceeds from disposal of assets held for sale: intangible assets                                            |      | 0                | 0                |
| Proceeds from disposal of investments with the Department of Health                                          |      | 0                | 0                |
| Proceeds from disposal of other financial assets                                                             |      | 0                | 0                |
| Proceeds from disposal of financial assets (LIFT)                                                            |      | 0                | 0                |
| Non-cash movements arising on application of new accounting standards                                        |      | 0                | 0                |
| Loans made in respect of LIFT                                                                                |      | 0                | 0                |
| Loans repaid in respect of LIFT                                                                              |      | 0                | 0                |
| Rental revenue                                                                                               |      | 0                | 0                |
| <b>Net Cash Inflow (Outflow) from Investing Activities</b>                                                   |      | <b>0</b>         | <b>(43)</b>      |
| <b>Net Cash Inflow (Outflow) before Financing</b>                                                            |      | <b>(312,992)</b> | <b>(300,220)</b> |
| <b>Cash Flows from Financing Activities</b>                                                                  |      |                  |                  |
| Grant in Aid Funding Received                                                                                |      | 312,896          | 300,287          |
| Other loans received                                                                                         |      | 0                | 0                |
| Other loans repaid                                                                                           |      | 0                | 0                |
| Capital element of payments in respect of finance leases and on Statement of Financial Position PFI and LIFT |      | 0                | 0                |
| Capital grants and other capital receipts                                                                    |      | 0                | 0                |
| Capital receipts surrendered                                                                                 |      | 0                | 0                |
| Non-cash movements arising on application of new accounting standards                                        |      | 0                | 0                |
| <b>Net Cash Inflow (Outflow) from Financing Activities</b>                                                   |      | <b>312,896</b>   | <b>300,287</b>   |
| <b>Net Increase (Decrease) in Cash &amp; Cash Equivalents</b>                                                | 20   | <b>(96)</b>      | <b>67</b>        |
| <b>Cash &amp; Cash Equivalents at the Beginning of the Financial Year</b>                                    |      | <b>137</b>       | <b>70</b>        |
| Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies       |      | 0                | 0                |
| <b>Cash &amp; Cash Equivalents (including bank overdrafts) at the End of the Financial Year</b>              |      | <b>41</b>        | <b>137</b>       |

The notes on pages x to xx form part of this statement

# NHS North Kirklees CCG - Annual Accounts 2020-21

## Notes to the financial statements

### 1 Accounting Policies

NHS England has directed that the financial statements of clinical commissioning groups shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2020-21 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the clinical commissioning group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

#### 1.1 Going Concern

These accounts have been prepared on a going concern basis.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

Where a clinical commissioning group ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the financial statements are prepared on the going concern basis.

From the 31<sup>st</sup> March 2021, North Kirklees CCG will cease operation in its current form. The CCG will form part of the new Kirklees CCG from the 1<sup>st</sup> April 2021.

#### 1.2 Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

#### 1.3 Movement of Assets within the Department of Health and Social Care Group

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

#### 1.4 Pooled Budgets

The clinical commissioning group has entered into three pooled budget arrangements with [Kirklees Metropolitan Council and NHS North Kirklees Clinical Commissioning Group in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for 1/ Community Equipment Service 2/ Better Care Fund and 3/ Healthy Child Programme and Note 35 to the accounts provides details of the income and expenditure.

The three pooled arrangements are hosted by Kirklees Metropolitan Council. The clinical commissioning group accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budgets, identified in accordance with the pooled budget agreements.

#### 1.5 Operating Segments

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the clinical commissioning group.

#### 1.6 Revenue

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

- As per paragraph 121 of the Standard the clinical commissioning group will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,

# NHS North Kirklees CCG - Annual Accounts 2020-21

## Notes to the financial statements

- The clinical commissioning group is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.

- The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the clinical commissioning group to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the Clinical Commissioning Group is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles.

The value of the benefit received when the clinical commissioning group accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

### 1.7 Employee Benefits

# NHS North Kirklees CCG - Annual Accounts 2020-21

## Notes to the financial statements

### 1.7.1 Short-term Employee Benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

### 1.7.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the clinical commissioning group of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the clinical commissioning group commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

### Local Government Pensions

Some employees are members of the Local Government Pension Scheme (LGPS), which is a defined benefit pension scheme. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the clinical commissioning group's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs. The interest earned during the year from scheme assets is recognised within finance income. Re-measurements of the defined benefit plan are recognised in the Income and Expenditure reserve and reported as an item of other comprehensive income / net expenditure.

### 1.8 Other Expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

### 1.9 Grants Payable

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the clinical commissioning group recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

### 1.10 Property, Plant & Equipment

#### 1.10.1 Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the clinical commissioning group;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

# NHS North Kirklees CCG - Annual Accounts 2020-21

## Notes to the financial statements

### 1.10.2 Measurement

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use; and,
- Specialised buildings – depreciated replacement cost.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are re-valued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

### 1.10.3 Subsequent Expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

## 1.11 Intangible Assets

### 1.11.1 Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the clinical commissioning group's business or which arise from contractual or other legal rights. They are recognised only:

- When it is probable that future economic benefits will flow to, or service potential be provided to, the clinical commissioning group;
- Where the cost of the asset can be measured reliably; and,
- Where the cost is at least £5,000.

Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised but is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use;
- The intention to complete the intangible asset and use it;
- The ability to sell or use the intangible asset;
- How the intangible asset will generate probable future economic benefits or service potential;
- The availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and,
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

### 1.11.2 Measurement

## NHS North Kirklees CCG - Annual Accounts 2020-21

### Notes to the financial statements

Intangible assets acquired separately are initially recognised at cost. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost or the value in use where the asset is income generating. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances. Revaluations and impairments are treated in the same manner as for property, plant and equipment.

# NHS North Kirklees CCG - Annual Accounts 2020-21

## Notes to the financial statements

### 1.11.3 Depreciation, Amortisation & Impairments

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the clinical commissioning group expects to obtain economic benefits or service potential from the asset. This is specific to the clinical commissioning group and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life, unless NHS Greater Huddersfield CCG expects to acquire the asset at the end of the lease term, in which case the asset is depreciated in the same manner as for owned assets.

At each reporting period end, the clinical commissioning group checks whether there is any indication that any of its property, plant and equipment assets or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

### 1.12 Donated Assets

Donated non-current assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income. They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are treated in the same way as for purchased assets. Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain.

### 1.13 Government grant funded assets

Government grant funded assets are capitalised at current value in existing use, if they will be held for their service potential, or otherwise at fair value on receipt, with a matching credit to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.

### 1.14 Non-current Assets Held For Sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when:

- The sale is highly probable;
- The asset is available for immediate sale in its present condition; and,
- Management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification.

Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Net Expenditure. On disposal, the balance for the asset on the revaluation reserve is transferred to the general reserve.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

### 1.15 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

#### 1.15.1 The Clinical Commissioning Group as Lessee



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## Notes to the financial statements

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in the Statement of Comprehensive Net Expenditure.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

### 1.15.2 The Clinical Commissioning Group as Lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the clinical commissioning group's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the clinical commissioning group's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

### 1.15.3 The Clinical Commissioning Group reclassification of Lease

The CCG had commenced the assessment of the application of IFRS 16 to its financial statements during financial year 2019/20, and re-categorised treatment of these costs during this financial year. This work was to identify leases which are currently operating leases and should be reclassified as finance leases as well as a broader review of recurring expenditure streams where right to use assets may be embedded in contracting arrangements. The work had progressed to March 2020, when the CCG revised its operational priorities and working patterns to deal with the COVID19 pandemic and combined with the decision to defer the implementation of IFRS16 in the NHS to 1 April 2022. The CCG will recommence during Autumn 2021.

### 1.16 Private Finance Initiative Transactions

PFI transactions that meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment, together with an equivalent finance lease liability.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- payment for the fair value of services received
- repayment of the finance lease liability, including finance costs, and
- payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

# NHS North Kirklees CCG - Annual Accounts 2020-21

## Notes to the financial statements

### 1.16.1 Services Received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

### 1.16.2 PFI Asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS17. Subsequently, the assets are measured at current value in existing use.

### 1.16.3 PFI Liability

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'finance costs' within the Statement of Comprehensive Net Expenditure.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

### 1.16.4 Lifecycle Replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the clinical commissioning group's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at cost.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

### 1.16.5 Assets Contributed by the Clinical Commissioning Group to the Operator For Use in the Scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the clinical commissioning group's Statement of Financial Position.

### 1.16.6 Other Assets Contributed by the Clinical Commissioning Group to the Operator

Assets contributed (e.g. cash payments, surplus property) by the clinical commissioning group to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the clinical commissioning group, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured at the present value of the minimum lease payments, discounted using the implicit interest rate. It is subsequently measured as a finance lease liability in accordance with IAS 17.

On initial recognition of the asset, the difference between the fair value of the asset and the initial liability is recognised as deferred income, representing the future service potential to be received by the clinical commissioning group through the asset being made available to third party users.

The balance is subsequently released to operating income over the life of the concession on a straight-line basis.

On initial recognition of the asset, the difference between the fair value of the asset and the initial value of the liability is recognised as deferred income, representing the future service potential to be received by NHS Greater Huddersfield CCG through the asset being made available to third party users.

The balance is subsequently released to operating income over the life of the concession on a straight-line basis.

# NHS North Kirklees CCG - Annual Accounts 2020-21

## Notes to the financial statements

### 1.17 Inventories

Inventories are valued at the lower of cost and net realisable value. A change in accounting treatment has taken place this year to expense community stock in full, in line with the Clinical Commissioning Groups Local Authority partners, Kirklees Metropolitan Borough Council.

### 1.18 Cash & Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the clinical commissioning group's cash management.

Cash, bank and overdraft balances are recorded at current values.

### 1.19 Provisions

Provisions are recognised when the clinical commissioning group has a present legal or constructive obligation as a result of a past event, it is probable that the clinical commissioning group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:

Early retirement provisions are discounted using HM Treasury's pension discount rate of **negative 0.95% (2019-20: negative 0.5%)** in real terms. All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

- A nominal short-term rate of -0.02% (2019-20: 0.51%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
- A nominal medium-term rate of 0.18% (2019-20: 0.55%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.
- A nominal long-term rate of 1.99% (2019-20: 1.99%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
- A nominal very long-term rate of 1.99% (2019-20: 1.99%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the clinical commissioning group has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

### 1.20 Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the clinical commissioning group pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with clinical commissioning group.

### 1.21 Non-clinical Risk Pooling

The clinical commissioning group participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the clinical commissioning group pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

### 1.22 Continuing healthcare risk pooling

In 2014-15 a risk pool scheme was been introduced by NHS England for continuing healthcare claims, for claim periods prior to 31 March 2013. Under the scheme clinical commissioning group contribute annually to a pooled fund, which is used to settle the claims.

# NHS North Kirklees CCG - Annual Accounts 2020-21

## Notes to the financial statements

### 1.23 Carbon Reduction Commitment Scheme

The Carbon Reduction Commitment scheme was a mandatory cap and trade scheme for non-transport CO2 emissions. The scheme was closed on 31st March 2019. NHS Greater Huddersfield was registered with the Carbon Commitment Reduction scheme, and was therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. Allowances acquired under the scheme were recognised as intangible assets.

### 1.24 Contingent liabilities and contingent assets

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

### 1.25 Financial Assets

Financial assets are recognised when the clinical commissioning group becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred and NHS Greater Huddersfield CCG has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset. Financial assets are initially recognised at fair value plus or minus directly attributable transaction costs for financial assets not measured at fair value through profit or loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices, where possible, or by valuation techniques.

Financial assets are classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

#### 1.25.1 Financial Assets at Amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

#### 1.25.2 Financial assets at fair value through other comprehensive income

Financial assets held at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest.

#### 1.25.3 Financial assets at fair value through profit and loss

Financial assets measured at fair value through profit and loss are those that are not otherwise measured at amortised cost or fair value through other comprehensive income. This includes derivatives and financial assets acquired principally for the purpose of selling in the short term.

#### 1.25.4 Impairment

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the clinical commissioning group recognises a loss allowance representing the expected credit losses on the financial asset.

# NHS North Kirklees CCG - Annual Accounts 2020-21

## Notes to the financial statements

The clinical commissioning group adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The clinical commissioning group therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the clinical commissioning group does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

### 1.26 Financial Liabilities

Financial liabilities are recognised on the statement of financial position when the clinical commissioning group becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

#### 1.26.1 Financial Guarantee Contract Liabilities

Financial guarantee contract liabilities are subsequently measured at the higher of:

- The premium received (or imputed) for entering into the guarantee less cumulative amortisation; and,
- The amount of the obligation under the contract, as determined in accordance with IAS 37: Provisions, Contingent Liabilities and Contingent Assets.

# NHS North Kirklees CCG - Annual Accounts 2020-21

## Notes to the financial statements

### 1.26.2 Financial Liabilities at Fair Value Through Profit and Loss

Derivatives that are liabilities are subsequently measured at fair value through profit or loss. Embedded derivatives that are not part of a hybrid contract containing a host that is an asset within the scope of IFRS 9 are separately accounted for as derivatives only if their economic characteristics and risks are not closely related to those of their host contracts, a separate instrument with the same terms would meet the definition of a derivative, and the hybrid contract is not itself measured at fair value through profit or loss.

### 1.26.3 Other Financial Liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health and Social Care, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

### 1.27 Value Added Tax

Most of the activities of the clinical commissioning group are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

### 1.28 Foreign Currencies

The clinical commissioning group's functional currency and presentational currency is pounds sterling and amounts are presented in thousands of pounds unless expressly stated otherwise. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the clinical commissioning group's surplus/deficit in the period in which they arise.

### 1.29 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the clinical commissioning group has no beneficial interest in them.

### 1.30 Losses & Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the clinical commissioning group not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

### 1.31 Critical accounting judgements and key sources of estimation uncertainty

In the application of the clinical commissioning group's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

#### 1.31.1 Critical accounting judgements in applying accounting policies

There are no judgements, apart from those involving estimations, that management has made in the process of applying the clinical commissioning group's accounting policies.

#### 1.31.2 Sources of estimation uncertainty

The Clinical Commissioning Group has made an estimate for prescribing accrual based on the latest available NHS Business Service Authority information.

### 1.32 Gifts

# NHS North Kirklees CCG - Annual Accounts 2020-21

## Notes to the financial statements

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

### 1.33 Accounting Standards That Have Been Issued But Have Not Yet Been Adopted

The Department of Health and Social Care GAM does not require the following IFRS Standards and Interpretations to be applied in 2020-21. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2022/23, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

The Department of Health and Social Care GAM does not require the following IFRS Standards and Interpretations to be applied in 2020-21. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2022/23, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 Leases – The Standard is effective 1 April 2022 as adapted and interpreted by the FReM.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

### 1.34 Roundings

Small rounding adjustments have been made in these published accounts for the Clinical Commissioning Group.

# NHS North Kirklees CCG - Annual Accounts 2020-21

## 2 Other Operating Revenue

|                                                                    | 2020-21<br>Total<br>£'000 | 2019-20<br>Total<br>£'000 |
|--------------------------------------------------------------------|---------------------------|---------------------------|
| <b>Income from sale of goods and services (contracts)</b>          |                           |                           |
| Education, training and research                                   | -                         | -                         |
| Non-patient care services to other bodies                          | 38                        | 1,061                     |
| Patient transport services                                         | -                         | -                         |
| Prescription fees and charges                                      | -                         | -                         |
| Dental fees and charges                                            | -                         | -                         |
| Income generation                                                  | -                         | -                         |
| Other Contract income                                              | 110                       | 89                        |
| Recoveries in respect of employee benefits                         | 195                       | 152                       |
| <b>Total Income from sale of goods and services</b>                | <b>342</b>                | <b>1,302</b>              |
| <b>Other operating income</b>                                      |                           |                           |
| Rental revenue from finance leases                                 | -                         | -                         |
| Rental revenue from operating leases                               | -                         | -                         |
| Charitable and other contributions to revenue expenditure: NHS     | -                         | -                         |
| Charitable and other contributions to revenue expenditure: non-NHS | -                         | -                         |
| Receipt of donations (capital/cash)                                | -                         | -                         |
| Receipt of Government grants for capital acquisitions              | -                         | -                         |
| Continuing Health Care risk pool contributions                     | -                         | -                         |
| Non cash apprenticeship training grants revenue                    | -                         | -                         |
| Other non contract revenue                                         | -                         | -                         |
| <b>Total Other operating income</b>                                | <b>-</b>                  | <b>-</b>                  |
| <b>Total Operating Income</b>                                      | <b>342</b>                | <b>1,302</b>              |



## NHS North Kirklees CCG - Annual Accounts 2020-21

### 2.1 Disaggregation of Income - Income from sale of good and services (contracts)

|                          | Education, training<br>and research<br>£'000 | Non-patient care<br>services to other<br>bodies<br>£'000 | Patient transport<br>services<br>£'000 | Prescription fees<br>and charges<br>£'000 | Dental fees and<br>charges<br>£'000 | Income generation<br>£'000 | Other Contract<br>income<br>£'000 | Recoveries in<br>respect of employee<br>benefits<br>£'000 |
|--------------------------|----------------------------------------------|----------------------------------------------------------|----------------------------------------|-------------------------------------------|-------------------------------------|----------------------------|-----------------------------------|-----------------------------------------------------------|
| <b>Source of Revenue</b> |                                              |                                                          |                                        |                                           |                                     |                            |                                   |                                                           |
| NHS                      | -                                            | 38                                                       | -                                      | -                                         | -                                   | -                          | 27                                | -                                                         |
| Non NHS                  | -                                            | -                                                        | -                                      | -                                         | -                                   | -                          | 83                                | 195                                                       |
| <b>Total</b>             | <b>-</b>                                     | <b>38</b>                                                | <b>-</b>                               | <b>-</b>                                  | <b>-</b>                            | <b>-</b>                   | <b>110</b>                        | <b>195</b>                                                |

|                          | Education, training<br>and research<br>£'000 | Non-patient care<br>services to other<br>bodies<br>£'000 | Patient transport<br>services<br>£'000 | Prescription fees<br>and charges<br>£'000 | Dental fees and<br>charges<br>£'000 | Income generation<br>£'000 | Other Contract<br>income<br>£'000 | Recoveries in<br>respect of employee<br>benefits<br>£'000 |
|--------------------------|----------------------------------------------|----------------------------------------------------------|----------------------------------------|-------------------------------------------|-------------------------------------|----------------------------|-----------------------------------|-----------------------------------------------------------|
| <b>Timing of Revenue</b> |                                              |                                                          |                                        |                                           |                                     |                            |                                   |                                                           |
| Point in time            | -                                            | 38                                                       | -                                      | -                                         | -                                   | -                          | 110                               | 195                                                       |
| Over time                | -                                            | -                                                        | -                                      | -                                         | -                                   | -                          | -                                 | -                                                         |
| <b>Total</b>             | <b>-</b>                                     | <b>38</b>                                                | <b>-</b>                               | <b>-</b>                                  | <b>-</b>                            | <b>-</b>                   | <b>110</b>                        | <b>195</b>                                                |

### 3 Revenue

|                            | 2020-21<br>Total<br>£'000 | 2019/20<br>Total<br>£'000 |
|----------------------------|---------------------------|---------------------------|
| From rendering of services | 342                       | 1,302                     |
| From sale of goods         | 0                         | 0                         |
| <b>Total</b>               | <b>342</b>                | <b>1,302</b>              |

Revenue is totally from the supply of services. The Clinical Commissioning Group received no revenue from the sale of goods.

# NHS North Kirklees CCG - Annual Accounts 2020-21

## 4. Employee benefits and staff numbers

### 4.1.1 Employee benefits

|                                                                        | Total                           |                | 2020-21        |
|------------------------------------------------------------------------|---------------------------------|----------------|----------------|
|                                                                        | Permanent<br>Employees<br>£'000 | Other<br>£'000 | Total<br>£'000 |
| <b>Employee Benefits</b>                                               |                                 |                |                |
| Salaries and wages                                                     | 3,186                           | 250            | 3,436          |
| Social security costs                                                  | 344                             | (1)            | 344            |
| Employer Contributions to NHS Pension scheme                           | 650                             | (1)            | 649            |
| Other pension costs                                                    | -                               | -              | -              |
| Apprenticeship Levy                                                    | 4                               | -              | 4              |
| Other post-employment benefits                                         | -                               | -              | -              |
| Other employment benefits                                              | -                               | -              | -              |
| Termination benefits                                                   | -                               | -              | -              |
| <b>Gross employee benefits expenditure</b>                             | <b>4,185</b>                    | <b>248</b>     | <b>4,432</b>   |
| Less recoveries in respect of employee benefits (note 4.1.2)           | (195)                           | -              | (195)          |
| <b>Total - Net admin employee benefits including capitalised costs</b> | <b>3,990</b>                    | <b>248</b>     | <b>4,238</b>   |
| Less: Employee costs capitalised                                       | -                               | -              | -              |
| <b>Net employee benefits excluding capitalised costs</b>               | <b>3,990</b>                    | <b>248</b>     | <b>4,238</b>   |

### 4.1.1 Employee benefits

|                                                                        | Total                           |                | 2019-20        |
|------------------------------------------------------------------------|---------------------------------|----------------|----------------|
|                                                                        | Permanent<br>Employees<br>£'000 | Other<br>£'000 | Total<br>£'000 |
| <b>Employee Benefits</b>                                               |                                 |                |                |
| Salaries and wages                                                     | 3,071                           | 271            | 3,342          |
| Social security costs                                                  | 338                             | 1              | 339            |
| Employer Contributions to NHS Pension scheme                           | 614                             | 2              | 616            |
| Other pension costs                                                    | -                               | -              | -              |
| Apprenticeship Levy                                                    | 9                               | -              | 9              |
| Other post-employment benefits                                         | -                               | -              | -              |
| Other employment benefits                                              | -                               | -              | -              |
| Termination benefits                                                   | -                               | -              | -              |
| <b>Gross employee benefits expenditure</b>                             | <b>4,032</b>                    | <b>274</b>     | <b>4,306</b>   |
| Less recoveries in respect of employee benefits (note 4.1.2)           | (152)                           | -              | (152)          |
| <b>Total - Net admin employee benefits including capitalised costs</b> | <b>3,880</b>                    | <b>274</b>     | <b>4,154</b>   |
| Less: Employee costs capitalised                                       | -                               | -              | -              |
| <b>Net employee benefits excluding capitalised costs</b>               | <b>3,880</b>                    | <b>274</b>     | <b>4,154</b>   |

### 4.1.2 Recoveries in respect of employee benefits

|                                                         |                                 |                | 2020-21        | 2019-20        |
|---------------------------------------------------------|---------------------------------|----------------|----------------|----------------|
|                                                         | Permanent<br>Employees<br>£'000 | Other<br>£'000 | Total<br>£'000 | Total<br>£'000 |
| <b>Employee Benefits - Revenue</b>                      |                                 |                |                |                |
| Salaries and wages                                      | (178)                           | -              | (178)          | (120)          |
| Social security costs                                   | (18)                            | -              | (18)           | (15)           |
| Employer contributions to the NHS Pension Scheme        | 2                               | -              | 2              | (17)           |
| Other pension costs                                     | -                               | -              | -              | -              |
| Other post-employment benefits                          | -                               | -              | -              | -              |
| Other employment benefits                               | -                               | -              | -              | -              |
| Termination benefits                                    | -                               | -              | -              | -              |
| <b>Total recoveries in respect of employee benefits</b> | <b>(195)</b>                    | <b>-</b>       | <b>(195)</b>   | <b>(152)</b>   |

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4.2 Average number of people employed

|                                                                                        | 2020-21                           |                 |                 | 2019-20                           |                 |                 |
|----------------------------------------------------------------------------------------|-----------------------------------|-----------------|-----------------|-----------------------------------|-----------------|-----------------|
|                                                                                        | Permanently<br>employed<br>Number | Other<br>Number | Total<br>Number | Permanently<br>employed<br>Number | Other<br>Number | Total<br>Number |
| Total                                                                                  | 69.67                             | 2.62            | 72.29           | 69.15                             | 3.25            | 72.40           |
| Of the above:<br>Number of whole time equivalent people engaged on capital<br>projects | -                                 | -               | -               | -                                 | -               | -               |

4.3 Staff sickness absence and ill health retirements

This note has been removed from the accounts and is now included in the Annual Report.

4.4 Exit packages agreed in the financial year

There have been no exit packages agreed during financial year 2020-21.

# NHS North Kirklees CCG - Annual Accounts 2020-21

## 4.5 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions).

Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities.

Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

### 4.5.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

### 4.5.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

## NHS North Kirklees CCG - Annual Accounts 2020-21

### 5. Operating expenses

|                                                                     | 2020-21<br>Total<br>£'000 | 2019-20<br>Total<br>£'000 |
|---------------------------------------------------------------------|---------------------------|---------------------------|
| <b>Purchase of goods and services</b>                               |                           |                           |
| Services from other CCGs and NHS England                            | 818                       | 1,201                     |
| Services from foundation trusts                                     | 32,323                    | 33,039                    |
| Services from other NHS trusts                                      | 138,846                   | 135,086                   |
| Provider Sustainability Fund                                        | -                         | -                         |
| Services from Other WGA bodies                                      | -                         | -                         |
| Purchase of healthcare from non-NHS bodies                          | 66,949                    | 64,193                    |
| Purchase of social care                                             | -                         | -                         |
| General Dental services and personal dental services                | -                         | -                         |
| Prescribing costs                                                   | 33,999                    | 32,885                    |
| Pharmaceutical services                                             | -                         | -                         |
| General Ophthalmic services                                         | 164                       | 225                       |
| GPMS/APMS and PCTMS                                                 | 28,891                    | 26,202                    |
| Supplies and services – clinical                                    | 256                       | 322                       |
| Supplies and services – general                                     | 453                       | 137                       |
| Consultancy services                                                | 7                         | 155                       |
| Establishment                                                       | 564                       | 410                       |
| Transport                                                           | 0                         | 3                         |
| Premises                                                            | 1,252                     | 1,361                     |
| Audit fees                                                          | 60                        | 54                        |
| Other non statutory audit expenditure                               |                           |                           |
| · Internal audit services                                           | -                         | -                         |
| · Other services                                                    | 24                        | 9                         |
| Other professional fees                                             | 79                        | 50                        |
| Legal fees                                                          | 44                        | 49                        |
| Education, training and conferences                                 | 1                         | 5                         |
| Funding to group bodies                                             | -                         | -                         |
| CHC Risk Pool contributions                                         | -                         | -                         |
| Non cash apprenticeship training grants                             | -                         | -                         |
| <b>Total Purchase of goods and services</b>                         | <b>304,730</b>            | <b>295,386</b>            |
| <b>Depreciation and impairment charges</b>                          |                           |                           |
| Depreciation                                                        | 14                        | 93                        |
| Amortisation                                                        | -                         | -                         |
| Impairments and reversals of property, plant and equipment          | -                         | -                         |
| Impairments and reversals of intangible assets                      | -                         | -                         |
| Impairments and reversals of financial assets                       | -                         | -                         |
| · Assets carried at amortised cost                                  | -                         | -                         |
| · Assets carried at cost                                            | -                         | -                         |
| · Available for sale financial assets                               | -                         | -                         |
| Impairments and reversals of non-current assets held for sale       | -                         | -                         |
| Impairments and reversals of investment properties                  | -                         | -                         |
| <b>Total Depreciation and impairment charges</b>                    | <b>14</b>                 | <b>93</b>                 |
| <b>Provision expense</b>                                            |                           |                           |
| Change in discount rate                                             | -                         | -                         |
| Provisions                                                          | (733)                     | 170                       |
| <b>Total Provision expense</b>                                      | <b>(733)</b>              | <b>170</b>                |
| <b>Other Operating Expenditure</b>                                  |                           |                           |
| Chair and Non Executive Members                                     | 367                       | 493                       |
| Grants to Other bodies                                              | -                         | -                         |
| Clinical negligence                                                 | -                         | -                         |
| Research and development (excluding staff costs)                    | 28                        | 26                        |
| Expected credit loss on receivables                                 | (2)                       | 4                         |
| Expected credit loss on other financial assets (stage 1 and 2 only) | -                         | -                         |
| Inventories written down                                            | -                         | -                         |
| Inventories consumed                                                | 1,249 *                   | -                         |
| Other expenditure                                                   | 21                        | 76                        |
| <b>Total Other Operating Expenditure</b>                            | <b>1,663</b>              | <b>599</b>                |
| <b>Total operating expenditure</b>                                  | <b>305,674</b>            | <b>296,248</b>            |

\* During the current financial year the CCG changed its accounting treatment of stock to show as an expense in line with its Local Authority partners, Kirklees Metropolitan Borough Council

## NHS North Kirklees CCG - Annual Accounts 2020-21

### 6.1 Better Payment Practice Code

| Measure of compliance                                          | 2020-21<br>Number | 2020-21<br>£'000 | 2019-20<br>Number | 2019-20<br>£'000 |
|----------------------------------------------------------------|-------------------|------------------|-------------------|------------------|
| <b>Non-NHS Payables</b>                                        |                   |                  |                   |                  |
| Total Non-NHS Trade invoices paid in the Year                  | 12,366            | 125,012          | 12,861            | 117,706          |
| Total Non-NHS Trade Invoices paid within target                | 12,154            | 122,602          | 12,545            | 114,610          |
| <b>Percentage of Non-NHS Trade invoices paid within target</b> | <b>98.29%</b>     | <b>98.07%</b>    | <b>97.54%</b>     | <b>97.37%</b>    |
| <b>NHS Payables</b>                                            |                   |                  |                   |                  |
| Total NHS Trade Invoices Paid in the Year                      | 803               | 177,034          | 2,388             | 173,234          |
| Total NHS Trade Invoices Paid within target                    | 777               | 176,879          | 2,272             | 168,765          |
| <b>Percentage of NHS Trade Invoices paid within target</b>     | <b>96.76%</b>     | <b>99.91%</b>    | <b>95.14%</b>     | <b>97.42%</b>    |

### 6.2 The Late Payment of Commercial Debts (Interest) Act 1998

The Clinical Commissioning Group has not made any payments under this legislation.

### 7 Income Generation Activities

The Clinical Commissioning Group does not undertake income generation activities.

### 8 Investment Revenue

The Clinical Commissioning Group has had no investment revenue during the period.

### 9 Other gains and losses

The Clinical Commissioning Group has had no other gains and losses.

### 10 Finance Costs

The Clinical Commissioning Group has had no finance costs during the period.

### 11 Net gain / (loss) on transfer by absorption

The Clinical Commissioning Group has had no net gains or losses on transfers during the period.



NHS North Kirklees CCG - Annual Accounts 2020-21

12. Operating Leases

12.1 As lessee

[Where the NHS clinical commissioning group is a lessee, include a general description of significant leasing arrangements, including:

- (a) basis on which contingent rent is determined
- (b) terms of renewal, purchase options or escalation clauses and
- (c) restrictions imposed by lease arrangements]

12.1.1 Payments recognised as an Expense

|                                   | Land<br>£'000 | Buildings<br>£'000 | Other<br>£'000 | 2020-21<br>Total<br>£'000 | Land<br>£'000 | Buildings<br>£'000 | Other<br>£'000 | 2019-20<br>Total<br>£'000 |
|-----------------------------------|---------------|--------------------|----------------|---------------------------|---------------|--------------------|----------------|---------------------------|
| Payments recognised as an expense |               |                    |                |                           |               |                    |                |                           |
| Minimum lease payments            | -             | 34                 | 20             | 54                        | -             | 52                 | 16             | 68                        |
| Contingent rents                  | -             | -                  | -              | -                         | -             | -                  | -              | -                         |
| Sub-lease payments                | -             | -                  | -              | -                         | -             | -                  | -              | -                         |
| Total                             | -             | 34                 | 20             | 54                        | -             | 52                 | 16             | 68                        |

12.1.2 Future minimum lease payments

|                            | Land<br>£'000 | Buildings<br>£'000 | Other<br>£'000 | 2020-21<br>Total<br>£'000 | Land<br>£'000 | Buildings<br>£'000 | Other<br>£'000 | 2019-20<br>Total<br>£'000 |
|----------------------------|---------------|--------------------|----------------|---------------------------|---------------|--------------------|----------------|---------------------------|
| Payable:                   |               |                    |                |                           |               |                    |                |                           |
| No later than one year     | -             | 40                 | 20             | 60                        | -             | 53                 | 16             | 69                        |
| Between one and five years | -             | 120                | 20             | 140                       | -             | 191                | 32             | 223                       |
| After five years           | -             | -                  | -              | -                         | -             | -                  | -              | -                         |
| Total                      | -             | 160                | 40             | 200                       | -             | 244                | 48             | 292                       |

12.2 As lessor

The Clinical Commissioning Group has no operating lease income during the period.

NHS North Kirklees CCG - Annual Accounts 2020-21

13 Property, plant and equipment

| 2020-21                                                       | Land<br>£'000 | Buildings<br>excluding<br>dwellings<br>£'000 | Dwellings<br>£'000 | Assets under<br>construction<br>and payments<br>on account<br>£'000 | Plant &<br>machinery<br>£'000 | Transport<br>equipment<br>£'000 | Information<br>technology<br>£'000 | Furniture &<br>fittings<br>£'000 | Total<br>£'000 |
|---------------------------------------------------------------|---------------|----------------------------------------------|--------------------|---------------------------------------------------------------------|-------------------------------|---------------------------------|------------------------------------|----------------------------------|----------------|
| Cost or valuation at 01 April 2020                            | -             | -                                            | -                  | -                                                                   | -                             | -                               | 168                                | 40                               | 208            |
| Addition of assets under construction and payments on account |               |                                              |                    | -                                                                   |                               |                                 |                                    |                                  | -              |
| Additions purchased                                           | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Additions donated                                             | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Additions government granted                                  | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Additions leased                                              | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Reclassifications                                             | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Reclassified as held for sale and reversals                   | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Disposals other than by sale                                  | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Upward revaluation gains                                      | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Impairments charged                                           | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Reversal of impairments                                       | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Transfer (to)/from other public sector body                   | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Cumulative depreciation adjustment following revaluation      | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Cost/Valuation at 31 March 2021                               | -             | -                                            | -                  | -                                                                   | -                             | -                               | 168                                | 40                               | 208            |
| Depreciation 01 April 2020                                    | -             | -                                            | -                  | -                                                                   | -                             | -                               | 125                                | 40                               | 165            |
| Reclassifications                                             | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Reclassified as held for sale and reversals                   | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Disposals other than by sale                                  | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Upward revaluation gains                                      | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Impairments charged                                           | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Reversal of impairments                                       | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Charged during the year                                       | -             | -                                            | -                  | -                                                                   | -                             | -                               | 14                                 | -                                | 14             |
| Transfer (to)/from other public sector body                   | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Cumulative depreciation adjustment following revaluation      | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Depreciation at 31 March 2021                                 | -             | -                                            | -                  | -                                                                   | -                             | -                               | 139                                | 40                               | 180            |
| Net Book Value at 31 March 2021                               | -             | -                                            | -                  | -                                                                   | -                             | -                               | 29                                 | -                                | 29             |
| Purchased                                                     | -             | -                                            | -                  | -                                                                   | -                             | -                               | 29                                 | -                                | 29             |
| Donated                                                       | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Government Granted                                            | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Total at 31 March 2021                                        | -             | -                                            | -                  | -                                                                   | -                             | -                               | 29                                 | -                                | 29             |
| Asset financing:                                              |               |                                              |                    |                                                                     |                               |                                 |                                    |                                  |                |
| Owned                                                         | -             | -                                            | -                  | -                                                                   | -                             | -                               | 29                                 | -                                | 29             |
| Held on finance lease                                         | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| On-SOFP Lift contracts                                        | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| PFI residual: interests                                       | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Total at 31 March 2021                                        | -             | -                                            | -                  | -                                                                   | -                             | -                               | 29                                 | -                                | 29             |
| Revaluation Reserve Balance for Property, Plant & Equipment   |               |                                              |                    |                                                                     |                               |                                 |                                    |                                  |                |
|                                                               | Land<br>£'000 | Buildings<br>£'000                           | Dwellings<br>£'000 | Assets under<br>construction &<br>payments on<br>account<br>£'000   | Plant &<br>machinery<br>£'000 | Transport<br>equipment<br>£'000 | Information<br>technology<br>£'000 | Furniture &<br>fittings<br>£'000 | Total<br>£'000 |
| Balance at 01 April 2020                                      | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Revaluation gains                                             | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Impairments                                                   | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Release to general fund                                       | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Other movements                                               | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |
| Balance at 31 March 2021                                      | -             | -                                            | -                  | -                                                                   | -                             | -                               | -                                  | -                                | -              |



# NHS North Kirklees CCG - Annual Accounts 2020-21

## 13 Property, plant and equipment cont'd

### 13.1 Additions to assets under construction

The Clinical Commissioning Group has no assets under construction as at 31st March 2021.

### 13.2 Donated assets

The Clinical Commissioning Group has no donated assets as at 31st March 2021.

### 13.3 Government granted assets

The Clinical Commissioning Group has no government granted assets as at 31st March 2021.

### 13.4 Property revaluation

The Clinical Commissioning Group has had no property revaluations during the period.

### 13.5 Compensation from third parties

The Clinical Commissioning Group has not received any compensation from third parties for assets impaired during the period.

### 13.6 Write downs to recoverable amount

No assets have been written down to recoverable amounts during the period.

### 13.7 Temporarily idle assets

The Clinical Commissioning Group has no temporarily idle assets as at 31st March 2021.

### 13.8 Cost or valuation of fully depreciated assets

The cost or valuation of fully depreciated assets still in use was as follows:

|                               | 2020-21<br>£'000 | 2019-20<br>£'000 |
|-------------------------------|------------------|------------------|
| Land                          | -                | -                |
| Buildings excluding dwellings | -                | -                |
| Dwellings                     | -                | -                |
| Plant & machinery             | -                | -                |
| Transport equipment           | -                | -                |
| Information technology        | 125              | 125              |
| Furniture & fittings          | 40               | 40               |
| <b>Total</b>                  | <b>165</b>       | <b>165</b>       |

### 13.9 Economic lives

|                               | Minimum<br>Life (years) | Maximum Life<br>(Years) |
|-------------------------------|-------------------------|-------------------------|
| Buildings excluding dwellings | 0                       | 0                       |
| Dwellings                     | 0                       | 0                       |
| Plant & machinery             | 0                       | 0                       |
| Transport equipment           | 0                       | 0                       |
| Information technology        | 3                       | 3                       |
| Furniture & fittings          | 6                       | 6                       |

## **NHS North Kirklees CCG - Annual Accounts 2020-21**

### **14 Intangible non-current assets**

The Clinical Commissioning Group has no intangible non current assets as at 31st March 2021.

#### **14.1 Donated assets**

The Clinical Commissioning Group has no donated assets as at 31st March 2021.

#### **14.2 Government granted assets**

The Clinical Commissioning Group has no government granted assets as at 31st March 2021.

#### **14.3 Revaluation**

The Clinical Commissioning Group has no revalued assets as at 31st March 2021.

#### **14.4 Compensation from third parties**

The Clinical Commissioning Group has not received any compensation from third parties as at 31st March 2021.

#### **14.5 Write downs to recoverable amount**

The Clinical Commissioning Group has had no write downs to recoverable amount as at 31st March 2021.

#### **14.6 Non-capitalised assets**

The Clinical Commissioning Group has no non-capitalised assets as at 31st March 2021.

#### **14.7 Temporarily idle assets**

The Clinical Commissioning Group has no temporary idle assets as at 31st March 2021.

#### **14.8 Cost or valuation of fully amortised assets**

The Clinical Commissioning Group has no fully amortised assets as at 31st March 2021.

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15 Investment property

The Clinical Commissioning Group has no investment property as at 31st March 2021.

16 Inventories

|                                                                                           | Drugs | Consumables | Energy | Work in Progress | Loan Equipment | Other   | Total   |
|-------------------------------------------------------------------------------------------|-------|-------------|--------|------------------|----------------|---------|---------|
|                                                                                           | £'000 | £'000       | £'000  | £'000            | £'000          | £'000   | £'000   |
| Balance at 01 April 2020                                                                  | -     | -           | -      | -                | -              | 1,249   | 1,249   |
| Additions                                                                                 | -     | -           | -      | -                | -              | -       | -       |
| Inventories recognised as an expense in the period                                        | -     | -           | -      | -                | -              | (1,249) | (1,249) |
| Write-down of inventories (including losses)                                              | -     | -           | -      | -                | -              | -       | -       |
| Reversal of write-down previously taken to the statement of comprehensive net expenditure | -     | -           | -      | -                | -              | -       | -       |
| Transfer (to) from -Goods for resale                                                      | -     | -           | -      | -                | -              | -       | -       |
| Balance at 31 March 2021                                                                  | -     | -           | -      | -                | -              | -       | -       |

During the current financial year the CCG changed its accounting treatment of stock to show as an expense in line with its Local Authority partners, Kirklees Metropolitan Borough Council

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17.1 Trade and other receivables

|                                                                                                            | Current<br>2020-21<br>£'000 | Non-current<br>2020-21<br>£'000 | Current<br>2019-20<br>£'000 | Non-current<br>2019-20<br>£'000 |
|------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------|-----------------------------|---------------------------------|
| NHS receivables: Revenue                                                                                   | 277                         | -                               | 245                         | -                               |
| NHS receivables: Capital                                                                                   | -                           | -                               | -                           | -                               |
| NHS prepayments                                                                                            | -                           | -                               | -                           | -                               |
| NHS accrued income                                                                                         | -                           | -                               | 163                         | -                               |
| NHS Contract Receivable not yet invoiced/non-invoice                                                       | -                           | -                               | -                           | -                               |
| NHS Non Contract trade receivable (i.e pass through funding)                                               | -                           | -                               | -                           | -                               |
| NHS Contract Assets                                                                                        | -                           | -                               | -                           | -                               |
| Non-NHS and Other WGA receivables: Revenue                                                                 | 556                         | -                               | 779                         | -                               |
| Non-NHS and Other WGA receivables: Capital                                                                 | -                           | -                               | -                           | -                               |
| Non-NHS and Other WGA prepayments                                                                          | 37                          | -                               | -                           | -                               |
| Non-NHS and Other WGA accrued income                                                                       | 125                         | -                               | 31                          | -                               |
| Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice                                     | -                           | -                               | -                           | -                               |
| Non-NHS and Other WGA Non Contract trade receivable (i.e pass through funding)                             | -                           | -                               | -                           | -                               |
| Non-NHS Contract Assets                                                                                    | -                           | -                               | -                           | -                               |
| Expected credit loss allowance-receivables                                                                 | -                           | -                               | (4)                         | -                               |
| VAT                                                                                                        | 78                          | -                               | 58                          | -                               |
| Private finance initiative and other public private partnership arrangement prepayments and accrued income | -                           | -                               | -                           | -                               |
| Interest receivables                                                                                       | -                           | -                               | -                           | -                               |
| Finance lease receivables                                                                                  | -                           | -                               | -                           | -                               |
| Operating lease receivables                                                                                | -                           | -                               | -                           | -                               |
| Other receivables and accruals                                                                             | 1                           | -                               | 11                          | -                               |
| <b>Total Trade &amp; other receivables</b>                                                                 | <b>1,074</b>                | <b>-</b>                        | <b>1,281</b>                | <b>-</b>                        |
| <b>Total current and non current</b>                                                                       | <b>1,074</b>                |                                 | <b>1,281</b>                |                                 |
| <b>Included above:</b>                                                                                     |                             |                                 |                             |                                 |
| Prepaid pensions contributions                                                                             | -                           |                                 | -                           |                                 |

The majority of trade is with NHS England. As NHS England is funded by the Government to provide funding to Clinical Commissioning Groups to commission service, no credit scoring of them is considered necessary.

17.2 Receivables past their due date but not impaired

|                         | 2020-21<br>DHSC Group<br>Bodies<br>£'000 | 2020-21<br>Non DHSC Group<br>Bodies<br>£'000 | 2019-20<br>DHSC Group<br>Bodies<br>£'000 | 2019-20<br>Non DHSC Group<br>Bodies<br>£'000 |
|-------------------------|------------------------------------------|----------------------------------------------|------------------------------------------|----------------------------------------------|
| By up to three months   | 338                                      | 435                                          | 252                                      | 490                                          |
| By three to six months  | -                                        | 0                                            | -                                        | 127                                          |
| By more than six months | -                                        | 58                                           | (6)                                      | 159                                          |
| <b>Total</b>            | <b>338</b>                               | <b>493</b>                                   | <b>246</b>                               | <b>776</b>                                   |

£357k of the above amount has been subsequently recovered post the statement of financial position date.

The Clinical Commissioning Group did not hold any collateral against receivables outstanding at 31st March 2021.

17.3 Loss allowance on asset classes

|                                                                                  | Trade and other<br>receivables - Non<br>DHSC Group<br>Bodies<br>£'000 | Other financial<br>assets<br>£'000 | Total<br>£'000 |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------|----------------|
| Balance at 01 April 2020                                                         | (4)                                                                   | -                                  | (4)            |
| Lifetime expected credit loss on credit impaired financial assets                | -                                                                     | -                                  | -              |
| Lifetime expected credit losses on trade and other receivables-Stage 2           | -                                                                     | -                                  | -              |
| Lifetime expected credit losses on trade and other receivables-Stage 3           | -                                                                     | -                                  | -              |
| Credit losses recognised on purchase originated credit impaired financial assets | -                                                                     | -                                  | -              |
| Amounts written off                                                              | -                                                                     | -                                  | -              |
| Financial assets that have been derecognised                                     | -                                                                     | -                                  | -              |
| Changes due to modifications that did not result in derecognition                | -                                                                     | -                                  | -              |
| Other changes                                                                    | 4                                                                     | -                                  | 4              |
| <b>Total</b>                                                                     | <b>-</b>                                                              | <b>-</b>                           | <b>-</b>       |

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## 18 Other financial assets

The Clinical Commissioning Group has no other financial assets as at 31st March 2021.

## 19 Other current assets

The Clinical Commissioning Group has no other current assets as at 31st March 2021.

## 20 Cash and cash equivalents

|                                                                 | 2020-21<br>£'000 | 2019-20<br>£'000 |
|-----------------------------------------------------------------|------------------|------------------|
| Balance at 01 April 2020                                        | 137              | 70               |
| Net change in year                                              | (96)             | 67               |
| Balance at 31 March 2021                                        | 41               | 137              |
| Made up of:                                                     |                  |                  |
| Cash with the Government Banking Service                        | 41               | 137              |
| Cash with Commercial banks                                      | -                | -                |
| Cash in hand                                                    | -                | -                |
| Current investments                                             | -                | -                |
| Cash and cash equivalents as in statement of financial position | 41               | 137              |
| Bank overdraft: Government Banking Service                      | -                | -                |
| Bank overdraft: Commercial banks                                | -                | -                |
| Total bank overdrafts                                           | -                | -                |
| Balance at 31 March 2021                                        | 41               | 137              |

The Clinical Commissioning Group does not hold patients monies.

## 21 Non-current assets held for sale

The Clinical Commissioning Group does not have any non current assets held for sale.

## 22 Analysis of impairments and reversals

The Clinical Commissioning Group has had no impairment or reversal of impairments on any of its assets during the period.

## NHS North Kirklees CCG - Annual Accounts 2020-21

| <b>23 Trade and other payables</b>      | <b>Current<br/>2020-21<br/>£'000</b> | <b>Non-current<br/>2020-21<br/>£'000</b> | <b>Current<br/>2019-20<br/>£'000</b> | <b>Non-current<br/>2019-20<br/>£'000</b> |
|-----------------------------------------|--------------------------------------|------------------------------------------|--------------------------------------|------------------------------------------|
| Interest payable                        | -                                    | -                                        | -                                    | -                                        |
| NHS payables: Revenue                   | 80                                   | -                                        | 720                                  | -                                        |
| NHS payables: Capital                   | -                                    | -                                        | -                                    | -                                        |
| NHS accruals                            | 336                                  | -                                        | 2,170                                | -                                        |
| NHS deferred income                     | -                                    | -                                        | 2                                    | -                                        |
| NHS Contract Liabilities                | -                                    | -                                        | -                                    | -                                        |
| Non-NHS and Other WGA payables: Revenue | 2,264                                | -                                        | 1,792                                | -                                        |
| Non-NHS and Other WGA payables: Capital | -                                    | -                                        | -                                    | -                                        |
| Non-NHS and Other WGA accruals          | 13,135                               | -                                        | 14,806                               | -                                        |
| Non-NHS and Other WGA deferred income   | -                                    | -                                        | -                                    | -                                        |
| Non-NHS Contract Liabilities            | -                                    | -                                        | -                                    | -                                        |
| Social security costs                   | 60                                   | -                                        | 58                                   | -                                        |
| VAT                                     | -                                    | -                                        | -                                    | -                                        |
| Tax                                     | 74                                   | -                                        | 76                                   | -                                        |
| Payments received on account            | -                                    | -                                        | -                                    | -                                        |
| Other payables and accruals             | 238                                  | -                                        | 530                                  | -                                        |
| <b>Total Trade &amp; Other Payables</b> | <b>16,187</b>                        | <b>-</b>                                 | <b>20,153</b>                        | <b>-</b>                                 |
| Total current and non-current           | <b>16,187</b>                        |                                          | <b>20,153</b>                        |                                          |

Other payables include £216k outstanding GP and Clinical Commissioning Group pension contributions at 31 March 2021 (2019-20 £251k).

### 24 Other financial liabilities

The Clinical Commissioning Group has no financial liabilities as at 31st March 2021.

### 25 Other liabilities

The Clinical Commissioning Group has no other liabilities as at 31st March 2021.

### 26 Borrowings

The Clinical Commissioning Group has no borrowings as at 31st March 2021.

### 27 Private finance initiative, LIFT and other service concession arrangements

The Clinical Commissioning Group has no private finance initiative, LIFT or service concession arrangements as at 31st March 2021.

### 28 Finance lease obligations

The Clinical Commissioning Group has no finance lease obligations as at 31st March 2021.

### 29 Finance lease receivables

The Clinical Commissioning Group has no finance lease receivables as at 31st March 2021.



NHS North Kirklees CCG - Annual Accounts 2020-21

30 Provisions

|                                       | Current<br>2020-21<br>£'000 | Non-current<br>2020-21<br>£'000 | Current<br>2019-20<br>£'000 | Non-current<br>2019-20<br>£'000 |
|---------------------------------------|-----------------------------|---------------------------------|-----------------------------|---------------------------------|
| Pensions relating to former directors | -                           | -                               | -                           | -                               |
| Pensions relating to other staff      | -                           | -                               | -                           | -                               |
| Restructuring                         | -                           | -                               | -                           | -                               |
| Redundancy                            | -                           | -                               | 29                          | -                               |
| Agenda for change                     | -                           | -                               | -                           | -                               |
| Equal pay                             | -                           | -                               | -                           | -                               |
| Legal claims                          | -                           | -                               | -                           | -                               |
| Continuing care                       | -                           | -                               | -                           | -                               |
| Other                                 | -                           | 92                              | -                           | 797                             |
| Total                                 | -                           | 92                              | 29                          | 797                             |
| Total current and non-current         | 92                          |                                 | 826                         |                                 |

|                                                              | Pensions<br>Relating to<br>Former<br>Directors<br>£'000 | Pensions<br>Relating to<br>Other Staff<br>£'000 | Restructuring<br>£'000 | Redundancy<br>£'000 | Agenda for<br>Change<br>£'000 | Equal Pay<br>£'000 | Legal Claims<br>£'000 | Continuing<br>Care<br>£'000 | Other<br>£'000 | Total<br>£'000 |
|--------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------|------------------------|---------------------|-------------------------------|--------------------|-----------------------|-----------------------------|----------------|----------------|
| Balance at 01 April 2020                                     | -                                                       | -                                               | -                      | 29                  | -                             | -                  | -                     | -                           | 797            | 826            |
| Arising during the year                                      | -                                                       | -                                               | -                      | -                   | -                             | -                  | -                     | -                           | -              | -              |
| Utilised during the year                                     | -                                                       | -                                               | -                      | -                   | -                             | -                  | -                     | -                           | -              | -              |
| Reversed unused                                              | -                                                       | -                                               | -                      | (29)                | -                             | -                  | -                     | -                           | (705)          | (733)          |
| Unwinding of discount                                        | -                                                       | -                                               | -                      | -                   | -                             | -                  | -                     | -                           | -              | -              |
| Change in discount rate                                      | -                                                       | -                                               | -                      | -                   | -                             | -                  | -                     | -                           | -              | -              |
| Transfer (to) from other public sector body                  | -                                                       | -                                               | -                      | -                   | -                             | -                  | -                     | -                           | -              | -              |
| Transfer (to) from other public sector body under absorption | -                                                       | -                                               | -                      | -                   | -                             | -                  | -                     | -                           | -              | -              |
| Balance at 31 March 2021                                     | -                                                       | -                                               | -                      | -                   | -                             | -                  | -                     | -                           | 92             | 92             |
| Expected timing of cash flows:                               |                                                         |                                                 |                        |                     |                               |                    |                       |                             |                |                |
| Within one year                                              | -                                                       | -                                               | -                      | -                   | -                             | -                  | -                     | -                           | -              | -              |
| Between one and five years                                   | -                                                       | -                                               | -                      | -                   | -                             | -                  | -                     | -                           | 92             | 92             |
| After five years                                             | -                                                       | -                                               | -                      | -                   | -                             | -                  | -                     | -                           | -              | -              |
| Balance at 31 March 2021                                     | -                                                       | -                                               | -                      | -                   | -                             | -                  | -                     | -                           | 92             | 92             |

The other non current provision is in respect of VAT risk on outsourced business intelligence VAT risk of £92k.

The CCG has written down its provisions in respect of GP Federation VAT and potential redundancy costs as these items are no longer considered a probable risk.

Under the Accounts Directions issued by NHS England, on 12 February 2014, NHS England has the responsibility for accounting of liabilities relating to NHS Continuing Healthcare claims prior to the formation of the Clinical Commissioning Groups. However, the legal liability remains with the Clinical Commissioning Group and the total value of this legacy relating to the provision as at 31 March 2021, is £74k (31 March 2020 £199k).

## **NHS North Kirklees CCG - Annual Accounts 2020-21**

### **31 Contingencies**

The Clinical Commissioning Group has no contingent assets or liabilities.

### **32 Commitments**

#### **32.1 Capital commitments**

The Clinical Commissioning Group has no outstanding capital commitments as at 31st March 2021.

#### **32.2 Other financial commitments**

The Clinical Commissioning Group has not entered into any non cancellable contracts as at 31st March 2021.

### **33 Financial instruments**

#### **33.1 Financial risk management**

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because NHS Clinical Commissioning Group is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Clinical Commissioning Group has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Clinical Commissioning Group in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS Clinical Commissioning Group standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the NHS Clinical Commissioning Group and internal auditors.

##### **33.1.1 Currency risk**

The NHS Clinical Commissioning Group is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The NHS Clinical Commissioning Group has no overseas operations. The NHS Clinical Commissioning Group therefore has low exposure to currency rate fluctuations.

##### **33.1.2 Interest rate risk**

The Clinical Commissioning Group borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Clinical Commissioning Group therefore has low exposure to interest rate fluctuations.

##### **33.1.3 Credit risk**

Because the majority of the NHS Clinical Commissioning Group revenue comes through parliamentary funding, NHS Clinical Commissioning Group has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

##### **33.1.4 Liquidity risk**

NHS Clinical Commissioning Group is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The NHS Clinical Commissioning Group draws down cash to cover expenditure, as the need arises. The NHS Clinical Commissioning Group is not, therefore, exposed to significant liquidity risks.

##### **33.1.5 Financial Instruments**

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.



## NHS North Kirklees CCG - Annual Accounts 2020-21

### 33 Financial instruments cont'd

#### 33.2 Financial assets

|                                                          | Financial Assets<br>measured at<br>amortised cost<br>2020-21<br>£'000 | Equity Instruments<br>designated at<br>FVOCI<br>2020-21<br>£'000 | Total<br>2020-21<br>£'000 |
|----------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------|---------------------------|
| Equity investment in group bodies                        |                                                                       | -                                                                | -                         |
| Equity investment in external bodies                     |                                                                       | -                                                                | -                         |
| Loans receivable with group bodies                       | -                                                                     |                                                                  | -                         |
| Loans receivable with external bodies                    | -                                                                     |                                                                  | -                         |
| Trade and other receivables with NHSE bodies             | 274                                                                   |                                                                  | 274                       |
| Trade and other receivables with other DHSC group bodies | 189                                                                   |                                                                  | 189                       |
| Trade and other receivables with external bodies         | 496                                                                   |                                                                  | 496                       |
| Other financial assets                                   | -                                                                     |                                                                  | -                         |
| Cash and cash equivalents                                | 41                                                                    |                                                                  | 41                        |
| <b>Total at 31 March 2021</b>                            | <b>1,000</b>                                                          | <b>-</b>                                                         | <b>1,000</b>              |

#### 33.3 Financial liabilities

|                                                          | Financial Liabilities<br>measured at<br>amortised cost<br>2020-21<br>£'000 | Other<br>2020-21<br>£'000 | Total<br>2020-21<br>£'000 |
|----------------------------------------------------------|----------------------------------------------------------------------------|---------------------------|---------------------------|
| Loans with group bodies                                  | -                                                                          |                           | -                         |
| Loans with external bodies                               | -                                                                          |                           | -                         |
| Trade and other payables with NHSE bodies                | 78                                                                         |                           | 78                        |
| Trade and other payables with other DHSC group bodies    | 7,645                                                                      |                           | 7,645                     |
| Trade and other payables with external bodies            | 8,330                                                                      |                           | 8,330                     |
| Other financial liabilities                              | -                                                                          |                           | -                         |
| Private Finance Initiative and finance lease obligations | -                                                                          |                           | -                         |
| <b>Total at 31 March 2021</b>                            | <b>16,053</b>                                                              | <b>-</b>                  | <b>16,053</b>             |

#### 33.4 Maturity of Financial Liabilities

|                                                     | Payable to DH<br>2020-21<br>£'000 | Payable to Other<br>Bodies<br>2020-21<br>£'000 | Total<br>2020-21<br>£'000 |
|-----------------------------------------------------|-----------------------------------|------------------------------------------------|---------------------------|
| In one year or less                                 | 416                               | 15,637                                         | 16,053                    |
| In more than one year but not more than two years   | -                                 | -                                              | -                         |
| In more than two years but not more than five years | -                                 | -                                              | -                         |
| In more than five years                             | -                                 | -                                              | -                         |
| <b>Total at 31 March 2020</b>                       | <b>416</b>                        | <b>15,637</b>                                  | <b>16,053</b>             |

#### 33.5 The entity's exposure to risk

The Clinical Commissioning Group does not have any significant exposure to credit risk as at 31st March 2021.

NHS North Kirklees CCG - Annual Accounts 2020-21

34 Operating segments

|                                  | Gross<br>expenditure<br>£'000 | Income<br>£'000 | Net expenditure<br>£'000 | Total assets<br>£'000 | Total liabilities<br>£'000 | Net assets<br>£'000 |
|----------------------------------|-------------------------------|-----------------|--------------------------|-----------------------|----------------------------|---------------------|
| [Detail of Reportable segment 1] | 310,107                       | (342)           | 309,764                  | 1,143                 | (16,279)                   | (15,136)            |
| Total                            | 310,107                       | (342)           | 309,764                  | 1,143                 | (16,279)                   | (15,136)            |

34.1 Reconciliation between Operating Segments and SoCNE

|                                                                          | 2020-21<br>£'000 |
|--------------------------------------------------------------------------|------------------|
| Total net expenditure reported for operating segments                    | 309,764          |
| Total net expenditure per the Statement of Comprehensive Net Expenditure | 309,764          |

34.2 Reconciliation between Operating Segments and SoFP

|                                                  | 2020-21<br>£'000 |
|--------------------------------------------------|------------------|
| Total assets reported for operating segments     | 1,143            |
| Total assets per Statement of Financial Position | 1,143            |

|                                                       | 2020-21<br>£'000 |
|-------------------------------------------------------|------------------|
| Total liabilities reported for operating segments     | (16,279)         |
| Total liabilities per Statement of Financial Position | (16,279)         |

35 Joint arrangements - interests in joint operations

CCGs should disclose information in relation to joint arrangements in line with the requirements in IFRS 12 - Disclosure of interests in other entities.

35.1 Interests in joint operations

| Amounts recognised in Entities books ONLY |                                                   |                                     |        |             |        |             |  | Amounts recognised in Entities books ONLY |             |        |             |
|-------------------------------------------|---------------------------------------------------|-------------------------------------|--------|-------------|--------|-------------|--|-------------------------------------------|-------------|--------|-------------|
| 2020-21                                   |                                                   |                                     |        |             |        |             |  | 2019-20                                   |             |        |             |
| Name of arrangement                       | Parties to the arrangement                        | Description of principal activities | Assets | Liabilities | Income | Expenditure |  | Assets                                    | Liabilities | Income | Expenditure |
|                                           |                                                   |                                     | £'000  | £'000       | £'000  | £'000       |  | £'000                                     | £'000       | £'000  | £'000       |
| Better Care Fund                          | North Kirklees Clinical Commissioning Group       | Pooled better care fund             | -      | -           | 13,673 | 5,063       |  | 0                                         | 0           | 12,878 | 4,684       |
| Better Care Fund                          | Greater Huddersfield Clinical Commissioning Group | Pooled better care fund             | -      | -           | 16,958 | 6,695       |  | 0                                         | 0           | 15,966 | 6,198       |
| Better Care Fund                          | Kirklees Metropolitan Council                     | Pooled better care fund             | 863    | -           | 25,041 | 43,914      |  | 804                                       | 0           | 24,649 | 42,611      |
| Healthy Child Programme                   | North Kirklees Clinical Commissioning Group       | Pooled childrens services           | -      | -           | 1,454  | 1,454       |  | 0                                         | 0           | 1,454  | 1,454       |
| Healthy Child Programme                   | Greater Huddersfield Clinical Commissioning Group | Pooled childrens services           | -      | -           | 1,860  | 1,860       |  | 0                                         | 0           | 1,860  | 1,860       |
| Healthy Child Programme                   | Kirklees Metropolitan Council                     | Pooled childrens services           | -      | -           | 7,943  | 7,943       |  | 0                                         | 0           | 7,943  | 7,943       |

As part of the agreement for the community equipment service within the better care fund, the Clinical Commissioning Group recognises £863k reserve held by Kirklees Metropolitan Council.

The Better Care Fund pool for financial year 2020-21 is made up of contributions for health related schemes and social care schemes. For the purposes of this note the Clinical Commissioning Group have only recognised expenditure on health related schemes.

35.2 Interests in entities not accounted for under IFRS 10 or IFRS 11

The Clinical Commissioning Group has no interests in entities which have not been accounted for under IFRS 10 and IFRS 11 for year ended 31 March 2021.

36 NHS Lift investments

The Clinical Commissioning Group has no LIFT investments.



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37 Related party transactions

Representatives from the GP practices below were members of our Governing Body during 2018-19 and/or 2017-18. Their practices received remuneration from the Clinical Commissioning Group for services to patients. The amounts involved are disclosed below. The remuneration of individual Executive Governing Body members is disclosed within the Clinical Commissioning Groups Remuneration Report section of the Annual Report.

Details of related party transactions with individuals are as follows:

|                                                                          | Payments to Related Party<br>2020-21<br>£000 | Receipts from Related Party<br>2020-21<br>£000 | Amounts owed to Related Party<br>2020-21<br>£000 | Amounts due from Related Party<br>2020-21<br>£000 | Payments to Related Party<br>2019-20<br>£000 | Receipts from Related Party<br>2019-20<br>£000 | Amounts owed to Related Party<br>2019-20<br>£000 | Amounts due from Related Party<br>2019-20<br>£000 |
|--------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------|--------------------------------------------------|---------------------------------------------------|----------------------------------------------|------------------------------------------------|--------------------------------------------------|---------------------------------------------------|
| Parkview Surgery (Dr Yasar Mahmood, Sarah Sowden, Rachel Kilburn - left) | 997                                          | -                                              | 36                                               | -                                                 | 998                                          | -                                              | 34                                               | -                                                 |
| Brookroyd House (Dr David Kelly, Sarah Sowden)                           | 1,603                                        | -                                              | 31                                               | -                                                 | 1,436                                        | -                                              | 43                                               | -                                                 |
| Mirfield Health Centre (Julie Pieske)                                    | 2,551                                        | -                                              | 73                                               | -                                                 | 2,304                                        | -                                              | 106                                              | -                                                 |
| Mount Pleasant Medical Centre (Dr Khalid Naeem)                          | 1,730                                        | -                                              | 62                                               | -                                                 | 1,734                                        | -                                              | 15                                               | -                                                 |
| Healds Road Surgery (Dr Nadeen Ghafoor)                                  | 1,321                                        | -                                              | 56                                               | -                                                 | 1,288                                        | -                                              | 46                                               | -                                                 |
| Liversedge Medical Centre (Dr Nadeem Ghafoor)                            | 501                                          | -                                              | 15                                               | -                                                 | 485                                          | -                                              | 19                                               | -                                                 |
| Windsor Medical Centre (Dr Mangipudi Jayashree)                          | -                                            | -                                              | -                                                | -                                                 | 292                                          | -                                              | 10                                               | -                                                 |
| The Albion Mount Medical Practice (Dr Indira Kasibhatia)                 | 877                                          | -                                              | 18                                               | -                                                 | 889                                          | -                                              | 33                                               | -                                                 |
| Dr Mahmood & Partners (Dr Yasar Mahmood, Rachel Kilburn - left)          | 482                                          | -                                              | 8                                                | -                                                 | 500                                          | -                                              | 20                                               | -                                                 |

Payments to related parties include invoices paid of £10,062k and amounts owed of £299k.

Related party transactions were paid to the GP Federation Curo Health Limited totalling £4,951k in 2020-21, of which a balance of £0k was owed at 31st March 2021. CURO has been paid £2,483k in relation to the four Primary Care Networks within NHS North Kirklees Clinical Commissioning Group.

All 27 GP Practices are members and have shares in Curo Health Limited.

The Governing Body members have no material related party transactions in 2020-21.

The parent entity for the Clinical Commissioning Group is NHS England. The Department of Health is regarded as a related party. During the year the Clinical Commissioning Group has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. For example:

|                                                       | 2020-21<br>£000 | 2019-20<br>£'000 |
|-------------------------------------------------------|-----------------|------------------|
| Mid Yorkshire Hospitals NHS Trust                     | 117,950         | 114,625          |
| Prescription Pricing Authority                        | 33,414          | 32,284           |
| South West Yorkshire Partnership NHS Foundation Trust | 19,996          | 19,031           |
| Yorkshire Ambulance Service NHS Trust                 | 10,955          | 10,245           |
| Leeds Teaching Hospitals NHS Trust                    | 9,931           | 9,750            |
| Calderdale & Huddersfield NHS Foundation Trust        | 8,654           | 8,052            |
| Bradford Teaching Hospitals NHS Foundation Trust      | 3,223           | 3,426            |
| NHS Property Services                                 | 1,216           | 1,355            |
| NHS Wakefield Clinical Commissioning Group            | 523             | 626              |
| NHS Greater Huddersfield Clinical Commissioning Group | 148             | 383              |

In addition, the Clinical Commissioning Group has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been

|                               | 2020-21<br>£'000 | 2019-20<br>£'000 |
|-------------------------------|------------------|------------------|
| Kirklees Metropolitan Council | 34,055           | 13,634           |

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38 Events after the end of the reporting period

From the 31<sup>st</sup> March 2021, North Kirklees CCG will cease operation in its current form. The CCG will form part of the new Kirklees CCG from the 1<sup>st</sup> April 2021.

39 Losses and Special Payments

|                           | 2020-21<br>Total Number<br>of Cases<br>Number | 2020-21<br>Total Value of<br>Cases<br>£'000 |
|---------------------------|-----------------------------------------------|---------------------------------------------|
| Administrative write-offs | 1                                             | 3                                           |
| Fruitless payments        | -                                             | -                                           |
| Store losses              | -                                             | -                                           |
| Book Keeping              | -                                             | -                                           |
| Constructive loss         | -                                             | -                                           |
| Cash losses               | -                                             | -                                           |
| Claims abandoned          | -                                             | -                                           |
| <b>Total</b>              | <b>1</b>                                      | <b>3</b>                                    |

40 Third party assets

From the 31<sup>st</sup> March 2021, North Kirklees CCG will cease operation in its current form. The CCG will form part of the new Kirklees CCG from the 1<sup>st</sup> April 2021.

41 Financial performance targets

NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended). NHS Clinical Commissioning Group performance against those duties was as follows:

|                                                                                                | 2020-21<br>Target | 2020-21<br>Performance | 2019-20<br>Target | 2019-20<br>Performance |
|------------------------------------------------------------------------------------------------|-------------------|------------------------|-------------------|------------------------|
| Expenditure not to exceed income                                                               | 310,857           | 310,107                | 303,698           | 300,597                |
| Capital resource use does not exceed the amount specified in Directions                        | -                 | -                      | 43                | 43                     |
| Revenue resource use does not exceed the amount specified in Directions                        | 310,514           | 309,764                | 302,353           | 299,252                |
| Capital resource use on specified matter(s) does not exceed the amount specified in Directions | -                 | -                      | -                 | -                      |
| Revenue resource use on specified matter(s) does not exceed the amount specified in Directions | -                 | -                      | -                 | -                      |
| Revenue administration resource use does not exceed the amount specified in Directions         | 3,891             | 3,783                  | 4,345             | 4,320                  |

In 2020-21 the Clinical Commissioning Group received revenue resource allocations totalling £310,514k and had net expenditure of £309,764k delivering an in-year surplus of £750k.

42 Impact of IFRS

There has been no impact to the Clinical Commissioning Group in relation to changes to IFRS during the financial year.

43 Analysis of charitable reserves

The Clinical Commissioning Group has no charitable reserves as at 31st March 2021.

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# **INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE GOVERNING BODY OF NHS GREATER HUDDERSFIELD CLINICAL COMMISSIONING GROUP**

## **REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS**

### **Opinion**

We have audited the financial statements of NHS Greater Huddersfield Clinical Commissioning Group ("the CCG") for the year ended 31 March 2021 which comprise the Statement of Comprehensive Net Expenditure, Statement of Financial Position, Statement of Changes in Taxpayers' Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the CCG's affairs as at 31 March 2021 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State as being relevant to CCGs in England and included in the Department of Health and Social Care Group Accounting Manual 2020/21.

### **Basis for opinion**

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the CCG in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

### **Emphasis of matter - going concern basis of preparation**

We draw attention to the disclosure made in note 1.1 to the financial statements which explains that whilst the CCG is not a going concern due to its dissolution on 31 March 2021 and the transfer of its activities to NHS Kirklees CCG, the financial statements of the CCG have been prepared on the going concern basis because its services will continue to be provided by the newly established public sector body. Our opinion is not modified in respect of this matter.

### **Going concern**

NHS Greater Huddersfield CCG (the CCG) was dissolved on 31 March 2021. Whilst the CCG as an entity ceased to exist on that date and was not a going concern at 31 March 2021, the activities undertaken by the CCG have continued within the formation of NHS Kirklees CCG. In accordance with the Department of Health and Social Care Group Accounting Manual, the continuation of the provision of services within the public sector means that the accounts of the CCG should be prepared on a going concern basis. The Accountable Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the CCG without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accountable Officer's conclusions, we considered the inherent risks to the CCG's operating model and analysed how those risks might affect the CCG's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

- we consider that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate;



- we have not identified, and concur with the Accountable Officer's assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the CCG's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the CCG will continue in operation.

## **Fraud and breaches of laws and regulations – ability to detect**

### *Identifying and responding to risks of material misstatement due to fraud*

To identify risks of material misstatement due to fraud (“fraud risks”) we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the CCG’s high-level policies and procedures to prevent and detect fraud, including the internal audit function, the counter fraud function and the CCG’s channel for “whistleblowing”, as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported expenditure as a result of the need to achieve statutory targets delegated to the CCG by NHS England.
- Reading Governing Body and Audit Committee minutes.
- Using analytical procedures to identify any usual or unexpected relationships.
- Reviewing the CCG’s accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated statutory resource limits, we performed procedures to address the risk of management override of controls, in particular the risk that CCG management may be in a position to make inappropriate accounting entries.

On this audit we did not identify a fraud risk related to revenue recognition because of the nature of funding provided to the CCG, which is transferred from NHS England and recognised through the Statement of Changes in Taxpayers’ Equity. However, in line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we recognised a fraud risk related to expenditure recognition.

We did not identify any additional fraud risks.

We performed procedures including:

- journal entries made by unexpected individuals; journals containing specific words (e.g. restatement); journal entries recorded at the end of the financial year or as post-closing entries that had little or no explanation or description; journals posted under the fiscal period ADJ-21; journals posted to cash accounts that were considered outside of the normal course of business; journals posted at the end of the financial year or as post-closing entries which reduced expenditure that were considered outside of the normal course of business.
- Assessing significant estimates for bias.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Assessing purchase of healthcare from non-NHS bodies expenditure and non-NHS accruals transactions posted at or post year-end to identify whether they had been accounted for in the correct financial year.

### *Identifying and responding to risks of material misstatement due to non-compliance with laws and regulations*

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the directors and other management (as required by auditing standards), and

discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

As the CCG is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity's procedures for complying with regulatory requirements.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The CCG is subject to laws and regulations that directly affect the financial statements including financial reporting legislation. Under the NHS Act 2006, as amended by paragraph 22311 (3) of Section 27 of the Health and Social Care Act 2012, the CCG must ensure that its revenue resource allocation in any financial year does not exceed the amount specified by NHS England. Expenditure in excess of the amount specified is unlawful.

We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items and our work on the regularity of expenditure incurred by the CCG in the year of account.

Whilst the CCG is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.<sup>1</sup>

#### *Context of the ability of the audit to detect fraud or breaches of law or regulation*

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

### **Other information in the Annual Report**

The Accountable Officer is responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and

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<sup>1</sup> If we have identified indirect laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements this wording should be replaced by the wording in Example Report 2.2.1 in Appendix 2 of Chapter 2 of the AARM and "Firstly" should be included in the paragraph on direct laws and regulations.

- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

### **Annual Governance Statement**

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2020/21. We have nothing to report in this respect.

### **Remuneration and Staff Reports**

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2020/21.

### **Accountable Officer's responsibilities**

As explained more fully in the statement set out on page [X], the Accountable Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the CCG's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the CCG without the transfer of its services to another public sector entity.

### **Auditor's responsibilities**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities)

## **REPORT ON OTHER LEGAL AND REGULATORY MATTERS**

### **Opinion on regularity**

We are required to report on the following matters under Section 25(1) of the Local Audit and Accountability Act 2014.

In our opinion, in all material respects, the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

### **Report on the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources**

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the CCG to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

### **Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources**

As explained more fully in the statement set out on page [X], the Accountable Officer is responsible for ensuring that the CCG exercises its functions effectively, efficiently and economically. We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the CCG's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the CCG had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

### **Statutory reporting matters**

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if we refer a matter to the Secretary of State and NHS England under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in this respect.

### **THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES**

This report is made solely to the Members of the Governing Body of NHS Greater Huddersfield CCG, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Members of the Governing Body of the CCG, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Members of the Governing Body, as a body, for our audit work, for this report or for the opinions we have formed.

### **CERTIFICATE OF COMPLETION OF THE AUDIT**

We certify that we have completed the audit of the accounts of NHS Greater Huddersfield CCG for the year ended 31 March 2021 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

James Boyle  
**for and on behalf of KPMG LLP,**  
*Chartered Accountants*  
1, St. Peter's Square  
Manchester  
M2 3AE

[date]

# **INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE GOVERNING BODY OF NHS NORTH KIRKLEES CLINICAL COMMISSIONING GROUP**

## **REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS**

### **Opinion**

We have audited the financial statements of NHS North Kirklees Clinical Commissioning Group ("the CCG") for the year ended 31 March 2021 which comprise the Statement of Comprehensive Net Expenditure, Statement of Financial Position, Statement of Changes in Taxpayers' Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the CCG's affairs as at 31 March 2021 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State as being relevant to CCGs in England and included in the Department of Health and Social Care Group Accounting Manual 2020/21.

### **Basis for opinion**

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the CCG in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

### **Emphasis of matter - going concern basis of preparation**

We draw attention to the disclosure made in note 1.1 to the financial statements which explains that whilst the CCG is not a going concern due to its dissolution on 31 March 2021 and the transfer of its activities to NHS Kirklees CCG, the financial statements of the CCG have been prepared on the going concern basis because its services will continue to be provided by the newly established public sector body. Our opinion is not modified in respect of this matter.

### **Going concern**

NHS North Kirklees CCG (the CCG) was dissolved on 31 March 2021. Whilst the CCG as an entity ceased to exist on that date and was not a going concern at 31 March 2021, the activities undertaken by the CCG have continued within the formation of NHS Kirklees CCG. In accordance with the Department of Health and Social Care Group Accounting Manual, the continuation of the provision of services within the public sector means that the accounts of the CCG should be prepared on a going concern basis. The Accountable Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the CCG without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accountable Officer's conclusions, we considered the inherent risks to the CCG's operating model and analysed how those risks might affect the CCG's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

- we consider that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate;

- we have not identified, and concur with the Accountable Officer's assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the CCG's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the CCG will continue in operation.

## **Fraud and breaches of laws and regulations – ability to detect**

### *Identifying and responding to risks of material misstatement due to fraud*

To identify risks of material misstatement due to fraud (“fraud risks”) we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the CCG’s high-level policies and procedures to prevent and detect fraud, including the internal audit function, the counter fraud function and the CCG’s channel for “whistleblowing”, as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported expenditure as a result of the need to achieve statutory targets delegated to the CCG by NHS England.
- Reading Governing Body and Audit Committee minutes.
- Using analytical procedures to identify any usual or unexpected relationships.
- Reviewing the CCG’s accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated statutory resource limits, we performed procedures to address the risk of management override of controls, in particular the risk that CCG management may be in a position to make inappropriate accounting entries.

On this audit we did not identify a fraud risk related to revenue recognition because of the nature of funding provided to the CCG, which is transferred from NHS England and recognised through the Statement of Changes in Taxpayers’ Equity. However, in line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we recognised a fraud risk related to expenditure recognition.

We did not identify any additional fraud risks.

We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included: journal entries made by unexpected individuals; journals containing specific words (e.g. restatement); journal entries recorded at the end of the financial year or as post-closing entries that had little or no explanation or description; journals posted under the fiscal period ADJ-21; journals posted to cash accounts that were considered outside of the normal course of business; journals posted at the end of the financial year or as post-closing entries which reduced expenditure that were considered outside of the normal course of business.
- Assessing significant estimates for bias.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Assessing purchase of healthcare from non-NHS bodies expenditure and non-NHS accruals transactions posted at or post year-end to identify whether they had been accounted for in the correct financial year.

### *Identifying and responding to risks of material misstatement due to non-compliance with laws and regulations*

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through



discussion with the directors and other management (as required by auditing standards), and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

As the CCG is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity's procedures for complying with regulatory requirements.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The CCG is subject to laws and regulations that directly affect the financial statements including financial reporting legislation. Under the NHS Act 2006, as amended by paragraph 223(1) (3) of Section 27 of the Health and Social Care Act 2012, the CCG must ensure that its revenue resource allocation in any financial year does not exceed the amount specified by NHS England. Expenditure in excess of the amount specified is unlawful.

We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items and our work on the regularity of expenditure incurred by the CCG in the year of account.

Whilst the CCG is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

#### *Context of the ability of the audit to detect fraud or breaches of law or regulation*

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

### **Other information in the Annual Report**

The Accountable Officer is responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

### **Annual Governance Statement**

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2020/21. We have nothing to report in this respect.

### ***Remuneration and Staff Reports***

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2020/21.

### **Accountable Officer's responsibilities**

As explained more fully in the statement set out on page [X], the Accountable Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the CCG's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the CCG without the transfer of its services to another public sector entity.

### **Auditor's responsibilities**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities)

## **REPORT ON OTHER LEGAL AND REGULATORY MATTERS**

### **Opinion on regularity**

We are required to report on the following matters under Section 25(1) of the Local Audit and Accountability Act 2014.

In our opinion, in all material respects, the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

### **Report on the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources**

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the CCG to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

### ***Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources***

As explained more fully in the statement set out on page [X], the Accountable Officer is responsible for ensuring that the CCG exercises its functions effectively, efficiently and economically. We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the CCG's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the CCG had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

### **Statutory reporting matters**

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if we refer a matter to the Secretary of State and NHS England under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in this respect.

### **THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES**

This report is made solely to the Members of the Governing Body of NHS North Kirklees CCG, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Members of the Governing Body of the CCG, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Members of the Governing Body, as a body, for our audit work, for this report or for the opinions we have formed.

### **CERTIFICATE OF COMPLETION OF THE AUDIT**

We certify that we have completed the audit of the accounts of NHS North Kirklees CCG for the year ended 31 March 2021 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

James Boyle  
**for and on behalf of KPMG LLP,**  
*Chartered Accountants*  
1, St. Peter's Square  
Manchester  
M2 3AE  
[date]

## Draft Management Representation Letter

We have prepared and agreed with the CFO the following management representation letter which we will require at the same time as the financial statements are signed. This is usually signed by the Accountable Officer or CFO for and on behalf of the Governing Body. The content is largely driven by matters we wish you to confirm to support your compliance with accounting and auditing standards. Exceptions to that are:

- Paragraph 9: includes a specific representation which is particular to CCGs given your need to confirm that you have spent monies in line with the intentions of Parliament.
- Paragraph 12: which is a specific representation we ask of all our NHS clients and support the returns we complete to the National Audit Office on your consolidation return; and

Should you have any concern about providing these representation please ensure that you discuss any amendments with us prior to signing the letter. We would also ask you to note that these representation are not the only audit evidence that we seek in relation to these matters.

---

NHS Greater Huddersfield Clinical Commission Group Letter Head to be inserted

James Boyle  
Director  
KPMG LLP  
1 St Peter's Square  
Manchester  
M2 3AE

XX June 2021

Dear James,

This representation letter is provided in connection with your audit of the financial statements of NHS Greater Huddersfield Clinical Commissioning Group ("the CCG"), for the year ended 31 March 2021, for the purpose of expressing an opinion:

- as to whether these financial statements give a true and fair view of the state of the financial position of the CCG as at 31 March 2021 and of the net operating expenditure for the financial year then ended; and;
- whether the CCG's financial statements have been prepared in accordance with the accounting policies directed by NHS England with consent of the Secretary of State as relevant to Clinical Commissioning Groups in England and the Department of Health and Social Care Group Accounting Manual (GAM).

These financial statements comprise the Statement of Financial Position, the Statement of Net Expenditure, the Statement of Cash Flows, the Statement of Changes in Taxpayers Equity and notes, comprising a summary of significant accounting policies and other explanatory notes.

The Governing Body confirms that the representations it makes in this letter are in accordance with the definitions set out in the Appendix to this letter.

The Governing Body confirms that, to the best of its knowledge and belief, having made such inquiries as it considered necessary for the purpose of appropriately informing itself:

**Financial statements**

1. The Governing Body has fulfilled its responsibilities, as set out in the terms of the audit engagement dated 23 July 2021, for the preparation of financial statements that:

- i. give a true and fair view of the financial position of the CCG as at 31 March 2021 and of the net operating expenditure for that financial year; and
- ii. have been prepared in accordance with the accounting policies directed by NHS England with consent of the Secretary of State as relevant to Clinical Commissioning Groups in England and the GAM 2020/21.

The financial statements have been prepared on a going concern basis.

2. The methods, the data and the significant assumptions used in making accounting estimates and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.
3. All events subsequent to the date of the financial statements and for which IAS 10 Events after the reporting period requires adjustment or disclosure have been adjusted or disclosed.
4. The effects of uncorrected misstatements are immaterial, both individually and in aggregate, to the financial statements as a whole. There are no uncorrected adjustments above £300k following audit of the 2020/21 financial statements.

### Information provided

6. The Governing Body has provided you with:

- access to all information of which it is aware, that is relevant to the preparation of the financial statements, such as records, documentation and other matters;
- additional information that you have requested from the Governing Body for the purpose of the audit; and
- unrestricted access to persons within the CCG from whom you determined it necessary to obtain audit evidence.

7. All transactions have been recorded in the accounting records and are reflected in the financial statements.

8. The Governing Body confirms the following:

- i. The Governing Body has disclosed to you the results of its assessment of the risk that the financial statements may be materially misstated as a result of fraud.

Included in the Appendix to this letter are the definition of fraud, including misstatement arising from fraudulent financial reporting and from misappropriation of assets.

- ii. The Governing Body has disclosed to you all information in relation to:

a) Fraud or suspected fraud that it is aware of and that affects the CCG and involves:

- management;
- employees who have significant roles in internal control; or
- others where the fraud could have a material effect on the financial statements; and

b) allegations of fraud, or suspected fraud, affecting the CCG's financial statements communicated by employees, former employees, analysts, regulators or others. [NI](#)

In respect of the above, the Governing Body acknowledges its responsibility for such internal control as it determines necessary for the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In particular, the Governing Body acknowledges its responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud and error.

9. The Governing Body has disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements. The Governing Body also confirms that, in all material respects, the expenditure and income recognised in the financial statements has been applied to purposes intended by Parliament and the financial transactions conform to the authorities which govern them.
10. The Governing Body has disclosed to you and has appropriately accounted for and/or disclosed in the financial statements, in accordance with IAS 37 Provisions, Contingent Liabilities and Contingent Assets, all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.
11. The Governing Body has disclosed to you the identity of the CCG's related parties and all the related party relationships and transactions of which it is aware. All related party relationships and transactions have been appropriately accounted for and disclosed in accordance with IAS 24 Related Party Disclosures. Included in the Appendix to this letter are the definitions of both a related party and a related party transaction as we understand them and as defined in IAS 24. [Q](#)
12. The Governing Body confirms that all intra-NHS balances included in the Statement of Financial Position (SOF) at 31 March 2021 in excess of £300,000 have been disclosed to you and that the CCG has complied with the requirements of the Intra NHS Agreement of Balances Exercise. The Governing Body confirms that Intra-NHS balances includes all balances with NHS counterparties, regardless of whether these balances are reported within those SOFP classifications formally deemed to be included within the Agreement of Balances exercise.
13. The Governing Body confirms that:
  - The financial statements disclose all of the key risk factors, assumptions made and uncertainties surrounding the CCG's ability to continue as a going concern as required to provide a true and fair view and to comply with GAM.
  - No material events or conditions exist that may cast significant doubt on the ability of the CCG to continue as a going concern.
  - The Governing Body confirms that this CCG merged on 1 April 2021 and the financial statements are prepared on a going concern basis, as it has considered that the services will continue to be provided using the same assets, by the newly created CCG.

This letter was tabled and agreed at the meeting of the Governing Body on 9 June 2021.

Yours sincerely

[SIGNATURE]

[FirstName SecondName]

[Role], for and on behalf of the Governing Body of NHS Greater Huddersfield CCG

## **Appendix to the Governing Body Representation Letter of NHS Greater Huddersfield CCG: Definitions**

### **Financial Statements**

IAS 1.10 states that a complete set of financial statements comprises:

- a statement of financial position as at the end of the period;
- a statement of comprehensive income for the period;
- a statement of changes in equity for the period;
- a statement of cash flows for the period;
- notes, comprising a summary of significant accounting policies and other explanatory information;
- comparative information in respect of the previous period; and
- a statement of financial position as at the beginning of the earliest comparative period when an entity applies an accounting policy retrospectively or makes a retrospective restatement of items in its financial statements, or when it reclassifies items in its financial statements.

An entity may use titles for the statements other than those used in this Standard. For example, an entity may use the title 'statement of comprehensive income' instead of 'statement of profit or loss and other comprehensive income'."

### **Material Matters**

Certain representations in this letter are described as being limited to matters that are material.

IAS 1.7 and IAS 8.5 state that:

"Information is material if omitting, misstating or obscuring it could reasonably be expected to influence decisions that the primary users of general purpose financial statements make on the basis of those financial statements, which provide financial information about a specific reporting entity.

Materiality depends on the nature or magnitude of information, or both. An entity assesses whether information, either individually or in combination with other information, is material in the context of its financial statements taken as a whole.

Information is obscured if it is communicated in a way that would have a similar effect for primary users of financial statements to omitting or misstating that information. The following are examples of circumstances that may result in material information being obscured:

- a) information regarding a material item, transaction or other event is disclosed in the financial statements but the language used is vague or unclear;
- b) information regarding a material item, transaction or other event is scattered throughout the financial statements;
- c) dissimilar items, transactions or other events are inappropriately aggregated;
- d) similar items, transactions or other events are inappropriately disaggregated; and
- e) the understandability of the financial statements is reduced as a result of material information being hidden by immaterial information to the extent that a primary user is unable to determine what information is material.

Assessing whether information could reasonably be expected to influence decisions made by the primary users of a specific reporting entity's general purpose financial statements requires an entity to consider the characteristics of those users while also considering the entity's own circumstances.

Many existing and potential stakeholders cannot require reporting entities to provide information directly to them and must rely on general purpose financial statements for much of the financial information they need. Financial statements are prepared for users who have a reasonable knowledge of business and economic activities and who review and analyse the information diligently. At times, even well-informed and diligent users may need to seek the aid of an adviser to understand information about complex economic phenomena.”

## **Fraud**

Fraudulent financial reporting involves intentional misstatements including omissions of amounts or disclosures in financial statements to deceive financial statement users.

Misappropriation of assets involves the theft of an entity’s assets. It is often accompanied by false or misleading records or documents in order to conceal the fact that the assets are missing or have been pledged without proper authorisation.

## **Error**

An error is an unintentional misstatement in financial statements, including the omission of an amount or a disclosure.

Prior period errors are omissions from, and misstatements in, the entity’s financial statements for one or more prior periods arising from a failure to use, or misuse of, reliable information that:

- a) was available when financial statements for those periods were authorised for issue; and
- b) could reasonably be expected to have been obtained and taken into account in the preparation and presentation of those financial statements.

Such errors include the effects of mathematical mistakes, mistakes in applying accounting policies, oversights or misinterpretations of facts, and fraud.

## **Management**

For the purposes of this letter, references to “management” should be read as “management and, where appropriate, those charged with governance”.

## **Related parties**

A related party is a person or entity that is related to the entity that is preparing its financial statements (referred to in IAS 24 *Related Party Disclosures* as the “reporting entity”).

- a) A person or a close member of that person’s family is related to a reporting entity if that person:
  - i. has control or joint control over the reporting entity;
  - ii. has significant influence over the reporting entity; or
  - iii. is a member of the key management personnel of the reporting entity or of a parent of the reporting entity.
- b) An entity is related to a reporting entity if any of the following conditions applies:
  - i. The entity and the reporting entity are members of the same group (which means that each parent, subsidiary and fellow subsidiary is related to the others).
  - ii. One entity is an associate or joint venture of the other entity (or an associate or joint venture of a member of a group of which the other entity is a member).
  - iii. Both entities are joint ventures of the same third party.
  - iv. One entity is a joint venture of a third entity and the other entity is an associate of the third entity.



- v. The entity is a post-employment benefit plan for the benefit of employees of either the reporting entity or an entity related to the reporting entity. If the reporting entity is itself such a plan, the sponsoring employers are also related to the reporting entity.
- vi. The entity is controlled, or jointly controlled by a person identified in (a).
- vii. A person identified in (a)(i) has significant influence over the entity or is a member of the key management personnel of the entity (or of a parent of the entity).
- viii. The entity, or any member of a group of which it is a part, provides key management personnel services to the reporting entity or to the parent of the reporting entity.

**Related party transaction**

A transfer of resources, services or obligations between a reporting entity and a related party, regardless of whether a price is charged.

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We have prepared and agreed with the CFO the following management representation letter which we will require at the same time as the financial statements are signed. This is usually signed by the Accountable Officer or CFO for and on behalf of the Governing Body. The content is largely driven by matters we wish you to confirm to support your compliance with accounting and auditing standards. Exceptions to that are:

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Should you have any concern about providing these representation please ensure that you discuss any amendments with us prior to signing the letter. We would also ask you to note that these representation are not the only audit evidence that we seek in relation to these matters.

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Yours sincerely

[SIGNATURE]

[FirstName SecondName]

[Role], for and on behalf of the Governing Body of NHS North Kirklees CCG

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  - iii. Both entities are joint ventures of the same third party.
  - iv. One entity is a joint venture of a third entity and the other entity is an associate of the third entity.
  - v. The entity is a post-employment benefit plan for the benefit of employees of either the reporting entity or an entity related to the reporting entity. If the reporting entity is itself such a plan, the sponsoring employers are also related to the reporting entity.

- vi. The entity is controlled, or jointly controlled by a person identified in (a).
- vii. A person identified in (a)(i) has significant influence over the entity or is a member of the key management personnel of the entity (or of a parent of the entity).
- viii. The entity, or any member of a group of which it is a part, provides key management personnel services to the reporting entity or to the parent of the reporting entity.

**Related party transaction**

A transfer of resources, services or obligations between a reporting entity and a related party, regardless of whether a price is charged.

|                        |                                                                              |                              |                                   |
|------------------------|------------------------------------------------------------------------------|------------------------------|-----------------------------------|
| <b>Name of Meeting</b> | Governing Body                                                               | <b>Meeting Date</b>          | 9 June 2021                       |
| <b>Title of Report</b> | Senior Information Risk Owner's Annual Information Governance Report 2020/21 | <b>Agenda Item No.</b>       | 8                                 |
| <b>Report Author</b>   | Sam Byrnes, Senior Information Governance Officer                            | <b>Public / Private Item</b> | Public                            |
| <b>Clinical Lead</b>   | n/a                                                                          | <b>Responsible Officer</b>   | Ian Currell Chief Finance Officer |

### Executive Summary

Compliance with Information Governance (IG) requirements has been important for NHS Greater Huddersfield and NHS North Kirklees CCG. Part of the remit of the Clinical Commissioning Groups' (CCGs) Audit Committees was to receive assurance on the CCGs' compliance with IG. This assurance was provided by the Senior Information Risk Owner (SIRO) of both CCGs who had executive responsibility for information risk and information assets.

This annual report describes the activities relating to IG and information security risk management for the CCGs for the period 1st April 2020 to 31st March 2021. The CCGs merged on the 1<sup>st</sup> April 2021 to form NHS Kirklees CCG.

### Previous Considerations

|                        |     |                     |     |
|------------------------|-----|---------------------|-----|
| <b>Name of meeting</b> | n/a | <b>Meeting Date</b> | n/a |
| <b>Name of meeting</b> | n/a | <b>Meeting Date</b> | n/a |

### Recommendations

It is recommended that the Governing Body of NHS Kirklees CCG **RECEIVES** this report.

|                                          |                                                      |                                            |               |
|------------------------------------------|------------------------------------------------------|--------------------------------------------|---------------|
| <b>Decision</b> <input type="checkbox"/> | <b>Assurance</b> <input checked="" type="checkbox"/> | <b>Discussion</b> <input type="checkbox"/> | <b>Other:</b> |
|------------------------------------------|------------------------------------------------------|--------------------------------------------|---------------|

### Implications

|                                                                                                           |                |
|-----------------------------------------------------------------------------------------------------------|----------------|
| <b>Quality and Safety implications (including whether a quality impact assessment has been completed)</b> | Not applicable |
|-----------------------------------------------------------------------------------------------------------|----------------|



|                                                                                                                                                          |                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations</b> | Failure to maintain the highest standards of information governance could impact on the CCG's ability to commission effective patient services.                                                                |
| <b>Resources / Financial Implications (including Staffing/Workforce considerations)</b>                                                                  | There is a financial risk associated with non-compliance with the data protection legislation in respect of significant monetary penalties which may be issued by the Information Commissioner's Office (ICO). |
| <b>Sustainability Implications</b>                                                                                                                       | Not applicable                                                                                                                                                                                                 |

|                                                                       |                                     |                                    |                                                |
|-----------------------------------------------------------------------|-------------------------------------|------------------------------------|------------------------------------------------|
| <b>Has a Data Protection Impact Assessment (DPIA) been completed?</b> | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> | <b>N/A</b> <input checked="" type="checkbox"/> |
|-----------------------------------------------------------------------|-------------------------------------|------------------------------------|------------------------------------------------|

|                                                                                |                                                        |                                                                                       |                                                                                                                        |
|--------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>Strategic Objectives (which of the CCG objectives does this relate to?)</b> | Achieving the agreed strategic direction for Kirklees. | <b>Risk (include risk number and a brief description of the risk)</b>                 | None identified.                                                                                                       |
| <b>Legal / CCG Constitutional Implications</b>                                 | Improving governance.                                  | <b>Conflicts of Interest (include detail of any identified / potential conflicts)</b> | Any conflicts of interest arising from this paper will be managed in line with the CCG's Conflicts of Interest Policy. |

## **1. Introduction**

- 1.1 The purpose of the Senior Information Risk Owner's (SIRO) annual information governance report is to provide the Governing Body with assurances that personal information is dealt with legally, securely and effectively and that the predecessor CCGs met their obligations in respect of Information Governance.

## **2. Detail**

- 2.1 Failure to maintain the highest standards of information governance could lead to non-compliance with NHS standards and legislation.
- 2.2 The Data Security and Protection Toolkit (DSPT) provides a framework for assuring that organisations are implementing the ten data security standards and meeting their statutory obligations on data protection and data security through a series of evidence based 'assertions'.
- 2.3 The Senior Information Risk Owner (SIRO) for both predecessor CCGs over the period 1 April 2020 to 31 March 2021 was the Chief Finance Officer; he was a member of the Senior Management Team and also sat on the Governing Bodies. A SIRO, as part of their portfolio, understands how the strategic business goals of the organisation may be impacted by information risks. The SIRO acts an advocate for information risk and data security on the CCG's Senior Management Team and provides advice to the Accountable Officer on the content of the annual Statement of Internal Control (SIC) in regard to information risk.
- 2.4 The SIRO's annual report describes the activities relating to information governance (IG) within NHS Greater Huddersfield CCG and NHS North Kirklees CCG for the period 1 April 2020 to 31 March 2021.
- 2.5 This report provides assurance to the Governing Body that NHS Greater Huddersfield CCG and NHS North Kirklees CCG had a robust Information Governance Framework in place that set out the processes and procedures by which the CCGs handled information about service users and employees, in particular person identifiable information.
- 2.6 Throughout 2020/21 the CCGs undertook the assurance work to support the DSPT annual submission. However, in light of the current COVID-19 pandemic, NHS Digital made provision for the submission deadline for the DSPT to be extended to 30 June 2021. This extension was to enable NHS organisations to continue concentrating their resources on responding to the pandemic.
- 2.7 NHS Digital advised however that merging CCGs should complete and publish their assessment before their merger (on or by 31 March 2021). As a result, both NHS Greater Huddersfield and NHS North Kirklees CCGs successfully completed and submitted their assessments prior to 31 March 2021.

### **3. Recommendations**

It is recommended that the Governing Body **RECEIVES** this report.

### **4. Appendices**

1. Senior Information Risk Owner's Annual Information Governance Report 2020/21

# **Senior Information Risk Owner's**

## **Annual Information Governance Report**

### **2020/21**

## **Executive Summary**

This annual report describes the activities relating to Information Governance (IG) within NHS Greater Huddersfield Clinical Commissioning Group and NHS North Kirklees Clinical Commissioning Group (CCGs) for the period 1 April 2020 to 31 March 2021. The CCGs merged on 1 April 2021 to become NHS Kirklees CCG. This report provides assurance to the Governing Body of NHS Kirklees CCG that the CCGs had a robust Information Governance Framework in place that set out the processes and procedures by which the CCGs handled information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by the Data Security and Protection Toolkit (DSPT) and the annual self-assessment process provides assurances that personal information is dealt with legally, securely, efficiently and effectively.

The DSPT is completed by NHS organisations and submitted to NHS Digital at the end of each financial year. The assessment status is monitored by NHS Digital and used by the Care Quality Commission to monitor compliance in this area. The assessment status is also freely available to the public and is required to be published in the Annual Governance Statement.

Throughout 2020/21 the CCGs undertook the assurance work to support the DSPT annual submission. However, in light of the current COVID-19 pandemic, NHS Digital made provision for the submission deadline for the DSPT to be extended to 30 June 2021. However, as merging CCGs, NHS Greater Huddersfield CCG and NHS North Kirklees CCG were required to make their submissions by the 31 March 2021.

This annual report summarises the assurance activities completed during 2020/21 in support of the CCGs' DSPT submissions.

## **1.0 Introduction**

- 1.1 Compliance with Information Governance (IG) requirements has been important for both NHS Greater Huddersfield CCG and NHS North Kirklees CCG. All NHS organisations must have in place a Senior Information Risk Owner (SIRO) whose role is to take ownership of information risk assurance, act as advocate for information risk on the board and provide advice to the Accountable Officer on the content of the Statement of Internal Control in regard to the DSPT.

## **2.0 Purpose**

- 2.1 The purpose of this annual report is:
- a) to document organisational compliance with legislative and regulatory requirements relating to the handling of personal information, including in compliance with the current data protection legislation
  - b) to detail compliance with the DSPT and provide assurance of ongoing improvement in relation to managing risks to information
  - c) to detail any Serious Incidents Requiring Investigation within the year, relating to any losses of personal data or breaches of confidentiality
  - d) to document the CCGs' compliance with access to information requests made under the Freedom of Information Act 2000 and Data Protection legislation
  - e) in respect of the successor organisation, NHS Kirklees CCG, to outline the general direction of the IG work programme for 2021/22 and how it aligns with the strategic business goals of the CCG
  - f) to provide the Governing Body of NHS Kirklees CCG with assurance in relation to the effectiveness of controls for information governance, data protection and confidentiality.

## **3.0 Background**

- 3.1 Over the past 12 months there was positive progress made towards improving the effectiveness and visibility of the CCGs' IG assurance mechanisms.
- 3.2 The Senior Information Risk Owner, Caldicott Guardian and Data Protection Officer (the Head of Corporate Governance who also had responsibility for IG) played a proactive role in information governance management and leadership.
- 3.3 During the year IG support was provided by the Information Governance Team which is part of a shared service function between NHS Calderdale CCG, NHS Greater Huddersfield CCG, NHS North Kirklees CCG and NHS Wakefield CCG

and is hosted by NHS Calderdale CCG. Over 2020/21 the team has been made up of one IG Manager, one Senior IG Officer and one IG Officer (2.6 wte).

- 3.4 The Audit Committees continued to maintain oversight of information risk and receive regular IG updates on progress as part of the Integrated Governance Assurance Reports as well as signing off information governance related policies including the IG Management Framework.
- 3.5 This annual report reflects key IG work packages across the CCGs for the period of 1 April 2020 to 31 March 2021.

#### **4.0 Information Governance Management and Performance**

- 4.1 The DSPT is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards. The DSPT focuses on data security and cyber security, reflecting the ever increasing threat that organisations face from hacking and other forms of cyber security event which pose a risk to data.
- 4.2 Due to the Covid-19 pandemic, the deadline for publishing a DSPT self-assessment was extended by NHS Digital from 31 March 2021 to 30 June 2021. However, NHS Digital advised that merging CCGs should complete and publish their assessment before their merger (on or by 31 March 2021). This posed a significant challenge as well as a risk to the CCGs, due to the late publication of the Toolkit (on 1 December 2020), ongoing merger pressures, and year end work. It was therefore included as a risk on the CCG Corporate risk register. The CCGs also advised NHS England of their concern as part of the merger programme.
- 4.3 After significant effort and reprioritisation of workloads including by other neighbouring CCGs, the DSPT assessments for NHS Greater Huddersfield CCG and NHS North Kirklees CCG were submitted on 25 March 2021. Both CCGs self-assessed as meeting all of the DSPT mandatory standards with an overall published grade of 'Standards met'.
- 4.4 Audit Yorkshire which provided the CCGs' internal audit function, reviewed 35 (39%) of the 89 mandatory evidence lines in order to provide the CCGs with assurance that their toolkit returns were appropriate. Both CCGs received an overall assessment of 'Substantial'. Again, for both CCGs, the assurance level based on the confidence level of the Independent Assessor in the veracity of the self-assessment was rated 'High'.

**NHS Greater Huddersfield CCG DSPT Summary Dashboard (as at 31 March 2021)**

| <b>Standard</b>                         | <b>Total No of mandatory "sub-assertions"</b> | <b>No of mandatory "sub-assertions" completed</b> | <b>% of mandatory "sub-assertions" completed</b> |
|-----------------------------------------|-----------------------------------------------|---------------------------------------------------|--------------------------------------------------|
| Standard 1 - Personal Confidential Data | <b>20</b>                                     | 20                                                | 100%                                             |
| Standard 2 - Staff Responsibilities     | <b>2</b>                                      | 2                                                 | 100%                                             |
| Standard 3 – Training                   | <b>7</b>                                      | 7                                                 | 100%                                             |
| Standard 4 - Managing Data Access       | <b>9</b>                                      | 9                                                 | 100%                                             |
| Standard 5 - Process Reviews            | <b>2</b>                                      | 2                                                 | 100%                                             |
| Standard 6 - Responding to Incidents    | <b>11</b>                                     | 11                                                | 100%                                             |
| Standard 7 - Continuing Planning        | <b>9</b>                                      | 9                                                 | 100%                                             |
| Standard 8 - Unsupported Systems        | <b>10</b>                                     | 10                                                | 100%                                             |
| Standard 9 - IT Protection              | <b>15</b>                                     | 15                                                | 100%                                             |
| Standard 10 – Accountable Suppliers     | <b>4</b>                                      | 4                                                 | 100%                                             |
| <b>Total</b>                            | <b>89</b>                                     | <b>89</b>                                         | 100%                                             |

**NHS North Kirklees CCG DSPT Summary Dashboard (as at 31 March 2021)**

| <b>Standard</b>                         | <b>Total No of mandatory "Evidence lines"</b> | <b>No of mandatory "Evidence lines" completed</b> | <b>% of mandatory "Evidence lines" completed</b> |
|-----------------------------------------|-----------------------------------------------|---------------------------------------------------|--------------------------------------------------|
| Standard 1 - Personal Confidential Data | <b>20</b>                                     | 20                                                | 100%                                             |
| Standard 2 - Staff Responsibilities     | <b>2</b>                                      | 2                                                 | 100%                                             |



|                                      |           |           |             |
|--------------------------------------|-----------|-----------|-------------|
| Standard 3 – Training                | 7         | 7         | 100%        |
| Standard 4 - Managing Data Access    | 9         | 9         | 100%        |
| Standard 5 - Process Reviews         | 2         | 2         | 100%        |
| Standard 6 - Responding to Incidents | 11        | 11        | 100%        |
| Standard 7 - Continuing Planning     | 9         | 9         | 100%        |
| Standard 8 - Unsupported Systems     | 10        | 10        | 100%        |
| Standard 9 - IT Protection           | 15        | 15        | 100%        |
| Standard 10 – Accountable Suppliers  | 4         | 4         | 100%        |
| <b>Total</b>                         | <b>89</b> | <b>89</b> | <b>100%</b> |

## 5.0 IG Policies and Guidance

5.1 Over 2020/21 a review of the CCGs' Information Governance Policies and their associated Information Governance Procedures took place. As part of the content review the policies along with their associated procedures were consolidated into a single policy book and a single procedure book for each CCG. The policies, and their associated procedures, reviewed were the:

- ✓ Information Governance Policy and Framework
- ✓ Confidentiality and Data Protection Policy
- ✓ Information Security Policy (incorporating Network Security)
- ✓ Records Management and Information Lifecycle Policy

5.2 The policies listed were reviewed to ensure that they remained up to date and relevant to staff. A number of enhancements were made to all the policies to reflect best practice, ensure consistency of message where feasible with partner organisations and to ensure that the CCGs remained compliant with statutory requirements.

## 6.0 Staff Training

6.1 Training in data security is mandatory for all NHS staff on an annual basis. The training is provided as an e-Learning module via the Electronic Staff Record (ESR) system. The required level of compliance is 95% of all staff to have

successfully undertaken the training and its associated knowledge check, within the period 1 April 2020 to 31 March 2021. Organisational compliance was declared via the DSPTs on their submission.

6.2 End of year compliance was:

#### **NHS Greater Huddersfield CCG**

| <b>Training</b> | <b>Data Security Awareness</b> |
|-----------------|--------------------------------|
| Employed Staff  | 86.96%                         |
| Governing Body  | 90.00%                         |

#### **NHS North Kirklees CCG**

| <b>Training</b> | <b>Data Security Awareness</b> |
|-----------------|--------------------------------|
| Employed Staff  | 85.23%                         |
| Governing Body  | 90.90%                         |

6.3 NHS Greater Huddersfield CCG highest compliance rate reached 95.40% on 3 July 2020 and NHS North Kirklees highest compliance rate reached 95.35% on 3 February 2021.

6.4 The SIRO, Caldicott Guardian, Data Protection Officer, Information Asset Owners and individuals with a records management responsibility within their role were compliant with the training requirements for these roles, for the financial year 2020/21.

## **7.0 Awareness Raising**

7.1 A number of awareness raising activities about good information governance were undertaken through various communication mechanisms. A summary of the activity is provided below:

| <b>20/21</b> | <b>Communication Activity</b>                                                                                                                                                                                                                                                                                                                                       |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Q1</b>    | <ul style="list-style-type: none"> <li>• Reminder that fraudsters have started to exploit the spread of Covid-19 by using Coronavirus in their phishing messages and spam</li> <li>• A reminder message about ensuring strong passwords and being alert to the risks of phishing emails</li> <li>• An alert about reported scam emails within the system</li> </ul> |
| <b>Q2</b>    | <ul style="list-style-type: none"> <li>• IG Alert about email scams and using strong passwords.</li> <li>• Article in FYI about the newly approved IG policy book and procedures.</li> <li>• Awareness session at staff briefing on the IG policy book,</li> </ul>                                                                                                  |

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           | FAQs on protecting data when working at home, reporting IG incidents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Q3</b> | <ul style="list-style-type: none"> <li>• Microsoft Teams Q&amp;A</li> <li>• Microsoft Teams Q&amp;As to provide guidance on using the tool safely and securely.</li> <li>• Use of Online Services and Tools after UK's Brexit transition period.</li> <li>• Black Friday article about cyber security.</li> <li>• Interactive IG Advent Calendar covering key IG policy messages, working from home, data security and top tips.</li> <li>• FYI article to remind staff about completing their Data Security Awareness training.</li> </ul> |
| <b>Q4</b> | <ul style="list-style-type: none"> <li>• Reminder messages to staff about completing their mandatory Data Security Awareness Training</li> <li>• Data Protection Impact Assessment awareness article in FYI and the staff intranet</li> <li>• Updated IG User Handbook published on staff intranet</li> <li>• Records management guidance made available to enable teams to create records inventory.</li> </ul>                                                                                                                            |

7.2 The requirement for all staff to work from home over the entire financial year 2020/21, due to the pandemic, has been unprecedented. From an information governance perspective it introduced new areas of risk in relation to the new ways of working from the home environment. The collaborative communication platform rolled out to support staff working in this remote way also represented a new area of risk in relation to personal and confidential information.

7.3 Over the year the staff briefing messages, reminder messages and guidance materials have had a focus on the risks relating to home working including confidentiality of information, the risk of introduction of malware through Phishing emails and mitigating the risks posed by the use of MS Teams.

## **8.0 Audits**

8.1 Regular assurance of ongoing compliance with national and local information governance requirements is undertaken regularly by the Information Governance Team.

8.2 The Information Governance Team was not able to conduct confidentiality compliance checks on the CCGs' premises, due to staff working from home during the pandemic. The confidentiality walk around will be scheduled to take place within NHS Kirklees CCG on return to the office environment. The IG

staff survey undertaken in August 2020 (see Section 9.0) did however have a particular focus around the home working environment.

- 8.3 Access audits have been completed which included a network access audit and a remote access audit. A number of areas of improvement were identified as a result of the audits and an action plan prepared for improvements which could not be immediately implemented. NHS Kirklees CCG as successor organisation will continue implementing the actions set out on the action plan.
- 8.4 The audit of network access and remote access identified a small number of members of staff, across both CCGs, who had left the organisations, but not had their access rights removed. This access was removed.
- 8.5 A data protection by design audit was carried out on key information systems holding personal data to assess that appropriate technical and physical control measures were being effectively and appropriately implemented. A number of areas of improvement were identified as a result of the audit and an action plan prepared for improvements which could be not immediately implemented. NHS Kirklees CCG as successor organisation will continue implementing the actions set out on the action plan.
- 8.6 A small data quality audit was carried out to check if the current quality of data held by the CCGs was consistent with best practice and record keeping standards. The quality of data held within the client records within the Individual Funding Request (IFR) service was assessed and measured against the CCG policies, procedures and best practice guidance. The audit found an area of improvement and the IFR system provider has been requested to carry out an update to the system.

## **9.0 IG Survey**

- 9.1 A survey was carried out during August 2020 across both CCGs to understand the effectiveness of awareness raising and the working knowledge of staff in relation to information governance. Overall the response from staff was very encouraging, highlighted by all staff from both CCGs (100%) feeling that data security and protection is important for the organisation.
- 9.2 Key areas of development that have been identified include issuing guidance on safe disposal of paper, sending information securely and safe use of MS Teams and how to raise a query or concern with the IG team. The areas of development were completed through awareness raising activities in 2020/21.

## 10.0 Information Risk Assurance

10.1 The Senior Information Risk Owner (SIRO) role is responsible for the development and implementation of the organisation's Information Risk assurance, supported by the IG Lead (Head of Corporate Governance) and the IG Team.

10.2 The CCGs had annual information security and asset risk management work activities in place, which incorporated data flow mapping. These activities aimed to ensure that the organisations identified, implemented and managed controls, to monitor and reduce the risk to the organisations, its person identifiable information and critical information assets.

10.3 The Information Asset Owners (IAO) were supported by the IG Team to complete a review of their information assets and data flows. Including the following:

- ✓ Review of Information Asset Register
- ✓ Identification and recording of new information assets
- ✓ Risk assessment of how each asset is held
- ✓ Identification of associated data flows
- ✓ Risk assessment of the data flows
- ✓ Business impact in terms of business continuity for any critical information asset
- ✓ Identifying a clear legal justification for processing and flows of personal identifiable information.

10.4 For Greater Huddersfield CCG, a total of 86 information assets were documented on the Information Asset Register, 3 of which were deemed to be assets that support a critical function.

10.5 For North Kirklees CCG, a total of 87 information assets were documented on the Information Asset Register, 3 of which were deemed to be assets that support a critical function.

10.6 The CCGs' Information Asset Registers gave a broad risk score in relation to each information asset identified. The registers were reviewed and kept up to date by the Information Asset Owners (IAO) in collaboration with the IG Team. There were no immediate risks reported that required remedial action. There were no risks scoring above 12 for this period.

- 10.7 The data flow mapping work provided a mechanism of assurance that flows of personal information out of the CCGs had adequate security controls.
- 10.8 The findings of the data flow mapping have shown that there were no high or significant risks in relation to flows of personal information into or out of the CCGs.
- 10.9 All information assets and data flows that involve the use or sharing of confidential personal information were reviewed to ensure a lawful basis exists; this was recorded on the Information Asset Registers of both CCGs.

## **11.0 Information and Cyber Security Controls and Protective Measures**

- 11.1 The CCGs' IT network was managed by The Health Informatics Service (THIS). THIS are responsible for information management and technology services and network security solutions.
- 11.2 THIS has had ISO Information Security Management System (ISO/IEC 27001:2013) certification for a number of years with three continuing assessment days per year to ensure they continue to conform to the ISMS and a full re-certification process every 3 years.
- 11.3 THIS provide a wide variety of technical, procedural and organisational controls to prevent unauthorised physical access, damage or interference to CCGs' premises and information assets. The CCGs' data protection by design audit tested some of these controls during 2020/21.
- 11.4 The CCGs took their information security expertise from the THIS as part of the Information Management and Technology (IM&T) service contract. THIS has a dedicated Cyber Security team monitoring national alerts and managing day to day risk and threats to cyber security and local IT systems.
- 11.5 THIS are responsible for deploying software on to the networked devices of the CCGs and in doing so only allow appropriately licensed and supported software onto the devices and supported infrastructure.
- 11.6 THIS actively identifies software on the networked devices of the CCGs that is coming up to its support 'end of life' date and in collaboration with the CCGs agree a software replacement programme.
- 11.7 THIS confirmed that technical safeguards were in place to prevent users from installing software on work supported devices themselves. Software can only be installed by THIS technicians, ensuring that only supported software

versions are installed. This control helps to ensure that only supported software is deployed and installed on the CCGs' devices.

- 11.8 The NHS Digital IT Health Check undertaken by Dionach took place at the start of February 2020 with a re-assessment in November 2020. A Data Security Improvement Plan was developed at the time detailing actions required to mitigate identified vulnerabilities. Completion of actions is monitored via the Quarterly Service Account meeting with THIS.

## 12.0 Contractual Arrangements and Compliance with Information Governance

- 12.1 A due diligence exercise has been undertaken in relation to IT suppliers who process personal information. Checks included whether the supplier was registered with the ICO, whether the supplier had completed and submitted a DSPT in 2020/21 or in any previous year and whether the supplier held Cyber Essentials/Cyber Essentials Plus certification.
- 12.2 Existing IT suppliers were risk assessed to provide an indication as to whether their information security certifications were adequate assurance, based on factors such as the nature of and volume of data processed. No high risk IT suppliers were identified, the results of risk assessments and basic due diligence checks will be held on the Contracting files of NHS Kirklees CCG. The intention is that the risk assessment is undertaken with any new IT suppliers as part of procurement.

## 13.0 Subject Access Requests

- 13.1 Under the Data Protection Act/General Data Protection Regulation all individuals have the right to request a copy of all of their personal data held by the CCGs. This is called a Subject Access Request. During 2020/21 a total of 3 subject access requests were received by NHS Greater Huddersfield CCG and 3 were received by NHS North Kirklees CCG. All were responded to within the statutory time frame.

### Greater Huddersfield CCG - Number of SARs:

|         | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 |
|---------|-------|-------|-------|-------|
| 2018/19 | 1     | 2     | 0     | 1     |
| 2019/20 | 1     | 0     | 3     | 2     |
| 2020/21 | 0     | 2     | 0     | 1     |

### North Kirklees CCG - Number of SARs:

|         | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 |
|---------|-------|-------|-------|-------|
| 2018/19 | 1     | 0     | 0     | 5     |
| 2019/20 | 0     | 0     | 0     | 0     |
| 2020/21 | 1     | 0     | 2     | 0     |

13.2 During 2020-21, NHS North Kirklees CCG was notified of one application to the ICO from an individual dissatisfied with the handling of their subject access request and the CCG was asked to re-visit its handling of the request in an effort to resolve the issue without further redress to the ICO.

## 14.0 Freedom of Information

14.1 NHS Greater Huddersfield CCG received a total of 189 requests in 2020/21, which is an average of 15.7 a month. NHS North Kirklees CCG received 188 requests in 2020/21, which is an average of 15.6 per month.

### Number of FOI Requests Received – Greater Huddersfield

|         | Q 1 | Q 2 | Q 3 | Q 4 | Total |
|---------|-----|-----|-----|-----|-------|
| 2018/19 | 54  | 72  | 52  | 59  | 237   |
| 2019/20 | 62  | 62  | 56  | 66  | 246   |
| 2020/21 | 26  | 63  | 44  | 56  | 189   |

### Number of FOI Requests Received – North Kirklees

|         | Q 1 | Q 2 | Q 3 | Q 4 | Total |
|---------|-----|-----|-----|-----|-------|
| 2018/19 | 53  | 75  | 50  | 58  | 236   |
| 2019/20 | 61  | 65  | 52  | 52  | 230   |
| 2020/21 | 29  | 65  | 37  | 57  | 188   |

## 15.0 Incident Management

|                          | Number of Low level IG Incidents / Near Misses (1 April 2019 – 31 March 2020) | Number of Low level IG Incidents / Near Misses (1 April 2020 – 31 March 2021) |
|--------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| NHS Greater Huddersfield | 14                                                                            | 14                                                                            |
| NHS North Kirklees CCG   | 24                                                                            | 10                                                                            |
| <b>Total</b>             | 38                                                                            | 24                                                                            |

15.1 The above table shows the number of information governance related incidents reported into the CCGs for incident management. The figures include events that have resulted or could have resulted in the disclosure of confidential information to an unauthorised individual, the integrity of the system (cyber security), data or the availability of the system or information being put at risk.



15.2 All information governance incidents or near misses were reported to the Information Governance Lead. Any significant incidents arising or recurrent themes were reported to the SIRO and Data Protection Officer (DPO).

15.3 The CCGs held regular 'process review meetings' with the aim of identifying and improving processes which had caused breaches or near misses, or which force staff to use workarounds which compromise data security.

## **16.0 Serious Incidents Requiring Investigation**

16.1 There were no ICO actions taken against the CCGs in the last 12 months, such as fines, enforcement notices or decision notices.

## **17.0 Information Sharing**

17.1 The CCGs had in place a number of data sharing and data processing agreements. New agreements and updates to existing agreements were made during the year:

- **Data Sharing Agreement for GPES Data for Pandemic Planning and Research (COVID-19)** –The GPES data collection is supported by the British Medical Association (BMA), Royal College of General Practitioners (RCGP) and National Data Guardian (NDG) and collects a specific set of patient data from GP Practices in England on a fortnightly basis.
- **The overarching NHS Digital Data Sharing Framework Contract for NHS Greater Huddersfield CCG expired in December 2020 and was renewed and approved during the same month.** The Data Sharing Framework Contract set out the terms and conditions upon which data provided by NHS Digital's Data Services for Commissioners function, could be processed.
- **Data Sharing Agreement for Commissioning data across WY&H CCGs**  
The CCGs approved an agreement relating to an application for commissioning data to allow collaborative working across CCGs, following the termination of the BI contract with Embed Health Consortium in March 2020. The agreement allowed the CCGs to work efficiently and supported ICS level reporting.
- **Data Sharing Agreement for Shared Acute Commissioning between NHS North Kirklees CCG and NHS Wakefield CCG** – an amendment was made to update the NHS North Kirklees CCG data processing address to Norwich Union House in Huddersfield.

- **Data Sharing Agreement between the CCGs and Kirklees Council** - to support sharing of NHS Digital Shielded Patient List (Patients who are Extremely Clinically Vulnerable to COVID-19).
- **Asylum Seeker Data Sharing Agreement** - between the CCGs and Kirklees Council (and other local providers) in relation to Kirklees Council's work to ensure that asylum seekers settling in Kirklees had the support they needed on arrival and moving forward to when a decision was taken. The CCGs supported the GP registration check.

## 18.0 Top Three Data Security and Protection Risks

18.1 The DSPT mandates that organisations identify their top three Data Security and Protection risks. During 2019/20 work was undertaken to identify the top three risks using the Information Commissioner's Office incident categories to identify areas of data security 'threat', indicative intelligence from past data security related incidents across the group of four CCGs supported by the IG service and current data security threats identified by UK businesses.

The CCG IG Lead agreed that for 2020/21 the top three risks previously identified continued to remain the top data security and protection risks faced. Please note these risks and associated treatment plans have now been transferred to the corporate risk register of NHS Kirklees CCG.

18.2 The top three risks to the CCGs were

- 1) successful cyber-attacks, due to the escalating threat of cyber-crime across all sectors
- 2) the risk of staff being the target of, and being manipulated into responding to, social engineering fraud, including phishing campaigns and,
- 3) the risk of confidential personal data and commercially sensitive information being sent by email to an incorrect recipient or recipients, resulting in a breach of confidentiality and potential for damage and distress to individuals, reputational damage to the organisation and regulatory action under data protection legislation.

18.3 The treatment plans included continuing awareness via Staff Briefing sessions to ensure all staff remained sighted on the risk. They will continue to be managed in line with the Integrated Risk Management Framework by NHS Kirklees CCG.

## **19.0 Summary**

- 19.1 The last year has proven to be one of challenge, from responding to pandemic related queries, data sharing and staff awareness activities, to responding to the usual routine queries and support activities, and working to deliver the DSPTs by 31 March 2021.
- 19.2 The cyber threat increased and evolved with the pandemic, as criminals took advantage of the world wide crisis. The need for vigilance amongst staff was heightened in relation to email Phishing and other forms of scam. Likewise the need for robust technical, organisational and procedural controls to minimise the cyber threat was and continues to remain crucial. The DSPT has provided a level of assurance in relation to Cyber-security controls. Awareness raising of good data security practice as well as cyber and data security risk, continues to be a priority.

## **20.0 Next Steps**

- 20.1 The main IG work plan priorities for NHS Kirklees CCG in 2021/22 are:
- Implementing the requirements of, and meeting compliance with, the Data Security Protection Toolkit 2021/22.
  - Ensuring that NHS Kirklees CCG is compliant, and continues to remain compliant, with the General Data Protection Regulation and Data Protection Act 2018.
  - Supporting and advising on information sharing activities that support business intelligence strategy and the CCG's ongoing response to the COVID-19 pandemic.
  - Continuing to focus on raising staff awareness of cyber risks and good data security practices, in particular with the use of Teams and O365.
  - Supporting and advising the organisation on the information governance requirements to safely dissolve the CCG by the end of 2021/22.
  - Continuing support to Information Asset Owners and SIRO.
- 20.2 The IG Annual Work Plan 2021/22 will set out the programme of work and will be aligned with the requirements of the 2021/22 Data Security and Protection Toolkit. The IG Lead and IG Team will for NHS Kirklees CCG again look to developing a risk based approach to the deliverables on the work plan.

## **21.0 Recommendation**

- 21.1 Members of the Governing Body are invited to:
- a. Note the content of the Senior Information Risk Owner's Information Governance Annual Report 2020/21.
  - b. Note the priorities for IG in the 2021/22 financial year.

|                        |                                                                        |                              |                                           |
|------------------------|------------------------------------------------------------------------|------------------------------|-------------------------------------------|
| <b>Name of Meeting</b> | Governing Body                                                         | <b>Meeting Date</b>          | 09 June 2021                              |
| <b>Title of Report</b> | Complaints and PALS Annual Report 2020/21                              | <b>Agenda Item No.</b>       | 9                                         |
| <b>Report Author</b>   | Juline Brodie, Governance Manager, Customer Information and Complaints | <b>Public / Private Item</b> | Public                                    |
| <b>Clinical Lead</b>   | Dr Khalid Naeem, Clinical Chair                                        | <b>Responsible Officer</b>   | Laura Ellis, Head of Corporate Governance |

### Executive Summary

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 require all Clinical Commissioning Groups to provide an annual report recording complaint activity.

This report sets out the number and nature of complaints and identifies the lessons learned during 2020/21 – a year that saw unprecedented change in the number and type of customer contacts made to the predecessor CCGs.

### Previous Considerations

|                        |                   |                     |             |
|------------------------|-------------------|---------------------|-------------|
| <b>Name of meeting</b> | Quality Committee | <b>Meeting Date</b> | 26 May 2021 |
| <b>Name of meeting</b> | -                 | <b>Meeting Date</b> |             |

### Recommendations

It is recommended that the Governing Body **RECEIVES** the Complaints and PALS Annual Report 2020/21 and NOTES the predecessor CCGs' complaints activity.

|                                          |                                                      |                                            |               |
|------------------------------------------|------------------------------------------------------|--------------------------------------------|---------------|
| <b>Decision</b> <input type="checkbox"/> | <b>Assurance</b> <input checked="" type="checkbox"/> | <b>Discussion</b> <input type="checkbox"/> | <b>Other:</b> |
|------------------------------------------|------------------------------------------------------|--------------------------------------------|---------------|

### Implications

|                                                                                                                                                          |                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Quality and Safety implications (including whether a quality impact assessment has been completed)</b>                                                | No implications arising from this report, however consideration of the Annual Report and key themes emerging from complaints is an important part of patient experience. |
| <b>Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations</b> | None identified                                                                                                                                                          |
| <b>Resources / Financial Implications (including Staffing/Workforce considerations)</b>                                                                  | None identified                                                                                                                                                          |

|                                    |                 |
|------------------------------------|-----------------|
| <b>Sustainability Implications</b> | None identified |
|------------------------------------|-----------------|

|                                                                       |                                     |                                    |                                                |
|-----------------------------------------------------------------------|-------------------------------------|------------------------------------|------------------------------------------------|
| <b>Has a Data Protection Impact Assessment (DPIA) been completed?</b> | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> | <b>N/A</b> <input checked="" type="checkbox"/> |
|-----------------------------------------------------------------------|-------------------------------------|------------------------------------|------------------------------------------------|

|                                                                                |                                                                                                                   |                                                                                       |      |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------|
| <b>Strategic Objectives (which of the CCG objectives does this relate to?)</b> | Potentially all                                                                                                   | <b>Risk (include risk number and a brief description of the risk)</b>                 | None |
| <b>Legal / CCG Constitutional Implications</b>                                 | The CCG Complaints Framework is designed to meet the requirements of the Local Authority Social Services and NHS. | <b>Conflicts of Interest (include detail of any identified / potential conflicts)</b> | None |

## **1. Introduction**

- 1.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 require all Clinical Commissioning Groups to provide an annual report regarding complaint activity information.

## **2. Detail**

- 2.1 The majority of patients receiving care within the NHS are happy with the care provided. It is recognised however that there will inevitably be circumstances where the expectations of some of the service users are not met and they will need to voice their feelings through the complaints procedure.
- 2.2 Complaints are viewed positively by NHS Kirklees CCG and every effort is made to identify lessons from complaints to make positive improvements in services for patients.
- 2.3 This report sets out the number and nature of complaints and identifies lessons learned during 2020/21 by the predecessor Greater Huddersfield and North Kirklees CCGs.

## **3. Next Steps**

- 3.1 Handling and monitoring of complaints is an on-going process. The report highlights the reporting requirements for the CCG in respect of complaints and the Quality Committee will receive a 6 monthly update.

## **4. Implications**

- 4.1 As set out on cover page.

## **5. Recommendations**

- 5.1 That the Governing Body **RECEIVES** the Complaints and PALS Annual Report 2020/21 and **NOTES** the predecessor CCGs' complaints activity.

## **6. Appendices**

Appendix 1 – Complaints and PALS Annual Report

# **COMPLAINTS AND PALS ANNUAL REPORT 2020/21**

## INTRODUCTION

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (the Regulations) require all Clinical Commissioning Groups (CCGs) to provide an annual report regarding complaint activity information. This includes the number and nature of complaints and identifies the lessons learned.

This Annual Report summarises the Complaints and PALs activity for the former Greater Huddersfield CCG (GH) and the former North Kirklees CCG (NK) for 2020/21 – a year that saw unprecedented change in the number and type of customer contacts made to the CCGs. The COVID-19 pandemic has had a significant impact on the work of the Team, and this is reflected within the report. This is a shared report on behalf of GH and NK, to reflect the close working of the two CCGs.

The report is being brought to the Quality Committee prior to submission to the Kirklees CCG Governing Body in June 2021 (as the successor to GH and NK CCGs). The Quality Committee has delegated responsibility for approving the complaints handling process, and the themes emerging from the complaints and PALS received by the CCGs provides a useful insight into patient experience and the quality of services. This report is complemented by an additional report to the Quality Committees at the six month point, outlining complaint activity information.

This report outlines the complaints received by both CCGs between 1 April 2020 and 31 March 2021. The figures have been compared against the previous 3 years. The report also includes activity related to PALS (Patient Advice and Liaison Service) queries during 2020/21. PALS queries can be viewed as low level enquiries, concerns and complaints, which can be resolved or answered quickly. Nevertheless, they provide valuable learning and can be used to identify key trends around issues that may be arising from local NHS services.

In late March 2020 NHSE/I announced that NHS organisations could choose to ‘pause’ the complaints process (subject to certain criteria) so that NHS providers could concentrate their efforts on prioritising their response to COVID-19. A similar pause was announced by the Parliamentary and Health Service Ombudsman (PHSO). Whilst local secondary care providers had to pause their complaint processes, the CCGs were able to operate a normal complaints process and provide additional support to members of the public seeking assistance. Since July 2020 complaint processes within secondary care have slowly begun to return to normal.

Shortly after the conclusion of 2020/21 (the focus of this report), the PHSO announced that, due to their backlog, they have decided to focus on the more serious complaints in which people may have faced significant impact and where they can make the biggest difference. Whilst the PHSO will examine all cases brought to them where someone



has faced less of an impact, the PHSO will consider if there is anything they can do to resolve things quickly; if not, the case will be closed.

## KEY HEADLINES

### Greater Huddersfield CCG

- 26% reduction year on year in the number of complaints received.
- The number of complaints passed to providers to investigate remained stable; but the number directly investigated by the CCG almost halved.
- Of those investigated by the CCG, the percentage directly relating to the CCG (47%) and the percentage relating to providers (53%) was fairly consistent with previous years.
- Around 2/3 of complaints were categorised at level 2, with the remaining 1/3 at level 3. In previous years, a higher percentage of complaints have been deemed level 3 and 4. This suggests the complaints were of a lower level of severity / complexity (although smaller numbers may have impacted this).
- The CCG has maintained high performance in respect of responding to complainants within the agreed timescale.
- 2 complaints were referred to the Parliamentary & Health Service Ombudsman, 1 of which identified actions and learning for the CCG.
- 67% increase year on year in the number of PALS enquiries received – largely attributable to COVID-19 pandemic, and the COVID vaccination programme.
- 77% of PALS queries are received directly from patients or their representatives.

### North Kirklees CCG

- 52% reduction year on year in the number of complaints received.
- The number of complaints passed to providers to investigate saw a 37% reduction; the number of complaints directly investigated by the CCG saw a 67% reduction.
- Of those investigated by the CCG, the percentage directly relating to the CCG (44%) reduced and the percentage relating to providers (56%) increased. However the small numbers involved disproportionately impact and make it difficult to draw any conclusion from this.
- The majority of complaints continue to be categorised at level 2 and 3, and percentage breakdown remains consistent with last year. The CCG did not receive any level 4 complaints.
- The CCG has maintained high performance in respect of responding to complainants within the agreed timescale.
- 1 complaint was referred to the Parliamentary & Health Service Ombudsman; a decision is awaited.
- 12% increase year on year in the number of PALS enquiries received – largely attributable to COVID-19 pandemic, and the COVID vaccination programme.
- 49% of PALS queries are received directly from patients or their representatives.

## Complaints Summary - Kirklees

Total number of complaints received by CCG

| Year    | Number received<br>GH | Number received<br>NK | Total |
|---------|-----------------------|-----------------------|-------|
| 2020/21 | 51                    | 26                    | 77    |
| 2019/20 | 69                    | 54                    | 123   |
| 2018/19 | 65                    | 71                    | 136   |
| 2017/18 | 63                    | 86                    | 149   |

## Complaints – Greater Huddersfield CCG

|                                                                                                                           | 2017/18                                                         | 2018/19                                                        | 2019/20                                                                | 2020/21                                                        |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------|
| Complaints received                                                                                                       | 63                                                              | 65                                                             | 69                                                                     | 51                                                             |
| PALS enquiries<br>(* 101 related to<br>Clifton House)                                                                     | 144                                                             | 347*                                                           | 368                                                                    | 615                                                            |
| Complaints<br>investigated<br>by CCG. (As<br>percentage of total<br>received)                                             | 37 (59%)                                                        | 37 (57%)                                                       | 27 (39%)                                                               | 15 (29%)                                                       |
| Number of complaints<br>investigated that<br>related to the CCG<br>(as percentage of<br>those investigated)               | 21 (54%)                                                        | 20 (54.5%)                                                     | 12 (44%)                                                               | 7 (47%)                                                        |
| Percentage of<br>complaints<br>investigated related<br>to other organisations<br>(as percentage of<br>those investigated) | 16 (41%)                                                        | 17 (45.5%)                                                     | 15 (56%)                                                               | 8 (53%)                                                        |
| CCG responses<br>within deadline                                                                                          | 67%                                                             | 78%                                                            | 85%                                                                    | 93%                                                            |
| Level (section 4<br>provides a definition<br>of the levels)                                                               | 0% - Level 1<br>31% - Level 2<br>46% - Level 3<br>23% - Level 4 | 0% - Level 1<br>54% - Level 2<br>38% - Level 3<br>8% - Level 4 | 7.4% - Level 1<br>44.4% - Level 2<br>40.8% - Level 3<br>7.4% - Level 4 | 0% - Level 1<br>67% - Level 2<br>33% - Level 3<br>0% - Level 4 |

## 1. Number of complaints investigated

Of the 51 complaints received in 2020/21, not all were investigated by the CCG. This is for a number of reasons – most commonly because they did not fall within the remit of the CCG and were passed to another organisation to investigate.

| Initial Response                           | 2017/18   | 2018/19   | 2019/20   | 2020/21   |
|--------------------------------------------|-----------|-----------|-----------|-----------|
| Investigated by CCG                        | 37        | 37        | 27        | 15        |
| Passed to Calderdale & Huddersfield NHS FT | 13        | 8         | 16        | 15        |
| Passed to Primary Care / NHS England       | 3         | 7         | 12        | 9         |
| Passed to North Kirklees CCG               | 1         | -         | -         | -         |
| Passed to Calderdale CCG                   | 1         | -         | -         | -         |
| Passed to Kirklees Council                 | -         | 1         | 1         | -         |
| Passed to OpCare /Ross Care                | -         | 1         | 2         | 1         |
| Passed to SWYPFT                           | -         | 1         | -         | 1         |
| Passed to YAS / LCD / 111                  | 1         | 1         | 3         | 3         |
| Passed to Locala                           | -         | 2         | 3         | -         |
| Passed to Pain Management Services         | -         | 1         | 1         | 1         |
| Passed to Specsavers                       | -         | -         | 1         | -         |
| Passed to BMI                              | -         | -         | 1         | -         |
| Passed to Safehaven                        | -         | -         | -         | 1         |
| Passed to NHSE / Dental                    | -         | -         | -         | 2         |
| Passed to LGI                              | -         | -         | -         | 1         |
| Closed due to lack of consent / NFA        | 6         | 6         | 2         | 2         |
| On hold                                    | 1         | -         | -         | -         |
| <b>TOTAL</b>                               | <b>63</b> | <b>65</b> | <b>69</b> | <b>51</b> |

## 2. Number of complaints by provider

Of the 15 complaints investigated by the CCG during 2020/21, 7 related directly to the CCG.

The remaining 8 related to other organisations. Complainants can choose to complain directly to the provider of an NHS service or the commissioner of that service. Where a complaint is received, the complainant is informed of this option and given advice to facilitate their choice.

The CCG is always sensitive to a complainant's needs and endeavours to avoid complainants being passed unnecessarily through numerous organisations. In cases where complaints are complex and involve a number of different organisations, the CCG is well placed to coordinate a response to a complainant.

However, in many instances, a complainant's concerns can be best addressed directly by the provider organisation without the CCG acting as an intermediary.

| Provider                                          | 2017/18   | 2018/19   | 2019/20   | 2020/21                              |
|---------------------------------------------------|-----------|-----------|-----------|--------------------------------------|
| Greater Huddersfield CCG                          | 21        | 20        | 12        | 7<br>IFR (2)<br>Other (2)<br>CHC (3) |
| Bradford Teaching Hospitals FT                    | 2         | -         | -         | -                                    |
| SWYPFT                                            | 2         | 5         | 1         | -                                    |
| BMI                                               | 1         | 1         | 1         | 1                                    |
| Locala                                            | 1         | 2         | 4         |                                      |
| Opcare / Ross Care                                | 2         | 1         | 1         | 2                                    |
| Pain Management Solutions                         | 1         | 1         | -         | -                                    |
| Calderdale & Huddersfield FT                      | -         | 1         | 3         | -                                    |
| NHS111 (YAS)                                      | -         | -         | -         |                                      |
| Baywater Home Oxygen                              | -         | -         | -         | 1                                    |
| Local Care Direct                                 | -         | 1         | -         | -                                    |
| NHSE / Primary Care                               | -         | 3         | 4         | 3                                    |
| Multi provider:<br>CHFT, Opcare, Locala, Kirk LA  | 1         | -         | -         | -                                    |
| CHFT and YAS                                      | 1         | -         | 1         | -                                    |
| CHFT, YAS and Local Care Direct                   | 1         | -         | -         | -                                    |
| CHFT and Locala                                   | 1         | -         | -         | -                                    |
| Locala, Local Care Direct and<br>Kirkwood Hospice | 1         | -         | -         | -                                    |
| Leeds Teaching Hospital FT, CHFT<br>and Locala    | 1         | -         | -         | -                                    |
| NHS Digital and Locala                            | 1         | -         | -         | -                                    |
| Primary Care, Locala, CHFT, BMI                   | -         | 1         | -         | -                                    |
| Locala, CHFT, LCD                                 | -         | 1         | -         | -                                    |
| CHFT, MYHT and SWYPFT                             | -         | -         | -         | 1                                    |
| <b>TOTAL</b>                                      | <b>37</b> | <b>37</b> | <b>27</b> | <b>15</b>                            |

### 3. Complaints by category

The 15 complaints investigated by the CCG during 2020/21 can be categorised as:

| Category of complaint                                                                          | 2016/17   | 2017/18   | 2018/19   | 2019/20   | 2020/21   |
|------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|
| Access to services                                                                             | 2         | 3         | 2         | 6         | 3         |
| Admissions, discharge and transfers excluding delayed discharge due to absence of care package | -         | -         | -         | 1         | 1         |
| Aids, appliances, equipment, premises                                                          | -         | -         | -         | 1         | 2         |
| Appointments / referrals                                                                       | -         | -         | 4         | 2         | 2         |
| Attitude of staff                                                                              | 1         | 3         | -         | 1         | -         |
| Care and treatment                                                                             | 9         | 9         | 6         | 1         | 1         |
| Communications                                                                                 | 1         | 2         | 6         | 2         | -         |
| Continuing healthcare process                                                                  | 7         | 8         | 4         | 4         | 3         |
| Commissioning decisions made                                                                   | 6         | 4         | 3         | 2         | -         |
| Delays                                                                                         | -         | 1         | -         | -         | -         |
| Diagnosis                                                                                      | -         | 1         | -         | 1         | -         |
| Funding                                                                                        | -         | -         | 1         | -         | -         |
| IFR process                                                                                    | 4         | 2         | 6         | 2         | 1         |
| Prescribing changes                                                                            | 5         | 3         | 4         | 3         | 2         |
| Staff knowledge                                                                                | 3         | -         | -         | -         | -         |
| Travel expenses                                                                                | -         | 1         | -         | 1         | -         |
| Waiting times                                                                                  | 3         | -         | 1         | -         | -         |
| <b>TOTAL</b>                                                                                   | <b>41</b> | <b>37</b> | <b>37</b> | <b>27</b> | <b>15</b> |

Of the 3 complaints relating to Access to Services – these can be further broken down:

- Delayed instruction to provider to resume services
- Cancelled operation due to patient's BMI
- Refusal to vaccinate housebound patient

#### 4. Complaints by level

All complaints received by Greater Huddersfield CCG are classified into a category level based on guidance within the Greater Huddersfield CCG complaints procedure. The definitions of each level are as follows:

##### Level 1- Simple complaints

- Concerns on waiting times
- Concerns about appointments
- Concerns about the contact details for different trusts and services

Level 2 – Low/simple, non-complex issues

- Delayed or cancelled appointments
- Event resulting in minor harm e.g. cut or strain
- Loss of property
- Lack of cleanliness
- Transport problems
- Single failure to meet care needs e.g. missed call back
- Medical records missing

Level 3 – Moderate /complex, several issues relating to a short period of care) requiring a written response and investigation by provider

- Event resulting in moderate harm (e.g. fracture)
- Failure to meet care needs
- Miscommunication or misinformation
- Medical errors
- Incorrect treatment
- Staff attitude or communication

Level 4 – High/complex multiple issues relating to a longer period of care, often involving more than one organisation or individual requiring a written response and investigation by provider

- Event resulting in moderate harm (e.g. fracture)
- Event resulting in serious harm (e.g. neglect)
- Failure to meet care needs
- Miscommunication or misinformation
- Medical errors
- Incorrect treatment
- Staff attitude or communication

The table below shows the classification of complaints received.

| Level of complaint | 2017/18   | 2018/19   | 2019/20   | 2020/21   |
|--------------------|-----------|-----------|-----------|-----------|
| Level 1            | 0         | 0         | 2         | 0         |
| Level 2            | 10        | 20        | 12        | 11        |
| Level 3            | 18        | 14        | 11        | 4         |
| Level 4            | 9         | 3         | 2         | 0         |
| <b>Total</b>       | <b>37</b> | <b>37</b> | <b>27</b> | <b>15</b> |

The data indicates that all complaints were categorised as level 2 or 3, with the majority at level 2. There were no complaints at level 4. Although small numbers

will be a contributory factor, it is worth noting that in previous years there have been a greater percentage of complaints categorised at the higher end of the scale – predominantly level 3, with some level 4 complaints.

## 5. Complaints by deadline

The NHS Greater Huddersfield CCG standard for complaints investigation was outlined in the complaints procedure/framework (all complaints received to be acknowledged in writing within three working days) – the same standard is being proposed for the new Kirklees CCG. Once the appropriate consent is received back from the complainant and areas for investigation are outlined, complainants are advised of the date by which they can expect a response to their complaint.

The standard timeframe given is 28 working days. If for any reason this cannot be met, complainants are kept updated on progress where it is not possible to meet deadlines and an explanation of the delay is provided.

The CCG is often dependent on other organisations to provide a response, and some providers have longer standard deadlines. For example, before the pandemic CHFT had a standard deadline of 40 working days for complaint investigation, depending on the severity of the complaint. The confirmed deadline is given to the CCG when a new complaint is checked and logged at CHFT and this is then communicated to the complainant.

The tables below show whether the final response was sent to the complainant within the original agreed timeframe, both overall and by the investigating provider.

| <b>Final Response sent within agreed timeframe</b> | <b>2019/20</b> | <b>2020/21</b> |
|----------------------------------------------------|----------------|----------------|
| Yes                                                | 15             | 7              |
| No                                                 | 1              | 1              |
| Resolved Informally                                | 8              | 7              |
| Still Open at time of report                       | 3              | 0              |
| <b>Total</b>                                       | <b>27</b>      | <b>15</b>      |

For 2020/21, this can be further broken down:

| <b>Final Response sent within agreed timeframe by Provider</b> | <b>Yes</b> | <b>No</b> | <b>Still Open</b> | <b>Resolved Informally</b> |
|----------------------------------------------------------------|------------|-----------|-------------------|----------------------------|
| GH CCG                                                         | 2          | -         | -                 | 5                          |

| <b>Final Response sent within agreed timeframe by Provider</b> | <b>Yes</b> | <b>No</b> | <b>Still Open</b> | <b>Resolved Informally</b> |
|----------------------------------------------------------------|------------|-----------|-------------------|----------------------------|
| CHFT/MYHT/SWYPFT                                               | -          | 1         | -                 | -                          |
| NHSE / Primary Care                                            | 1          | -         | -                 | 1                          |
| Opicare / Ross Care                                            | 1          | -         | -                 | 1                          |
| Locala                                                         | 1          | -         | -                 | -                          |
| Baywater Home Oxygen                                           | 1          | -         | -                 | -                          |
| BMI                                                            | 1          | -         | -                 | -                          |
| <b>Total</b>                                                   | <b>7</b>   | <b>1</b>  | <b>0</b>          | <b>7</b>                   |

Where the CCG did not send the response to the complainant within the agreed timeframe, regular contact was maintained to keep the complainant updated. The delay was due to the length of time some of the providers involved took to investigate the concerns raised due to the complexity of the case. The response took 77 days.

## **6. Parliamentary and Health Service Ombudsman**

Any complainant who remains dissatisfied with the CCG's handling of their complaint has the right to contact the Parliamentary and Health Service Ombudsman (PHSO). Information on how to do this is provided to all complainants as part of the CCG's response to each complaint.

During 2020/21 the PHSO has undertaken a review into 2 complaints. In the first case the PHSO determined that no further action was required.

The second case comprised two separate elements. The first element was investigated jointly by the PHSO and Local Government and Social Care Ombudsman (LGSCO) and related to the short suspension of a package of care during the COVID-19 pandemic. The CCG has received the draft decision which includes a small number of actions and learning points for the CCG. The final report is awaited. The second element to the complaint being investigated by the PHSO relates to the CHC package of care / personal health budget and a decision is awaited.

## **7. Learning from complaints**

The CCG is committed to learning from complaints and wherever possible complaint responses include a section which highlights the learning from the complaint and how this will be shared or used in the future.



It is challenging to share detailed learning from complaints with the Committee whilst maintaining the confidentiality of complainants but two examples are given below:

### **Case Study 1**

A complaint was received, along with a threat of legal action, because a clinically vulnerable housebound patient had 'been subject to patient neglect and not received the vaccine'.

The patient's relative was contacted, an explanation of delay contributors were discussed, and a vaccine was administered at the patient's house that weekend.

The patient was registered with a surgery not participating in vaccination delivery. A small number of patients in a similar situation were subsequently identified and vaccines and home visits were allocated for all of them.

### **Case Study 2**

A complaint was received by a patient who had their eye surgery delayed due to referral issues.

It was identified that the optician believed two referrals needed to be completed, one for each eye. Clarification was given that only one referral form was required and that the referral should not have been rejected.

Although each eye would be operated on separately, second eye procedures are done as subsequent internal referrals rather than separate ones at the outset. A number of staff had misunderstood this and were corrected. This patient's referral was then processed correctly.

## **PALS – GREATER HUDDERSFIELD**

### **1. Introduction**

Patient Advice and Liaison Service (PALS) queries can be viewed as low level enquiries, concerns and complaints, which can be resolved or answered quickly. Nevertheless, they provide valuable learning and can be used to identify key trends around issues that may be arising from local NHS services.

Information on the number and theme of PALS queries for 2020/21 has been compared against previous years where possible.

2020/21 saw a significant increase in the number of Greater Huddersfield PALS enquiries – largely attributable to the COVID-19 pandemic, and a specific spike during Quarter 4 relating to vaccination queries. Please see the section at the end of the report on learning from the COVID pandemic for details on how the CCG's approach was altered to manage the high levels of contacts and support members of the public.

Through our recording of the source of contact we know that 475 (77%) of PALS contacts were from patients or a patient's representative.

A further 74 PALS contacts were received that were not directly attributable to a specific CCG.

## 2. Number of queries

| Quarter      | 2017/18    | 2018/19    | 2019/20    | 2020/21    |
|--------------|------------|------------|------------|------------|
| Quarter 1    | 75         | 153        | 86         | 91         |
| Quarter 2    | 67         | 65         | 97         | 116        |
| Quarter 3    | 78         | 63         | 86         | 93         |
| Quarter 4    | 63         | 66         | 99         | 315        |
| <b>Total</b> | <b>283</b> | <b>347</b> | <b>368</b> | <b>615</b> |

## 3. Query theme

| Theme                                                             |     |
|-------------------------------------------------------------------|-----|
| Bereavement Support                                               | 1   |
| CAMHS                                                             | 3   |
| COVID Vaccinations                                                | 222 |
| Finance                                                           | 15  |
| Kirklees Wellness                                                 | 2   |
| Opthamology                                                       | 2   |
| Primary Care / NHSE                                               | 75  |
| CHFT                                                              | 60  |
| Medicines Management / Pharmacy (includes non covid vaccinations) | 30  |
| IFR / Prior Approvals                                             | 22  |
| YAS / LCD / 111                                                   | 1   |
| Mental Health                                                     | 25  |
| CCG Information                                                   | 23  |
| Continuing Health Care                                            | 33  |
| Covid 19                                                          | 53  |
| Physio / MSK                                                      | 2   |
| Practice Active Leisure Scheme (PALS) / Wellness                  | 2   |

|                                    |            |
|------------------------------------|------------|
| Dental / Orthodontics              | 3          |
| Communications / Engagement        | 4          |
| The Nook                           | 1          |
| Medical Records                    | 3          |
| Locala                             | 3          |
| Miscellaneous                      | 14         |
| Contracting                        | 8          |
| BMI                                | 1          |
| Elderly Care                       | 1          |
| Travel Cost Scheme                 | 2          |
| Leeds Teaching Hospitals           | 2          |
| Safeguarding and serious incidents | 2          |
| <b>Total</b>                       | <b>615</b> |

## COMPLAINTS – NORTH KIRKLEES

|                                                                                                            | 2017/18                                                        | 2018/19                                                         | 2019/20                                                        | 2020/21                                                              |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------|
| Complaints received                                                                                        | 86                                                             | 71                                                              | 54                                                             | 26                                                                   |
| PALS enquiries                                                                                             | 116                                                            | 231                                                             | 379                                                            | 426                                                                  |
| Complaints investigated by CCG (As percentage of total received)                                           | Data recorded in a different format                            | 41 (58%)                                                        | 27 (50%)                                                       | 9 (35%)                                                              |
| Number of complaints investigated that related to the CCG (as percentage of those investigated)            |                                                                | 28 (68%)                                                        | 16 (59%)                                                       | 4 (44%)                                                              |
| Percentage of complaints investigated related to other organisations (as percentage of those investigated) |                                                                | 13 (32%)                                                        | 11 (41%)                                                       | 5 (56%)                                                              |
| CCG responses within deadline                                                                              | 78%                                                            | 78%                                                             | 90%                                                            | 89%                                                                  |
| Level (section 4 provides a definition of the levels).                                                     | 8% - Level 1<br>47% - Level 2<br>45% - Level 3<br>0% - Level 4 | 0% - Level 1<br>41% - Level 2<br>49% - Level 3<br>10% - Level 4 | 0% - Level 1<br>63% - Level 2<br>33% - Level 3<br>4% - Level 4 | 3.8% - Level 1<br>57.7% - Level 2<br>38.5% - Level 3<br>0% - Level 4 |

### 1. Number of complaints investigated

Of the 26 complaints received by the CCG in 2020/21, not all were investigated by the CCG. This is for a number of reasons – most commonly because they did not fall within the remit of the CCG and were passed to another organisation to investigate.

| Initial Response                     | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
|--------------------------------------|---------|---------|---------|---------|
| Investigated by CCG                  | 40      | 41      | 27      | 9       |
| Passed to Mid Yorkshire Hospitals    | 10      | 6       | 8       | 6       |
| Passed to NHS England / Primary Care | 10      | 3       | 2       | 8       |
| Passed to Greater Huddersfield CCG   | 4       | -       | -       | -       |
| Passed to Connect Health             | 8       | 1       | 1       | -       |
| Passed to BMI                        | 1       | -       | 1       | -       |
| Passed to Opcare                     | 9       | -       | -       | -       |
| Passed to SWYPFT                     | 1       | 1       | 3       | 1       |

|                                                                       |                          |           |           |           |
|-----------------------------------------------------------------------|--------------------------|-----------|-----------|-----------|
| Passed to Yorkshire Ambulance Service                                 | 1                        | -         | 1         | -         |
| Passed to Multiple providers                                          | -                        | 1         | 1         | -         |
| Passed to Medescan                                                    | -                        | -         | 1         | -         |
| Passed to Calderdale & Huddersfield FT                                | -                        | 4         | 7         | 1         |
| Passed to Thrive Kirklees                                             | -                        | 1         | 1         | -         |
| Passed to Kirklees Local Authority                                    | -                        | 1         | -         | -         |
| Passed to Wakefield CCG                                               | -                        | 1         | -         | -         |
| Closed due to lack of consent / for information / resolved informally | 4                        | 11**      | 1         | -         |
| Passed to Locala                                                      | 1                        | -         | -         | 1         |
| Passed to Priderm                                                     | 1                        | -         | -         | -         |
| Passed on to other providers                                          | Counted in PALS figures* | -         | -         | -         |
| <b>TOTAL</b>                                                          | <b>86</b>                | <b>71</b> | <b>54</b> | <b>26</b> |

\*Not counted in total

## 2. Number of complaints by provider

Of the 9 complaints investigated by the CCG during 2020/21, 4 related directly to the CCG.

The remaining 5 related to different organisations. Complainants can choose to complain directly to the provider of an NHS service or to the commissioner of that service. Where a complaint is received, the complainant is informed of this option and given advice to facilitate their choice.

The CCG is always sensitive to a complainant's needs and endeavours to avoid complainants being passed unnecessarily through numerous organisations. In cases where complaints are complex and involve a number of different organisations, the CCG is well placed to coordinate a response to a complainant. However, in many instances, a complainant's concerns can be best addressed directly by the provider organisation without the CCG acting as an intermediary.

| Provider           | 2017/18                     | 2018/19 | 2019/20 | 2020/21                                                                    |
|--------------------|-----------------------------|---------|---------|----------------------------------------------------------------------------|
| North Kirklees CCG | Not recorded in this format | 28      | 16      | 4<br>Primary care / contracting / Curo (1)<br>CHC (2)<br>Mental health (1) |

| Provider           | 2017/18 | 2018/19   | 2019/20   | 2020/21  |
|--------------------|---------|-----------|-----------|----------|
| Multiple Agencies  |         | 1         | 1         | 1        |
| Opcare / Ross Care |         | 3         | 3         | -        |
| MYHT               |         | 4         | -         | -        |
| Connect Health     |         | 1         | -         | -        |
| Wakefield CCG      |         | 1         | -         | -        |
| CAMHS              |         | 1         | -         | -        |
| CHFT/BMI           |         | 1         | -         | -        |
| Primary Care       |         | 1         | 3         | 3        |
| Priderm            |         | -         | 1         | -        |
| SWYPFT             |         | -         | 2         | -        |
| Locala             |         | -         | 1         | 1        |
| <b>TOTAL</b>       |         | <b>41</b> | <b>27</b> | <b>9</b> |

### 3. Complaints by category

The 9 complaints investigated by the CCG during 2020/21 can be categorised as:

| Category of complaint                                                                          | 2017/18                             | 2018/19   | 2019/20   | 2020/21  |
|------------------------------------------------------------------------------------------------|-------------------------------------|-----------|-----------|----------|
| Access to services                                                                             | Info recorded in a different format | 4         | 1         | 2        |
| Admissions, discharge and transfers excluding delayed discharge due to absence of care package |                                     | -         | 1         | -        |
| Aids, appliances, equipment, premises                                                          |                                     | 3         | 2         | -        |
| Attitude of staff                                                                              |                                     | -         | -         | 1        |
| Care and treatment                                                                             |                                     | 6         | 4         | 3        |
| Communications                                                                                 |                                     | 1         | 4         | -        |
| Continuing healthcare process                                                                  |                                     | 16        | 9         | 2        |
| Commissioning decisions made                                                                   |                                     | 5         | 1         | 1        |
| IFR process                                                                                    |                                     | 2         | -         | -        |
| Prescribing changes                                                                            |                                     | 3         | 3         | -        |
| Waiting times                                                                                  |                                     | -         | 2         | -        |
| Safeguarding                                                                                   |                                     | 1         | -         | -        |
| <b>TOTAL</b>                                                                                   |                                     | <b>41</b> | <b>27</b> | <b>9</b> |

The table below shows the classification of complaints received.

| Level of complaint | 2017/18                                    | 2018/19   | 2019/20   | 2020/21  |
|--------------------|--------------------------------------------|-----------|-----------|----------|
| Level 1            | Information reported in a different format | 0         | 0         | 0        |
| Level 2            |                                            | 17        | 19        | 8        |
| Level 3            |                                            | 20        | 9         | 1        |
| Level 4            |                                            | 4         | 1         | 0        |
| <b>Total</b>       |                                            | <b>41</b> | <b>27</b> | <b>9</b> |

#### 4. Complaints by deadline

The NHS North Kirklees CCG standard for complaints investigation, as outlined in the complaints procedure/framework, is that all complaints received are acknowledged in writing within three working days. Once the appropriate consent is received back from the complainant and areas for investigation are outlined, complainants are advised of the date by which they can expect a response to their complaint.

A standard 28 working days is given. If, for any reason this cannot be met, complainants are kept updated on progress where it is not possible to meet deadlines and an explanation of the delay is provided.

The CCG is often dependent on other organisations for providing a response, and some providers have longer standard deadlines. For example, MYHT have a standard deadline of 40 working days for complaint investigation but this can vary due to the complexity of the complaint and workload of the patient experience team. The response deadline is given to the CCG when a new complaint is checked and logged at the Trust. The CCG will then communicate this date to the complainant and maintain regular contact if that changes.

The tables below show whether the final response was sent to the complainant within the original agreed timeframe.

| Final Response sent within agreed timeframe | 2019/20   | 2020/21  |
|---------------------------------------------|-----------|----------|
| Yes                                         | 19        | 4        |
| No                                          | 2         | 1        |
| Resolved Informally /no consent             | 6         | 4        |
| Still Open                                  | 0         | 0        |
| <b>Total</b>                                | <b>27</b> | <b>9</b> |

Please find further breakdown for 2020/21 below:

| <b>Final Response sent within agreed timeframe by Provider</b> | <b>Yes</b> | <b>No</b> | <b>Still Open</b> | <b>Resolved Informally</b> |
|----------------------------------------------------------------|------------|-----------|-------------------|----------------------------|
| GH CCG                                                         | 3          | -         | -                 | 1                          |
| Multiple Providers                                             | -          | 1         | -                 | -                          |
| SWYPFT                                                         | -          | -         | -                 | -                          |
| Opicare /Ross Care                                             | -          | -         | -                 | -                          |
| Priderm                                                        | -          | -         | -                 | -                          |
| Locala                                                         | 1          | -         | -                 | -                          |
| Primary Care                                                   |            | -         | -                 | 3                          |
| <b>Total</b>                                                   | <b>4</b>   | <b>1</b>  | <b>0</b>          | <b>4</b>                   |

One complaint took 49 days for a response to be sent. It involved two different providers. During the pandemic, expectations were managed at the outset of new complaints with regards to timescales. The complainant was updated throughout their wait for a response.

## 5. Learning from complaints

The CCG is committed to learning from complaints, wherever possible, and the majority of responses to complainants include a section which highlights the learning from their complaint and how this will be shared, or used in the future.

It is challenging to share detailed learning from complaints with the Committee, whilst maintaining the confidentiality of complainants.

### Case Study

A complaint was received from a patient with a number of health conditions including problems with their spine. They were extremely concerned that their pain medication had been removed from their repeat prescription and threatened legal action.

The CCG worked with the practice manager and it was established that the patient's other health conditions meant alternative responses to pain management as per the NICE guidance were not appropriate. The patient's medication was reviewed and they were happy that the promptly arranged conversations with the GP resolved things quickly following recent failed attempts for that contact.



## 6. Parliamentary and Health Service Ombudsman

Any complainant who remains dissatisfied with the CCG's handling of their complaint, has the right to contact the Parliamentary and Health Service Ombudsman (PHSO). Information on how to do this is provided to all complainants as part of the CCG's response to each complaint.

During 2020/21 the PHSO undertook one review of a historic CHC case. The draft decision has found no fault with the CCG's actions and the final decision is awaited.

## PALS – NORTH KIRKLEES

### 1. Number of queries

|                  | 2017/18                         | 2018/19    | 2019/20    | 2020/21    |
|------------------|---------------------------------|------------|------------|------------|
| <b>Total</b>     | <b>116</b>                      | <b>231</b> | <b>379</b> | <b>426</b> |
| <b>Quarter 1</b> | <b>Information not recorded</b> | <b>50</b>  | <b>81</b>  | <b>86</b>  |
| <b>Quarter 2</b> |                                 | <b>53</b>  | <b>103</b> | <b>89</b>  |
| <b>Quarter 3</b> |                                 | <b>52</b>  | <b>104</b> | <b>94</b>  |
| <b>Quarter 4</b> |                                 | <b>76</b>  | <b>91</b>  | <b>157</b> |

The increase in PALS enquiries is centred in Quarter 4 and is largely attributable to the COVID-19 vaccination process. Please see the section at the end of the report on learning from the COVID pandemic for details on how the CCG's approach was altered to manage the high levels of contacts and support members of the public.

Through our recording of the source of contact we know that 210 (49%) of PALS contacts were from patients or a patient's representative.

### 2. Query theme

| Theme                                                             |    |
|-------------------------------------------------------------------|----|
| Primary Care / NHSE                                               | 51 |
| Mid Yorkshire Hospitals                                           | 22 |
| Medicines Management /Pharmacy (including non-covid vaccinations) | 24 |
| Continuing Health Care                                            | 54 |
| Mental Health                                                     | 16 |
| Miscellaneous                                                     | 9  |
| Communications / Engagement                                       | 16 |
| IFR / Prior Approvals                                             | 9  |
| Physio / MSK                                                      | 2  |

|                                                           |            |
|-----------------------------------------------------------|------------|
| Corporate / CCG / Contact details                         | 16         |
| Contracting                                               | 6          |
| Ross Care / Opicare                                       | 2          |
| Practice Active Leisure Scheme (PALS) / Kirklees Wellness | 3          |
| Covid 19                                                  | 35         |
| COVID-19 Vaccine                                          | 99         |
| CHFT                                                      | 4          |
| Locala                                                    | 4          |
| Ophthalmology                                             | 1          |
| Dental / Orthodontics                                     | 3          |
| Medical Records                                           | 4          |
| Appointments / Referrals                                  | 1          |
| CAMHS                                                     | 1          |
| Travel Cost Scheme                                        | 4          |
| Priderm                                                   | 1          |
| Finance                                                   | 27         |
| Broughton House                                           | 3          |
| Quality and Safeguarding                                  | 7          |
| Ear Syringing                                             | 2          |
| <b>Total</b>                                              | <b>426</b> |

## LEARNING FROM COVID-19

This report highlights the impact on the Complaints and PALS team of the unprecedented change in the type and number of customer contacts due to the Covid-19 pandemic. The team adopted a pro-active approach to responding to changing circumstances and the following are some examples of the changes to process that were implemented:

- During the start of the vaccination programme the CCGs received a large number of PALS enquiries from elderly patients or their representatives who were unable to travel to vaccination sites due to inclement weather. The CCGs were proactive in ensuring the initial Reception answer machine message gave clear and consistent advice for patients in these circumstances.
- In the final quarter of the year the PALS service saw an increasing number of enquiries relating to a specific vaccination site. Work was undertaken to understand the reasons for this and ultimately this was traced to the answer machine message and signage at Cathedral House directing enquiries to the CCG.
- The team were also able to determine key themes from the type and number of PALS enquiries received and this helped to develop a set of FAQs on the website.

- The team have also been represented at the weekly Covid-19 Vaccination Programme meeting and Quality Assurance meeting to provide feedback on the number and type of calls received. Attendance at the meetings also ensured the team were updated on changes or developments which affected patients. This enabled a bank of information to be compiled with useful links and responses that could be sent to patients. Where issues and trends were identified, close links with heads of departments meant corrective action could be taken immediately to reduce any adverse effect on other patients.
- To manage expectations, an automated response was sent to emails received by the Contact Us facility advising it could be three working days before queries were responded to. Links were also provided to other useful sources of information. Likewise, when acknowledging new concerns expectations regarding timescales were proactively managed.

|                        |                                                                       |                              |               |
|------------------------|-----------------------------------------------------------------------|------------------------------|---------------|
| <b>Name of Meeting</b> | Governing Body                                                        | <b>Meeting Date</b>          | 9 June 2021   |
| <b>Title of Report</b> | Communications and engagement. Annual report. April 2020 - March 2021 | <b>Agenda Item No.</b>       | 10            |
| <b>Report Author</b>   | Kirsty Wayman, Engagement Manager                                     | <b>Public / Private Item</b> | Public        |
| <b>Clinical Lead</b>   |                                                                       | <b>Responsible Officer</b>   | Siobhan Jones |

### Executive Summary

The NHS has a duty to report on consultations and how it has involved the public in commissioning and other decisions. This duty is set out in section 242 of the Health and Social Care Act NHS Act 2006.

This report provides an overview of the communications and engagement activities that have taken place over the past year, from 1 April 2020 until 31 March 2021.

### Previous Considerations

|                        |  |                     |  |
|------------------------|--|---------------------|--|
| <b>Name of meeting</b> |  | <b>Meeting Date</b> |  |
| <b>Name of meeting</b> |  | <b>Meeting Date</b> |  |

### Recommendations

It is recommended that the Governing Body note and comment on the report.

|                                          |                                                      |                                            |               |
|------------------------------------------|------------------------------------------------------|--------------------------------------------|---------------|
| <b>Decision</b> <input type="checkbox"/> | <b>Assurance</b> <input checked="" type="checkbox"/> | <b>Discussion</b> <input type="checkbox"/> | <b>Other:</b> |
|------------------------------------------|------------------------------------------------------|--------------------------------------------|---------------|

### Implications

|                                                                                                           |     |
|-----------------------------------------------------------------------------------------------------------|-----|
| <b>Quality and Safety implications (including whether a quality impact assessment has been completed)</b> | N/A |
|-----------------------------------------------------------------------------------------------------------|-----|

|                                                                                                                                                          |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations</b> | The appended report demonstrates that the CCG met its legal and implicit duty to involve. |
| <b>Resources / Financial Implications (including Staffing/Workforce considerations)</b>                                                                  | N/A                                                                                       |
| <b>Sustainability Implications</b>                                                                                                                       | N/A                                                                                       |

|                                                                       |                                     |                                    |                                                |
|-----------------------------------------------------------------------|-------------------------------------|------------------------------------|------------------------------------------------|
| <b>Has a Data Protection Impact Assessment (DPIA) been completed?</b> | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> | <b>N/A</b> <input checked="" type="checkbox"/> |
|-----------------------------------------------------------------------|-------------------------------------|------------------------------------|------------------------------------------------|

|                                                                                |                                            |                                                                                       |                              |
|--------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------|------------------------------|
| <b>Strategic Objectives (which of the CCG objectives does this relate to?)</b> | Various                                    | <b>Risk (include risk number and a brief description of the risk)</b>                 | None specifically identified |
| <b>Legal / CCG Constitutional Implications</b>                                 | Supports CCG to meet legal duty to involve | <b>Conflicts of Interest (include detail of any identified / potential conflicts)</b> | N/a                          |

## **1. Introduction**

- 1.1 The NHS has a duty to report on consultations and how it has involved the public in commissioning and other decisions. This duty is set out in section 242 of the Health and Social Care Act NHS Act 2006.
- 1.2 This annual report has been written taking into consideration the guidance from NHS England 'A Guide to: Annual Reporting on the Legal Duty to Involve Patients and the Public in Commissioning'.

## **2. Detail**

- 2.1 The report provides an overview of the communications and engagement activities that have taken place over the past year, from 1 April 2020 until 31 March 2021, and where you can find further information.
- 2.2 The report highlights our engagement approach and reminds Governing Body members of the principles that guide us when developing and delivering our activities.
- 2.3 It describes the main communications and engagement projects undertaken throughout the year and summarises the common themes and issues arising from the feedback we received.
- 2.4 Where possible, the report identifies the actions undertaken as result of that feedback. Where work has been started but is yet to conclude, this detail will be available in subsequent reports.

## **3 Next Steps**

- 3.1 Once approved for publication by Governing Body, the report will be published on the CCG website.

## **4 Recommendations**

It is recommended that the Governing Body note and comment on the report.



Greater Huddersfield Clinical Commissioning Group  
North Kirklees Clinical Commissioning Group

# **Communications and engagement**

Annual report

April 2020 - March 2021

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## Acknowledgements

We would like to thank the individuals and organisations who have taken part in our consultation and engagement activities, shared their thoughts about local healthcare and their experiences of using services. Their contributions have helped to inform our commissioning decisions, ensuring the local NHS continues to provide high quality, responsive care.

## Foreword



This report sets out the various ways the North Kirklees and Greater Huddersfield Clinical Commissioning Groups have communicated, engaged and involved the public and patients over the last 12 months.

In a year that has continued to be dominated by the COVID-19 pandemic, much of the work this year has had to be adapted and refocused to ensure timely and relevant public awareness messages, including sharing information about changes to GP services, increasing knowledge about the vaccine and raising awareness to increase vaccination uptake.

Each year, the CCGs engage with patients and members of the public to seek their views on a range of local health services, helping the CCGs and partners to understand more about people's experiences using services. Two areas of notable mention this year include the work to improve engagement with black and minority ethnic groups, and the Maternity Services Review commissioned as a direct result of the effect of the pandemic on patient experience.

Throughout the year, the CCGs have carried out work to let the general public and others know about its intention to create a single clinical commissioning group; and to seek the views from the public and partners. Taking on board the feedback received, the new NHS Kirklees CCG will now need to fulfil its promise to invest in areas of most need, tackle health inequalities, and recognise Kirklees has different communities and different voices that need to be heard and engaged.

On behalf of the Governing Body for both North Kirklees and Greater Huddersfield CCGs, I would like to acknowledge and congratulate the hard work of the communications and

engagement team during this challenging year, and in receiving a Green Star rating, scoring 'outstanding' in all the domains of the NHS England's CCG Improvement and Assessment Framework against the patient and community engagement indicator. And provide the utmost gratitude to the patients, public and partners who have taken the time to talk to us; and share their experiences during what has been an unprecedented and challenging time for all.

Beth Hewitt

Lay Member Public & Patient Involvement

# 1. Introduction

This report covers the period between 1 April 2020 and 31 March 2021. It describes how NHS Greater Huddersfield and NHS North Kirklees Clinical Commissioning Groups (CCGs) involved local people, shared information, and encouraged participation in line with our statutory duties, organisational strategies and plans.

Both CCGs are members of the West Yorkshire and Harrogate Health and Care Partnership and some of the activity described in this document has been carried out across a wider region and in conjunction with partner organisations.

The COVID-19 pandemic, which was declared in early March 2020, required us to adapt and refocus our efforts and resulted in some changes to planned activities. This has been reflected in the report.

## 1.1 What we do

NHS Greater Huddersfield and North Kirklees CCGs are responsible for planning and buying (commissioning) a range of local healthcare services and ensuring that people who live in Kirklees have access to high quality health services that meet their needs.

The CCGs are membership organisations made up of GP practices from across their respective areas. Our two Governing Bodies include representatives from GP practices as well as a hospital doctor, other healthcare professionals, public health specialists and a lay person with a specific responsibility to champion public and patient involvement in our work.

## 1.2 Health in Kirklees

Kirklees is home to around 440,000 people. It's a mix of urban and rural communities with a diverse population including a large South Asian community. There are lots of good things about Kirklees including the diversity of the people who live here, but there are also a range of social, economic and health challenges that affect our residents and impact upon the work of the CCGs.

The population is projected to increase most in those aged 65+ and we will see over 30,000 more people in this age group in the next 22 years. This is important because older

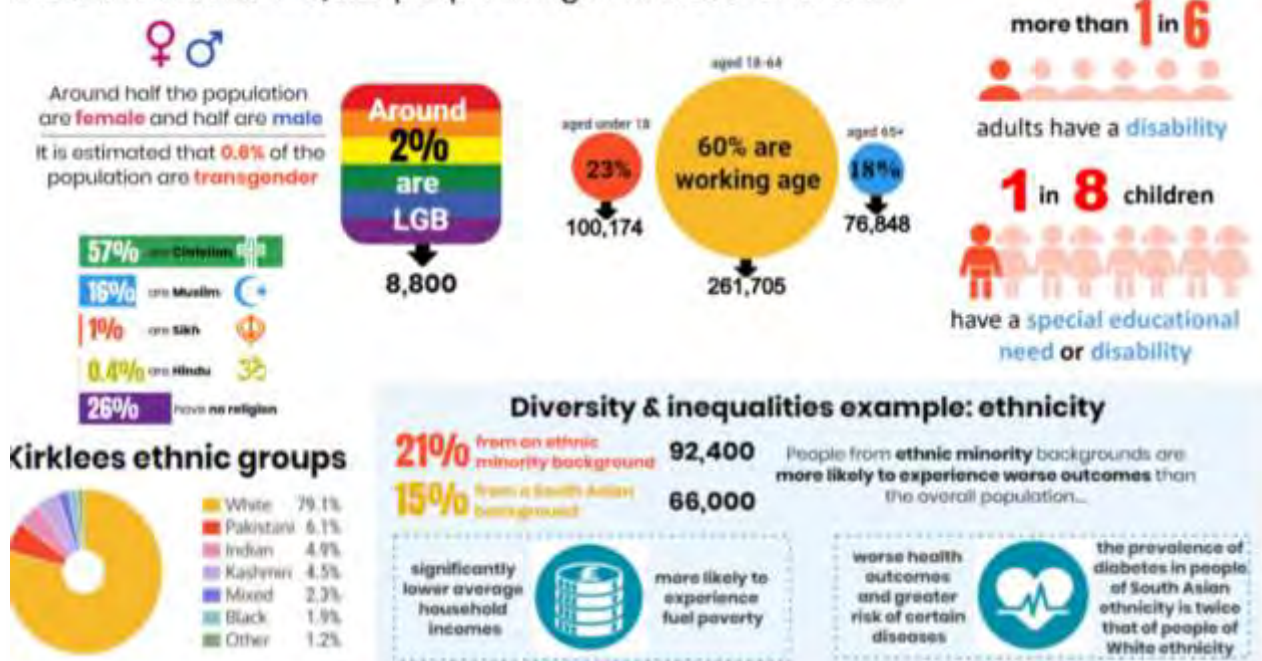
people are more likely to have multiple health conditions and complex needs, require different types of facilities and greater access to health and care services. Some parts of Kirklees have high birth rates and will see their younger population increase over the coming years, which has implications for maternity and child health services.

In recent years, Kirklees has seen improvements in rates of infant mortality; teenage conception; smoking; mortality from cancer (under 75s); and hospital admissions for alcohol specific conditions. For most types of vaccination, our rates remain high compared with the national average.

Current causes of potential concern include low and declining physical activity levels; obesity; some sexual health indicators; diabetes; cardiovascular disease; tuberculosis; male suicides; young people's mental health; drug-related deaths; antimicrobial resistance; breast and cervical cancer screening rates; female healthy life expectancy; and excess winter deaths.

Further information about our area can be found in the Kirklees Joint Strategic Assessment that can be accessed on the [Kirklees Council website](#).

There are around 440,000 people living in Kirklees. Of these...



### 1.3 Our engagement approach

The NHS Constitution, the Five Year Forward View and NHS Long Term Plan all set out a clear message that the NHS should put patients and the public at the heart of everything it does and be responsive to their needs and wishes. One of the ways CCGs can demonstrate they are doing this is through their approach to public and patient involvement.

Each CCG has a constitution which sets out how it will secure public involvement in commissioning arrangements. This includes identifying a Governing Body member with specific responsibility to oversee the promotion and development of patient and public involvement.

The CCGs' joint Communications and Engagement Strategy supports both constitutions and explains in more detail how we work together to engage, involve, and communicate with local people and stakeholders. Amongst other things, the strategy highlights:

- our commitment to put local people at the heart of the decision-making process
- our legal duty to involve people in the commissioning of local services under the NHS Act 2006 (see appendix A)
- the way we work in partnership across Kirklees and the wider West Yorkshire and Harrogate area.

The strategy also identifies the following principles that guide us when developing and delivering our communications and engagement activities.

We will:

1. Provide information that is clear and easy to understand, free of jargon and in plain language
2. Be timely, targeted and proportionate in how we communicate and engage
3. Foster good relationships and trust by being open, honest and accountable
4. Ask people what they think and listen to their views
5. Talk to our communities including those most likely to be affected by any change
6. Provide feedback about decisions and explain how public and stakeholder views have had an impact

7. Work in partnership with other organisations in Kirklees and West Yorkshire when appropriate
8. Use resources well to make sure we get the most out of what we have
9. Review and evaluate our work, using learning to make improvements.

## **1.4 Equality and diversity**

We use equality monitoring to understand whether the views we gather are representative and how we can address any gaps. Engagement activity is designed to ensure the nine **Protected Characteristics** are represented, in line with equality and diversity legislation, and that feedback is reflective of local demographics.

### *The nine protected characteristics*

1. Age
2. Disability
3. Sexual orientation
4. Religion and belief
5. Race
6. Pregnancy and maternity
7. Marriage and Civil Partnership
8. Sex (gender)
9. Transgender

## **1.5 Assurance**

Our overall engagement approach and activity is subject to review through NHS England's CCG Improvement and Assessment Framework 'patient and community engagement indicator'. For 2019 / 20, both CCGs received a Green Star rating, scoring 'outstanding' in all the domains (see appendix B).

Our Patient Engagement Assurance Group (PEAG) plays a key role in assuring our Governing Body and the public about our engagement approach and activities. We also work closely with the local authority health scrutiny function and Healthwatch Kirklees in relation to changes to healthcare services.



## **2. How do we engage and involve the public?**

### **2.1 Patient Engagement Assurance Group (PEAG)**

The Patient Engagement Assurance Group is designed to provide assurance that the CCGs are involving patients, carers, and members of the public effectively when planning, developing and commissioning health services, or in some cases, discontinuing services.

Chaired by the Governing Body lay member responsible for patient and public involvement, membership includes representatives from community and voluntary groups, the public, Healthwatch Kirklees, and the local authority. Service providers and representatives from other local groups and organisations may also be invited to attend from time to time.

### **2.2 Local patient reference groups (PRGs)**

All GP practices in Kirklees should have a patient reference group. PRGs operate in different ways but in general are designed to encourage patients to contribute to the continuing improvement of their practice. PRGs also provide a forum for raising issues or concerns about local services and for sharing their experiences and ideas. PRGs often help to improve communication between the practice and its patients. Some PRGs hold meetings for their members, while others run on a more “virtual” basis.

### **2.3 Patient Reference Group Networks (PRGN)**

Each CCG has its own Patient Reference Group Network (PRGN). The networks have been set up by the CCGs as a forum to gather representatives from each GP practice patient reference group. The PRGN meets quarterly to learn more about CCG plans, consider and discuss proposals, and engage with us on decision making. Members are encouraged to cascade information to patients at their own practice and to identify issues for discussion and debate at each meeting.

## **2.4 Your health, your say network**



Local residents who want to get more involved in the development of new and existing services and to share their experiences can join our engagement database.

We contact people on this database when an opportunity arises for them to get involved. This can range from being part of a discussion group or completing a questionnaire, to joining a service user group or telling us what they think about some of the documents we produce. Details of how to join are on our website.

## **2.5 Events**

The CCGs hold regular joint engagement events which are open to members of the public and representatives of voluntary and community sector organisations. They provide an opportunity to find out more about what the CCGs do, participate in discussions, and ask questions. We publish reports of all our events on our website.

## **2.6 Kirklees Equality Health Panel**

The panel provides an opportunity for people from protected groups and their representatives to share views, information and feedback with the CCGs and providers to support us to improve services, promote equality and achieve our equality objectives.

## **2.7 NHS Challenge commissioning game**

NHS Challenge is a board game which has been developed to stimulate discussion about the commissioning process. The game format means that it is suitable for use with a wide range of audiences and it is particularly helpful when trying to reach out to groups and individuals who do not routinely engage with our activities.

## 2.8 Patient stories

Patient stories have continued to be a part of our Governing Body meetings. These stories highlight how important it is that we consider the experience of patients in all the decisions we make. During 2020/21 we heard about:

- The positive impact of advanced care planning
- Two patients' experiences of the Kirklees Rapid Response Service
- The experience of a patient and his family with the Community Matron Service provided by Locala
- A patient story in the form of a Channel 4 television news report entitled "‘I don't deserve to be alive' – how two patients recovered from COVID-19" that focused on 'long COVID'.

## 2.9 Voluntary and community sector

We value the support and challenge provided by community and voluntary sector organisations in Kirklees. We invite representatives to attend our quarterly engagement events. We have also given community and voluntary sector organisations the opportunity to be part of project groups to support the development and improvement of services, and to be members of the Patient Engagement Assurance Group. We also work with community organisations on specific engagement projects and encourage them to share important health messages.

## 2.10 Community Voices



[Community Voices](#) are individuals working in the voluntary and community sector who are trained to engage with the local population on our behalf. Working with these assets strengthens and increases the feedback we receive, particularly from seldom heard groups. We currently have around 32 Community Voices that represent 24 organisations across Kirklees.

The CCGs commission Voluntary and Community (VAC) to deliver the Community Voices programme on their behalf. VAC is a charity championing, supporting and strengthening the positive impact of the voluntary and community sector (VCS) on local lives and communities. Based in Calderdale, VAC supports organisations across Calderdale, Kirklees and further afield.

## 2.11 Patient advice and liaison service (PALS)

PALS helps the NHS to improve services by listening to what matters to patients and their families and making changes when appropriate. The service:

- provides the public with information about the NHS including the complaints procedures
- helps to deal with patient enquiries and resolve concerns or problems
- helps improve NHS services by listening to concerns, suggestions, and experiences
- provides an early warning system, identifying problems or gaps in services and reporting them.

## 2.12 Healthwatch



Healthwatch Kirklees is the consumer champion for both health and social care. Its aim is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality. Local Healthwatch is an independent organisation and the CCGs continue to work alongside and with the input of the service, which helps to inform our work.

## 2.13 Care Opinion



Care Opinion is a feedback platform for the public to share their story or experience of healthcare services. Anyone can post an opinion on the website. The CCGs use feedback

about local providers as part of its quality and patient experience monitoring and to inform its commissioning decisions.

## 2.14 Website



Our website provides up-to-date information about the work of the CCGs and plans for the future. We use the site to promote all our activities, including Governing Body meetings, quarterly public engagement events and other opportunities for people to have their say, along with health information and guidance. The site also contains a wealth of resources including minutes of meetings, policies, and strategies. During the year we launched a new, single website to support both organisations.

## 2.15 Stakeholder bulletins



We publish a joint CCG e-bulletin every quarter, designed to update stakeholders and members of the public about the work of the CCGs, promote opportunities to get involved, and show how public and patient involvement has informed our commissioning decisions. The bulletin is sent to over 300 contacts including community and voluntary organisations, partners and providers, as well as members of the public. It's also published on our website.

## 2.16 Media

We frequently use local newspapers and other news media to help us engage with our local population and keep them informed about our work. Over the year, we have covered:

- COVID-19 public awareness messages
- How GP services are changing because of the pandemic
- COVID-19 vaccine public awareness messages and information
- Support for the West Yorkshire & Harrogate Care Partnership 'Looking out for our neighbours campaign'
- During Carers week highlighting the role of the UK's unpaid carers during the COVID-19 outbreak
- Promoting our CCG public engagement events
- Introduction of new 24 hr mental health helpline available to all residents
- Help us Help you - GP practices in Kirklees reminding patients to get in touch if they need medical help
- DadPad, a free online app for new dads and fathers-to-be was launched
- Men's Health Week, focusing on the theme of 'Take Action on COVID-19'
- Healthy Hearts, which was awarded the 'Cardiovascular Care Initiative of the Year' at the HSJ Value Awards 2020
- New resources to help people talk about end-of-life care
- Local GPs urging people to get their flu jab
- My Pregnancy Journey, digital care planning tool for women in West Yorkshire and Harrogate
- A celebration of ethnically diverse staff during Black History Month
- Pride in Practice, GP practices in Kirklees that have received recognition for meeting the needs of their lesbian, gay, bisexual and transgender (LGBT) patients

## 2.17 Social media

We use social media to engage and inform people of the work we do as well as letting our followers know about other local and national events, campaigns or opportunities that may interest them. Our social media accounts also provide a way for people to raise issues with us directly. Across the two CCGs we have around 12,000 followers on Twitter.

In order to evaluate the effectiveness of our Twitter accounts we regularly review 'impressions' (the number times people see our tweets) and 'engagements' (the number of times a user interacts with our tweets by clicking, liking retweeting etc). We received in excess of one million impressions during the year, with views and engagement increasing during the winter period.

Amongst the most popular content during the year were our films featuring local health professionals giving important messages about COVID-19 guidelines and the vaccination in English and Urdu.



Together with local health and care partners we have provided reminders about how to get the right help and support using #MakeTheRightChoice and #KirkleesCares. Messages showing a simple graphic of all local services received the most engagement.





This year, we received an increased number of questions via our social channels compared to previous years. Most questions related to the COVID-19 vaccine.

The post that received the most engagement across all our channels was an open letter thanking partners and the public on the achievement of 100,000 COVID-19 vaccinations in Kirklees.



## 2.18 Campaigns

We re-prioritised our communications effort to focus on sharing national NHS information about COVID-19, supporting local public health messaging, and providing information about how local health services were working – particularly GP services.

We supported the NHS flu vaccination campaign; highlighted winter messages; and encouraged people to continue to use NHS services during the pandemic.



During self-care week in November 2020 we focused on a different topic each day; diabetes, health at home, mental health, physical activity, COVID-19 signs and symptoms, flu jab and antibiotics.

We also supported the 'Looking out for our neighbours' campaign over the winter period. This took the form of a short docu-series to show how neighbourly kindness is making a difference to people's lives during the pandemic.

In February 2021 we launched the Check-In campaign. The campaign is aimed at our own staff and supported across the West Yorkshire and Harrogate Health and Care Partnership. It aims to prevent staff suicide and promote a wellbeing culture by normalising the conversation around suicide and mental health as well as providing training, resources, and signposting to support. Our on-going commitment to supporting this campaign and work to date was highlighted in the [Check-In evaluation report April 2021](#).

### **Case study: Winter messaging**

For the second year running, we commissioned VAC and the local community and voluntary sector to help us communicate important winter messages to target groups across Kirklees. Key audiences for this work were:

- Parents of children under 12 years, particularly those aged 0 – 5 years
- People aged under 40 with minor health conditions
- More vulnerable adults and their families/carers/friends. Particularly those with long-term conditions or underlying health problems such as COPD.

Due to the restrictions placed upon us all by the pandemic, we encouraged VAC to seek innovative ways of engaging, promoting good health, and encouraging appropriate use of NHS services.

Three Community Voices in North Kirklees undertook the following activities:

### 20:20 Foundation

Charity and community group 20:20 Foundation produced a series of short videos featuring a local Imam promoting key winter messages. These were shared via Twitter as well as through a number of What's App Groups in Dewsbury and Batley, reaching an audience of around 1,500 people.



Key winter messages were also discussed on a series of online calls with groups which included elderly people, young people, people with learning disabilities and young people who take part in sporting activities.

In addition, 20:20 developed a social media campaign on Facebook which reached around 3,000 people from North Kirklees. They also shared information on Instagram and Snapchat with a further 400 people.

The charity also took the opportunity to include our winter health leaflets in food parcels distributed to around 700 households.

### Kumon Y'All



Community group Kumon Y'All asked the young people involved to produce their own winter messages to be shared via What's App. The messages had a potential reach of more than 4,500 people, mainly of South Asian origin, across North Kirklees.

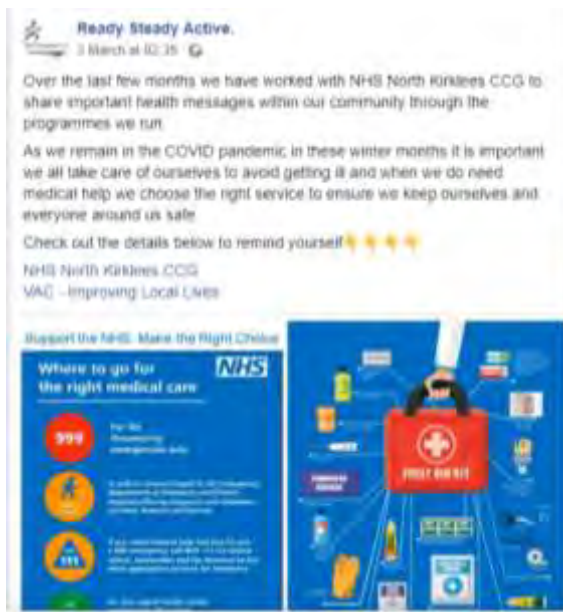
A member of the group filmed a video interview with a local pharmacist, highlighting the services available and giving advice on when to seek help. This was also shared widely via social media.

### **Ready Steady Active**

Local community organisation Ready Steady Active incorporated winter messages into their children's multisport holiday programmes. The programmes were delivered over the Christmas school holiday and were aimed at children between seven and 17 years. All sessions included an educational activity where young people were able to discuss issues including mental health, COVID safety and staying well in winter as well as choosing the right health service. They were also given copies of an NHS information leaflet to take home. The activity engaged over 45 children and 36 families.



During the February school half term holiday, the organisation ran an activity designed to encourage children from vulnerable families to maintain physical activity and keep healthy. As part of the programme, winter messages were shared with around 50 families and discussed via a Zoom meeting. Families also received copies of NHS information leaflets.



Ready Steady Active carried out a survey to understand the feelings and needs of participants. The survey included questions on using the right health service and winter messages. Questions included which service people would use for different scenarios and how they could keep themselves safe and warm in winter. A total of 81 surveys were returned and demonstrated a good understanding of services and how to use them.

## 2.19 Staff and GP member practices



Involving staff and GP member practices is one of the aims set out in our Communications and Engagement Strategy.

We use a number of tools to engage with staff and GP practices including regular meetings, bulletins, and intranet. As CCG staff moved from office-based to online working this year, we adapted our activities to reflect the new environment. This included increasing the frequency of the staff newsletter and replacing a face-to-face briefing with a longer weekly online session. The national NHS People Pulse survey has helped us gain a greater understanding of how staff are feeling each month and what additional support they might need. The CCG Staff Forum has had a key role to play in engaging with staff, providing suggestions for improvement, and delivering new activities.

Our regular GP bulletin was replaced by a daily COVID-19 focused update compiled by the CCG primary care teams. This reflected the increase in information and guidance that had to be shared during the pandemic. GP engagement activities are reported separately to Governing Bodies and include regular engagement meetings with practice representatives and Primary Care Network Clinical Directors.

### **3. Consultation and engagement activities between 1 April 2020 and 31 March 2021**

When there are decisions to be made which affect how local NHS services are commissioned, we make sure we talk to those patients who will be most affected. For larger pieces of work, we make sure that the general public are made aware of any proposals so they too have the chance to have their say. We carry out one off pieces of work as well as involving patients and the public on an ongoing basis through the partnership arrangements we have in place with local patients and communities.

This year we have engaged with patients and members of the public in order to seek their views on a range of local health services. Feedback from this work has helped us to understand more about the experiences people have when using services as well as their expectations in relation to future services. Engagement during the past 12 months has included using online questionnaires, online events, and online discussion groups.

This section includes all the activities that have taken place and been completed during 2020 / 21 as well as those which have been started during the period of this report but are not yet complete. These are:

- Creating a single clinical commissioning group for Kirklees
- Broughton House surgery
- Equality objectives – improving engagement with BAME and carers
- Using maternity services during COVID-19

Full reports of all our consultation and engagement activity can be found on the [CCG website](#).

In addition, working through the West Yorkshire and Harrogate Health and Care Partnership, the following consultation and engagement activities have been undertaken:

- Coronavirus engagement for stabilisation and reset
- 'Looking out for our neighbours'
- Working together - virtual consultations
- Assessment and Treatment Units

- Green social prescribing
- Maternity Services Community Action

These reports can be accessed on the West Yorkshire and Harrogate Health and Care Partnership [website](https://www.wyhpartnership.co.uk/engagement-and-consultation) at <https://www.wyhpartnership.co.uk/engagement-and-consultation>

### 3.1 Patient Engagement Assurance Group

The primary role of the Patient Engagement Assurance Group (PEAG) is to assure the CCGs and local people that we are involving patients, carers and members of the public in line with our legal responsibilities when we plan, develop and commission or discontinue services.

The group meets quarterly and is chaired by a member of our Governing Body who is a lay person with responsibility for patient and public involvement. The group also includes CCG staff, six members of the public, and representatives from Healthwatch Kirklees, Kirklees Council, VAC and the following community and voluntary groups:

- Royal Voluntary Service
- 20:20 Foundation
- Home Group
- Pakistan and Kashmir Association
- Kirklees Vision Impairment Network

During 2020 / 21 in response to COVID-19 and the restrictions in place we held all our meetings online using Microsoft Teams. The topics discussed at the Patient Engagement Assurance Group meetings in 20/21 were:

- Communications and Engagement Strategy review
- Communications and Engagement work plan
- Creating a single clinical commissioning group for Kirklees
- Equality Objectives engagement
- Broughton House Surgery
- Supporting service change through the COVID19 pandemic
- Integration
- Primary Care Networks
- Personalised care
- Terms of Reference – Annual Review



### 3.2 Patient Reference Group Networks

Each CCG has its own Patient Reference Group Network (PRGN). These networks support local patient reference groups (PRGs) within GP practices to enable engagement at practice level. Members of the networks are encouraged to cascade information to the wider practice population and encourage them to participate in CCG engagement activities. The networks also provide opportunities to work with the CCGs, learn more about commissioning priorities and take part in discussions about future plans. Network members are hugely important, they provide the CCGs with:

- Ongoing feedback about local health matters at practice level and beyond
- Feedback on communication and engagement plans, documents, and reports, which helps to shape our approach
- Feedback on plans and proposals for local services, which contribute to the commissioning process
- An identification of patient priorities and concerns which helps to shape the agenda and work of the group overall.

The sharing of good practice between members and learning from others is another key feature of the group and participants have been able to develop and improve their own patient groups as a result.

The PRG networks also provide an opportunity for members to raise concerns or queries about the work of each CCG or healthcare providers.

During 2020 / 21 in response to COVID-19 and the restrictions in place we held all our meetings online using Microsoft Teams. The topics that were discussed at the Patient Reference Group Network meetings in 2020 / 21 were:

| Greater Huddersfield CCG PRG Network                                                                                                                                                                                           | North Kirklees CCG PRG Network                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Feedback from PRG Audit Survey</li><li>• Online consultation – eConsult</li><li>• National GP survey results 2020</li><li>• Contacting PALS</li><li>• Flu vaccination update</li></ul> | <ul style="list-style-type: none"><li>• PRG Audit update</li><li>• Young People survey update</li><li>• GP Online consultation / video consultation</li><li>• North Kirklees CCG Recovery Plan</li></ul> |

| Greater Huddersfield CCG PRG Network                                                                                                                                                                                                                                                                                         | North Kirklees CCG PRG Network                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Primary Care / PCN update</li> <li>• COVID-19 vaccination update</li> <li>• Calderdale &amp; Huddersfield NHS Foundation Trust Reconfiguration and Service Reset</li> <li>• Creating a single clinical commissioning group for Kirklees</li> <li>• Advance Care Planning</li> </ul> | <ul style="list-style-type: none"> <li>• GP patient survey – update on results</li> <li>• Flu campaign</li> <li>• Primary Care Network update</li> <li>• Creating a single clinical commissioning group for Kirklees</li> <li>• Advanced Care Planning</li> <li>• COVID-19 vaccine</li> <li>• Healthwatch Kirklees engagement report</li> </ul> |

### 3.3 Engagement events

We invite the public and representatives of voluntary and community sector organisations to attend our engagement events. Events are just one example of our commitment to involve and engage local people in decisions about healthcare provision, keep them updated about our work, and demonstrate how public feedback has impacted upon the CCGs' work.



During 2020 /2 1 in response to COVID-19 and the restrictions in place we held all our events online using Microsoft Teams Live Events. Using this format, we found that more people signed up and attended than when held face-to-face, so we were able to reach a wider audience. However, the format does limit interaction between the presenters and attendees. This works well when the focus of an event is sharing information.

Below you will find further information about the events held during the year.

#### June 2020

##### **What was the event about and how did you engage?**

The online event was held on 24 June 2020. Ninety-three people registered and 52 people attended with representatives from 21 organisations.

The following presentations were delivered:

**Update** – delivered by Dr Khalid Naeem (Chair of NHS North Kirklees CCG) – provided an update on the future configuration of the CCGs in Kirklees; West Yorkshire vascular consultation; Impact of COVID-19; and Healthwatch Kirklees engagement.

**Kirklees Primary Care COVID-19 Response** – delivered by Catherine Wormstone (Head of Primary Care Strategy and Commissioning) – provided an overview of the work taking place in primary care to support GP practices, and shielded patients.

**GP experience during COVID-19** – delivered by Dr Steve Ollerton (Chair of NHS Greater Huddersfield) – provided an overview of the changes that GP practices have seen during COVID-19.

### **Where can you find out more information about this work?**

A copy of the report from this event can be accessed on the [CCG website](#).

## **September 2020**

### **What was the event about and how did you engage?**

The online event was held on 16 September 2020. Ninety-one people registered and 54 people attended with representatives from 19 groups / organisations

The following presentations were delivered:

**Update** - delivered by Dr Steve Ollerton (GP and Chair of NHS Greater Huddersfield CCG) – provided an update on how NHS services are restarting; and how the NHS and Kirklees Council are responding to health inequalities.

**Flu vaccination programme** – delivered by Catherine Wormstone (Head of Primary Care Strategy and Commissioning) – provided an overview of the current flu vaccination campaign and how this differs from previous campaigns.

**COVID in Kirklees** - delivered by Emily Parry-Harries (Consultant in Public Health, Kirklees Council) – provided an overview of the public health messages in relation to COVID-19, what to do if people have symptoms, the current testing process, and what the current restrictions are both locally and nationally.

**North Kirklees CCG recovery plan** – delivered by Vicky Dutchburn (Head of Planning, Performance & Delivery) – provided an overview of the current financial situation for North Kirklees CCG and what plans are in place to develop a recovery plan.

### **What did people tell us?**

All those that had registered to attend the event were also offered the opportunity to take part in a discussion about the North Kirklees CCG recovery plan. The session was delivered on MS Teams which enabled people to turn on their cameras and mics and take part fully in the discussion.

The key themes raised from the discussion were:

- **To review how organisations can be added to the social prescribing list** – currently some organisations are finding it difficult to be added to the list. And as such we are missing out on a lot of services that support both physical and mental health, which we could be referring people to.
- **Focus on prevention** – need to be more proactive in preventing ill health
- **Use patient stories to support development of services** – it was felt that having a greater understanding of a patients' journey would bring greater insight in how to develop / commission services.
- **Holistic approach** – adopt a holistic approach to health and social care.
- **Use the learning from COVID-19** – during the past six months many organisations have worked differently, such as using more online services. Need to understand what worked and what didn't
- **Use the learning from other areas** – look at good practice across the country when developing services. Example given was weight management service in Sheffield.
- **Improve joint working across health, social care and third sector** – patients often have to access services from a wide range of providers, need to make it easier for patients to access these services, and for the services to be more joined up.
- **Role of Primary Care Networks** – PCNs were seen as an opportunity to look at providing specialist services in the community, and to work closely with the local authority and third sector to provide these services.
- **Impact on other services** – consideration needs to be given to how changes to one service can impact positively or negatively on other services. For example, a reduction

in social prescribing could lead to an increase in mental health and / or weight management issues.

### **Where can you find out more information about this work?**

The comments / questions raised in the main event and the feedback from the discussion group session will be used to support the development of the North Kirklees CCG recovery plan.

A copy of the report from this event can be accessed on the [CCG website](#).

## **December 2020**

### **What was the event about and how did you engage?**

The online event was held on 2 December 2020. Eighty-four people registered and 41 people attended, with representatives from 17 groups / organisations.

The following presentations were delivered:

- **Update** – Dr Steve Ollerton, Chair of NHS Greater Huddersfield CCG provided updates on the future configuration of the CCGs in Kirklees, and the COVID-19 vaccination programme; reminded people to have their flu vaccination, and which services to access when they are unwell.
- **Update on stabilisation and reset** – Natalie Ackroyd, Business Planning and Performance Manager talked about the guidance that CCGs and providers have been following since August to get to near-normal levels of non-COVID health services; the impact wave 2 was having on services; and the infection rates in Kirklees.
- **Calderdale and Huddersfield NHS Foundation Trust update on Hospital Services Reconfiguration** – Mark Davies, Clinical Lead and A&E Consultant and Nicola Bailey, Transformation Programme Manager provided an update on the progress being made with the hospital services reconfiguration.

It had also been planned to hear from Emily Parry-Harries (Consultant in Public Health, Kirklees Council) on the current testing process, and what the current restrictions are both locally and nationally. In Emily's absence Dr Steve Ollerton gave a brief verbal update.

**Where can you find out more information about this work?**

A copy of the report from this event can be accessed on the [CCG website](#).

### **3.4 Creating a single clinical commissioning group for Kirklees**

#### **What was the engagement about and when did it take place?**

NHS North Kirklees and NHS Greater Huddersfield Clinical Commissioning Groups planned to merge and create a new organisation from 1 April 2021.

The purpose of the communications and engagement activity was to tell the general public and key stakeholders about our intention and seek their views about the creation of a single commissioning organisation for Kirklees.

The engagement was undertaken over the Christmas and New Year periods and during a global pandemic when direct contact with individuals was limited. We therefore agreed to run a formal engagement process with the public and key stakeholders over an eight-week period rather than the typical six-week period, starting week commencing 7 December 2020 and ending on 31 January 2021.

In addition, it was agreed that Community Voices training for new Community and Voluntary Sector (CVS) organisations would include a task where they asked their communities for views. This work took place during February 2021.

#### **How did we engage?**

No single communications channel would be effective in reaching all our audiences, so we used a range of different approaches. We used a survey as the main way to gather views and promoted this as widely as possible. We also identified and targeted a number of key stakeholders such as those we commission or work in partnership with, for example, local NHS providers and Kirklees Council.

In addition to the survey we raised awareness and held discussions at:

- Engagement event held in December 2020
- Two discussion groups in January 2020
- PRG Network meetings held in January 2020
- Community Voices peer to peer meeting held in December 2020



## What did people tell us?

We received feedback on the engagement via:

- **Engagement event** – 41 people attended with representatives from 17 groups / organisations
- **Discussion groups** – 7 people attended representing 6 groups / organisations
- **PRG Network meetings** – 21 people attended representing 14 GP practices
- **Community Voices meeting** – 7 people attended representing 6 organisations
- **Survey** – 116 people completed the survey.

The key themes raised through these mechanisms were:

The majority of people were supportive of the change and felt that it was a natural progression which would give the CCG a stronger voice; provide consistency in commissioning decisions; improve partnership working and would be a better use of resources.

The main concern expressed was that it could lead to a Huddersfield centric organisation that is unable to meet the needs of all its communities, particularly those in more deprived areas. This was a particular concern expressed by those that live in or represent North Kirklees. People from a black ethnic group were more likely to express concerns about the impact on people from communities with higher levels of deprivation.

People were also concerned that:

- That this is a cost cutting exercise and to achieve equitable provision across Kirklees. Rather than levelling up, service provision will be levelled down to save money, leading to services no longer being provided or to people having to travel further.
- A bigger overall footprint could lead to loss of local knowledge and an inability to understand the needs of local communities.
- That the CCG would have a 'one size fits all' approach and would not be able to meet the needs of its diverse population and address health inequalities, specifically those in communities with higher levels of deprivation.

- That it could lead to a reduction in staff which in turn could mean an inability to commission services effectively, and a loss of local knowledge.
- Any changes being made now would support the direction of travel being proposed in the [NHSE/I consultation](#) on Integrated Care: next steps to build strong and effective integrated care systems across England.
- The challenges of working with two hospital trusts that provide services across other areas. And whether this could lead to neighbouring CCGs taking funding provided to Kirklees to support patients in Wakefield/Calderdale/ Leeds/Bradford.

Suggestions of how to provide assurance were:

- Work and invest in deprived communities to tackle health inequalities.
- Make sure that we don't have a one size fits all approach and invest where investment is needed. Recognise that different communities have different needs.
- Ensure that patients aren't expected to travel to Huddersfield for services that they currently access in North Kirklees.
- Hold meetings in locations across Kirklees to show that the CCG represents all of Kirklees.
- Ensure that Governing Body and CCG committees include representatives from across Kirklees.

Feedback from our PRG Network meeting, discussion groups, and Community Voices was that the response from the public on the engagement would be low as the majority of the public are more interested in GP and hospital services.

In addition to the engagement with the public and key stakeholders we also engaged with our staff. As we had previously received feedback from staff via a survey in summer 2019, the focus on the engagement this time was checking back with staff to see if their views had changed since they had last completed the survey, and to give any new staff the opportunity to have their say.

Through discussions via team meetings, staff briefing sessions, and staff forum the clear message that we received from staff was that they didn't have any concerns about the merger and were happy with the mechanisms in place to keep staff updated.

### **What will we do next?**

The findings from this engagement will be used to support the formation of a new, single commissioning organisation for Kirklees.

The Equality Impact Assessment for the merger will be reviewed in the context of feedback from the engagement process. The Joint Communications and Engagement Strategy for Greater Huddersfield and North Kirklees CCGs will be refreshed in the context of the engagement feedback, to create an updated strategy for Kirklees CCG.

### **Where can you find out more information about this work?**

A copy of the report can be accessed on the [CCG website](#).

## 3.5 Broughton House surgery

### What was the engagement about and when did it take place?

The contract for the GP practice at Broughton House Surgery is due to come to an end on 31 March 2022 and the CCG needs to decide what to do next. This contract was originally due to end on the 31 March 2021, however due to the COVID-19 pandemic, it was extended for a year.

The aim of the engagement was to identify how GP services can be delivered in the longer term. The views gathered will be used to identify the future provision of services for the practice population registered at Broughton House Surgery.

An engagement activity ran from 15 March 2021 – 25 April 2021. Following analysis of the feedback received, we identified that it was not representative of the practice population, although we received many responses. We decided to extend the engagement so that we could target specific groups and encourage them to share their views. The deadline was extended by 3 weeks to 17 May 2021, to ensure that it fell after Eid.

### How did we engage?

The following mechanisms were used:

- **Patients** - All households registered with Broughton House Surgery were sent a text message or letter informing them of the engagement. They were invited to take part in the survey and given the opportunity to attend an online meeting.
- **Local councillors and MPs** - A briefing about the CCG's engagement activity and timeline was shared with local councillors, MPs and the overview and scrutiny committee.
- **Practice staff with Broughton House Surgery** -The CCG worked closely with senior practice staff
- **Local health providers e.g. other GP practices in the area** - A briefing about the CCG's engagement activity and timeline was shared with GP practices and pharmacists within a three-mile radius of Broughton House Surgery.
- **Health partners e.g. Healthwatch Kirklees** - A briefing about the CCG's engagement activity and timeline was shared with Healthwatch.

### **What will we do next?**

The findings from the engagement will be analysed and a report of findings will be submitted to the CCG's Primary Care Commissioning Committee (PCCC) in June 2021 with a proposal for next steps. It is expected that if any new arrangements are agreed to be put in place, they will start from 1 April 2022.

The CCG will contact the patients again at the beginning of 2022 to inform them of the outcome of the decision and any next steps that need to be taken.

### **Where can you find out more information about this work?**

Once the report of findings has been produced a copy of the report will be available on the [CCG website](#).

### **3.6 Equality objectives – improving engagement with Black Asian and minority ethnic people (BAME), and Carers**

#### **What was the engagement about and when did it take place?**

Our CCGs agreed a set of shared equality objectives for 2018 - 2022. These objectives were developed following involvement with the local voluntary, community and social enterprise sector, staff and public sector partners. They include:

#### **Improve engagement with specific equality groups:**

Years 1 & 2 – Lesbian, Gay, Bisexual and Transgender (LGBT), and young people

**Years 3 & 4 – Black Asian and minority ethnic people (BAME), and Carers**

The Communications and Engagement Annual Report for 2019/20 included an update on the progress made in years 1 and 2 with LGBT, and young people.

To support the delivery of the objective for years 3 and 4, we commissioned Voluntary and Community (VAC) to:

- Identify which Community Voices represent the views of BAME people and carers.
- Identify any gaps in BAME (with a focus on newly emerging communities) and carers' communities represented, and any gaps by geographical area.
- Identify any groups to fill the gaps.
- To engage with BAME and carer organisations and seek insight on how the NHS can engage with them better about health services.
- Undertake campaign to recruit BAME and carer organisations to undertake the training.

#### **How did we engage?**

VAC held focus groups, one for Community Voices who engage with BAME groups in North Kirklees, and one for Community Voices who engage with carers in Huddersfield. These were delivered in October 2020. The purpose of the focus groups was to understand:

- What can VAC do to support you all in your roles as Community Voices?

- How can we attract members from existing and newly emerging BAME communities / carers in Kirklees to become Community Voices given that they have to belong to a community group or charity to do so?
- What methods should VAC and Community Voices be using to communicate effectively with BAME / carer communities?

### **What did people tell us?**

- They are unsure who the other Community Voices are and would find it useful to know more to support the development of links between organisations.
- Current Community Voices could spread the word with other communities that they work with to encourage people to undertake the training.
- Would be useful to understand what gaps exist in the Community Voices and who they should be targeting.
- Community messages should be delivered by people in the community not by NHS or Kirklees Council. People are prepared to listen to someone they know and trust.
- Suggestions for how to gain feedback and get messages out were:
  - Community Voices using their What's App groups
  - Mosques
  - One to one conversations
  - Al Mubarak radio
- For Carers Count to receive the support of the GP practices to raise awareness and refer people to their service.

### **What did we do next?**

The BAME focus group feedback has been used to:

- Help identify BAME organisations and encourage them to sign up to train to be a Community Voice. This has resulted in an increase in the number of BAME organisations signing up to participate in the training delivered in January 2021.
- Inform the delivery of the winter messaging campaign.
- Develop relationships with key BAME groups.

The carers' focus group feedback highlighted a gap in reaching BAME carers and a dedicated meeting between a carers' organisation and BAME groups will take place to generate ideas.

Attendees of both focus groups will be offered the opportunity to attend a follow up focus group to discuss progress made.

In response to feedback, a peer to peer network has also been established so all Community Voices can meet and understand more about each other's work. The first Coffee and Chat virtual session was held in December 2020.

**Where can you find out more information about this work?**

A copy of the report can be obtained from the Engagement Team.



### 3.7 Using maternity services during COVID-19

#### What was the engagement about and when did it take place?

At the onset of the COVID-19 pandemic, all NHS maternity services had to make changes to protect staff, service users and their babies, and to ensure continued provision of essential care. The local Maternity Voices Partnerships (MVP), Clinical Commissioning Groups (CCG), local authorities and NHS wanted to understand the impact of these changes on expectant and new parents, and families.



Local engagement was launched to gather the views of those using maternity services at Calderdale and Huddersfield NHS Foundation Trust (CHFT) and Mid-Yorkshire Hospitals NHS Trust (MYHT). This survey went live on 30 July 2020 and was open for 4 weeks.

#### How did we engage?

A survey was developed for service users and their partners who had received care during the pandemic. It looked at aspects of the maternity journey, from booking through to postnatal care at home. The survey consisted of satisfaction measures and open-ended free text questions. Socio-demographic data were also collected.

The survey was made available online and in hard copy and was distributed across Calderdale, Kirklees and Wakefield via the following routes:

- Online link via websites, social media and inclusion in NHS, local authority and community newsletters
- Online link and hard copy surveys distributed via the two hospitals, using all their ways of reaching service users – inclusive of social media groups dedicated to maternity services, maternity staff and communication with service users and families
- Children and young people services including health visiting
- Clinical Commissioning Groups' websites, newsletters and social media
- Maternity Voices Partnerships social media and communications to linked groups
- Healthwatch organisations across the area

- Feeding and family support groups
- Community and voluntary sector groups with focus on maternity and supporting service users, including groups that may support service users considered to be more vulnerable.

### **What did people tell us?**

In total there were 606 responses: 60% (361) from Calderdale and Huddersfield Foundation Trust and 38% (231) from Mid Yorkshire Hospitals NHS Trust; for the remaining 14 people who responded, the Trust was not specified. All those who responded, or their partners, received maternity care from 23 March 2020.

### **Key messages**

- Most service users were satisfied with their experience of maternity services and appreciated the care provided during a challenging time. Those that experienced continuity of care felt they benefited from this.
- Although interactions with individual health professionals were largely described as positive, some service users and partners felt disregarded and lost in or let down by the system.
- The impact of restrictions on partners, family members or birthing companions was a major area of concern. This was commented on in relation to every element of care, in particular ultrasound appointments and postnatal care.
- Service users experienced both the pandemic and care/restrictions in response to the pandemic and this has had an impact on their emotional and psychological wellbeing. Some felt that mental health had not been addressed.
- Virtual contact is not a substitute for face-to-face contact. Service users wanted more contact and for more of the contact to be face-to-face.
- The pandemic and associated restrictions/changes may compound existing inequalities. Service users from BAME communities were less satisfied with the care they received than others.

### **Recommendations**

- Trusts need to find a way to involve partners more fully in the childbirth journey.
- There is a need to ensure that emotional/mental health support is not compromised, particularly at a time of heightened need.

- Enhanced signposting and clear communication is necessary to ensure that service users do not get lost in the system and that they and their families have trust in the system.
- Although there was an acknowledgement of the need to restrict face-to-face appointments, in some circumstances more contact was needed than had been provided. Virtual appointments should not be a substitute for face-to-face care in the longer-term for most service users.
- Issues of equity need to be considered. There is a need to ensure that minoritised groups are not further marginalised by changes. How to improve the experience and care of service users from BAME communities; addressing issue of health literacy and digital inclusion; and recognising diverse family forms are particular aspects that need to be addressed.

### **What will we do next?**

These findings have been discussed with local stakeholders and individual place-based action plans are being developed in response. A number of changes have already been implemented at trust level.

### **Where can you find out more information about this work?**

A copy of the report can be accessed on the [CCG website](#).

## **Appendix A - Legal duties in relation to patient and public engagement**

### **Section 14P - Duty to promote NHS Constitution**

(1) Each clinical commissioning group must, in the exercise of its functions—

(a) Act with a view to securing that health services are provided in a way which promotes the NHS Constitution

### **Section 14U - Duty to promote involvement of each patient**

(1) Each clinical commissioning group must, in the exercise of its functions, promote the involvement of patients, and their carers and representatives (if any), in decisions which relate to—

(a) The prevention or diagnosis of illness in the patients, or

(b) Their care or treatment.

### **Section 14Z2 - Public involvement and consultation by clinical commissioning groups**

(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions (“commissioning arrangements”).

(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)—

(a) In the planning of the commissioning arrangements by the group,

(b) In the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and

(c) In decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

### **NHS Constitution (Refreshed March 2013)**

The NHS Constitution produced by the Department of Health establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are

entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying NHS services, and local authorities in the exercise of their public health functions are required by law to take account of this Constitution in their decisions and actions.

A copy of the refreshed NHS Constitution and supporting handbook can be accessed [here](#)

Seven key principles guide the NHS in all it does. They are underpinned by core NHS values which have been derived from extensive discussions with staff, patients and the public. Principle Four focuses around patient engagement and involvement and is emphasised through the Patient's Rights Section.

#### **Principle Four**

The NHS aspires to put patients at the heart of everything it does. It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services

#### **Patient Rights - Involvement in your healthcare and in the NHS:**

You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

The NHS also commits:

- To provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services (pledge);
- To work in partnership with you, your family, carers and representatives (pledge);

- To involve you in discussions about planning your care and to offer you a written record of what is agreed if you want one (pledge); and
- To encourage and welcome feedback on your health and care experiences and use this to improve services (pledge).

## Appendix B - Patient and Community Engagement Indicator

In 2017/18 a new 'patient and community engagement' indicator was introduced. The indicator is part of the CCG Improvement and Assessment Framework (IAF) and as such it forms part of our overall CCG assessment. We were advised this year, that for 2019 / 20 both CCGs received a Green Star rating, scoring 'outstanding' in all the domains (see table below).

The indicator is based on assessing 10 'key actions' which enable CCGs to demonstrate they meet their statutory duties. The ten 'key actions' for CCGs and NHS England on how to embed involvement in their work are:

| Domain                                                                                                                                                                                                                                                                              | GHCCG             | NKCCG             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|
| <b>Domain A – Governance</b> <ul style="list-style-type: none"> <li>Involve the public in governance</li> <li>Implement assurance and improvement systems</li> <li>Hold providers to account</li> </ul>                                                                             | Outstanding       | Outstanding       |
| <b>Domain B – Annual Reporting</b> <ul style="list-style-type: none"> <li>Demonstrate public involvement in Annual Reports</li> </ul>                                                                                                                                               | Outstanding       | Outstanding       |
| <b>Domain C - Practice</b> <ul style="list-style-type: none"> <li>Explain public involvement in commissioning plans</li> <li>Promote and publicise public involvement</li> <li>Assess, plan and take action to involve</li> <li>Provide support for effective engagement</li> </ul> | Outstanding       | Outstanding       |
| <b>Domain D – Feedback and evaluation</b> <ul style="list-style-type: none"> <li>Feedback and Evaluate</li> </ul>                                                                                                                                                                   | Outstanding       | Outstanding       |
| <b>Domain E – Equalities and health inequalities</b> <ul style="list-style-type: none"> <li>Advance equality and reduce health inequality</li> </ul>                                                                                                                                | Outstanding       | Outstanding       |
| <b>Overall RAG rating</b>                                                                                                                                                                                                                                                           | <b>Green Star</b> | <b>Green Star</b> |

## Get in touch | Contact details

If you would like to be involved in the future work of NHS Kirklees Clinical Commissioning Group or would like to share your views on local health services, please contact us in any of the following ways. If you need this report in another format, for example, large print, audio tape or in another language, please call our Communications Team on 01484 464000.

**Website:** [www.kirkleesccg.nhs.uk](http://www.kirkleesccg.nhs.uk)

**Call:** 01484 464000

**Email:** [kirkccg.engagement@nhs.net](mailto:kirkccg.engagement@nhs.net)

**Facebook:** [www.facebook.com/nhskirklees](http://www.facebook.com/nhskirklees)

**Twitter:** @NHSKirklees

### Write to us at:

NHS Kirklees CCG  
2nd Floor  
Norwich Union House  
Market Street  
Huddersfield  
HD1 2LF



|                        |                                      |                              |               |
|------------------------|--------------------------------------|------------------------------|---------------|
| <b>Name of Meeting</b> | Governing Body                       | <b>Meeting Date</b>          | 9 June 2021   |
| <b>Title of Report</b> | Communications & Engagement Strategy | <b>Agenda Item No.</b>       | 11            |
| <b>Report Author</b>   | Kirsty Wayman, Siobhan Jones         | <b>Public / Private Item</b> | Public        |
| <b>Clinical Lead</b>   |                                      | <b>Responsible Officer</b>   | Siobhan Jones |

### Executive Summary

This strategic document explains our approach to communications and engagement and sets it in the context of our statutory duties and other responsibilities.

This is an updated version of the previous North Kirklees CCG and Greater Huddersfield CCG shared strategy, which takes into account feedback received during the recent public and stakeholder engagement in respect of the merger of these two CCGs.

### Previous Considerations

|                        |                                    |                     |               |
|------------------------|------------------------------------|---------------------|---------------|
| <b>Name of meeting</b> | Patient Engagement Assurance Group | <b>Meeting Date</b> | 23 March 2021 |
| <b>Name of meeting</b> |                                    | <b>Meeting Date</b> |               |

### Recommendations

To receive and approve the strategy.

|                                                     |                                           |                                            |               |
|-----------------------------------------------------|-------------------------------------------|--------------------------------------------|---------------|
| <b>Decision</b> <input checked="" type="checkbox"/> | <b>Assurance</b> <input type="checkbox"/> | <b>Discussion</b> <input type="checkbox"/> | <b>Other:</b> |
|-----------------------------------------------------|-------------------------------------------|--------------------------------------------|---------------|

### Implications

|                                                                                                           |     |
|-----------------------------------------------------------------------------------------------------------|-----|
| <b>Quality and Safety implications (including whether a quality impact assessment has been completed)</b> | N/a |
|-----------------------------------------------------------------------------------------------------------|-----|

|                                                                                                                                                          |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations</b> | See report |
| <b>Resources / Financial Implications (including Staffing/Workforce considerations)</b>                                                                  | N/a        |
| <b>Sustainability Implications</b>                                                                                                                       | N/a        |

|                                                                       |                                     |                                    |                                                |
|-----------------------------------------------------------------------|-------------------------------------|------------------------------------|------------------------------------------------|
| <b>Has a Data Protection Impact Assessment (DPIA) been completed?</b> | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> | <b>N/A</b> <input checked="" type="checkbox"/> |
|-----------------------------------------------------------------------|-------------------------------------|------------------------------------|------------------------------------------------|

|                                                                                |                                            |                                                                                       |                              |
|--------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------|------------------------------|
| <b>Strategic Objectives (which of the CCG objectives does this relate to?)</b> | Various                                    | <b>Risk (include risk number and a brief description of the risk)</b>                 | None specifically identified |
| <b>Legal / CCG Constitutional Implications</b>                                 | Supports CCG to meet legal duty to involve | <b>Conflicts of Interest (include detail of any identified / potential conflicts)</b> | N/a                          |

## **1. Introduction**

This strategy is designed to provide assurance to our Governing Body, stakeholders and the general public that the CCG understands and has plans in place to meet its statutory duties and responsibilities in relation to public involvement.

- 1.1 In 2019 a single, shared Communications and Engagement Strategy was developed for our two Kirklees CCGs and approved by respective Governing Bodies. This document was designed to be in place until April 2022.
- 1.2 Having taken into account the feedback received during a recent public and stakeholder engagement in respect of the merger of the two Kirklees CCGs, the existing strategy was updated to support the work of NHS Kirklees CCG for the forthcoming year.

## **2. Detail**

- 2.1 The strategy sets out how NHS Kirklees CCG intends to engage, involve and communicate with local people, GP member practices and other stakeholders. It highlights the legal and other drivers that will underpin our work; demonstrates a commitment to put local people at the heart of the decision making process; and explains how we are increasingly working in partnership with a wide range of organisations across Kirklees and West Yorkshire.
- 2.2 In developing this revised strategy, we have included some of the main themes from the 'Creating a single clinical commissioning group for Kirklees' engagement report.
- 2.3 The strategy acknowledges that as we develop our communications and engagement activities over the coming year, we will reflect upon and incorporate this additional feedback as appropriate, whilst also taking into account the proposals set out in the White Paper in respect of the future arrangement for NHS commissioning.

## **3. Recommendations**

It is recommended that the Governing Body receives and approves this strategy.

# **Communications and Engagement Strategy 2021-22**

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## 1. Background to this strategy

To develop this updated strategy the NHS Greater Huddersfield and NHS North Kirklees Clinical Commissioning Group (CCGs) Communications and Engagement Strategy 2019-22 was reviewed, taking into account the feedback from the 'Creating a single clinical commissioning group for Kirklees' engagement report. The main themes from the engagement that relate to this strategy were:

- That it could lead to a Huddersfield centric organisation that is unable to meet the needs of all of its communities, particularly those in more deprived areas. This was a particular concern expressed by those that live in or represent North Kirklees, and people from a black ethnic group were more likely to express concerns about the impact on people from communities with higher levels of deprivation.
- That this is a cost cutting exercise and to achieve equitable provision across Kirklees, rather than levelling up, service provision will be levelled down to save money. Leading to services no longer being provided or to people having to travel further to access services.
- A bigger overall footprint could lead to a loss of local knowledge and an inability to understand the needs of local communities.
- That the CCG would have a 'one size fits all' approach and would not be able to meet the needs of its diverse population and address health inequalities, specifically those in communities with higher levels of deprivation.
- That it could lead to a reduction in staff which in turn could mean an inability to commission services effectively, and a loss of local knowledge.
- Any changes being made now would support the direction of travel being proposed in the [NHSE/I consultation](#) on Integrated Care: next steps to build strong and effective integrated care systems across England.

Suggestions for how to provide assurance were to:

- Work and invest in deprived communities to tackle health inequalities
- Make sure that we don't have a one size fits all approach and invest where investment is needed. And to recognise that across Kirklees different communities have different needs.

- Hold meetings in locations across Kirklees to show that the CCG represents all of Kirklees
- Ensure that Governing Body and CCG committees include representatives from across Kirklees

It should also be noted that in February 2021, the Department of Health and Social Care published a White Paper [‘Integration and Innovation - working together to improve health and social care for all’](#). This sets out a range of proposals for health legislation, including Integrated Care Systems (ICSs) will be established in statute, the functions of the CCGs will transfer to the ICS and CCGs will be dissolved. It is intended for this to come into effect from April 2022, subject to legislation.

As we develop our communications and engagement activities over the coming year, we will reflect upon and incorporate this feedback as appropriate, whilst also taking into account the proposals set out in the White Paper.

## **2. Purpose of this strategy**

This is a high-level document that informs how we work and explains what people can expect from our organisations. In the following pages we set out how NHS Kirklees Clinical Commissioning Group (CCG) intends to engage, involve and communicate with local people, GP member practices and other stakeholders. We highlight the legal and other drivers that underpin our work; demonstrate a commitment to put local people at the heart of the decision making process; and explain how we are increasingly working in partnership with a wide range of organisations across Kirklees and West Yorkshire.

In developing this strategy, we acknowledge that everyone who works for our organisations has a responsibility to communicate and engage effectively with colleagues as well as with partners, the general public, providers, suppliers and patients as part of their day-to-day work.

We believe that excellent communication and engagement leads to better commissioning decisions and can help to improve the quality of health services and outcomes for patients.

### 3. Who we are and what we do

CCGs are membership organisations led by local doctors (GPs) and other health professionals who come together to plan and buy (commission) health services for a population. We are statutory bodies and accountable to local people and stakeholders for how we use our resources. Kirklees CCG is responsible for the care of almost 450,000 patients and has a budget in excess of £600 million, which is used to pay for:

- care and treatment provided in local hospitals
- GP services
- community health services eg district nurses and physiotherapists
- the medicines prescribed by GPs and other health professionals
- mental health services
- services for people with learning disabilities

### Health in Kirklees

Kirklees is a mix of urban and rural communities with a diverse population, including a large South Asian community, mainly in the north of the borough. While there are lots of good things about Kirklees, including the diversity of the people who live here, there are also a range of social, economic and health challenges that affect our residents, impact upon the work of the CCGs and influence our priorities.

### 4. Working together

Increasingly, NHS and other organisations are joining forces across the borough to manage health and social care budgets. In Kirklees, partners including the CCG, council, and service providers are committed to working collaboratively to design, buy and deliver integrated health and social care solutions.

Kirklees CCG is also part of a wider arrangement as a member of the West Yorkshire and Harrogate Health and Care Partnership. The partnership brings together commissioning and provider organisations to focus on health and care services that benefit from being developed on a regional basis, such as provision for cancer, stroke and urgent care.

Joined-up working between organisations and across geographic boundaries is not new and we already have a well-developed partnership approach to communications and



engagement. Over the coming year we will build on and strengthen our relationships and look for further opportunities to work with others to the benefit our population.

## **5. The role of communications and engagement**

There is a high level of interest in the work of the CCG and wider health system. As publicly funded organisations, we have a responsibility to be open and honest; to raise awareness of our role and priorities; to ensure that people have confidence in us and the way we spend public money; and to protect the reputation of the CCG and NHS. The NHS Long Term Plan, published in January 2019, included a commitment to continue to involve stakeholders in discussions about how it will be implemented regionally and locally.

Public engagement enables people to learn more about the work of the local NHS, voice their views, needs and wishes, and to contribute to plans, proposals and decisions about services. We have a legal duty to involve local people but we also know that good public engagement can lead to better quality services, which in turn, help to improve health outcomes.

Working alongside our colleagues in public health and the wider NHS, we also have a role to play in encouraging people to improve their lifestyle choices, manage their own health conditions, and use services appropriately. Communications and engagement activities can help us to do this.

## **6. Our duties and responsibilities**

CCGs have a number of statutory duties under the Health and Social Care Act 2012. Most relevant to this strategy is our duty to involve people in:

- planning the provision of services the development and consideration of proposals for changes in the way services are provided, and
- decisions to be made affecting the operation of services.

The same Act says that each CCG must have a constitution explaining how we will involve the public in the commissioning process, how we ensure transparency of decision making, and the role of Governing Body lay members. We also have a legal duty to:

- consult the local Scrutiny Board (Health) on any proposal for ‘substantial development or variation of the health services’
- reduce inequalities in respect of planning and commissioning, in the development and consideration of service change proposals and in decisions affecting commissioning arrangements
- promote the NHS constitution and to enable patients to make choices, and to promote their involvement in decisions related to their care or treatment.

You’ll find more information about specific legal duties on our website.

## Equality and diversity

We are committed to ensuring that our communications and engagement activity is inclusive, fair and equitable to our patients, carers, communities and staff. The Equality Act 2010 introduced Public Sector Equality Duties for nine protected characteristics, often referred to as equality groups or protected groups. In addition to the groups protected by this Act, we also consider carers and other vulnerable and seldom heard groups. The protected groups are:

- Race
- Sex
- Age
- Disability
- Gender reassignment
- Religion or belief
- Sexual orientation
- Pregnancy and maternity
- Marriage and civil partnership.

When planning engagement activities, we decide which groups are most likely to be affected and consider the best ways to hear their views. The use of Equality Impact Assessments helps us understand how proposed service changes could impact upon protected groups and others. They also help us identify who we need to involve and the best way to reach them. Where groups are underrepresented we may target them specifically and we regularly work with Healthwatch Kirklees and third sector organisations that are able to act on behalf of individuals or communities or engage with them for us.

We aim to ensure that CCG communications and engagement information is accessible, uses plain language and is as free as possible from jargon. All our information is available in alternative formats on request. When engaging particular communities we create appropriate materials, for example in different languages or easy-to-read formats. We distribute any public information we produce, such as leaflets and posters, as widely as possible and often ask partner organisations to support our communication efforts.

## 7. Involving people

We have opportunities to involve the public, patients and other stakeholders throughout the commissioning process or cycle - as we plan local NHS services, in the design of a particular service or treatment pathway, and as part of our ongoing monitoring of local services. The term involvement is used interchangeably with engagement, participation and patient or public voice. The way we involve people depends on a number of factors such as what we are trying to achieve and the needs of different groups or individuals.

### The ‘Ladder of Engagement and Participation’

There are many different ways in which people might participate in health depending upon their personal circumstances and interest. The ‘Ladder of Engagement and Participation’ is a widely recognised model for understanding different forms and degrees of patient and public involvement (based on the work of Sherry Arnstein). Patient and public voice activity on every step of the ladder is valuable, although participation becomes more meaningful at the top of the ladder.

|                      |                                                                                                                                                                                                                                |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Devolving</b>     | Placing decision-making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approach                                                                                |
| <b>Collaborating</b> | Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution                                                |
| <b>Involving</b>     | Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered. For example, partnership boards, reference groups and service users participating in groups |
| <b>Consulting</b>    | Obtaining community and individual feedback on analysis, alternatives                                                                                                                                                          |

|                  |                                                                                                                                                                                                                      |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                  | and/or decisions. For example, surveys, door knocking, citizens' panels and focus groups                                                                                                                             |
| <b>Informing</b> | Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solution. For example, websites, newsletters and press releases |

## 8. Our engagement and communications principles

In developing and delivering our communications and engagement activities we will:

1. Provide information that is clear and easy to understand, free of jargon and in plain language
2. Be timely, targeted and proportionate in how we communicate and engage
3. Foster good relationships and trust by being open, honest and accountable
4. Ask people what they think and listen to their views
5. Talk to our communities including those most likely to be affected by any change
6. Provide feedback about decisions and explain how public and stakeholder views have had an impact
7. Work in partnership with other organisations in Kirklees and West Yorkshire when appropriate
8. Use resources well to make sure we get the most out of what we have
9. Review and evaluate our work, using learning to make improvements.

These principles are supported by our Patient Engagement Assurance Group.

## 9. Aims and objectives of this strategy

In developing and implementing our communications and engagement work, we want to achieve the following:

### **Aim 1: Meet our statutory duty to involve**

We will do this by:

- Involving patients and stakeholders in planning and designing services and using their feedback to inform decisions

- Being clear about our plans and what people can and can't influence and why
- Promoting engagement opportunities widely and publishing our engagement reports
- Working with Healthwatch Kirklees and other local partners to help us learn more about patient views
- Providing the local authority health scrutiny function/s with the information they need to carry out their role
- Supporting providers, including GP member practices, to engage and involve patients and other stakeholders as appropriate
- Working with local and regional partners to engage people strategically so that we do it once

## **Aim 2: Maintain and strengthen public confidence in the NHS and local services**

We will do this by:

- Being clear about our communications channels, so people know where they can find the information they need
- Letting people know about our commissioning decisions and successes and how their views have been taken into account
- Being open and honest about the challenges we face, responding honestly to concerns and dealing robustly with inaccurate or misleading commentary
- Promoting awareness of the NHS Constitution and Patient Choice
- Promoting healthy living and self-care, and encouraging appropriate use of local NHS services
- Providing member practices with practical support and advice on communicating with patients, the media and stakeholders as appropriate
- Supporting GP patient reference groups

## **Aim 3: Communicate and engage with our staff and GP member practices**

We will do this by:

- Maintaining and developing a range of internal and practice communication channels
- Using these channels to share information with CCG staff and GP member practices
- Encouraging staff and GP member practices to share their news and successes
- Seeking feedback from staff and GP member practices and using this to improve and develop our approach

#### **Aim 4: Support partnership working**

We will do this by:

- Working collaboratively as a member of the West Yorkshire and Harrogate Health and Care Partnership
- Working with our local authority and service providers to promote the Kirklees Health and Wellbeing Plan
- Supporting the engagement and communication needs of emerging primary care networks
- Helping partner NHS organisations to cascade key messages and information to local people

### **10. Stakeholders**

The decisions we make have an impact on a wide range of people including local patients; carers community and advocacy groups; and others who have an interest or involvement in local health services. We need to involve the right people, in the right way, at the right time.

We have identified three broad groups that the CCGs must communicate and engage with:

- CCG member practices - GPs and staff working in local practices
- Patients and the public - people living, working and studying in Kirklees
- Stakeholders – including NHS organisations and individuals from the wider statutory, voluntary, and charity sectors; elected representatives; and the media.

To support this strategy we have developed a generic stakeholder map which identifies the individuals and organisations we work with routinely along with the communications channels we use most often to reach them.

It can be found at the end of this document.

### **11. Key messages**

Consistent, high-level messages incorporated into our communications give a clear voice to the organisation and highlight our priorities.

Our key messages are:

- Improving healthcare services
- Ensuring people can access the right care at the right time, in the right place
- Delivering care closer to home
- Working with partners and taking a joined-up approach
- Doing more with less and making difficult decisions when necessary

## **12. Implementing this strategy**

Each year we produce an annual work plan setting out how this strategy will be implemented. We also develop individual communications and engagement plans when this is appropriate.

We have a number of supporting documents and policies including:

- Engagement and equality impact assessment
- Media handling protocol
- Paying for involvement guidance

We also offer training and guidance for staff, Governing Body and GP member practices.

## **13. Assurance**

We have a range of internal and external mechanisms which provide assurance that we are meeting our legal duties and ensure communications and engagement activity is delivered in line with this strategy.

### **NHS England Improvement and Assessment Framework**

The national Improvement and Assessment Framework includes an external assessment of CCG performance in the area of patient and public participation. The overall measure of assurance is published on the NHS England [website](#).

### **The CCG Constitution**

The CCG constitution describes our approach to public involvement and sets out how we will meet the relevant legal duties.

## **Annual Report and Accounts and AGM**

Annual Report and Accounts explain how the CCG has met its legal duties – including those relating to patient involvement and engagement. They are presented to the Governing Body at their Annual General Meeting (AGM) held in public.

## **Governing Body**

A lay Governing Body member has responsibility for overseeing and providing assurance to members in relation to public and patient involvement.

## **Quality Committee**

The Quality Committee is a sub-committee of Governing Body. The committee provides assurance that the appropriate patient engagement and involvement activity has been undertaken in support of CCG decision-making.

## **Patient Engagement Assurance Group**

Patient engagement assurance group scrutinises CCG engagement and communication plans and activities and provides assurance that they are in line with this strategy.

## **Internal Audit**

From time to time the engagement function may be subject to an internal audit review. The outcome of reviews are published in CCG Annual Report and Accounts.

## **Consultation and Engagement Annual Review**

Each year the CCG produces an annual review setting out the engagement and communications activity undertaken during the year; the feedback received; and how this has been used to inform decision-making.

## **Communications and Engagement Strategy**

The strategy sets out the way the CCG intends to communicate and engage with stakeholders. It is published on the CCG website and subject to approval and review on an annual basis by Governing Body.

## **Engagement Reports**

We produce engagement reports following each activity. These reports are published on the CCG website.



## Evaluation

Ongoing evaluation of our communications and engagement activities helps us to understand how well we are meeting our aims and objectives. Some of the tools we use to do this include:

- Website usage data
- Regular staff communication audit
- National 360o stakeholder survey
- Daily monitoring and reporting of media and social media coverage
- Feedback received from public and stakeholder engagement activities
- Patient, carer and stakeholder feedback through other means eg letters,
- FOI requests
- Feedback from public and stakeholders

## 14. How we involve, engage and communicate with our population

We regularly ask people how they want to be involved in our work and use their feedback to develop and improve our approach. While public events, local newspapers and printed material remain popular with many, in recent years we have increased the use of digital platforms including websites, online surveys and social media to reflect changing needs and expectations. We are also working increasingly with trained community assets and voluntary groups to help us reach and engage with a more diverse audience to ensure that we hear the views of all our communities across Kirklees. Some of our main communications and engagement mechanisms are set out below (listed alphabetically).

### Annual Report and Accounts

We publish Annual Report and Accounts each year and hold an Annual General Meeting (AGM), where they are presented to the Governing Body. AGMs are held in public with opportunities for people to ask questions and give their views.

### Awards and Conferences

The CCG encourages staff and member practices to enter awards and to present at conferences and events.

## **Campaigns**

We support a number of national and regional public health and wellbeing campaigns each year as well as developing our own activities.

## **Community Voices**

These are individuals working in the voluntary and community sector who are trained to engage with the local population on our behalf. Working with these assets strengthens and increases the feedback we receive, particularly from seldom heard groups. We currently have around 40 Community Voices that represent many of our communities across Kirklees. We also work with community organisations on specific engagement projects and encourage them to share important health messages.

## **Corporate Identity**

The NHS identity is one of the most cherished and recognised brands in the world and we adhere to national branding and identity guidelines and ensure they are implemented effectively. We also use our own design styles to differentiate our organisations.

## **Elected Representatives**

We continue to work closely with our local health scrutiny functions, Health and Wellbeing Board, and local MPs.

## **Equality Health Panel**

The panel provides an opportunity for people from protected groups and representatives to share their views, information and feedback with the CCG and our providers to promote equality in the Kirklees healthcare system.

The panel ensures that the voices of people with characteristics protected by the Equality Act 2010 and other seldom heard groups are represented in discussions about the planning, delivery and improvement of local healthcare services.

## **GP Practice Patient Reference Groups**

Practice patient reference groups give people the opportunity to contribute to the continuing improvement of their GP practice.

## **Media Relations**

We continue to develop our relationship with the local media and produce regular proactive media releases to highlight areas of our work, opportunities to get involved and our commissioning decisions.

## **Meeting in Public**

While the coronavirus situation is ongoing, it is not possible for CCG meetings to be held in public. For the duration of the pandemic, our meetings will be conducted by video conferencing, and members of the public may attend. Our Governing Body meetings provide an opportunity for members of the public to ask questions. Meetings of our Primary Care Commissioning Committee are also held in public. Details of meetings and papers are available on CCG websites and promoted via social media. Both decision-making committees include lay member representation.

## **Membership Engagement**

The CCG continues to use a range of activities to engage and communicate with GP member practices.

## **NHS Challenge**

NHS Challenge is a fun but thought provoking board game which enables us to seek public views about local commissioning priorities from people in an innovative way.

## **Patient Engagement Assurance Group**

This group provides assurance that we are involving the right people in the decision-making process.

## **Patient Reference Group Network (PRGN)**

The PRG Networks for NHS Greater Huddersfield and NHS North Kirklees CCGs will be merging to create a Kirklees CCG PRGN. The PRGN brings together representatives from GP practices to learn more about commissioning plans, consider and discuss proposals and engage with us on decision making.

## **Promoting the NHS Constitution and Patient Choice**

We use our websites to promote awareness of the NHS Constitution and Patient Choice.

## **Publication Scheme**

The Freedom of Information Act requires us to make certain types of information routinely available through a publication scheme, which is available on our websites.

## **Public Engagement Events**

While the coronavirus situation is ongoing, it is not possible for events to be held in public so they are currently being conducted by video conferencing, which the public can attend. These events provide an opportunity for local people and community organisations to find out more about our work, learn how public views have influenced decision making, participate in discussions and ask questions.

## **Social Media**

Social media allows us to talk to people who are interested in our work. We will continue to use Twitter and Facebook as our main social media channels.

## **Staff Communication**

Internal communications channels include our intranet, e-bulletin, team meetings and regular face-to-face briefings.

## **Stakeholder E-Bulletins**

A quarterly external e-bulletin ensures that our stakeholders receive regular updates about our work and successes.

## **Surveys and Polls**

We often use surveys to learn more about the views and expectations of local people. Surveys are made available online and in a printed format and may be targeted at particular service users or promoted more widely.

## **Website**

Much of our communications activity takes place through our website. Our site will continue to evolve to support the work of the CCG and meet the needs of the public.

## **Your Health, Your Say Network**

We maintain a database of local people and community/voluntary organisations who want to get involved in the development of new and existing services and share their experiences of local healthcare.

### **15. Key risks**

The key risks associated with this strategy include:

- Failure to meet our statutory duties
- Reputational damage as a result of negative media coverage/social media posts over a prolonged period
- Loss of credibility as a result of a failure to engage or communicate effectively
- Inability of key audiences to engage with us effectively due to poorly presented information or inappropriate/inadequate opportunities to get involved.

## 16. Stakeholder Map

| Stakeholder group                               | Audiences include                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Communication and engagement channels                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NHS related partners and provider organisations | <ul style="list-style-type: none"> <li>NHS England North</li> <li>Yorkshire Ambulance Service</li> <li>Calderdale and Huddersfield NHS Foundation Trust</li> <li>The Mid Yorkshire Hospitals NHS Trust</li> <li>South and West Yorkshire Partnership NHS Foundation Trust</li> <li>Other local CCGs</li> <li>West Yorkshire and Harrogate Health and Care Partnership</li> <li>Healthwatch Kirklees</li> <li>Locala</li> <li>Other provider organisations</li> <li>Local Medical Council</li> </ul> | <ul style="list-style-type: none"> <li>Traditional media (new paper, TV, radio)</li> <li>Social media (Twitter, Facebook)</li> <li>CCG website</li> <li>Governing Body meetings</li> <li>Consultation/engagement activities/events</li> <li>Health and wellbeing campaigns</li> <li>Annual Report and Accounts</li> <li>Annual General Meeting</li> <li>Quarterly stakeholder e-bulletin</li> <li>scheduled/routine meetings</li> <li>Health and Wellbeing Board</li> <li>Kirklees Health and Adult Social Care Scrutiny Panel</li> <li>Ad hoc briefings</li> <li>Integrated Commissioning/Provider Boards</li> <li>Other scheduled meetings</li> </ul> |
| Local government partners                       | <ul style="list-style-type: none"> <li>Kirklees Council</li> <li>Kirklees Health and Wellbeing Board</li> <li>Kirklees Health Overview and Scrutiny Panel</li> <li>Joint Health Overview and Scrutiny Panels</li> </ul>                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Local economy partners                          | <ul style="list-style-type: none"> <li>West Yorkshire Police</li> <li>West Yorkshire Fire and Rescue Service</li> </ul>                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

| Stakeholder group                            | Audiences include                                                                                                                                                                              | Communication and engagement channels                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                              | <ul style="list-style-type: none"> <li>• Kirklees College</li> <li>• University of Huddersfield</li> <li>• Other major employers\business organisations</li> </ul>                             |                                                                                                                                                                                                                                                                                                                                                                                                              |
| Membership                                   | <ul style="list-style-type: none"> <li>• GP practices in Kirklees</li> <li>• Local Medical Council</li> <li>• GP federations</li> <li>• Primary Care Networks</li> </ul>                       | <ul style="list-style-type: none"> <li>• Practice intranet</li> <li>• Practice e-bulletins</li> <li>• Council of Members/ Member engagement meetings and practice protected time</li> <li>• Ad hoc briefings and updates</li> <li>• E-mail</li> <li>• Practice visits</li> <li>• Local Medical Council</li> <li>• GP federations</li> </ul>                                                                  |
| General public                               | <ul style="list-style-type: none"> <li>• Patients/service users and their representatives</li> <li>• Practice patient reference groups</li> <li>• Local residents</li> <li>• Carers</li> </ul> | <ul style="list-style-type: none"> <li>• Traditional media (newspaper, TV, radio)</li> <li>• Social media (Twitter, Facebook)</li> <li>• CCG website</li> <li>• Governing Body meetings</li> <li>• Consultation/engagement activities/events</li> <li>• Patient reference groups/patient reference group networks</li> <li>• Health and wellbeing campaigns</li> <li>• Annual Report and Accounts</li> </ul> |
| Community and voluntary sector organisations | <ul style="list-style-type: none"> <li>• Community groups</li> <li>• Voluntary sector organisations</li> <li>• Faith-based groups</li> </ul>                                                   |                                                                                                                                                                                                                                                                                                                                                                                                              |

| Stakeholder group       | Audiences include                                                                                               | Communication and engagement channels                                                                                                                                                                                                                                                                                     |
|-------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                         |                                                                                                                 | <ul style="list-style-type: none"> <li>• Annual General Meeting</li> <li>• Quarterly engagement events (North Kirklees)</li> <li>• Patient/public surveys and polls</li> <li>• FOI requests</li> <li>• Stakeholder e-bulletin</li> <li>• Printed materials (posters, leaflets etc)</li> <li>• Community Voices</li> </ul> |
| Elected representatives | Councillors<br>MPs                                                                                              | <ul style="list-style-type: none"> <li>• Regular face-to-face meetings</li> <li>• Ad hoc written and verbal briefings</li> <li>• Media/social media</li> <li>• CCG website</li> </ul>                                                                                                                                     |
| Media                   | Editors/journalists, local newspapers<br>Editors/journalists, radio and TV news stations<br>Online news outlets | <ul style="list-style-type: none"> <li>• Media releases</li> <li>• Statements</li> <li>• Briefings</li> <li>• Interviews</li> <li>• Letters</li> <li>• Website/social media</li> </ul>                                                                                                                                    |
| CCG Staff               |                                                                                                                 | <ul style="list-style-type: none"> <li>• Intranet</li> <li>• Fortnightly staff briefings</li> <li>• Monthly E-bulletins</li> </ul>                                                                                                                                                                                        |



| Stakeholder group | Audiences include | Communication and engagement channels                                                                                                                                         |
|-------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   |                   | <ul style="list-style-type: none"> <li>• Staff forum</li> <li>• TV and PC screens</li> <li>• E-mail</li> <li>• Staff-side representatives</li> <li>• Team meetings</li> </ul> |

## Alternative formats

Our publications are available in alternative formats such as audio, braille or different languages on request. Please get in touch using the contact details below.

## Contact

[www.kirkleescg.nhs.uk](http://www.kirkleescg.nhs.uk)

Telephone: 01924 504900

Email: [nkccg.contactus@nhs.net](mailto:nkccg.contactus@nhs.net)

Twitter: @nhskccg

Facebook.com/nhskirkleescg

|                        |                                             |                              |                   |
|------------------------|---------------------------------------------|------------------------------|-------------------|
| <b>Name of Meeting</b> | Governing Body                              | <b>Meeting Date</b>          | 9 June 2021       |
| <b>Title of Report</b> | Financial Plan – H1 April to September 2021 | <b>Agenda Item No.</b>       | 12                |
| <b>Report Author</b>   | Alison Needham – Head of Finance            | <b>Public / Private Item</b> | Public            |
| <b>Clinical Lead</b>   | Dr Khalid Naeem                             | <b>Responsible Officer</b>   | Ian Currell - CFO |

| <b>Executive Summary</b>                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>The paper provides the Governing Body with an overview of the financial plan for approval in respect to April to September 2021. The plan aligns with the both National and Local planning requirements, in line with the new Financial Framework in place for this period.</p> |

### Previous Considerations

|                        |                                                |                     |             |
|------------------------|------------------------------------------------|---------------------|-------------|
| <b>Name of meeting</b> | Finance, Performance and Contracting Committee | <b>Meeting Date</b> | 26 May 2021 |
| <b>Name of meeting</b> |                                                | <b>Meeting Date</b> |             |

| <b>Recommendations</b>                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>The Governing Body is asked to approve the financial plan for April to September 2021 and note that the plan for October to March will be presented at a future date.</p> |

|                                                     |                                           |                                            |               |
|-----------------------------------------------------|-------------------------------------------|--------------------------------------------|---------------|
| <b>Decision</b> <input checked="" type="checkbox"/> | <b>Assurance</b> <input type="checkbox"/> | <b>Discussion</b> <input type="checkbox"/> | <b>Other:</b> |
|-----------------------------------------------------|-------------------------------------------|--------------------------------------------|---------------|

### Implications

|                                                                                                           |                |
|-----------------------------------------------------------------------------------------------------------|----------------|
| <b>Quality and Safety implications (including whether a quality impact assessment has been completed)</b> | Non applicable |
|-----------------------------------------------------------------------------------------------------------|----------------|

|                                                                                                                                                             |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>Engagement and Equality Implications</b><br>(including whether an equality impact assessment has been completed), and health inequalities considerations | Non applicable           |
| <b>Resources / Financial Implications (including Staffing/Workforce considerations)</b>                                                                     | As outlined in the paper |
| <b>Sustainability Implications</b>                                                                                                                          | Non applicable           |

|                                                                       |                                     |                                    |                                                |
|-----------------------------------------------------------------------|-------------------------------------|------------------------------------|------------------------------------------------|
| <b>Has a Data Protection Impact Assessment (DPIA) been completed?</b> | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> | <b>N/A</b> <input checked="" type="checkbox"/> |
|-----------------------------------------------------------------------|-------------------------------------|------------------------------------|------------------------------------------------|

|                                                                                   |                                                                                                                                                    |                                                                                          |  |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--|
| <b>Strategic Objectives</b><br>(which of the CCG objectives does this relate to?) | Building a sustainable organisation based on the aspirations of our members<br><br>Reduce avoidable variation in healthcare and patient experience | <b>Risk (include risk number and a brief description of the risk)</b>                    |  |
| <b>Legal / CCG Constitutional Implications</b>                                    |                                                                                                                                                    | <b>Conflicts of Interest</b><br>(include detail of any identified / potential conflicts) |  |

## **1.0 Introduction**

The following paper has been produced to provide the Governing Body with a detailed overview of the financial plan relating to the first six months of the financial year 2021/22, for the newly merged Kirklees CCG. The plan has been developed in conjunction with the NHS England/Improvement (NHSE/I) national guidance and incorporates the strategic aims of the CCG, whilst also recognising the ongoing support due to the Covid pandemic.

The plan has previously been presented to the Governing Body at a recent development session, and the following information reflects all known changes that have been received nationally post that presentation.

The plan has also been reviewed by the Finance, Performance, Contracting Committee (FPCC) on the 26<sup>th</sup> May 2021.

## **2.0 Financial Context**

During financial year 2020/21, the CCG was placed under a new financial framework due to the Covid pandemic. This was to ensure financial stability during this period, alongside removing the administration burden in the health system as it managed the pandemic. The framework moved away from the CCG receiving a population-based allocation and moved to receiving an allocation share via the West Yorkshire Integrated Care System (ICS). The CCG also received additional funding to support Covid programmes, Independent Sector provider costs, Long Term Planning investments and the Hospital Discharge Programme (HDP), during this period.

For 2021/22, there is a continuation of this framework for the next six months, this period is referred nationally as 'H1'. The CCG has been asked to submit a financial plan for this period, covering expected costs for this period, and will again receive an allocation via the ICS, with additional income flows separately for the HDP and Elective Recovery Fund.

It has been agreed nationally that NHS contracts will continue to be paid via the block process that was introduced last year. However, Independent Sector will now be procured locally by the CCG.

To note the CCGs financial plan will be part of the overarching ICS financial plan submitted to NHSE/I and will continue to be part of a risk sharing agreement with the ICS to ensure system financial stability.

## **3.0 Governance**

The CCG has in line with national requirements submitted its financial plan on the 6<sup>th</sup> May 2021, the plan underwent a number iterations and reviews as part of the wider ICS system. This early version was presented to the Governing Body Development Session on the 5<sup>th</sup> May 2021.

The plan was also presented to the FPCC on the 26<sup>th</sup> May 2021 and the GB are now asked to formally sign off the plan for April to September 2021. The Governing Body should note that several investments are subject to final approval and ratification as part of the CCG governance process and additional funds will be received by the CCG over the forthcoming months.

## 4.0 Control Total

The CCG as part of the framework has had its usual financial targets suspended. It is anticipated that the usual targets will resume in some form from October 2021. However, for the purposes of H1, Kirklees CCG is being asked to achieve a breakeven position.

The CCG is unable to call on any carried forward cumulative surpluses it holds during H1.

## 5.0 Allocations

The CCG is now in receipt of its allocation for 2021/22 – H1, this has been received via the ICS and is summarised in table 3. The amount received has been based on the expenditure trends during the latter stages of the financial year alongside additional growth, of which is shown in table 1 below. For the CCG this allocation has increased by 0.88% in real terms since last year.

**Table 1 - National Planning Growth - Kirklees CCG**

|                             | Price | Activity | General | Total |
|-----------------------------|-------|----------|---------|-------|
| NHS Block                   | 0.50% |          |         | 0.50% |
| Non-NHS & IS                | 0.20% |          |         | 0.20% |
| Prescribing                 | 0.68% |          |         | 0.68% |
| Continuing Health care      | 0.20% | 1.40%    |         | 1.60% |
| Funded Nurse Care           | 2.00% | 1.40%    |         | 3.40% |
| Primary Care - Core         |       |          | 4.50%   | 4.50% |
| Other Programme             | 0.20% | 0.94%    |         | 1.14% |
| Community Activity          |       | 0.67%    |         | 0.67% |
| Better Care Fund            |       |          | 5.30%   | 5.30% |
| CCG Pass through Drugs      | 7.70% |          |         | 7.70% |
| CCG Programme Growth - real |       |          |         | 0.88% |

## 5.1 Allocation Detail

The CCG receives its allocations in three main components, these being Programme, Running Costs and Primary Care Core. The CCG has within this allocation had several adjustments enacted to get to the core allocation that it has received for H1. This initial allocation is shown in detail in table 2. The CCG is also in receipt of additional funding via the ICS as part of a fair share process. This has increased the CCGs allocation to £341.784m.

The CCG has also been allocated indicative funds as part of the Service Development Funds (SDF). These schemes in the main relate to services that support the Long-Term Plan (LTP), but also include allocations for pilots that the CCG is part of. The CCG has also received an allocation as a pass-through allocation to YAS, this is due to being the lead for the contract. The financial impact of these allocations is shown in table 3 and increase the overall allocation by £6.3m, resulting in a final allocation for the CCG of £348.155m.

**Table 2 – Kirklees CCG with ICS Top Up**

| Allocation                         | H1 Value £m    |
|------------------------------------|----------------|
| Core Allocation                    | 289.675        |
| Running Cost                       | 4.157          |
| Primary Care Core                  | 31.140         |
| MHIS adjustment                    | 0.222          |
| Special commissioning adj          | -0.045         |
| SDF Primary Care - Extended Access | -1.367         |
| Growth for Programme               | 2.621          |
| Growth for Primary Care            | 2.079          |
| Independent Sector contracts       | 10.535         |
| <b>Sub Total</b>                   | <b>339.017</b> |
| ICS Top up                         | 2.776          |
| QIPP Adjustments - ICS Fair share  | -0.009         |
| <b>Total</b>                       | <b>341.784</b> |

**Table 3 – Kirklees Allocation plus SDF**

| Allocation                         | H1 Value £m    |
|------------------------------------|----------------|
| CCG allocation plus ICS adjustment | 341.784        |
| <b>SDF Funds:</b>                  |                |
| YAS pass through 111 first         | 0.819          |
| Maternity services - pre-term      | 0.036          |
| Primary Care - Extended Access     | 1.332          |
| GPIT                               | 0.046          |
| Mental Health                      | 2.729          |
| Lung Health - Pilot                | 0.713          |
| UCR Programme                      | 0.696          |
| <b>Sub Total</b>                   | <b>6.371</b>   |
| <b>Total</b>                       | <b>348.155</b> |

## 5.2 Additional Allocations

Within the financial plan the CCG has incorporated all known funding streams as part of the national planning requirements. For the purposes for future planning requirements, the CCG is expected to have access or a fair share of additional funds as it moves through H1. These funds are outlined below. It is expected as the CCG receives these funds these will be incorporated in the financial position and presented via normal governance routes on how they impact the financial position of the CCG.

## ***Anticipated Funds/Adjustments***

- Hospital Discharge Programme – drawdown in line with NHSE/I policy (but subject to a cap)
- Elective Recovery Fund – access to £1bn. Fund to support the recovery of the system (subject to cap)
- Primary Care ICS workstream – GPFV/ PCN resilience etc.
- Ageing Well programme – Fair Share (some schemes already included within financial plan – estimated to be £1.9m)
- Primary Care support (share of £120m) – CCG anticipated share £0.8m
- Additional SDF schemes – fair shares to be finalised

## **6.0 Expenditure**

### **6.1 Assumptions**

The following section will detail the expenditure assumptions for the CCG for H1. As part of the planning exercise, the following assumptions have been incorporated within the values –

- Expenditure included reflects all known costs for the relevant period
- The methodology of costs in relation to growth etc. and has undergone a consistency check with neighbouring CCGs
- Includes all the block agreements with providers with agreed uplift targets and QIPP target of 0.28%
- Includes several investments that have been agreed or are subject to approval via a formal governance process
- The plan includes a 0.5% contingency value of £1.695m, which is a pre-requisite set by NHSE/I
- Includes demographic growth and uplifts in line with planning requirements in table 1 – with some exclusions in Prescribing and Continuing Health Care where an increase has been included to reflect anticipated costs and agreed rates with the Local Authority
- Includes 1% pay award against running cost staff costs
- Assumes all SDF income received has corresponding expenditure to match.

### **6.2 Expenditure Plan**

The following section will provide an overview with the anticipated costs for the period of H1, and budgets by commissioning type. The CCG plan based on predicted expenditure values has had to include a QIPP value of £3.210m to ensure it achieves its financial target of breakeven. Within table 4 it outlines the allocations for each expenditure type and includes the national requirement to provide a 0.5% contingency of £1.695m as part of business rules. It also shows the balancing QIPP target of £3.2m to achieve financial balance.



**Table 4 – H1 Expenditure Budget by type**

| Expenditure by Type | Allocation - £m | Expenditure - £m | Variance - £m |
|---------------------|-----------------|------------------|---------------|
| Programme           | 310.779         | 311.217          | 0.438         |
| Primary Care        | 33.219          | 34.296           | 1.077         |
| Running Costs       | 4.157           | 4.157            | 0.000         |
| Contingency         | 0.000           | 1.695            | 1.695         |
| QIPP                | 0.000           | -3.210           | -3.210        |
| Total               | 348.155         | 348.155          | 0.000         |

As previously stated, the plan incorporates all anticipated costs for the CCG and adjusts for inflationary rises as outlined in table 1. Table 5 outlines the expenditure budgets for H1 for all commissioning types.

**Table 5 - Expenditure Budgets for H1**

| Commissioning Area       | Budget £m |
|--------------------------|-----------|
| Acute Services (inc YAS) | 171.84    |
| Mental Health            | 41.164    |
| Community                | 27.635    |
| Continuing Health Care   | 16.166    |
| Primary Care Other       | 5.843     |
| Prescribing              | 36.911    |
| Other Programme Costs    | 10.143    |
| Total Programme          | 309.702   |
| Primary Care - Co-comm   | 34.296    |
| Running Costs            | 4.157     |
| Total Budgets            | 348.155   |

### 6.2.1 Key Headlines

**Acute Services** – The plan incorporates the block contracts that were put in place as part of the financial framework and will not pay for any non-contracted activity via this route. These payments are built into the Trusts lead provider block payments. All blocks have been increased by the 0.5% uplift, shown in table 1. Independent Sector costs have been included based on contracts agreed.

**Mental Health** - The plan incorporates the block contracts that were put in place as part of the financial framework and will not pay for any non-contracted activity via this route. These payments are built into the Trusts lead provider block payments. All blocks have been increased by the 0.5% uplift, shown in table 1. Independent Sector costs have been included based on contracts agreed. The value also includes all investments that are outlined in table 8 of this report.

**Community** – The plan includes growth in line with national and local agreements put in place. It also includes elements of the Better Care Fund and investments that are outlined in table 7 of this report.

**Continuing Health Care (CHC)** - The CCG as part of a prior agreement with the Local Authority have agreed rates for care packages in line with local governance processes, prior to the allocations received. The CCG has included in the plan 3.5% for CHC and 2% for FNC packages or care. This exceeds the level of growth the CCG has received.

**Prescribing** – The CCG as part of planning has incorporated an increase of 1.68% against its current prescribing costs, rather than the 0.68% provided. There is a continued risk in this area, due to level of growths in this area usually average around 3-4% per annum. This has been raised as a risk with ICS and NHSE/I colleagues.

**Primary Care – Co-commissioning** - The CCG has incorporated all asks in relation to primary care due to changes to QOF, GMS rates and national expectations around the Investment Fund and Additional Role Reimbursements. The CCG during 2020/21 commenced its work around the Equitable Funding. The result is that the CCG has invested the remaining half of the £1m investment in Primary Care.

**Running Costs** - The CCG has not been advised of the Agenda for Change pay settlement for 2021/22. However, for the purposes of planning has incorporated 1% growth.

### **6.3 Additional Expenditure**

The CCG due to the national requirements have additional costs that have been identified that have not been incorporated in the overall planning figures shown above, these costs are summarised below.

**Hospital Discharge Programme** – the CCG has estimated that it will incur an additional £1.136m in relation to supporting this programme until September 2021. The CCG will fund these costs by drawing down national funds that have been made available. It should be noted that subsequently to the plan being submitted, national policy has been released and the ICS system has been allocated a capped value of £11.875m that should fund this. Work will now commence to understand any financial risk in this area.

**Elective Recovery Fund** – The CCG has estimated a cost of approx. £0.8m that would be needed to support back log pressures in the Independent sector. This number is subject to further scrutiny and evaluation as the CCG works through the financial year.

### **7.0 Risks and Opportunities**

Whilst the financial plan has considered and reflected all known expenditure to date, there are several risks in the delivery of a breakeven plan. The risks and potential mitigations are shown below.

It is important to recognise that due to the timings of the planning round that further work is required to fully establish whether growth assumptions will materialise, what additional funds will be received and allocated and whether the investments outlined in section 8 are approved. This may alter the position as the CCG moves through the first half of the financial year.

**Fig. 1 – Kirklees CCG Risks and Opportunities**



## 8.0 Investments

As previously advised the CCG has incorporated several investments within its plan, to support both local and strategic aims. These are funded via several resources including being locally provided for, via pilot schemes (UCR and Lung Health) and via the Service Development Fund. Table 6 below provides a summary of the level of investments that have been incorporated within the Plan. (To note these investments are shown as a full year value for completeness, only H1 values have been included).

**Table 6 – Investments**

| Investments - Total Per Area | Income        | H1 - £000    | H2 - £000    | Total - £000  |
|------------------------------|---------------|--------------|--------------|---------------|
| Community                    | Local         | 2,409        | 2,080        | 4,489         |
| Mental Health                | Local and SDF | 2,962        | 2,962        | 5,924         |
| Urgent Care Response         | SDF           | 696          | 696          | 1,392         |
| 111 – First                  | SDF           | 819          | 819          | 1,638         |
| Lung Health                  | SDF           | 713          | 713          | 1,426         |
| Extended Access              | SDF           | 1,332        | 1,332        | 2,664         |
| Maternity – Birth            | SDF           | 36           | 36           | 72            |
| GPIT                         | SDF           | 46           | 46           | 92            |
| <b>Total</b>                 |               | <b>9,013</b> | <b>8,684</b> | <b>17,697</b> |

Tables 7 and 8 below provides a breakdown of the main areas of investment in Community and Mental Health. It should be noted that the CCG as part of the Urgent Care Response pilot has funded several supporting schemes that align to the Long-Term Plan in respect to Ageing Well. These schemes have currently been funded out of CCG programme allocations for the planning

process. It is anticipated that the CCG will receive a further allocation of £1.9m to support this programme of care. It is expected that this will fund the early investments in these areas, thus reduce the financial gap of the CCG.

**Table 7 – Community Investments**

| Community Services              | H1 - £000    | H2 - £000    | Total - £000 |
|---------------------------------|--------------|--------------|--------------|
| Phlebotomy                      | 217          | 198          | 415          |
| Enhanced Discharge Arrangements | 552          | 444          | 996          |
| End of Life Care                | 200          | 200          | 400          |
| Equitable Funding FY impact     | 281          | 281          | 562          |
| Health Inequalities             | 375          | 375          | 750          |
| Care Homes - Ageing Well        | 451          | 451          | 902          |
| Other                           | 333          | 131          | 464          |
| <b>Total</b>                    | <b>2,409</b> | <b>2,080</b> | <b>4,489</b> |

Within Mental Health the CCG has included several key investment areas. The CCG as part of business rules must achieve its Mental Health Investment Standards and hold a reserve to support Mental Health future pay award uplifts, these have been incorporated in the first section of table 8. The further sections relate to national must do's as part of the SDF allocation. The main areas of investment relate to Children and Young People.

**Table 8 – Mental Health Investments**

| <b>Mental Health Investment - Summary</b>                                        |                  |                  |                     |
|----------------------------------------------------------------------------------|------------------|------------------|---------------------|
| <b>Local Investment - MHIS target</b>                                            | <b>H1 - £000</b> | <b>H2 - £000</b> | <b>Total - £000</b> |
| Perinatal*                                                                       | 54               | 54               | 108                 |
| MH Inpatients ACP                                                                | 17               | 17               | 33                  |
| Consultant increased provision                                                   | 70               | 70               | 139                 |
| Increase Physiotherapy                                                           | 12               | 12               | 24                  |
| LD Strategic Health Facilitator                                                  | 35               | 35               | 69                  |
| IAPT expansion*                                                                  | 163              | 163              | 325                 |
| Match Funding ARRS                                                               | 74               | 74               | 148                 |
| Tariff impact (must do)                                                          | 327              | 327              | 654                 |
| <b>Subtotal</b>                                                                  | <b>750</b>       | <b>750</b>       | <b>1,500</b>        |
| <b>SDF - national must do's</b>                                                  | <b>H1 - £000</b> | <b>H2 - £000</b> | <b>Total - £000</b> |
| Children Young People                                                            | 255              | 255              | 510                 |
| Young Adults                                                                     | 77               | 77               | 153                 |
| Trailblazers                                                                     | 420              | 420              | 839                 |
| MHST wave 1&2                                                                    | 368              | 368              | 736                 |
| CYP Eating Disorders                                                             | 46               | 46               | 91                  |
| CYP community & crisis                                                           | 171              | 171              | 342                 |
| Discharge                                                                        | 332              | 332              | 663                 |
| <b>Subtotal</b>                                                                  | <b>1,667</b>     | <b>1,667</b>     | <b>3,334</b>        |
| <b>NHSE Service Review MH recovery</b>                                           | <b>H1 - £000</b> | <b>H2 - £000</b> | <b>Total - £000</b> |
| Young Adults (support for 18 to 25-year olds)                                    | 50               | 50               | 99                  |
| Community MH for Adults and Older Adults1                                        | 221              | 221              | 442                 |
| Improving physical health for those with SMI                                     | 46               | 46               | 91                  |
| Adult and Older Adults Crisis                                                    | 50               | 50               | 99                  |
| IAPT2                                                                            | 122              | 122              | 244                 |
| Dementia: memory assessment services and recovery of the dementia diagnosis rate | 58               | 58               | 115                 |
| <b>Subtotal</b>                                                                  | <b>545</b>       | <b>545</b>       | <b>1,090</b>        |
| <b>Total</b>                                                                     | <b>2,962</b>     | <b>2,962</b>     | <b>5,924</b>        |

It should be noted that the values attributed to individual schemes at this stage are indicative only. Agreement to take forward individual investments will be subject to the usual CCG governance processes including business cases where appropriate.

## 11.0 Recommendations

The Governing Body is asked to approve the financial plan for April to September 2021 and note that the plan for October to March will be presented at a future date.

|                        |                                           |                              |                              |
|------------------------|-------------------------------------------|------------------------------|------------------------------|
| <b>Name of Meeting</b> | Governing Body                            | <b>Meeting Date</b>          | 9 June 2021                  |
| <b>Title of Report</b> | Committee Work Plans                      | <b>Agenda Item No.</b>       | 13                           |
| <b>Report Author</b>   | Laura Ellis, Head of Corporate Governance | <b>Public / Private Item</b> | Public                       |
| <b>Clinical Lead</b>   | Dr Khalid Naeem, Clinical Chair           | <b>Responsible Officer</b>   | Carol McKenna, Chief Officer |

### Executive Summary

The Governing Body has established a number of sub-committees, which operate under terms of reference agreed by the Governing Body. Each committee is asked to agree its work plan with the Governing Body, in order to provide assurance that the committee has an adequate plan in place to carry out its delegated functions. This report shares those work plans for 2021/22 for assurance.

### Previous Considerations

|                        |   |                     |  |
|------------------------|---|---------------------|--|
| <b>Name of meeting</b> | - | <b>Meeting Date</b> |  |
| <b>Name of meeting</b> |   | <b>Meeting Date</b> |  |

### Recommendations

It is recommended that the Governing Body **RECEIVE** the committee work plans for assurance.

|                                          |                                                      |                                            |               |
|------------------------------------------|------------------------------------------------------|--------------------------------------------|---------------|
| <b>Decision</b> <input type="checkbox"/> | <b>Assurance</b> <input checked="" type="checkbox"/> | <b>Discussion</b> <input type="checkbox"/> | <b>Other:</b> |
|------------------------------------------|------------------------------------------------------|--------------------------------------------|---------------|

### Implications

|                                                                                                                                                          |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>Quality and Safety implications (including whether a quality impact assessment has been completed)</b>                                                | None directly arising from this report. |
| <b>Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations</b> | None directly arising from this report. |

|                                                                                         |                                        |
|-----------------------------------------------------------------------------------------|----------------------------------------|
| <b>Resources / Financial Implications (including Staffing/Workforce considerations)</b> | None directly arising from this report |
| <b>Sustainability Implications</b>                                                      | None directly arising from this report |

|                                                                       |                                     |                                    |                                                |
|-----------------------------------------------------------------------|-------------------------------------|------------------------------------|------------------------------------------------|
| <b>Has a Data Protection Impact Assessment (DPIA) been completed?</b> | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> | <b>N/A</b> <input checked="" type="checkbox"/> |
|-----------------------------------------------------------------------|-------------------------------------|------------------------------------|------------------------------------------------|

|                                                                                |                                                                                                                                      |                                                                                       |      |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------|
| <b>Strategic Objectives (which of the CCG objectives does this relate to?)</b> | All                                                                                                                                  | <b>Risk (include risk number and a brief description of the risk)</b>                 | None |
| <b>Legal / CCG Constitutional Implications</b>                                 | The Constitution sets out the Governing Body's committees and the Scheme of Reservation and Delegation sets out delegated functions. | <b>Conflicts of Interest (include detail of any identified / potential conflicts)</b> | None |

## **1. Introduction**

- 1.1 The Governing Body has established a number of sub-committees, which operate under terms of reference agreed by the Governing Body. Each committee is asked to agree its work plan with the Governing Body, in order to provide assurance that the committee has an adequate plan in place to carry out its delegated functions.

## **2. Detail**

- 2.1 Each sub-committee has met during April / May 2021 to agree its work plan for the year. These are now shared with the Governing Body for assurance:
- Audit Committee
  - Finance, Performance & Contracting Committee
  - Primary Care Commissioning Committee
  - Quality Committee
- 2.2 As the Remuneration Committee will only meet once more during 2021/22 (unless additional business is identified), a work plan has not been produced. The decision notice from meetings is shared with Governing Body as part of assurance.

## **3 Next Steps**

- 3.1 The committees will keep their work plans under review throughout the year. Governing Body receive copies of all minutes to support the assurance process, as do Audit Committee.

## **4. Implications**

As set out on the cover page.

## **5. Recommendations**

It is recommended that the Governing Body **RECEIVE** the committee work plans for assurance.

## **6. Appendices**

Appendix 1 – Audit Committee Work Plan

Appendix 2 – Finance, Performance & Contracting Committee Work Plan

Appendix 3 – Primary Care Commissioning Committee Work Plan

Appendix 4 – Quality Committee Work Plan

## Audit Committee – Work Plan 2021/22

| Work Plan Items                                     | Lead | Frequency | 21 April  | Annual Report and Accounts - Page turn (26 May) | Annual Report and Accounts – Sign Off reserved to GB | 21 Jul | 20 Oct | 19 Jan | Comments                                       |
|-----------------------------------------------------|------|-----------|-----------|-------------------------------------------------|------------------------------------------------------|--------|--------|--------|------------------------------------------------|
| <b>INTERNAL AUDIT</b>                               |      |           |           |                                                 |                                                      |        |        |        |                                                |
| Internal Audit Work Plan                            | JH   | Annually  |           |                                                 |                                                      | ✓      |        |        | To receive and agree the work plan             |
| Internal Audit Progress Reports                     | JH   | Each mtg  | ✓         |                                                 |                                                      | ✓      | ✓      | ✓      | To update on progress against the IA work plan |
| Internal Audit Annual Report                        | JH   | Annually  |           |                                                 |                                                      | ✓      |        |        | To receive and agree the annual report         |
| Head of Internal Audit Opinion                      | JH   | Annually  | ✓ (draft) | ✓ (draft)                                       |                                                      |        |        |        | To receive and agree the HoIA opinion 20/21    |
| Internal Audit Effectiveness Review                 | JH   | Annually  |           |                                                 |                                                      |        |        | ✓      | To review effectiveness                        |
| Internal Audit Charter Report                       | JH   | Annually  |           |                                                 |                                                      |        |        | ✓      | To receive                                     |
| <b>COUNTER FRAUD</b>                                |      |           |           |                                                 |                                                      |        |        |        |                                                |
| Counter Fraud Annual Report                         | RD   | Annually  |           |                                                 |                                                      | ✓      |        |        | To update on the CF annual report              |
| Counter Fraud Work Plan                             | RD   | Annually  |           |                                                 |                                                      | ✓      |        |        | To receive and agree the work plan             |
| Counter Fraud Progress Reports                      | RD   | Each mtg  | ✓         |                                                 |                                                      | ✓      | ✓      | ✓      | To update on CF progress                       |
| External reports on Counter Fraud                   | RD   | As req    |           |                                                 |                                                      |        |        |        | By exception                                   |
| <b>EXTERNAL AUDIT</b>                               |      |           |           |                                                 |                                                      |        |        |        |                                                |
| External Audit Technical Update                     | JB   | Each Mtg  | ✓         |                                                 |                                                      | ✓      | ✓      | ✓      | Via SMT before Audit committee                 |
| External Audit Plans and Fees                       | JB   | Annually  |           |                                                 |                                                      |        |        | ✓      | To review the EA plan                          |
| External Audit Annual Letter                        | JB   | Annually  |           |                                                 |                                                      | ✓      |        |        | To review the EA letter and refer to GB        |
| <b>FINANCE</b>                                      |      |           |           |                                                 |                                                      |        |        |        |                                                |
| Non-compliance with Prime Financial Policies / SFIs | ICu  | As req    |           |                                                 |                                                      |        |        |        | To report non-compliance                       |
| Annual Review of Prime Financial Policies / SFIs    | ICu  | Annually  |           |                                                 |                                                      |        |        | ✓      | To review and recommend to GB                  |



| Work Plan Items                                                                                                                      | Lead | Frequency | 21 April               | Annual Report and Accounts - Page turn (26 May) | Annual Report and Accounts – Sign Off reserved to GB | 21 Jul                | 20 Oct         | 19 Jan                                                         | Comments                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------|------|-----------|------------------------|-------------------------------------------------|------------------------------------------------------|-----------------------|----------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Disposals                                                                                                                            | ICu  | As req    |                        |                                                 |                                                      |                       |                |                                                                | By exception                                                                          |
| Losses and Special Payments Report                                                                                                   | ICu  | Quarterly | ✓                      |                                                 |                                                      | ✓                     | ✓              | ✓                                                              | To update around any losses/compensations                                             |
| <b>CONTRACTING</b>                                                                                                                   |      |           |                        |                                                 |                                                      |                       |                |                                                                |                                                                                       |
| Tenders and Tender Waivers                                                                                                           | MP   | Quarterly | ✓<br>(Qtr 4 - 2020/21) |                                                 |                                                      | ✓<br>(Qtr 1 2021/22)  | ✓<br>(Qtr 2)   | ✓<br>(Qtr 3)                                                   | To update on the decisions made at FPCs that result in a single tender waiver         |
| Contracts Register                                                                                                                   | MP   | Quarterly | ✓<br>(Qtr 4 - 2020/21) |                                                 |                                                      | ✓<br>(Qtr 1 2021/22)  | ✓<br>(Qtr 2)   | ✓<br>(Qtr 3)                                                   | To scrutinise and challenge the contracts register                                    |
| <b>GOVERNANCE</b>                                                                                                                    |      |           |                        |                                                 |                                                      |                       |                |                                                                |                                                                                       |
| Audit Committee Terms of Reference                                                                                                   | LE   | Annually  | ✓                      |                                                 |                                                      |                       |                |                                                                |                                                                                       |
| Register of Interests                                                                                                                | LE   | Quarterly | ✓<br>(Qtr 4 - 2020/21) |                                                 |                                                      | ✓<br>(Qtr 1 2021/22)  | ✓<br>(Qtr 2)   | ✓<br>(Qtr 3)                                                   | For assurance on completeness and on the process                                      |
| Register of Gifts, Hospitality and Sponsorship                                                                                       | LE   | Annually  |                        |                                                 |                                                      | ✓                     |                |                                                                |                                                                                       |
| Integrated Governance Report:<br>• Information Governance Update incl. DSP Toolkit<br>• High Level Risk Log<br>• Application of Seal | LE   | Quarterly | ✓<br>(Qtr 4 - 2020/21) |                                                 |                                                      | ✓<br>(Qtr 1 2021/2 2) | ✓<br>(Qtr 2)   | ✓<br>(Qtr 3)                                                   | For assurance                                                                         |
| Governing Body Assurance Framework                                                                                                   | LE   | Quarterly |                        |                                                 |                                                      | ✓<br>Full GBAFs       | ✓<br>Deep dive | ✓<br>Full GBAFs /Deep Dive (deferred due to work being paused) | For assurance that GBAF updated/strategic risks managed by the SMT and clinical leads |
| SIRO Report                                                                                                                          | ICu  | Annually  |                        |                                                 |                                                      | ✓                     |                |                                                                | For assurance                                                                         |
| Review of Decisions to Suspend                                                                                                       | LE   | As req    |                        |                                                 |                                                      |                       |                |                                                                | By exception                                                                          |

| Work Plan Items                                                                                         | Lead            | Frequency | 21 April      | Annual Report and Accounts - Page turn (26 May) | Annual Report and Accounts – Sign Off reserved to GB | 21 Jul | 20 Oct | 19 Jan | Comments                                                                           |
|---------------------------------------------------------------------------------------------------------|-----------------|-----------|---------------|-------------------------------------------------|------------------------------------------------------|--------|--------|--------|------------------------------------------------------------------------------------|
| Standing Orders                                                                                         |                 |           |               |                                                 |                                                      |        |        |        |                                                                                    |
| CCG Constitution                                                                                        | LE              | As req    |               |                                                 |                                                      |        |        |        | For assurance                                                                      |
| Audit Committee Self-Assessment                                                                         | LE              | Annually  |               |                                                 |                                                      |        |        | ✓      | For review                                                                         |
| Emergency Preparedness, Resilience and Response (EPRR) Annual Reports; Self-Assessments; Plans          | PP              | Annually  |               |                                                 |                                                      |        | ✓      |        | To review compliance with the EPRR core standards and update on EPRR Annual Report |
| Review of Committee Minutes                                                                             | Chair           | Each mtg  | ✓             |                                                 |                                                      | ✓      | ✓      | ✓      | For assurance                                                                      |
| Covid-19 Update                                                                                         | LE              | As req    |               |                                                 |                                                      |        |        |        |                                                                                    |
| Committee Work Plan                                                                                     | LE              | Each mtg  | ✓             |                                                 |                                                      | ✓      | ✓      | ✓      |                                                                                    |
| UK Corporate Governance Code Assessment                                                                 | LE              | Annually  |               |                                                 |                                                      | ✓      |        |        |                                                                                    |
| <b>RISKS, CONTROLS AND ASSURANCES</b>                                                                   |                 |           |               |                                                 |                                                      |        |        |        |                                                                                    |
| Committee Review of Risks, Controls and Assurances:<br>* Finance<br>* Contracting<br>* Quality & Safety | ICu<br>MP<br>PW | Annually  |               |                                                 |                                                      | ✓      | ✓      | ✓      |                                                                                    |
| <b>ANNUAL REPORT &amp; ACCOUNTS (inc ANNUAL GOVERNANCE STATEMENT)</b>                                   |                 |           |               |                                                 |                                                      |        |        |        |                                                                                    |
| Annual Report & Accounts (including Annual Governance Statement)                                        | AN/LE           | Annually  | ✓<br>(update) | ✓<br>(walk through)                             |                                                      |        |        |        | For review ahead of Governing Body                                                 |
| <b>POLICIES/PLANS FOR REVIEW IN 2021/22</b>                                                             |                 |           |               |                                                 |                                                      |        |        |        |                                                                                    |
| Anti-Fraud, Bribery & Corruption Policy                                                                 | RD              | As req    | ✓             |                                                 |                                                      |        |        |        |                                                                                    |
| Business Continuity Plan                                                                                | LE              | As req    |               |                                                 |                                                      | ✓      |        |        |                                                                                    |
| Freedom of Information and EIR Policy                                                                   | LE              | As req    | ✓             |                                                 |                                                      |        |        |        |                                                                                    |
| Health and Safety Policy                                                                                | LE              | As req    | ✓             |                                                 |                                                      |        |        |        |                                                                                    |
| Fire Safety Policy                                                                                      | LE              | As req    | ✓             |                                                 |                                                      |        |        |        |                                                                                    |

| Work Plan Items                                         | Lead | Frequency | 21 April | Annual Report and Accounts - Page turn (26 May) | Annual Report and Accounts – Sign Off reserved to GB | 21 Jul | 20 Oct | 19 Jan | Comments                                                    |
|---------------------------------------------------------|------|-----------|----------|-------------------------------------------------|------------------------------------------------------|--------|--------|--------|-------------------------------------------------------------|
| Information Governance Policies and Procedures Handbook | LE   | As req    | ✓        |                                                 |                                                      |        |        |        |                                                             |
| Integrated Risk Management Framework                    | LE   | As req    | ✓        |                                                 |                                                      |        |        |        |                                                             |
| Local Security Management Policy                        | LE   | As req    |          |                                                 |                                                      | ✓      |        |        | Awaiting new security management standards; review deferred |
| Incident Management Policy and Procedure                | LE   | As req    | ✓        |                                                 |                                                      |        |        |        |                                                             |
| New & Expectant Mothers Policy                          |      |           |          |                                                 |                                                      | ✓      |        |        |                                                             |

## NHS KIRKLEES CCG FINANCE, PERFORMANCE AND CONTRACTING COMMITTEE WORK PLAN – APRIL 2021 TO MARCH 2022

| No.                                              | Agenda Item                                      | May 21 | July 21 | Sep 21 | Nov 21 | Jan 22 | Mar 22 | Comments |
|--------------------------------------------------|--------------------------------------------------|--------|---------|--------|--------|--------|--------|----------|
| <b>Finance and Contracting</b>                   |                                                  |        |         |        |        |        |        |          |
| 1                                                | Finance Report                                   | x      | x       | x      | x      | x      | x      | -        |
| 2                                                | Financial Budgets/Plans                          | x      | x       | x      | x      | x      | x      | -        |
| 3                                                | Contracting Report                               | x      | x       | x      | x      | x      | x      | -        |
| 4                                                | Review of Procurement Policy                     | x      | -       | -      | -      | -      | -      |          |
| <b>Performance</b>                               |                                                  |        |         |        |        |        |        |          |
| 5                                                | Corporate Performance Report                     | x      | x       | x      | x      | x      | x      | -        |
|                                                  | - Constitutional Standards                       | x      | x       | x      | x      | x      | x      | -        |
|                                                  | - Improvement and assessment framework           | -      | x       | x      | -      | -      | x      | -        |
|                                                  | - Quality Premium                                | -      | x       | x      | -      | -      | x      | -        |
| <b>Corporate</b>                                 |                                                  |        |         |        |        |        |        |          |
| 6                                                | Committee Annual Report                          | -      | -       | -      | -      | -      | x      | -        |
| 7                                                | Committee Terms of Reference                     | -      | -       | -      | -      | -      | x      | -        |
| 8                                                | Committee Work Plan                              | x      | x       | x      | x      | x      | x      | -        |
| 9                                                | Committee Self-Assessment Findings               | -      | -       | -      | -      | -      | x      | -        |
| <b>Business Planning / Service Specification</b> |                                                  |        |         |        |        |        |        |          |
| 10                                               | Operational Planning / Trajectory                | -      | -       | -      | -      | -      | -      | TBC      |
| 11                                               | Estates                                          | -      | -       | -      | -      | -      | -      | TBC      |
| 12                                               | Minutes for information:<br>- A&E Delivery Board | x      | x       | x      | x      | x      | x      | -        |

|  |                                    |  |  |  |  |  |  |  |
|--|------------------------------------|--|--|--|--|--|--|--|
|  | - Partnership Transformation Board |  |  |  |  |  |  |  |
|--|------------------------------------|--|--|--|--|--|--|--|

### Shared Items with Quality Committee (Sandwich meeting)

|    |                                                    |   |   |   |   |   |   |             |
|----|----------------------------------------------------|---|---|---|---|---|---|-------------|
| 13 | QIPP Report                                        | - | - | - | - | - | - | TBC         |
| 14 | Significant Business Cases/ Service Specifications | - | - | - | - | - | - | As required |

### Governance

|    |                                     |   |   |   |   |   |   |              |
|----|-------------------------------------|---|---|---|---|---|---|--------------|
| 15 | Risk Registers – FP&C and QC Risks  | x | x | x | x | x | x | -            |
| 16 | Governing Body Assurance Frameworks | - | - | x | - | - | x | Twice a year |

### Minutes for Information

|    |                                                                                                                                                                                 |   |   |   |   |   |   |   |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|
| 17 | Minutes for information:<br>- Primary Care Commissioning Operational Group<br>- Kirklees Integrated Health and Care Leadership Board<br>- Joint Acute Strategic Oversight Board | x | x | x | x | x | x | - |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|

# NHS KIRKLEES CCG PRIMARY CARE COMMISSIONING COMMITTEE WORK PLAN – APRIL 2021 TO MARCH 2022

| No.                                    | Agenda Item                                                                                                       | Apr 21 | Jun 21 | Aug 21 | Oct 21 | Dec 21 | Feb 22 | Comments                                                             |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------|--------|--------|--------|--------|--------|----------------------------------------------------------------------|
| <b>Routine Reports – for assurance</b> |                                                                                                                   |        |        |        |        |        |        |                                                                      |
| 1                                      | Finance Report                                                                                                    | x      | x      | x      | x      | x      | x      | -                                                                    |
| 2                                      | Contracting Report                                                                                                | x      | x      | x      | x      | x      | x      | -                                                                    |
| 3                                      | Primary Care Dashboard Update                                                                                     | x      | -      | x      | -      | x      | -      | Bi-monthly                                                           |
| 4                                      | Primary Care Networks Update                                                                                      | -      | x      | -      | -      | x      | -      | Including progress on ARRS                                           |
| 5                                      | Estates and ETTF Update                                                                                           | -      | x      | -      | -      | x      | -      | -                                                                    |
| 6                                      | National GP Patient Survey Results                                                                                | -      | -      | x      | -      | -      | -      | Annual                                                               |
| 7                                      | Patient Story                                                                                                     | -      | x      | x      | x      | x      | x      | For discussion / reflection                                          |
| <b>Items for Decision</b>              |                                                                                                                   |        |        |        |        |        |        |                                                                      |
| 8                                      | Kirklees Equitable Funding Review                                                                                 | -      | -      | x      | -      | x      | -      | To include:<br>- Assurance on progress<br>- Review of implementation |
| 9                                      | Health Inequalities Scheme                                                                                        | -      | -      | x      | -      | x      | -      | -                                                                    |
| 10                                     | University QOF                                                                                                    | -      | -      | -      | x      | -      | -      | -                                                                    |
| 11                                     | Special Allocation Scheme                                                                                         | -      | x      | -      | -      | -      | -      | -                                                                    |
| 12                                     | Extended Access Service Update                                                                                    | -      | -      | -      | x      | -      | x      | NHSE guidance expected Summer 2021                                   |
| 13                                     | Practice Quality Issues (e.g. CQC, Healthwatch, complaints)                                                       | -      | -      | -      | -      | -      | -      | As required                                                          |
| 14                                     | Practice Issues – Boundary Changes; List Closures; Mergers; End of Time Limited Contracts; Incorporation Requests | -      | -      | -      | -      | -      | -      | As required                                                          |
| 15                                     | Covid and Covid Vaccination Update                                                                                | -      | -      | x      | -      | -      | -      | -                                                                    |

## Governance

| No. | Agenda Item                                          | Apr 21 | Jun 21 | Aug 21 | Oct 21 | Dec 21 | Feb 22 | Comments                                          |
|-----|------------------------------------------------------|--------|--------|--------|--------|--------|--------|---------------------------------------------------|
| 16  | Committee Annual Report                              | -      | -      | -      | -      | -      | x      | -                                                 |
| 17  | Committee Self-Assessment Findings                   | -      | -      | -      | -      | -      | x      | -                                                 |
| 18  | Committee Work Plan                                  | x      | x      | x      | x      | x      | x      | -                                                 |
| 19  | Committee Terms of Reference                         | x      | -      | -      | -      | -      | -      | -                                                 |
| 20  | Practice Care Operational Group – Terms of Reference | x      | -      | -      | -      | -      | -      | -                                                 |
| 21  | Governing Body Assurance Framework                   | -      | x      | -      | -      | x      | -      | Review Primary Care risks<br>Dec / June each year |
| 22  | Notification of Urgent Decisions                     | x      | -      | -      | -      | -      | -      | As required                                       |
| 23  | Internal Audit Report Findings and Recommendations   | x      | -      | -      | -      | -      | -      | -                                                 |

## Quality Committee – Work Plan 2021/22

| Work Plan Items                                                                                                                                                                                                 | Lead      | Frequency           | May | July | Sept              | Nov | Jan | March             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|-----|------|-------------------|-----|-----|-------------------|
| <b>OVERARCHING QUALITY</b>                                                                                                                                                                                      |           |                     |     |      |                   |     |     |                   |
| Quality & Safety Report & Dashboard <ul style="list-style-type: none"> <li>Q&amp;S report received every meeting, otherwise by exception</li> <li>Dashboard every meeting – full dashboard 6-monthly</li> </ul> | DW        | Every meeting       | ✓   | ✓    | ✓<br>Full d-board | ✓   | ✓   | ✓<br>Full d-board |
| MYHT quality report (incl. CQC action plan updates)                                                                                                                                                             | SS        | Every meeting       | ✓   | ✓    | ✓                 | ✓   | ✓   | ✓                 |
| Annual Quality Accounts (CHFT, SWYPFT, YAS, Locala) (incl. in Q&S Report)                                                                                                                                       | PW        | Annual              |     | ✓    |                   |     |     |                   |
| Primary Care Quality Report (incl. Red Button/QIL themes May & January)                                                                                                                                         | CW/<br>SS | Every other meeting | ✓   |      | ✓                 |     | ✓   |                   |
| <b>EFFECTIVENESS OF TREATMENT AND CARE</b>                                                                                                                                                                      |           |                     |     |      |                   |     |     |                   |
| NICE Technology Appraisals                                                                                                                                                                                      | LG        | Every meeting       | ✓   | ✓    | ✓                 | ✓   | ✓   | ✓                 |
| Medicine Commissioning Policies/ Statements                                                                                                                                                                     | LG        | As required         |     |      |                   |     |     |                   |
| Clinical Effectiveness/National Audit Reports                                                                                                                                                                   | CB        | Annual              |     | ✓    |                   |     |     |                   |
| Research Management & Governance Process                                                                                                                                                                        | PW        | Annual              |     | ✓    |                   |     |     |                   |
| <b>SAFETY OF TREATMENT AND CARE</b>                                                                                                                                                                             |           |                     |     |      |                   |     |     |                   |
| Serious Incidents key themes (to be included in the Quality & Safety Report)                                                                                                                                    | CR        | 6-monthly           | ✓   |      |                   | ✓   |     |                   |
| Infection Prevention & Control (incl. work plan)                                                                                                                                                                | JOD       | 6-monthly           | ✓   |      |                   | ✓   |     |                   |
| Joint Safeguarding Children/Adults Report (incl. LAC)                                                                                                                                                           | CR        | 6-monthly           | ✓   |      |                   | ✓   |     |                   |
| Looked After Children Report                                                                                                                                                                                    | GA        | Annual              |     |      |                   |     | ✓   |                   |
| LeDeR annual report                                                                                                                                                                                             | CR        | Annual              |     | ✓    |                   |     |     |                   |



| Work Plan Items                                                                                               | Lead | Frequency     | May | July | Sept | Nov | Jan | March |
|---------------------------------------------------------------------------------------------------------------|------|---------------|-----|------|------|-----|-----|-------|
| Ofsted/CQC inspections Special Education Needs and Disabilities (SEND) annual report and action plan          | TB   | Annual        |     |      | ✓    |     |     |       |
| <b>PATIENT EXPERIENCE OF TREATMENT AND CARE</b>                                                               |      |               |     |      |      |     |     |       |
| Patient Experience Activity Report                                                                            | CWy  | Annual        |     |      |      |     | ✓   |       |
| Equality & Diversity Report (including EDS2 updates)                                                          | KB   | 6-monthly     |     | ✓    |      |     | ✓   |       |
| Complaints & PALS report                                                                                      | LE   | 6-monthly     | ✓   |      |      | ✓   |     |       |
| Comms and Engagement work plan                                                                                | SJ   | 6-monthly     |     |      | ✓    |     |     | ✓     |
| <b>PATIENT EXPERIENCE OF TREATMENT AND CARE – NATIONAL SURVEYS</b>                                            |      |               |     |      |      |     |     |       |
| National Inpatient Survey (published May/June 2021)                                                           | CWy  | Annual        |     | ✓    |      |     |     |       |
| National GP Survey – Results and Action Plan (included in Primary Care Report)                                | CW   | Annual        |     |      | ✓    | ✓   |     |       |
| Emergency Department Survey (published August 2021)                                                           | CWy  | Annual        |     |      |      |     | ✓   |       |
| National Community MH Survey (published Nov 2021)                                                             | CWy  | Annual        |     |      |      |     | ✓   |       |
| NHS national children's inpatient & day case survey (published Oct/Nov 21)                                    | CWy  | Annual        |     |      |      |     | ✓   |       |
| National Staff Survey Results (providers)                                                                     | CWy  | Annual        | ✓   | ✓    |      |     |     |       |
| National Maternity Survey Results – 2020 survey cancelled due to pandemic. Will recommence 2021, results 2022 | CWy  | Annual        |     |      |      |     |     |       |
| <b>CORPORATE</b>                                                                                              |      |               |     |      |      |     |     |       |
| End of year Committee arrangements                                                                            | LE   | Annual        |     |      |      |     |     | ✓     |
| Committee Terms of Reference                                                                                  | LE   | Annual        | ✓   |      |      |     |     |       |
| Review of Committee Work Plan                                                                                 | PW   | Every meeting | ✓   | ✓    | ✓    | ✓   | ✓   | ✓     |
| <b>MINUTES TO RECEIVE – FOR SCRUTINY</b>                                                                      |      |               |     |      |      |     |     |       |

| Work Plan Items                                                               | Lead | Frequency  | May | July | Sept | Nov | Jan | March |
|-------------------------------------------------------------------------------|------|------------|-----|------|------|-----|-----|-------|
| Medicines Strategy Group                                                      | LG   | Bi-monthly |     |      |      |     |     |       |
| Patient Engagement Assurance Group (PEAG)                                     | KW   | Quarterly  | ✓   | ✓    |      | ✓   | ✓   |       |
| Patient Experience Group                                                      | CWy  | Quarterly  | ✓   |      | ✓    |     | ✓   |       |
| Primary Care Operational Group                                                | CW   | Monthly    | ✓   | ✓    | ✓    | ✓   | ✓   | ✓     |
| <b>MINUTES TO RECEIVE – FOR INFORMATION</b>                                   |      |            |     |      |      |     |     |       |
| West Yorkshire IUC/999 Clinical Quality Group                                 | LH   | Bi-monthly |     | ✓    |      | ✓   |     |       |
| Kirklees Health Protection Board                                              | JOD  | Quarterly  | ✓   |      | ✓    |     | ✓   |       |
| <b>POLICIES</b>                                                               |      |            |     |      |      |     |     |       |
| Complaints Framework                                                          | LE   | Bi-Annual  | ✓   |      |      | ✓   |     |       |
| Safeguarding Children & Adults at Risk Policy (March 2022)                    | CR   | 3 years    | ✓   |      |      |     |     |       |
| Incident Reporting Policy & Procedure (January 2023)                          | LE   | 3-years    | ✓   |      |      |     |     |       |
| Policy & Procedure for Performance & Management of Serious Untoward Incidents | CR   | 3-years    | ✓   |      |      |     |     |       |
| Prevent Policy (2021)                                                         | CR   | 3 years    |     | ✓    |      |     |     |       |
| Domestic Abuse Policy (July 2022)                                             | CR   | 3 years    |     |      |      |     |     |       |
| Mental Capacity Act Policy (April 2022)                                       | CR   | 3 years    | ✓   |      |      |     |     |       |

|                        |                                    |                              |                              |
|------------------------|------------------------------------|------------------------------|------------------------------|
| <b>Name of Meeting</b> | Governing Body                     | <b>Meeting Date</b>          | 9 June 2021                  |
| <b>Title of Report</b> | Chair's and Chief Officer's Report | <b>Agenda Item No.</b>       | 14                           |
| <b>Report Author</b>   | Carol McKenna                      | <b>Public / Private Item</b> | Public                       |
| <b>Clinical Lead</b>   | Chief Officer and Clinical Leader  | <b>Responsible Officer</b>   | Carol McKenna, Chief Officer |

### Executive Summary

This report provides the Governing Bodies with an update on key issues, including:-

- West Yorkshire and Harrogate (WY&H) Joint Committee of Clinical Commissioning Groups – Summary of Key Decisions
- COVID-19 Update – CCG Response
- Governing Body Membership Update
- Update on the White Paper – Integration and innovation: working together to improve health and social care for all
- Policies Update

### Previous Considerations

|                        |   |                     |   |
|------------------------|---|---------------------|---|
| <b>Name of meeting</b> | - | <b>Meeting Date</b> | - |
| <b>Name of meeting</b> | - | <b>Meeting Date</b> | - |

### Recommendations

The Governing Body is requested to:-

- **RECEIVE** the report and **NOTE** its content.

|                                          |                                                      |                                                       |               |
|------------------------------------------|------------------------------------------------------|-------------------------------------------------------|---------------|
| <b>Decision</b> <input type="checkbox"/> | <b>Assurance</b> <input checked="" type="checkbox"/> | <b>Discussion</b> <input checked="" type="checkbox"/> | <b>Other:</b> |
|------------------------------------------|------------------------------------------------------|-------------------------------------------------------|---------------|

### Implications

|                                                                                                           |                                         |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>Quality and Safety implications (including whether a quality impact assessment has been completed)</b> | None directly arising from this report. |
|-----------------------------------------------------------------------------------------------------------|-----------------------------------------|

|                                                                                                                                                             |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <b>Engagement and Equality Implications</b><br>(including whether an equality impact assessment has been completed), and health inequalities considerations | Not applicable.                         |
| <b>Resources / Financial Implications (including Staffing/Workforce considerations)</b>                                                                     | None directly arising from this report. |
| <b>Sustainability Implications</b>                                                                                                                          | None directly arising from this report. |

|                                                                       |                                     |                                    |                                                |
|-----------------------------------------------------------------------|-------------------------------------|------------------------------------|------------------------------------------------|
| <b>Has a Data Protection Impact Assessment (DPIA) been completed?</b> | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> | <b>N/A</b> <input checked="" type="checkbox"/> |
|-----------------------------------------------------------------------|-------------------------------------|------------------------------------|------------------------------------------------|

|                                                                                   |                 |                                                                                          |                  |
|-----------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------|------------------|
| <b>Strategic Objectives</b><br>(which of the CCG objectives does this relate to?) | All.            | <b>Risk (include risk number and a brief description of the risk)</b>                    | Not applicable.  |
| <b>Legal / CCG Constitutional Implications</b>                                    | Not applicable. | <b>Conflicts of Interest</b><br>(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 West Yorkshire and Harrogate (WY&H) Joint Committee of Clinical Commissioning Groups – summary of key decisions**

- 2.1.1 The summary of key decisions from the meeting held on Tuesday 6 April 2021 is attached.

### **2.2 COVID 19 Update – CCG Response**

- 2.2.1 A verbal update will be provided at the meeting to reflect the latest position.

### **2.3 Governing Body Membership Update**

- 2.3.1 The CCG is pleased to welcome Dr Gareth Price to the Governing Body as the GP Member for the Valleys locality. Dr Price is a GP at Elmwood Family Doctors.

### **2.4 Update on the White Paper – Integration and innovation: working together to improve health and social care for all**

- 2.4.1 Following the publication of the Government White Paper ‘Integration and Innovation: Working together to improve integration and innovation for all’ we have been working to develop our future operating arrangements in line with the move towards becoming a statutory Integrated Care System (ICS) from 1 April 2022.
- 2.4.2 The Queen’s speech on 11 May 2021 confirmed the government’s intention to bring in new legislation which will be laid before parliament this year.
- 2.4.3 The planning guidance, issued at the end of March 2021 set out further information on some of the timescales for this financial year as we move towards the new statutory arrangements from 1 April 2022. These include:
- By the end of September 2021: Confirm designate appointments to ICS chair and chief executive positions (following the second reading of the Bill and in line with senior appointments guidance to be issued by NHSEI). Confirm proposed governance arrangements for the health and care partnership and NHS ICS body.
  - By the end of December 2021: Confirm designate appointments to other ICS NHS body executive leadership roles, including place-level leaders, and non-executive roles.
  - By the end of March 2022: Confirm designate appointments to any remaining senior ICS roles. Complete due diligence and preparations for staff and property (assets and liabilities) transfers from CCGs to new ICS bodies. Submit ICS NHS body Constitution for approval and agree “MoU” with NHS England and NHS Improvement (NHS E/I).

- From 1 April 2021: Establish new ICS NHS body; with staff and property (assets and liabilities) transferred and boards in place.

2.4.4 Programmes of work have been established across the West Yorkshire and Harrogate ICS to deliver the move to these new arrangements and put in place the leadership arrangements to oversee their delivery. Specifically, a Future Design and Transition Group has been established as well as a chairs' and leaders' reference group. Both include representative leaders from each sector and place that make up the partnership.

2.4.5 Strong and effective Integrated Care Partnerships (ICPs) will be central to our ICS. The expectation is that the majority of ICS functions will be delegated to place, and delivered through these arrangements. Within Kirklees, we have established an ICP Design Team to manage this work. The Design Team meets weekly and reports to the Kirklees Integration Health and Care Board, which in turn reports to the Kirklees Health and Well Being Board. It is intended that regular updates will be provided to the CCG's Governing Body and other committees as required, and we will utilise our development time to support this work in the coming months.

## 2.5 Policies Update

2.5.1 At its meeting on 14 April 2021, the Governing Body was advised that each of the predecessor CCGs' policies were being reviewed as part of the merger process. This was to ensure that all policies were up to date, made relevant to Kirklees CCG, and also met the Accessible Information Standard. In order to secure the approval of these policies for the new CCG, the Governing Body approved the delegation of the majority of the policies to its committees.

2.5.2 The Governing Body remains responsible for the policies, and set out below is an update on those policies which have been reviewed and approved by the Committees since 14 April. For those policies not yet reviewed, an indicative timescale is provided and further updates will be brought in future Chief Officer updates.

2.5.3 Policy List:

| Policy                                    | Committee delegation                    | Latest Status                        |
|-------------------------------------------|-----------------------------------------|--------------------------------------|
| Anti-Fraud, Bribery and Corruption Policy | Audit Committee                         | Approved 21 April                    |
| Health and Safety Policy                  | Audit Committee                         | Approved 21 April                    |
| Integrated Risk Management Framework      | Audit Committee                         | Approved 21 April                    |
| Standards of Business Conduct Policy      | Governing Body                          | Approved 14 April                    |
| Conflicts of Interest Policy              | Governing Body                          | Approved 14 April                    |
| Business Continuity Plan                  | Audit Committee                         | Scheduled July 2021                  |
| Fire Safety Policy                        | Audit Committee                         | Approved 21 April                    |
| Incident Management Policy / Procedure    | Audit Committee (and Quality Committee) | Approved 21 April<br>Approved 26 May |

| <b>Policy</b>                                                      | <b>Committee delegation</b>                  | <b>Latest Status</b>                  |
|--------------------------------------------------------------------|----------------------------------------------|---------------------------------------|
| New and Expectant Mothers Policy                                   | Audit Committee                              | Scheduled July 2021                   |
| Governing Body Members and Co-optees Expenses Policy               | Governing Body                               | Approved 14 April                     |
| Local Security Management Policy (including lone worker procedure) | Audit Committee                              | Awaiting publication of new standards |
| IG Policy Handbook                                                 | Audit Committee                              | Approved 21 April                     |
| Freedom of Information and EIR Policy                              | Audit Committee                              | Approved 21 April                     |
| Safeguarding Children and Adults at Risk Policy                    | Quality Committee                            | Approved 26 May                       |
| Complaints Framework                                               | Quality Committee                            | Approved 26 May                       |
| Managing Serious Incidents Policy                                  | Quality Committee                            | Approved 26 May                       |
| Commissioning Policy for Individual Funding Requests               | Governing Body                               | Approved 14 April                     |
| Mental Capacity Policy with Deprivation of Liberties Safeguards    | Quality Committee                            | Approved 26 May                       |
| Continuing Healthcare Principles Policy                            | Quality Committee                            | Not yet scheduled                     |
| Policy for Approving Primary Care Prescribing Rebate Schemes       | Governing Body                               | Approved 14 April                     |
| Pharmaceutical and Related Industries Joint Working Policy         | Governing Body                               | Scheduled June                        |
| Access to Infertility Treatment Policy                             | Governing Body                               | Approved 14 April                     |
| Domestic Abuse Policy                                              | Quality Committee                            | Scheduled for July                    |
| Procurement Policy                                                 | Finance, Performance & Contracting Committee | Approved 26 May                       |
| Travel Expenses and Subsistence Policy                             | Remuneration Committee (Ctte)                | Approved 19 May                       |
| Performance Management Policy                                      | Remuneration Ctte                            | Approved 19 May                       |
| Organisational Change Policy                                       | Remuneration Ctte                            | Approved 19 May                       |
| Pay Protection Policy                                              | Remuneration Ctte                            | Approved 19 May                       |
| Working Time Regulations Policy                                    | Remuneration Ctte                            | Approved 19 May                       |
| Freedom to Speak Up (Whistleblowing) Policy                        | Remuneration Ctte                            | Approved 19 May                       |
| Long Service Award Policy                                          | Remuneration Ctte                            | Approved 19 May                       |
| Alcohol, Drug and Substance Misuse Policy                          | Remuneration Ctte                            | Approved 19 May                       |
| TU Recognition and Facilities and Time Off Policy                  | Remuneration Ctte                            | Approved 19 May                       |

| Policy                                           | Committee delegation | Latest Status   |
|--------------------------------------------------|----------------------|-----------------|
| Grievance Policy                                 | Remuneration Ctte    | Approved 19 May |
| Disciplinary Policy                              | Remuneration Ctte    | Approved 19 May |
| Maternity, Adoption and Parental Leave Policy    | Remuneration Ctte    | Approved 19 May |
| Pay Progression Policy                           | Remuneration Ctte    | Approved 19 May |
| Retirement Policy                                | Remuneration Ctte    | Approved 19 May |
| Secondment Policy                                | Remuneration Ctte    | Approved 19 May |
| Acceptable Standards of Behaviour at Work Policy | Remuneration Ctte    | Approved 19 May |
| Managing Sickness Absence Policy                 | Remuneration Ctte    | Approved 19 May |
| Annual and Special Leave Policy                  | Remuneration Ctte    | Approved 19 May |
| Employment Break Policy                          | Remuneration Ctte    | Approved 19 May |
| Recruitment and Selection Policy                 | Remuneration Ctte    | Approved 19 May |
| Flexible Working Policy                          | Remuneration Ctte    | Approved 19 May |
| Equality and Diversity Policy                    | Remuneration Ctte    | Approved 19 May |
| Learning and Development Policy                  | Remuneration Ctte    | Approved 19 May |
| Off Payroll Policy                               | Remuneration Ctte    | Approved 19 May |
| Co-opted Members and Subject Specialists Policy  | Remuneration Ctte    | Approved 19 May |

### 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.



## West Yorkshire & Harrogate (WY&H) Joint Committee of Clinical Commissioning Groups

### Summary of key decisions - Meeting in public, Tuesday 6<sup>th</sup> April 2021

| Assessment and Treatment Units (ATUs) for people with a learning disability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| At its meeting on 6th October 2020, the Committee had endorsed an outline proposal to reconfigure the commissioning and delivery of ATUs from 3 units to 2 and develop a single system/centre of excellence. The model also included ATU provision commissioned by Barnsley CCG. Since then, further engagement and other detailed work had been completed. The collaborative commissioning model, governance arrangements and financial model had been developed by representatives of all the affected CCGs and were now presented to the Joint Committee for formal approval. The Committee noted that commissioners and providers had worked together collaboratively to develop the proposed approach. |
| <b>The Committee:</b><br>a) <b>Approved</b> the oversight framework, collaborative commissioning and risk / benefits approach.<br>b) <b>Endorsed</b> the proposals to further develop the collaborative commissioning model and agree a financial investment mechanism for year 2 onwards.<br>c) <b>Supported</b> the staged implementation of the new model with effect from Quarter 2 onwards                                                                                                                                                                                                                                                                                                             |
| West Yorkshire and Harrogate Healthy Hearts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Project delivery timescales</b><br>The successful WYH Healthy Hearts Project had been due to end on 31 March 2021. Due to the impact of COVID-19, phase three of the project had been delayed. It was therefore proposed that the delivery timeframe be extended by a further 12 months.                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Diabetes Treatment Guidance</b><br>Cardiovascular disease (CVD) is a major complication and the most common cause of death in adults with type 2 diabetes. The Committee considered standardised and simplified treatment guidance for type 2 diabetes patients with CVD or at high risk of CVD. The guidance had been developed for use in primary care, following extensive stakeholder engagement. It had been approved by the WY&H Area Prescribing Committee and the Improving Planned Care Board and supported phase three of WY&H Healthy Hearts.                                                                                                                                                 |
| <b>The Committee:</b> <b>Approved</b> the extension of the WYH Healthy Hearts project by a further 12 months until 31 March 2022 to support the implementation of phases two and three of the project and <b>agreed</b> the Diabetes Treatment Guidance to enable adoption across WY&H.                                                                                                                                                                                                                                                                                                                                                                                                                     |
| White Paper: Integration and Innovation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| The Committee considered a presentation on the implications of the White Paper, including how Integrated Care Systems (ICSs) would be established in statute. The presentation focused on how the proposals would affect CCGs. It outlined the proposed future arrangements, including the employment of staff working in CCGs, how the change would be managed and the expected timescales. The Committee noted that the proposals reflected much of how we already worked in WY&H and members highlighted the need to ensure strong clinical leadership and citizen voice in the future arrangements. Further detailed information was available on the Partnership website.                              |
| <b>The Committee:</b> <b>Noted</b> the update, the implications for CCGs and planned future employment arrangements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Risk management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| The Committee considered a report on the principal risks to the delivery of the Joint Committee work plan, and a summary of how these risks were being managed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>The Committee:</b> <b>Noted</b> the update on the risks to delivery of its work plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

The Joint Committee has delegated powers from the WY CCGs to make collective decisions on specific, agreed WY&H work programmes. It can also make recommendations. The Committee supports the Partnership, but does not represent all partners. Further information is available here: <https://www.wyhpартnership.co.uk/meetings/west-yorkshire-harrogate-joint-committee-ccgs> or from Stephen Gregg, [stephen.gregg@nhs.net](mailto:stephen.gregg@nhs.net).

|                        |                                                            |                              |                                     |
|------------------------|------------------------------------------------------------|------------------------------|-------------------------------------|
| <b>Name of Meeting</b> | Kirklees CCG Governing Body                                | <b>Meeting Date</b>          | Wednesday 9 <sup>th</sup> June 2021 |
| <b>Title of Report</b> | Finance and Contracting Update                             | <b>Agenda Item No.</b>       | 15                                  |
| <b>Report Author</b>   | Robert Willis – Head of Financial Reporting and Accounting | <b>Public / Private Item</b> | Public                              |
| <b>Clinical Lead</b>   | Dr Khalid Naeem                                            | <b>Responsible Officer</b>   | Ian Currell - CFO                   |

## Executive Summary

The paper provides the Governing Body with an update in respect to the

- The overall financial position of the former Greater Huddersfield and North Kirklees CCGs as at March 2021 (month 12).
- 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

|                        |                                                |                     |               |
|------------------------|------------------------------------------------|---------------------|---------------|
| <b>Name of meeting</b> | Finance, Performance and Contracting Committee | <b>Meeting Date</b> | 26th May 2021 |
| <b>Name of meeting</b> |                                                | <b>Meeting Date</b> |               |

## Recommendations

The Governing Body are asked to

- Note the achievement of the agreed target surplus of (£0.751m) in Greater Huddersfield and (£0.750m) in North Kirklees.
- To note the key messages in respect of the Month 12 (March 2020/21) contracts position.

|                                          |                                                      |                                                       |               |
|------------------------------------------|------------------------------------------------------|-------------------------------------------------------|---------------|
| <b>Decision</b> <input type="checkbox"/> | <b>Assurance</b> <input checked="" type="checkbox"/> | <b>Discussion</b> <input checked="" type="checkbox"/> | <b>Other:</b> |
|------------------------------------------|------------------------------------------------------|-------------------------------------------------------|---------------|

## Implications

|                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------|--|
| <b>Quality and Safety implications (including whether a quality impact assessment has been completed)</b> |  |
|-----------------------------------------------------------------------------------------------------------|--|

|                                                                                                                                                             |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>Engagement and Equality Implications</b><br>(including whether an equality impact assessment has been completed), and health inequalities considerations |                          |
| <b>Resources / Financial Implications (including Staffing/Workforce considerations)</b>                                                                     | As outlined in the paper |
| <b>Sustainability Implications</b>                                                                                                                          |                          |

|                                                                       |                                     |                                    |                                     |
|-----------------------------------------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
| <b>Has a Data Protection Impact Assessment (DPIA) been completed?</b> | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> | <b>N/A</b> <input type="checkbox"/> |
|-----------------------------------------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|

|                                                                                   |                                                                                                                                                    |                                                                                          |  |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--|
| <b>Strategic Objectives</b><br>(which of the CCG objectives does this relate to?) | Building a sustainable organisation based on the aspirations of our members<br><br>Reduce avoidable variation in healthcare and patient experience | <b>Risk (include risk number and a brief description of the risk)</b>                    |  |
| <b>Legal / CCG Constitutional Implications</b>                                    |                                                                                                                                                    | <b>Conflicts of Interest</b><br>(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 March 2021 (month 12). This is the final reported financial position for both CCGs for the year and will be represented in the financial accounts of each organisation.

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 second part of the financial year the CCG received a second allocation to support anticipated costs for the remainder of the year, alongside top-up allocations provided via the Integrated Care System (ICS). In the planning round for this six-month period, each CCGs submitted a financial plan, forecasting a £2.287m deficit for North Kirklees CCG and a £0.751m surplus in Greater Huddersfield CCGs, against these allocations received.

As previously communicated to the committees the North Kirklees target position agreed with the ICS changed to a surplus position of £0.750m for the financial year whilst the Greater Huddersfield target position agreed with the ICS is for a surplus of £0.751m for the financial year.

## **3 Key messages**

The CCGs have the following key messages to report at month 12 as follows: -

- For financial year 2020/21 both CCGs have achieved their respective improved target surplus positions of £0.750m for North Kirklees and £0.751m for Greater Huddersfield.is paper.

## **4 Financial Allocations – North Kirklees CCG**

At month 12, the CCG has received allocations totalling £310.515m, which includes £1.541m of new allocations received in Month 12. The total allocations received of £310.515m is higher than the year-end out-turn expenditure of £309.765m, which results in the CCG delivering a surplus of £0.750m.

The allocations received by the CCG as at month 12 are summarised in table 1 below.

**Table 1: North Kirklees allocations**

| <b>North Kirklees CCG</b>   |               |                                 |                                 |                       |
|-----------------------------|---------------|---------------------------------|---------------------------------|-----------------------|
| <b>Allocations received</b> | <b>Period</b> | <b>M1-M12<br/>Actual<br/>£m</b> | <b>M1-M11<br/>Actual<br/>£m</b> | <b>M12 Mvt<br/>£m</b> |
| 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 | 155.864                         | 154.323                         | 1.541                 |
| ICS Anticipated             | Months 7 - 12 | 0.000                           | 1.561                           | (1.561)               |
| <b>Total : Allocations</b>  |               | <b>310.515</b>                  | <b>310.535</b>                  | <b>(0.020)</b>        |
| <b>Total : Expenditure</b>  |               | <b>309.765</b>                  | <b>309.785</b>                  | <b>(0.020)</b>        |
| <b>Surplus</b>              |               | <b>(0.750)</b>                  | <b>(0.750)</b>                  | <b>0.000</b>          |

**4.1 Anticipated and unanticipated allocations received in Month 12**

The CCG has received additional allocations in month 12 of £1.541m which is lower than the £1.561m had been anticipated in month 11.

These new allocations are set out in detail in table 2 below: -

**Table 2: North Kirklees allocations received in month 12**

| Allocation Description                                                      | M12<br>Received<br>£m | M11<br>Anticipated<br>£m | Difference<br>£m |
|-----------------------------------------------------------------------------|-----------------------|--------------------------|------------------|
| Reimbursement Hospital Discharge Programme                                  | 0.285                 | 0.282                    | 0.003            |
| Reimbursement - Acute IS                                                    | 0.790                 | 0.780                    | 0.010            |
| ARRS Allocation Adjustment                                                  | 0.453                 | 0.460                    | (0.007)          |
| Reimbursement - Flu                                                         | 0.081                 | 0.039                    | 0.042            |
| <b>Total Anticipated Allocations Received in month 12</b>                   | <b>1.609</b>          | <b>1.561</b>             | <b>0.048</b>     |
| Share of 20/21 TCP funding                                                  | 0.015                 | 0.000                    | 0.015            |
| Share of CYP TCP funding                                                    | 0.018                 | 0.000                    | 0.018            |
| Diabetes - Structured educational sessions                                  | 0.008                 | 0.000                    | 0.008            |
| Diabetes - NDPP mail outs                                                   | 0.008                 | 0.000                    | 0.008            |
| Distribute additional IAPT funding                                          | 0.011                 | 0.000                    | 0.011            |
| Cancer - Targeted Lung Health Checks (claw back)                            | (0.257)               | 0.000                    | (0.257)          |
| Remote monitoring software licences                                         | 0.030                 | 0.000                    | 0.030            |
| LD Complex Case Funding 20/21                                               | 0.003                 | 0.000                    | 0.003            |
| GPIT GPFV Infrastructure and Resilience                                     | 0.016                 | 0.000                    | 0.016            |
| Urgent Community Response - Digital Projects Accelerator Sites              | 0.050                 | 0.000                    | 0.050            |
| Annual Leave Accrual Allocation agreed                                      | 0.030                 | 0.000                    | 0.030            |
| <b>Total Unanticipated Allocations received in Month 12</b>                 | <b>(0.068)</b>        | <b>0.000</b>             | <b>(0.068)</b>   |
| <b>Total Anticipated and Unanticipated Allocations received in Month 12</b> | <b>1.541</b>          | <b>1.561</b>             | <b>(0.020)</b>   |

## 5 Financial Allocations – Greater Huddersfield CCG

At month 12, the CCG has received allocations totalling £372.127m which includes £1.431m of new allocations received in month 12, which exceeds the additional allocations which had been anticipated of £1.376m in month 11.

The total allocations received of £372.127m is higher than the year-end out-turn expenditure of £371.376m, which indicates that the CCG has delivered a surplus of £0.751m.

The allocations received by the CCG at month 12 are shown in table 3 below: -

**Table 3: Greater Huddersfield allocations**

| <b>NHS Greater Huddersfield CCG</b> |               |                                 |                                 |                           |
|-------------------------------------|---------------|---------------------------------|---------------------------------|---------------------------|
| <b>Allocations received</b>         | <b>Period</b> | <b>M1-M12<br/>Actual<br/>£m</b> | <b>M1-M11<br/>Actual<br/>£m</b> | <b>M12<br/>Mvt<br/>£m</b> |
| NHS E Regime                        | Months 1 - 6  | 177.554                         | 177.554                         | 0.000                     |
| Covid                               | Months 1 - 6  | 4.993                           | 4.993                           | 0.000                     |
| Retro Top-Up                        | Months 1 - 6  | 0.882                           | 0.882                           | 0.000                     |
| ICS                                 | Months 7 - 12 | 188.698                         | 187.267                         | 1.431                     |
| ICS Anticipated                     | Months 7 - 12 | 0.000                           | 1.376                           | (1.376)                   |
| <b>Total : Allocations</b>          |               | <b>372.127</b>                  | <b>372.072</b>                  | <b>0.055</b>              |
| <b>Total : Expenditure</b>          |               | <b>371.376</b>                  | <b>371.321</b>                  | <b>0.055</b>              |
| <b>Surplus</b>                      |               | <b>(0.751)</b>                  | <b>(0.751)</b>                  | <b>0.000</b>              |

### 5.1 Anticipated and unanticipated allocations received in month 12

The CCG has received additional allocations in month 12 of £1.431m of which £1.376m had been anticipated in Month 11.

These new allocations are set out in detail in table 4 below: -

**Table 4: Greater Huddersfield allocations received in month 12**

| Allocation Description                                                      | M12<br>Received<br>£m | M11<br>Anticipated<br>£m | Difference<br>£m |
|-----------------------------------------------------------------------------|-----------------------|--------------------------|------------------|
| Reimbursement - Hospital Discharge Programme                                | 0.379                 | 0.364                    | 0.015            |
| Reimbursement - Acute IS                                                    | 0.696                 | 0.694                    | 0.002            |
| ARRS Allocation Adjustment                                                  | 0.253                 | 0.267                    | (0.014)          |
| Reimbursement - Flu                                                         | 0.017                 | 0.051                    | (0.034)          |
| <b>Total Anticipated Allocations Received in month 12</b>                   | <b>1.345</b>          | <b>1.376</b>             | <b>(0.031)</b>   |
| Transfer of TCP Funding                                                     | (0.120)               | 0.000                    | (0.120)          |
| Diabetes - NDPP mail outs                                                   | 0.008                 | 0.000                    | 0.008            |
| MH Hubs Grief and loss service                                              | 0.147                 | 0.000                    | 0.147            |
| GPIT GPFV Infrastructure and Resilience                                     | 0.021                 | 0.000                    | 0.021            |
| Annual Leave Accrual Allocation agreed                                      | 0.030                 | 0.000                    | 0.030            |
| <b>Total Unanticipated Allocations received in Month 12</b>                 | <b>0.086</b>          | <b>0.000</b>             | <b>0.086</b>     |
| <b>Total Anticipated and Unanticipated Allocations received in Month 12</b> | <b>1.431</b>          | <b>1.376</b>             | <b>0.055</b>     |

## 6 North Kirklees Financial Position at month 12

The following tables set out the annual plan and year-end out-turns in respect of Covid-19 expenditure, business as usual expenditure at month 12 and an overall combined position for the CCG.

As shown in table 5, the annual budgets, year-end out-turn and variances are set out at month 12 for Covid-19 expenditure.

**Table 5: North Kirklees Covid-19 Expenditure**

| North Kirklees CCG<br>Covid Expenditure M1 - M12 | M12<br>Annual Budget<br>£m | M12<br>Annual<br>Out-turn<br>£m | M12<br>Out-turn<br>Variance<br>£m | M11<br>Forecast<br>Variance<br>£m | Out-turn<br>Variance<br>Movement<br>£m |
|--------------------------------------------------|----------------------------|---------------------------------|-----------------------------------|-----------------------------------|----------------------------------------|
| Mental Health                                    | 0.038                      | 0.038                           | 0.000                             | 0.000                             | 0.000                                  |
| Primary Care                                     | 2.667                      | 2.702                           | 0.035                             | 0.035                             | 0.000                                  |
| Continuing Care                                  | 4.441                      | 4.441                           | 0.000                             | 0.000                             | 0.000                                  |
| Community                                        | 0.871                      | 0.494                           | (0.377)                           | (0.377)                           | 0.000                                  |
| Other Programme Services                         | 0.297                      | 0.000                           | (0.297)                           | (0.297)                           | 0.000                                  |
|                                                  | <b>8.314</b>               | <b>7.675</b>                    | <b>(0.639)</b>                    | <b>(0.639)</b>                    | <b>0.000</b>                           |

The year-end out-turn variance is unchanged from the previously reported position at month 11 in respect of Covid-19 expenditure at Month 12.



As shown in table 6 the annual budgets, year-end out-turn and variances are sets out at month 12 for Business as Usual (BAU) expenditure: -

**Table 6: North Kirklees Business as Usual Expenditure**

| North Kirklees CCG<br>BAU Expenditure M1 - M12 | M12<br>Annual Budget<br>£m | M12<br>Annual<br>Out-turn<br>£m | M12<br>Out-turn<br>Variance<br>£m | M11<br>Forecast<br>Variance<br>£m | Out-turn<br>Variance<br>Movement<br>£m |
|------------------------------------------------|----------------------------|---------------------------------|-----------------------------------|-----------------------------------|----------------------------------------|
| Mental Health                                  | 33.230                     | 33.039                          | (0.191)                           | (0.268)                           | 0.076                                  |
| Acute                                          | 150.819                    | 150.309                         | (0.511)                           | (0.198)                           | (0.312)                                |
| Prescribing                                    | 34.580                     | 33.984                          | (0.596)                           | (0.417)                           | (0.179)                                |
| Primary Care - Co-Commissioning                | 28.620                     | 28.652                          | 0.032                             | (0.000)                           | 0.032                                  |
| Primary Care - Other                           | 5.159                      | 3.534                           | (1.625)                           | (1.477)                           | (0.148)                                |
| Continuing Care                                | 14.635                     | 15.622                          | 0.987                             | 0.774                             | 0.214                                  |
| Community                                      | 21.327                     | 22.993                          | 1.666                             | 1.399                             | 0.267                                  |
| Other Programme Services                       | 9.938                      | 10.173                          | 0.235                             | 0.215                             | 0.019                                  |
| Running costs                                  | 3.891                      | 3.783                           | (0.108)                           | (0.139)                           | 0.031                                  |
|                                                | <b>302.201</b>             | <b>302.090</b>                  | <b>(0.111)</b>                    | <b>(0.111)</b>                    | <b>0.000</b>                           |

There is a favourable variance against the overall BAU budget of (£0.111m) which is unchanged from the previously reported variance at month 11, however there are favourable and adverse variance movements in the separate BAU areas which are explained below.

A summary of the significant movements in the out-turn variance between month 12 and month 11 is provided below: -

1. **Acute (£0.312m) favourable** - the favourable variance is predominantly because of the benefit the CCG received from settlement of the incomplete spells and maternity accruals which were at a cost less than was anticipated.
2. **Prescribing (£0.179m) favourable** - the favourable variance is because of an improvement in the PMD Forecast based on costs reporting the Prescriptions Pricing Authority up to January 2021.
3. **Primary Care Other (£0.148m) favourable** – the favourable variance is due to £0.089m lower costs in GPIT; transfer of £0.62m Oximetry Costs to Co-Commissioning; £0.064m lower than anticipated flu costs and £0.022m release of unutilised prior year accruals.
4. **Continuing Care £0.214m adverse** – the adverse variance is due to the inclusion of an adjustment to the continuing care risk accrual included in the position to mitigate against care packages which have not yet being costed in the QA database, due to updated information received.
5. **Community £0.267m adverse** – the adverse variance is due to the clawback in month 12 of the lung health allocation.

As shown in table 7, the annual budgets, forecast out-turn and forecast variances are sets out at month 12 for total expenditure: -

**Table 7: North Kirklees Total Expenditure**

| North Kirklees CCG                | M12<br>Annual Budget<br>£m | M12<br>Annual<br>Out-turn<br>£m | M12<br>Out-turn<br>Variance<br>£m | M11<br>Forecast<br>Variance<br>£m | Out-turn<br>Variance<br>Movement<br>£m |
|-----------------------------------|----------------------------|---------------------------------|-----------------------------------|-----------------------------------|----------------------------------------|
| <b>Total Expenditure M1 - M12</b> |                            |                                 |                                   |                                   |                                        |
| Mental Health                     | 33.269                     | 33.078                          | (0.191)                           | (0.267)                           | 0.076                                  |
| Acute                             | 150.819                    | 150.309                         | (0.511)                           | (0.198)                           | (0.312)                                |
| Prescribing                       | 34.580                     | 33.984                          | (0.596)                           | (0.417)                           | (0.179)                                |
| Primary Care - Co-Commissioning   | 28.620                     | 28.652                          | 0.032                             | (0.000)                           | 0.032                                  |
| Primary Care - Other              | 7.826                      | 6.236                           | (1.590)                           | (1.442)                           | (0.148)                                |
| Continuing Care                   | 19.076                     | 20.063                          | 0.988                             | 0.774                             | 0.214                                  |
| Community                         | 22.198                     | 23.487                          | 1.289                             | 1.022                             | 0.267                                  |
| Other Programme Services          | 10.235                     | 10.173                          | (0.062)                           | (0.082)                           | 0.019                                  |
| Running costs                     | 3.891                      | 3.783                           | (0.108)                           | (0.139)                           | 0.031                                  |
|                                   | <b>310.515</b>             | <b>309.765</b>                  | <b>(0.750)</b>                    | <b>(0.750)</b>                    | <b>0.000</b>                           |

The overall year-end out-turn at month 12 is for a surplus of £0.750m which is unchanged from the surplus reported in month 11 and which is the target surplus agreed with the ICS.

## 7 Greater Huddersfield Financial Position at month 12

The following tables set out the annual plan and year-end out-turns in respect of Covid-19 expenditure, business as usual expenditure at month 12 and an overall combined position for the CCG.

As shown in table 8, the annual budgets, year-end out-turn and variances are set out at month 12 for Covid-19 expenditure.

**Table 8: Greater Huddersfield Covid-19 Expenditure**

| Greater Huddersfield CCG<br>Covid Expenditure M1 - M12 | M12<br>Annual<br>Budget<br>£m | M12<br>Annual<br>Out-turn<br>£m | M12<br>Out-turn<br>Variance<br>£m | M11<br>Forecast<br>Variance<br>£m | Out-turn<br>Variance<br>Movement<br>£m |
|--------------------------------------------------------|-------------------------------|---------------------------------|-----------------------------------|-----------------------------------|----------------------------------------|
| Primary Care                                           | 2.438                         | 2.360                           | (0.079)                           | (0.079)                           | 0.000                                  |
| Continuing Care                                        | 5.757                         | 5.757                           | (0.000)                           | (0.000)                           | 0.000                                  |
| Community                                              | 0.787                         | 0.763                           | (0.024)                           | (0.024)                           | 0.000                                  |
|                                                        | <b>8.983</b>                  | <b>8.880</b>                    | <b>(0.103)</b>                    | <b>(0.103)</b>                    | <b>0.000</b>                           |

The year-end out-turn variance is unchanged from the previously reported position at month 11 in respect of Covid-19 expenditure at Month 12.

As shown in table 9, the annual budgets, forecast out-turn and forecast variances are set out at month 12 for Business as Usual [BAU] expenditure: -

**Table 9: Greater Huddersfield Business as Usual Expenditure**

| Greater Huddersfield CCG<br>BAU Expenditure M1 - M12 | M12<br>Annual<br>Budget<br>£m | M12<br>Annual<br>Out-turn<br>£m | M12<br>Out-turn<br>Variance<br>£m | M11<br>Forecast<br>Variance<br>£m | Out-turn<br>Variance<br>Movement<br>£m |
|------------------------------------------------------|-------------------------------|---------------------------------|-----------------------------------|-----------------------------------|----------------------------------------|
| Mental Health                                        | 42.430                        | 42.724                          | 0.294                             | 0.115                             | 0.179                                  |
| Acute                                                | 173.099                       | 173.389                         | 0.291                             | 0.533                             | (0.243)                                |
| Prescribing                                          | 38.848                        | 38.613                          | (0.235)                           | (0.125)                           | (0.110)                                |
| Primary Care - Co-Commissioning                      | 36.694                        | 36.537                          | (0.157)                           | (0.222)                           | 0.064                                  |
| Primary Care - Other                                 | 6.068                         | 5.682                           | (0.386)                           | (0.230)                           | (0.155)                                |
| Continuing Care                                      | 18.677                        | 19.317                          | 0.640                             | 0.333                             | 0.307                                  |
| Community                                            | 26.775                        | 28.143                          | 1.368                             | 1.381                             | (0.013)                                |
| Other Programme Services                             | 15.574                        | 13.482                          | (2.092)                           | (2.036)                           | (0.056)                                |
| Running costs                                        | 4.980                         | 4.609                           | (0.371)                           | (0.398)                           | 0.027                                  |
|                                                      | <b>363.145</b>                | <b>362.497</b>                  | <b>(0.648)</b>                    | <b>(0.648)</b>                    | <b>0.000</b>                           |

There is a favourable variance against the overall BAU budget of (£0.648m) which is unchanged from the previously reported variance at month 11, however there are favourable and adverse variance movements in the separate BAU areas which are explained below.

A summary of the significant movements in the variance between month 12 and month 11 is provided below: -

1. **Mental Health £0.179m adverse** – the adverse variance is predominantly because of an anticipated increase for packages approved which have not yet being updated on the QA database
2. **Acute (£0.243m) favourable** - the favourable variance is because of the benefit the CCG received from settlement of the incomplete spells and maternity accruals of £0.093m; improvement in IS forecasts of £0.099m and improvement in A&E streaming costs of £0.025m.
3. **Prescribing (£0.110m) favourable** - the favourable variance is because of an improvement in the PMD Forecast based on costs reporting the Prescriptions Pricing Authority up to January 2021.
4. **Primary Care Other (£0.155m) favourable** – the favourable variance is due to £0.062m lower costs in GPIT; transfer of £0.080m Oximetry Costs to Co-Commissioning; £0.064m lower than anticipated flu costs and £0.064m release of unutilised prior year accruals.
5. **Continuing Care £0.307m adverse** – the adverse variance is due to the inclusion of an adjustment to the continuing care risk accrual included in the position to mitigate against care packages which have not yet being costed in the QA database, due to updated information received.

As shown in table 10, it sets out the annual budget, forecast out-turn and forecast variance at month 12 for total expenditure.

**Table 10: Greater Huddersfield Total Expenditure**

| Greater Huddersfield CCG<br>Total Expenditure M1 - M12 | M12<br>Annual<br>Budget<br>£m | M12<br>Annual<br>Out-turn<br>£m | M12<br>Out-turn<br>Variance<br>£m | M11<br>Forecast<br>Variance<br>£m | Out-turn<br>Variance<br>Movement<br>£m |
|--------------------------------------------------------|-------------------------------|---------------------------------|-----------------------------------|-----------------------------------|----------------------------------------|
| Mental Health                                          | 42.430                        | 42.724                          | 0.294                             | 0.115                             | 0.179                                  |
| Acute                                                  | 173.099                       | 173.389                         | 0.291                             | 0.533                             | (0.243)                                |
| Prescribing                                            | 38.848                        | 38.613                          | (0.235)                           | (0.125)                           | (0.110)                                |
| Primary Care - Co-Commissioning                        | 36.694                        | 36.537                          | (0.157)                           | (0.222)                           | 0.064                                  |
| Primary Care - Other                                   | 8.506                         | 8.042                           | (0.464)                           | (0.309)                           | (0.155)                                |
| Continuing Care                                        | 24.434                        | 25.074                          | 0.640                             | 0.333                             | 0.307                                  |
| Community                                              | 27.563                        | 28.906                          | 1.344                             | 1.357                             | (0.013)                                |
| Other Programme Services                               | 15.574                        | 13.482                          | (2.092)                           | (2.036)                           | (0.056)                                |
| Running costs                                          | 4.980                         | 4.609                           | (0.371)                           | (0.398)                           | 0.027                                  |
|                                                        | <b>372.127</b>                | <b>371.376</b>                  | <b>(0.751)</b>                    | <b>(0.751)</b>                    | <b>0.000</b>                           |

The overall forecast out-turn at month 12 is for a surplus of £0.751m which is unchanged from the surplus reported in month 11 and which is the target surplus agreed with the ICS.

## **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 will remain in place until September 2021. Therefore, no contracts are in place and contracted NHS acute providers are paid on a nationally set block amount.

Activity reporting indicates that a more stable level of elective activity is now taking place across acute providers. Increased demand is experienced at A&E departments causing pressures in the system on both acute footprints.

Further to the expiry of national contracts with independent sector providers, new contracts have been put in place from April for a period of 6 months 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)**

Revised arrangements for NHS contracting and payment during the COVID-19 pandemic will remain in place until end of September 2021. Therefore, no contract is in place and SWYPFT are paid on a nationally set block amount. System working in relation to the management of the COVID-19 pandemic continues. For 2021/22 the Month 1 to 6 block payments (including 2021 additional investments) will amount to £23,847,675 in total for the new Kirklees CCG. This includes 0.5% for inflation/ efficiency. In 2021/22 SWYPFT may get more funding on top of these block payments from various sources, such as: 2021/22 CCG growth funding (i.e. MHIS funding), Service Development and Spending Review Funding, separate ICS funding (e.g. crisis).

### **8.3 Yorkshire Ambulance Service (999) (Greater Huddersfield and North Kirklees)**

Initial performance information for Month 12 for Greater Huddersfield shows that 73% of Category 1 Calls were reached within 7 minutes whilst 75% of North Kirklees Category 1 Calls were reached within 7 minutes. YAS overall average performance for Category 1 shows that 67.4% of all category 1 calls were reached within 7 minutes.

### **8.4 Care Closer to Home (CCTH) (Greater Huddersfield and North Kirklees)**

Operational pressure continues to be experienced in District Nursing Services. OPEL plans are in place and although the baseline position remains at OPEL 2, there are pressures in some aspects of clinical care. In particular, there has been a noted increase in demand for urgent 0-2 hour response.

Following the implementation of new referral processes and guidance in October 2020, Locala resumed conducting LTC reviews in line with the prioritisation set out for primary care by NHS England. All LTC review requests received were completed within the 2 month timescale from the date of referral.

Therapy services remain under pressure due to increased demand, increased acuity of patients; longer times spent on caseloads and increased input required on average for each patient.

Of the 16 core key performance indicators reported in Month 12, 12 met the target and 4 missed the target (two were within 10%). Of the KPIs specific to NK, 2 missed the target (both within 10%). There is an expectation that performance will continue to be affected as a result of the coronavirus.

## **8.5 Posture and Mobility Service (Ross Care) (Greater Huddersfield and North Kirklees)**

Referrals into the service have more or less returned to pre-COVID levels. Total new referrals increased to 228 in March. For GH there were 53 adult referrals with 32 of these being re-referrals and 8 paediatric referrals with 7 being re-referrals. For NK there were 56 adult referrals with 22 being re-referrals, and there were 26 paediatric referrals with 21 being re-referrals.

## **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 12 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 1,637 cases for Month 11 (M12 not available). Validated WYUC activity in North Kirklees shows 1,179 cases for Month 11 (M12 not available).

## **8.7 Procurements**

| <b>CCG</b>                  | <b>Service description</b>                   | <b>Status</b>                                                                       | <b>Contract start date</b>              | <b>Indicative CCG Annual Contract Value</b> |
|-----------------------------|----------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------|
| Kirklees                    | Provision of a night nursing Service         | Market Test completed and current contract extended for 12 months to allow a review | Under discussion                        | Under discussion                            |
| Kirklees – NK PCN Footprint | The Targeted Lung Health Check Project       | Contract Award: Bradford Teaching Hospitals                                         | To be confirmed                         | £1,000,000                                  |
| West Yorkshire              | Patient Transport Services                   | Voluntary Ex-Ante Transparency notice published                                     | 01.04.2021                              | £30,000,000 across all CCGs                 |
| Kirklees – GH PCN Footprint | Anti-Coagulation                             | Market Test completed, service under review                                         | To be confirmed                         | To be confirmed                             |
| Kirklees                    | Community Ophthalmology Service              | Procurement underway; new providers only                                            | 01.04.2021                              | £0 value contracts, payment per activity    |
| Kirklees                    | Domiciliary Care (Dynamic Purchasing System) | Procurement led by KMC, bids evaluated and awarded on receipt of submissions.       | Contracts awarded when applications are | Indicative budget: £500,000                 |

|                             |                                  |                              |                        |          |
|-----------------------------|----------------------------------|------------------------------|------------------------|----------|
|                             |                                  |                              | successfully evaluated |          |
| Kirklees – NK PCN Footprint | Broughton House Medical Practice | Procurement under discussion | 01.04.2022             | £487,743 |

## 9 Recommendations

The Governing Body are asked to –

- Note the achievement of the agreed target surplus of (£0.751m) in Greater Huddersfield and (£0.750m) in North Kirklees.
- To note the key messages in respect of the Month 12 (March 2020/21) contracts position.

|                        |                                                                          |                              |                                   |
|------------------------|--------------------------------------------------------------------------|------------------------------|-----------------------------------|
| <b>Name of Meeting</b> | Governing Body                                                           | <b>Meeting Date</b>          | 9 June 2021                       |
| <b>Title of Report</b> | Quality and Safety Report and Quality Dashboard                          | <b>Agenda Item No.</b>       | 16(a)                             |
| <b>Report Author</b>   | Sam Parkinson, Project Support Officer<br>Debbie Winder, Head of Quality | <b>Public / Private Item</b> | Public                            |
| <b>Clinical Lead</b>   | Dr Razwan Ali                                                            | <b>Responsible Officer</b>   | 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 high level information taken from the Quality Dashboard for May 2021, providing a quality and safety update for our main providers plus the following information:

- Changes to Parliamentary Health Service Ombudsman (PHSO) processes
- West Yorkshire Urgent Care/Local Care Direct Care Quality Commission (CQC) inspection report
- National Quality Board Position Statement – Managing Risks and Improving Quality through Integrated Care Systems
- National Staff Survey – provider results and response

### Previous Considerations

|                        |                   |                     |           |
|------------------------|-------------------|---------------------|-----------|
| <b>Name of meeting</b> | Quality Committee | <b>Meeting Date</b> | 26.5.2021 |
| <b>Name of meeting</b> |                   | <b>Meeting Date</b> |           |

### 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:

- Changes to Parliamentary Health Service Ombudsman (PHSO) processes
- West Yorkshire Urgent Care/Local Care Direct Care Quality Commission (CQC) inspection



report

- National Quality Board Position Statement – Managing Risks and Improving Quality through Integrated Care Systems
- National Staff Survey – provider results and response

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?)**

tbc

**Risk (include risk number and a brief description of the risk)**

1846 – care provision in relation to new TCP specialist service  
1823 – reducing gram negative bloodstream infections  
1813 – MYHT CQC rating

**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 received at the CCG's Quality Committee 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 Committee. 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.
- 2.4 Key points highlighted at Quality Committee from the quality dashboard can be found in section 7 of the report.

## **3. Changes to Parliamentary Health Service Ombudsman (PHSO) processes**

- 3.1 The COVID-19 pandemic continues to have a significant impact on the PHSO's workforce and their service. This has been compounded by continuing difficulties in investigating NHS complaints. These escalating pressures have led to people waiting far too long for the PHSO to look at their complaints.

3.2 The PHSO will continue to examine all complaints they receive. However they have notified all NHS organisations (including the CCG) about a change to their service from April 2020 when they will focus on the more serious complaints about health services i.e. those where people may have faced a more significant impact. For other complaints, i.e., those where someone has faced a lesser impact, the PHSO will consider whether there is anything they can do to help resolve things quickly. If not, they will close the complaint. If the PHSO receive a similar complaint about the same organisation, or see a pattern from a number of complaints, they may be able to raise this with the organisation in future.

3.3 The PHSO will continue to liaise with the CCG about these changes and a further update will be provided to the Quality Committee during 2021/22.

#### **4. West Yorkshire Urgent Care/Local Care Direct Care Quality Commission (CQC) inspection report**

4.1 The Care Quality Commission (CQC) recently carried out an inspection in response to concerns raised, specifically regarding the safe, effective and well-led domains. The visit was carried out on 18 March 2021, with the final inspection report published 27 April 2021. The report outlined the CQC's findings during the inspection but as the inspection was focused rather than scheduled the service was not rated. The service was previously inspected in March 2020 and was rated as "good" overall.

4.2 The areas of concerns raised to the CQC included medicines management and the storage of controlled drugs, home visits undertaken by doctors and processes for "failed encounters", effective staffing, availability of managers during operational hours of the out of hours service and inconsistency in following procedures.

4.3 The CQC looked at all the areas of concerns raised, a number of which had already been addressed by the provider. The CQC found no breaches of legislation and no enforcement was instigated and overall the CQC were assured with the actions already taken or recommended as a result of the inspection. The report was an agenda item at the recent West Yorkshire Urgent Care/Local Care Direct meeting on the 19 May 2021, where a response to the recommendations was discussed.

4.4 A link to the full inspection report can be found at the following link:  
<https://www.cqc.org.uk/location/1-346295324>

## **5. National Quality Board Position Statement – Managing Risks and Improving Quality through Integrated Care Systems**

- 5.1 The National Quality Board (NQB) published its updated Shared Commitment to Quality and Position Statement (see Appendix 1) to support Integrated Care Systems (ICS) in embedding quality in their design, planning and decision-making. This information is equally applicable to Integrated Care Partnerships and is being used to inform our thinking about quality governance in Kirklees.
- 5.2 The Position Statement sets out some key requirements that ICS's are expected to put in place during 2021-22. This includes a designated executive clinical lead for quality (including safety) in the ICS; a System Quality Group (refreshed Quality Surveillance Group) to engage and share intelligence on quality in the ICS; and an agreed way to measure quality, using key quality indicators triangulated with intelligence and professional insight.
- 5.3 The publications, plus case studies, are available via the following link:  
<https://www.england.nhs.uk/ourwork/part-rel/nqb/>.

## **6. National Staff Survey – provider results and response**

- 6.1 The results of the 2020 staff survey were published in March 2021. The same methodology was used as in previous years but a key focus this year has been on understanding the experience of staff during the Covid-19 pandemic period. Results of the 2020 NHS staff survey should be seen within this context.
- 6.2 Results for Calderdale and Huddersfield Foundation Trust (CHFT) showed that three of the ten themes were either equal to or better than the average for their benchmarking group, whilst seven themes were slightly worse than the average. The results have been discussed at CHFT's Quality Committee with staff wellbeing and the Trusts plans for improving this via their Health and Wellbeing Strategy taking priority.
- 6.3 Results for South West Yorkshire Partnership Foundation Trust (SWYPFT) showed that five of the ten themes were equal to or above the average for their benchmarking group whilst five were slightly below average. The results have been shared throughout the organisation and have been used to inform the updated Workforce Strategy. Detailed action plans are in

development and it is anticipated they will focus on supporting Team Leaders as well as the health and wellbeing of the workforce.

- 6.4 Results for Yorkshire Ambulance Service (YAS) showed that eight of the ten themes were either equal to or better than the average for their benchmarking group whilst two were slightly below average. We are awaiting confirmation from the Provider about how the results are being actioned upon.
- 6.5 Results for Mid Yorkshire Hospital NHS Trust (MYHT) showed that there were no statistical changes to nine out of the ten themes, with one theme (team working) scoring significantly lower compared to 2019. Improvement plans will be developed with staff in the coming year to address the key issues identified from the staff survey results.
- 6.6 A more detailed report of the results will be submitted to the CCG Quality Committee in July 2021 for further assurance. Full results for all participating organisations can be viewed at <https://www.nhsstaffsurveyresults.com/>

## **7. Quality Dashboard – Provider information**

- 7.1 The Quality Dashboard which provides high level information for the CCG's main providers was received and scrutinised at the recent Quality Committee meeting on 26.5.21. The following points were noted:
- 7.2 CHFT:
- Central Alerting System (CAS) Alerts – Improvement has been seen in the position of alerts with a marked reduction in alerts that are beyond deadline for response. Assurances have been received from the Trust regarding the improving picture of compliance regarding CAS alert indicators. Information has been shared with commissioners to detail patient safety alerts that confirmed closures and alerts that are beyond and within deadline individual alert titles are included to increase the robustness of the monitoring mechanisms now in place.
  - Delay of Surgical Repair of Fractured Neck of Femur (#NOF) within 36 Hours of Admission – The Covid-19 pandemic has seen a reduction in performance of this indicator. The Trust recognises this and is working on several improvements to drive performance. Updates will continue to be provided through established quality surveillance mechanisms.

- Complaints – The Trust continue to improve and prioritise how they respond and manage complaints. Collaboratives have been established and a revised process is currently in the testing and development stages to further improve and develop a 'learning from' approach and culture.

### 7.3 MYHT:

- Oncology – actions have been taken to address the pressures within oncology services, including: additional locum cover secured for breast and gynaecology Tumour Site Specific Groups (TSSGs); partnership working in place with CHFT to support the lung TSSG; and three regional groups had been established to address ongoing pressures in oncology services, e.g. a Safety Review Group to ensure immediate pressure at MYHT had not resulted in harm.
- Pressure ulcers -the number of pressure ulcers in the Division of Medicine remained above the local target, however no category 3 or 4 pressure ulcers have been reported since October, and the majority of category 2 ulcers were device related. There is ongoing improvement work on relevant wards.
- Sepsis - the proportion of patients receiving antibiotics within one hour had dropped significantly to 61%, and remained low at 63% for inpatients. The MYHT's Safety and Clinical Effectiveness Sub-Committee has reviewed the management of sepsis and plans from the Emergency Department Team to improve this.

### 7.4 SWYPFT:

- Serious Incident Review Accreditation Network (SIRAN) - The Trust has received accreditation from The Royal College of Psychiatrists for their serious incident process.
- The Trust has also achieved certification for training in restraint reduction in meeting the Restraint Reduction Training Standards.

### 7.5 Locala:

- Virtual medicines management training provided as a result of Covid19 has been well received and attracted wider audiences due to ease. Electronic prescribing is now fully in place and no further hand held pads will be ordered. The management of

medications and medication reviews of people with long term conditions has improved.

## **8. Implications**

### **8.1 Quality and Safety Implications**

8.1.1 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.

### **8.2 Resources / Finance Implications**

8.2.1 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.

## **9. Recommendations**

9.1 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:

- Changes to Parliamentary Health Service Ombudsman (PHSO) processes
- West Yorkshire Urgent Care/Local Care Direct Care Quality Commission (CQC) inspection report
- National Quality Board Position Statement – Managing Risks and Improving Quality through Integrated Care Systems
- National Staff Survey – provider results and response

## **10. Appendices**

10.1 National Quality Board Position Statement



## Position Statement: Managing Risks and Improving Quality through Integrated Care Systems

The landscape of health and care is changing. The recently published White Paper - Integration and Innovation: working together to improve health and social care for all<sup>1</sup> – sets out the government’s proposals for legislation, including the establishment of statutory Integrated Care Systems (ICSs). As ICSs develop and we recover from the pandemic, it is crucial that ICSs recognise their Triple Aim<sup>2</sup> duty to deliver high-quality care and put quality, including safety, at the forefront of planning and decision-making.

### A shared commitment to delivering quality in ICSs

The strengthening of collaboration and partnership working across health and care provides significant opportunity to improve quality. However, we also know from past experience that structural change can put quality, including safety, at risk. Much of the National Quality Board (NQB)’s work since 2009 has focused on providing leadership for quality and supporting quality oversight during periods of transition<sup>3</sup>. For this reason, we understand the importance of “getting quality right” at this crucial time.

The NQB has refreshed its **Shared Commitment to Quality** to provide a common definition and vision of quality for those working in health and care systems. The refreshed version has been co-produced with systems and people with lived experience. It uses the existing Darzi-based definition of high-quality care as being safe, effective and providing a positive experience<sup>4</sup>, with a greater emphasis on population health and health inequalities. The document and example system case studies can be accessed here:

[www.england.nhs.uk/ourwork/part-rel/nqb/](http://www.england.nhs.uk/ourwork/part-rel/nqb/)

### Key requirements for quality oversight in ICSs

Systems and their constituent partnerships and organisations will have two overarching quality responsibilities:

- 1. To ensure the fundamental standards of quality are delivered** – including managing quality risks, including safety risks, and addressing inequalities and variation;
- 2. To continually improve the quality of services**, in a way that makes a real difference to the people using them.

<sup>1</sup> <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>

<sup>2</sup> The Triple aim: better health and wellbeing for everyone, better care for all people and sustainable use of NHS resources is proposed

<sup>3</sup> Previous NQB work and publications are available on the NQB website:

<https://www.england.nhs.uk/ourwork/part-rel/nqb/>

<sup>4</sup> Department of Health (DH). High quality care for all: NHS Next Stage Review final report. London: Department of Health; 2008



Achievement of these responsibilities in the new operational landscape will require an important culture shift – from instructive to permissive and developmental ways of working, and from individual to collective ownership and management of quality concerns. As the development of ICSs progresses, clear accountabilities for the delivery of quality, including safety, will be needed for all parts of the system. In the interim, system partners must understand that they are all accountable for quality and that they therefore all have a responsibility to escalate concerns.

Quality oversight and improvement will largely be delivered locally through place-based partnerships, but ICSs will have an important role to play – ensuring that inequalities and variation in the quality of care and outcomes are addressed, that serious quality concerns are managed effectively, and that learning, intelligence and improvement are shared across the system and beyond to inform ongoing improvement.

The refreshed Shared Commitment sets out some **key principles** for systems to adopt in delivering their overarching quality, including safety responsibilities, which have been informed by previous NQB work and recent learning from systems. Alongside these, systems are expected to adopt some **consistent operational requirements** for quality oversight during the transition period and beyond.

|                                                                                     | Principles                                                              | Consistent operational requirements                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | <b>1. Quality is a shared commitment</b>                                | <b>1.</b> A designated executive clinical lead for quality, including safety, in the ICS, and clinical and care professional leadership embedded at all levels of the system.                                                                                                                                                                                                                                       |
|  | <b>2. Population focused vision</b>                                     | <b>2.</b> A clear vision and credible strategy to deliver quality improvement across the ICS, which draws together quality planning, quality control, quality improvement and assurance functions to deliver care that is high-quality, personalised and equitable.                                                                                                                                                 |
|  | <b>3. Coproduction with people using services, the public and staff</b> | <b>3.</b> A defined governance and escalation process in place for quality oversight – covering all NHS commissioned services and those commissioned jointly by the NHS and local authorities (included devolved direct commissioning functions) and formally linked to regional quality oversight arrangements (Quality Committees / Joint Strategic Oversight Groups).                                            |
|  | <b>4. Clear and transparent decision-making</b>                         | <b>4.</b> A defined way to engage and share intelligence on quality, including safety – at least quarterly and delivered through a System Quality Group (refreshed Quality Surveillance Group), at least initially. This will not replace existing statutory responsibilities.                                                                                                                                      |
|  | <b>5. Timely and transparent information-sharing</b>                    | <b>5.</b> An agreed way to measure quality, including safety, using key quality indicators triangulated with intelligence and professional insight, which is reported publicly and transparently at Board-level to inform decision-making and effective management of quality risks. Evidence must show that this is also mirrored by tracking of local metrics within services to inform progress and improvement. |
|  | <b>6. Subsidiarity</b>                                                  | <b>6.</b> A defined approach for the transfer and retention of legacy organisation information on quality in accordance with the Caldicott Principles.                                                                                                                                                                                                                                                              |

<sup>5</sup> This includes: public, private, not for profit and third sector providers; primary care including general practice, dental, optometry and pharmacy; community services; secondary and tertiary services; mental health; military health and veterans services; directly commissioned services, including specialised commissioning and health and justice; services impacting on locally commissioned services.

## System Quality Groups (formally Quality Surveillance Groups)

During 2021-22, systems are expected to set up a System Quality Group<sup>6</sup>, a refreshed version of a Quality Surveillance Group (QSG)<sup>7</sup>. The NQB will work with systems and regions in 2021-22 to update the National Guidance on Quality Surveillance Groups and Risk Summits (held in response to serious quality failures). The effectiveness of these arrangements will signal system readiness and maturity. Key updates to the Terms of Reference of System Quality Groups are summarised below:

| Terms of Reference of System Quality Groups |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Purpose</b>                              | A proactive and collaborative forum, providing systems with: <ul style="list-style-type: none"> <li>• A mechanism to identify system risks to quality and opportunities for improvement, including variation</li> <li>• A mechanism to escalate quality risks from place to system, and system to region (in collaboration with regulators and wider stakeholders)</li> <li>• Opportunities to coordinate actions to drive improvement, respecting statutory responsibilities</li> <li>• Opportunities to identify, share and celebrate learning and best practice across the system.</li> </ul> |
| <b>Scope</b>                                | A focus on population health and system quality priorities, e.g. across pathways/settings with particular emphasis on reducing inequities of in access, experience and outcomes..                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Membership</b>                           | System-led. Membership expanded, with at a minimum Regional NHSEI teams, local authorities, CQC, HEE, public health, primary care, maternity, patient safety collaboratives, patient safety specialists, provider collaboratives and at least two lay members (inc Healthwatch).                                                                                                                                                                                                                                                                                                                 |
| <b>Assurance</b>                            | Accountable to the ICS Board (subject to legislation) and to Regional NHSEI teams for the quality of care of services. Responsible for ensuring good quality oversight, management of risks, sharing intelligence and working with regulators.                                                                                                                                                                                                                                                                                                                                                   |

Systems will be expected to work closely with regional NHSEI teams and wider partners to effectively put in place these requirements during the transition period. Practical changes to deliver quality functions sensibly through ICSs, including patient safety functions and devolved functions (e.g. directly commissioned services), will be worked through in 2021/22 and managed appropriately. Regional NHSEI teams are working to update regional quality oversight meetings and support ICS quality leads over 2021-22, in collaboration with national NHSEI teams and wider partners. Engagement will be tailored to ICS needs and may include reviewing wider quality risks, sharing learning and benchmarking data, and supporting effective leadership for quality. In the event of serious or persistent quality failures, NHSEI and regulators will work collaboratively with systems to address issues, in alignment with the System Oversight Framework.

## NQB work to support quality oversight in ICSs

The NQB will support the following work in 2021-22:

- **A quality toolkit**, drawing together a library of consistent indicators to help provide a single view of quality. Launched and further developed by NHSEI and available through NHS Viewpoint in Q1 2021/22
- Policy work to clarify **quality oversight arrangements at place and system level**, including risk management approaches. To inform updated guidance on QSGs and Risk Summits – Q 2-3 2021/22
- Policy work to further define **roles and responsibilities for quality** at place, system and regional level – Q2-3 2021/22
- Ongoing work to gather, share and celebrate **learning, improvement and best practice** from systems on quality, including focus on how these are done as well as what is done. Shared through networks, events and case studies.

<sup>6</sup> ICSs may choose to tailor this name. e.g. "Quality Board" and "Joint Intelligence Group" are examples of groups already established.

<sup>7</sup> <https://www.england.nhs.uk/publication/quality-surveillance-groups-national-guidance/>

|                           |                                                                                    |                              |                                                                       |
|---------------------------|------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------|
| <b>Name of Meeting</b>    | Governing Body                                                                     | <b>Meeting Date</b>          | 09.06.2021                                                            |
| <b>Title of Report</b>    | Performance Report against Key Performance Indicators for 2020/21                  | <b>Agenda Item No.</b>       | 17                                                                    |
| <b>Report Author</b>      | Natalie Ackroyd, Senior Strategic Planning, Performance and Transformation Manager | <b>Public / Private Item</b> | Public                                                                |
| <b>GB / Clinical Lead</b> | Dr Khalid Naeem                                                                    | <b>Responsible Officer</b>   | 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 year end for 2020/21 against ALL NHS Constitutional Standards set out in appendix Ai & Aii for Greater Huddersfield and North Kirklees CCGs. Oversight Framework measures are also reported this month and are also recorded in appendix Bi and Bii. |                                             |                                     |            |                                |
|                                                             | 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 Cttees | Meeting Date                        | 26.05.2021 |                                |
|                                                             | Name of meeting                                                                                                                                                                                                                                                                         |                                             | Meeting Date                        |            |                                |
| Recommendation (s)                                          | The CCG Governing Body is asked to:- <ul style="list-style-type: none"><li>NOTE the performance against the key outcomes and measures for each CCG;</li><li>APPROVE the action(s) being taken to address areas of under/over performance.</li></ul>                                     |                                             |                                     |            |                                |
| Decision                                                    | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                     | Assurance                                   | <input checked="" type="checkbox"/> | Discussion | <input type="checkbox"/> Other |

| Implications                                                                                                          |              |
|-----------------------------------------------------------------------------------------------------------------------|--------------|
| <b>Quality &amp; Safety implications</b>                                                                              | Not required |
| <b>Engagement &amp; Equality implications</b><br>(including whether an equality impact assessment has been completed) | Not required |

|                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |          |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| <b>Resources / Finance implications</b> (including Staffing/Workforce considerations) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Any proposed changes or actions required to improve performance will be assessed for any financial implications |  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |          |
| <b>Has a Data Protection Impact Assessment (DPIA) been completed?</b> (Please select) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Yes</b>                                                                                                      |  | <b>No</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>N/A</b> | <b>X</b> |
| <b>Strategic Objectives</b> (which of the CCG objectives does this relate to?)        | <ul style="list-style-type: none"> <li>Contribute to the development of a sustainable NHS workforce to support the delivery of high quality care.</li> <li>Work with partners and the public to improve health awareness, emotional wellbeing, community and personal resilience.</li> <li>Ensure appropriate use of hospital services.</li> <li>Improve health related experiences and outcomes for people with long term conditions, particularly those that experience significant inequalities.</li> <li>Reduce avoidable variation in healthcare and patient experience.</li> </ul> | <b>Risk</b> (include risk number and a brief description of the risk)                                           |  |           | <b>PR1.3</b> 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<br><b>PR2.3</b> 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 |            |          |
| <b>Legal / CCG Constitutional Implications</b>                                        | None Identified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Conflicts of Interest</b> (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 and now the Kirklees CCG Governing Body, 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 Oversight Framework (previously the Improvement and Assessment Framework) and sets out a summary position of GHCCG and NKCCG performance against the key 2020/21 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;
- **Red** - deviation from target, 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            |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------|---------------------------|-------------------|
| Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 wks from referral * | 71.3%              | 92 %          | 75.3%<br>Excludes<br>CHFT | 92%               |
| Patients on incomplete pathways waiting more than 52 weeks *                                                                        | 749                | 0             | 1998                      | 0                 |
| Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral *                                   | 92.2%              | 99%           | 75.4%                     | 99%               |
| Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department ( <b>March 2021</b> ) * | No Longer reported | N/A           | 87.8%                     | 95%               |
| Maximum 31-day wait for subsequent treatment where that treatment is surgery                                                        | 92.3%              | 93%           | 96%                       | 93%               |
| Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer *                                  | 74.5%              | 85%           | 89.7%                     | 85%               |
| Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers                       | 0%                 | 90%           | 100%                      | 90%               |
| All handovers between ambulance and A&E must take place within 15 minutes( <b>March 2021</b> )                                      | MYHT only<br>64.8% | both<br>65.5% |                           | CHFT only<br>67.4 |
| All crews should be ready to accept new calls within a further 15 minutes( <b>March 2021</b> )                                      | 36.3%              | 38.5%         |                           | 43.9%             |

Please note that the information reproduced here for the Oversight Framework is based on the information compiled by NHSE and reported through [NHS England » CCG Improvement and Assessment Framework \(CCG IAF\) Data Extract](#). On that basis only those measures that are flagging red and that are up to date have been reproduced below. Where a measure was flagging red but we were able to confirm current information was that the measure is green this has not been reported. Most notable this applies to the February IAPT data (123a) for North Kirklees that shows as red but has moved into green achieving the 50% target in March. There are several other data sets in the extract that are several months behind what is available elsewhere, this includes EBI's, maternity measures and both the Leadership and workforce and Finance and use of resources sections.

In addition to this where a measure is reported through the constitutional standards and is also reproduced in the Oversight framework they have not been duplicated.

| Outcome/Measure – Oversight Framework (IAF)                                                                       | NKCCG | GHCCG  | Target |
|-------------------------------------------------------------------------------------------------------------------|-------|--------|--------|
| Percentage of NHS continuing healthcare full assessments taking place in an acute hospital setting (131a)         | 0%    | 0%     | 15%    |
| Maternal Smoking: % of women known to be smoking at the time of delivery (1% reduction year-on-year) (Quarter 4)  | 13%   | 11%    | <11%   |
| Proportion of people on GP severe mental illness register receiving physical health checks in primary care (123g) | 39.9% | 31.2%  | 60%    |
| Estimated diagnosis rate for people with dementia (126a)                                                          | 63.2% | 59.39% | 67%    |

**The traffic light status is based on Department of Health thresholds (NHS Performance Assessment Framework), if no threshold is given, then actual versus plan is applied.**



## Constitutional Standards

### 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 75.3% for March 2021 for all providers excluding CHFT.

| Provider                                     | <18 weeks | > 18 weeks | Total | Percentage |
|----------------------------------------------|-----------|------------|-------|------------|
| Aspen- Claremont Hospital                    | 139       | 66         | 205   | 67.80%     |
| Barnsley Hospital Foundation Trust           | 209       | 58         | 267   | 78.28%     |
| BMI (all)                                    | 580       | 481        | 1061  | 54.67%     |
| Bradford Teaching Hospitals Foundation Trust | 249       | 107        | 356   | 69.94%     |
| Leeds Teaching Hospitals Trust               | 407       | 188        | 595   | 68.40%     |
| Locala                                       | 1524      | 118        | 1642  | 92.81%     |
| MYHT                                         | 126       | 76         | 202   | 62.38%     |
| Sheffield children's & teaching              | 128       | 39         | 167   | 76.65%     |
| Spamedical Eye Hospital (Wakefield)          | 184       | 8          | 192   | 95.83%     |
| Spire Elland                                 | 451       | 65         | 516   | 87.40%     |
| The One Health Group LTD                     | 69        | 27         | 96    | 71.88%     |
| Any other provider                           | 222       | 177        | 399   | 55.64%     |
| All providers excluding CHFT                 | 4288      | 1410       | 5698  | 75.25%     |

The table below shows numbers on an incomplete waiting list for all providers including CHFT in March 2021 –

### Greater Huddersfield CCG (CCG Code 03A)

| Treatment Function       | Total number of incomplete pathways March 21 | Total within 18 weeks | % within 18 weeks | Average (median) waiting time (in weeks) |
|--------------------------|----------------------------------------------|-----------------------|-------------------|------------------------------------------|
| General Surgery          | 3,146                                        |                       |                   | 12.7                                     |
| Urology                  | 1,160                                        |                       |                   | 14.5                                     |
| Trauma & Orthopaedics    | 3,473                                        |                       |                   | 9.8                                      |
| Ear, Nose & Throat (ENT) | 2,411                                        |                       |                   | 19.1                                     |
| Ophthalmology            | 2,053                                        |                       |                   | 9.3                                      |
| Oral Surgery             | -                                            |                       |                   | -                                        |
| Neurosurgery             | 223                                          |                       |                   | 11.6                                     |
| Plastic Surgery          | 361                                          |                       |                   | 17.6                                     |
| Cardiothoracic Surgery   | 5                                            |                       |                   | -                                        |
| General Medicine         | 46                                           |                       |                   | 11.8                                     |
| Gastroenterology         | 1,093                                        |                       |                   | 15.4                                     |
| Cardiology               | 700                                          |                       |                   | 8.3                                      |



| Treatment Function | Total number of incomplete pathways March 21 | Total within 18 weeks | % within 18 weeks | Average (median) waiting time (in weeks) |
|--------------------|----------------------------------------------|-----------------------|-------------------|------------------------------------------|
| Dermatology        | 775                                          |                       |                   | 4.0                                      |
| Thoracic Medicine  | 472                                          |                       |                   | 7.1                                      |
| Neurology          | 686                                          |                       |                   | 11.1                                     |
| Rheumatology       | 427                                          |                       |                   | 8.8                                      |
| Geriatric Medicine | 34                                           |                       |                   | 10.8                                     |
| Gynaecology        | 1,357                                        |                       |                   | 10.1                                     |
| Other              | 1,950                                        |                       |                   | 7.3                                      |
| Total              | 20,372                                       |                       |                   | 10.7                                     |

### **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 March '21 | Total within 18 weeks | % within 18 weeks | Average (median) waiting time (in weeks) |
|--------------------------|-----------------------------------------------|-----------------------|-------------------|------------------------------------------|
| General Surgery          | 5,472                                         |                       |                   | 12.4                                     |
| Urology                  | 1,702                                         |                       |                   | 15.2                                     |
| Trauma & Orthopaedics    | 3,988                                         |                       |                   | 10.2                                     |
| Ear, Nose & Throat (ENT) | 4,915                                         |                       |                   | 21.1                                     |
| Ophthalmology            | 3,486                                         |                       |                   | 10.4                                     |
| Oral Surgery             | 1,549                                         |                       |                   | 16.6                                     |
| Neurosurgery             | -                                             |                       |                   | -                                        |
| Plastic Surgery          | 490                                           |                       |                   | 13.9                                     |
| Cardiothoracic Surgery   | -                                             |                       |                   | -                                        |
| General Medicine         | 122                                           |                       |                   | 13.1                                     |
| Gastroenterology         | 2,031                                         |                       |                   | 15.9                                     |
| Cardiology               | 1,245                                         |                       |                   | 8.7                                      |
| Dermatology              | 732                                           |                       |                   | 3.0                                      |
| Thoracic Medicine        | 840                                           |                       |                   | 7.6                                      |
| Neurology                | 1,532                                         |                       |                   | 14.2                                     |
| Rheumatology             | 841                                           |                       |                   | 8.7                                      |
| Geriatric Medicine       | 87                                            |                       |                   | 13.7                                     |
| Gynaecology              | 2,175                                         |                       |                   | 11.0                                     |
| Other                    | 2,507                                         |                       |                   | 8.0                                      |
| Total                    | 33,714                                        |                       |                   | 12.1                                     |

### **North Kirklees (CCG Code 03J)**

The aggregate performance for NHS North Kirklees CCG for Incomplete Pathways across **all providers** was 71.3% in March 2021. The table below shows performance for all providers in March 2021 as well as the total number of incomplete pathways and the total within 18 weeks.

| <b>Treatment Function</b> | <b>Total number of incomplete pathways March '21</b> | <b>Total within 18 weeks</b> | <b>% within 18 weeks</b> | <b>Average waiting time</b> |
|---------------------------|------------------------------------------------------|------------------------------|--------------------------|-----------------------------|
| General Surgery           | 663                                                  | 351                          | 52.9%                    | 16.9                        |
| Urology                   | 653                                                  | 474                          | 72.6%                    | 8.3                         |
| Trauma & Orthopaedics     | 1,068                                                | 591                          | 55.3%                    | 15.8                        |
| Ear, Nose & Throat (ENT)  | 1,358                                                | 908                          | 66.9%                    | 10.8                        |
| Ophthalmology             | 1,295                                                | 1,098                        | 84.8%                    | 6.7                         |
| Oral Surgery              | 1                                                    | 1                            | 100.0%                   | -                           |
| Neurosurgery              | 27                                                   | 12                           | 44.4%                    | 19.0                        |
| Plastic Surgery           | 340                                                  | 188                          | 55.3%                    | 14.8                        |
| Cardiothoracic Surgery    | 2                                                    | 1                            | 50.0%                    | -                           |
| General Medicine          | 9                                                    | 7                            | 77.8%                    | -                           |
| Gastroenterology          | 997                                                  | 713                          | 71.5%                    | 9.7                         |
| Cardiology                | 252                                                  | 202                          | 80.2%                    | 7.1                         |
| Dermatology               | 328                                                  | 272                          | 82.9%                    | 6.2                         |
| Thoracic Medicine         | 171                                                  | 137                          | 80.1%                    | 8.3                         |
| Neurology                 | 339                                                  | 243                          | 71.7%                    | 10.8                        |
| Rheumatology              | 106                                                  | 84                           | 79.2%                    | 6.3                         |
| Geriatric Medicine        | 23                                                   | 22                           | 95.7%                    | 5.5                         |
| Gynaecology               | 1,020                                                | 710                          | 69.6%                    | 10.4                        |
| Other                     | 2,330                                                | 1,811                        | 77.7%                    | 7.1                         |
| Total                     | 10,982                                               | 7,825                        | 71.3%                    | 9.2                         |

*Specialities below the 92% target are highlighted in red for information.*

### **MYHT ( Provider code RXF)**

| <b>Treatment Function</b> | <b>Total number of incomplete pathways March '21</b> | <b>Total within 18 weeks</b> | <b>% within 18 weeks</b> | <b>Average waiting time</b> |
|---------------------------|------------------------------------------------------|------------------------------|--------------------------|-----------------------------|
| General Surgery           | 1,298                                                | 769                          | 59.2%                    | 14.6                        |
| Urology                   | 2,168                                                | 1,604                        | 74.0%                    | 7.8                         |
| Trauma & Orthopaedics     | 2,682                                                | 1,409                        | 52.5%                    | 16.7                        |
| Ear, Nose & Throat (ENT)  | 2,956                                                | 2,435                        | 82.4%                    | 8.0                         |

| Treatment Function     | Total number of incomplete pathways March '21 | Total within 18 weeks | % within 18 weeks | Average waiting time |
|------------------------|-----------------------------------------------|-----------------------|-------------------|----------------------|
| Ophthalmology          | 2,945                                         | 2,481                 | 84.2%             | 7.0                  |
| Oral Surgery           | 2,216                                         | 1,357                 | 61.2%             | 11.6                 |
| Neurosurgery           | -                                             | -                     | -                 | -                    |
| Plastic Surgery        | 1,294                                         | 734                   | 56.7%             | 14.8                 |
| Cardiothoracic Surgery | -                                             | -                     | -                 | -                    |
| General Medicine       | 10                                            | 8                     | 80.0%             | -                    |
| Gastroenterology       | 3,319                                         | 2,405                 | 72.5%             | 9.6                  |
| Cardiology             | 541                                           | 449                   | 83.0%             | 6.0                  |
| Dermatology            | 1,218                                         | 971                   | 79.7%             | 6.1                  |
| Thoracic Medicine      | 524                                           | 415                   | 79.2%             | 8.8                  |
| Neurology              | 949                                           | 666                   | 70.2%             | 11.7                 |
| Rheumatology           | 425                                           | 343                   | 80.7%             | 7.3                  |
| Geriatric Medicine     | 88                                            | 81                    | 92.0%             | 5.6                  |
| Gynaecology            | 2,629                                         | 1,890                 | 71.9%             | 10.1                 |
| Other                  | 8,070                                         | 6,328                 | 78.4%             | 7.5                  |
| Total                  | 33,332                                        | 24,345                | 73.0%             | 9.0                  |

### 3.2 Number of patients waiting more than 52 weeks

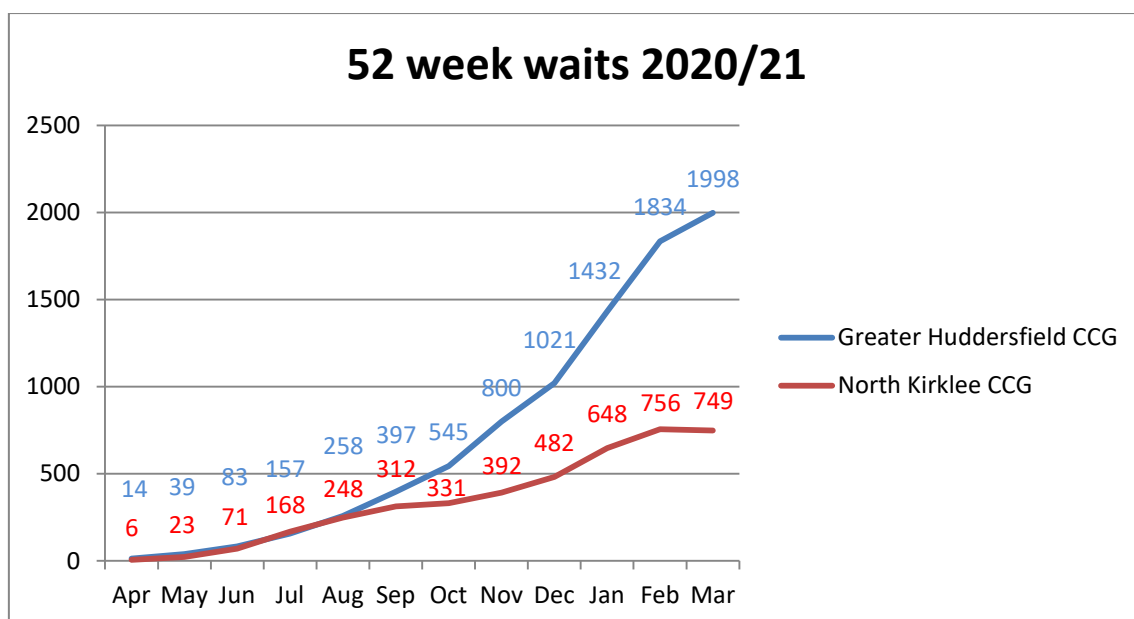
#### Greater Huddersfield CCG

There were 1998 reported breaches in March 2021, the highest number year to date, with 2592 individual cases recorded since April 2020. Please note the total number of 52-week waits was calculated using the incomplete and completed 52 week cases to account for the number of patients that remained on the waiting list beyond the point at which they first breached 52 weeks.

#### North Kirklees CCG

There were 749 reported breaches in March 2021, with 1289 individual cases recorded since April 2020. Please note the total number of 52 week waits was calculated using the incomplete and completed 52 week cases to account for the number of patients that remained on the waiting list beyond the point at which they first breached 52 weeks.

The chart below shows the number of 52 week waits in Month for Greater Huddersfield and North Kirklees CCGs.



### 3.3 Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral

#### Greater Huddersfield CCG (GHCCG)

GHCCG achieved 75.4% in March '21 (an increase of 6.4% February and the best performance 2020/21) 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 55.5%

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                   | 703                | 45               | 6.40%              | 93.6%               |
| Computed Tomography                          | 468                | 12               | 2.56%              | 97.4%               |
| Non-obstetric Ultrasound                     | 1,508              | 34               | 2.25%              | 97.7%               |
| DEXA Scan                                    | 483                | 227              | 47.00%             | 53.0%               |
| Audiology - Audiology Assessments            | 90                 | 1                | 1.11%              | 98.9%               |
| Cardiology - Echocardiography                | 309                | 24               | 7.77%              | 92.2%               |
| Neurophysiology - Peripheral Neurophysiology | 155                | 6                | 3.87%              | 96.1%               |
| Respiratory physiology - Sleep Studies       | 27                 | 1                | 3.70%              | 96.3%               |
| Urodynamics - Pressures & Flows              | 16                 | 6                | 37.50%             | 62.5%               |
| Colonoscopy                                  | 494                | 358              | 72.47%             | 27.5%               |
| Flexi Sigmoidoscopy                          | 240                | 168              | 70.00%             | 30.0%               |
| Cystoscopy                                   | 116                | 52               | 44.83%             | 55.2%               |

| Diagnostic test name | Total waiting list | Waiting +6 weeks | % waiting +6 weeks | Overall performance |
|----------------------|--------------------|------------------|--------------------|---------------------|
| Gastroscopy          | 551                | 335              | 60.80%             | 39.2%               |
| <b>Total</b>         | 5,160              | 1,269            | 24.59%             | 75.4%               |

### **North Kirklees CCG (NKCCG)**

In March 2021 NKCCG achieved 92.2% (an improvement of 1.3% since February) 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 75.7%

The table below shows the breach percentages for each diagnostic test, with a target of 99%:

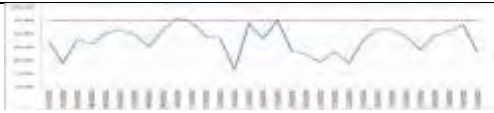
| Diagnostic test name                         | Total waiting list | Waiting +6 weeks | % waiting +6 weeks | Overall performance |
|----------------------------------------------|--------------------|------------------|--------------------|---------------------|
| Magnetic Resonance Imaging                   | 658                | 84               | 12.77%             | 87.2%               |
| Computed Tomography                          | 409                | 3                | 0.73%              | 99.3%               |
| Non-obstetric Ultrasound                     | 896                | 10               | 1.12%              | 98.9%               |
| DEXA Scan                                    | 144                | 6                | 4.17%              | 95.8%               |
| Audiology - Audiology Assessments            | 120                | 1                | 0.83%              | 99.2%               |
| Cardiology - Echocardiography                | 177                | 29               | 16.38%             | 83.6%               |
| Cardiology - Electrophysiology               | 0                  | -                | -                  | -                   |
| Neurophysiology - Peripheral Neurophysiology | 76                 | 11               | 14.47%             | 85.5%               |
| Respiratory physiology - Sleep Studies       | 31                 | 2                | 6.45%              | 93.5%               |
| Urodynamics - Pressures & Flows              | 0                  | -                | -                  | -                   |
| Colonoscopy                                  | 134                | 33               | 24.63%             | 75.4%               |
| Flexi Sigmoidoscopy                          | 46                 | 9                | 19.57%             | 80.4%               |
| Cystoscopy                                   | 42                 | 14               | 33.33%             | 66.7%               |
| Gastroscopy                                  | 112                | 19               | 16.96%             | 83.0%               |
| <b>Total</b>                                 | 2,845              | 221              | 7.71%              | 92.2%               |

### **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.***

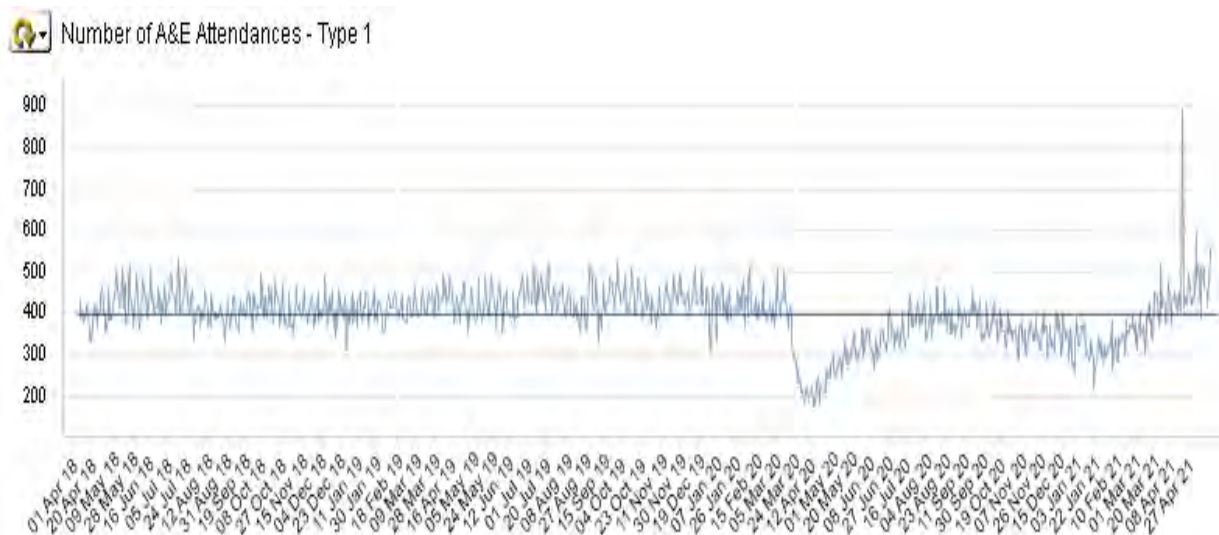
#### **Calderdale Hospital Foundation Trust**

Performance against the 4 hour Emergency Care Standard for March was 87.8% for both sites. Performance in March 2021 was 87.8% for both sites. For the year to date there were 125,419 attendances with 14,067 breaches with an outturn of 88.8%

The information below shows the month on month performance at CHFT:

|              | CRH  |  | HRI  |  | CHFT  |  | Daily attends | Daily breaches |                                                                                     |
|--------------|------|--|------|--|-------|--|---------------|----------------|-------------------------------------------------------------------------------------|
| <b>Jan</b>   |      |  |      |  |       |  |               |                |  |
| Attendances  | 4950 |  | 4653 |  | 9603  |  | 310           |                |                                                                                     |
| Breaches     | 545  |  | 637  |  | 310   |  |               | 38             |                                                                                     |
| <b>Feb</b>   |      |  |      |  |       |  |               |                |  |
| Attendances  | 4853 |  | 4716 |  | 9569  |  | 342           |                |                                                                                     |
| Breaches     | 478  |  | 826  |  | 1304  |  |               | 47             |                                                                                     |
| <b>March</b> |      |  |      |  |       |  |               |                |  |
| Attendances  | 6286 |  | 6220 |  | 12506 |  | 403           |                |                                                                                     |
| Breaches     | 734  |  | 788  |  | 1522  |  |               | 49             |                                                                                     |

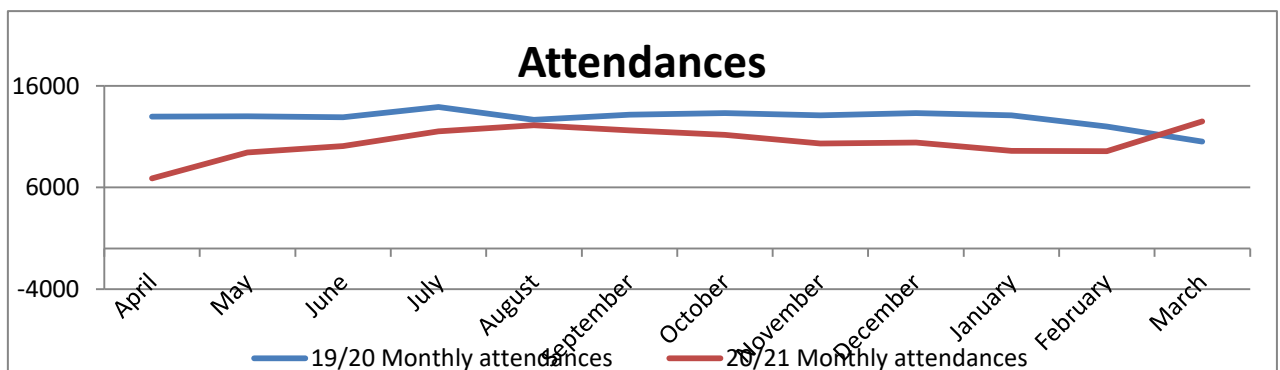
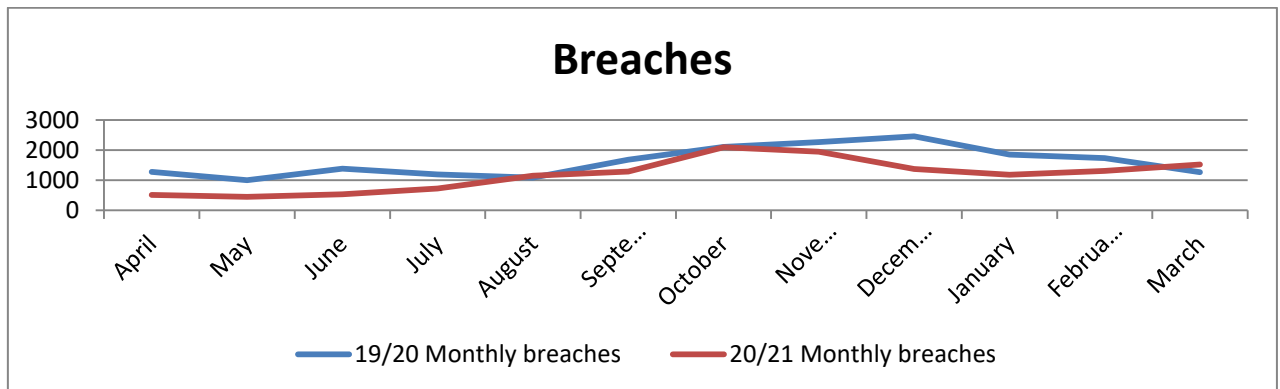
The extract below shows the number of attendances at CHFT from the 1<sup>st</sup> April 2018 to early April 2021 and illustrates the impact that COVID 19 had on the level of attendances.



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 403 in March 21. The second wave of Covid plus local and national lockdowns is a significant factor in this decline in attendances. The chart above does show data to the end of

April 21 and shows a sharp increase in attendances mid-way through the month before decreasing to more average levels.

Over the period April 20 to March 21 there have been 28,710 fewer attendances (2,392 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 March 21, with 5218 fewer. In effect we have seen a 18.6% reduction in attendances (125,319 / 154,029) whilst the number of breaches has reduced by 27.1% (14,067 / 19285).



### **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 are detailed below:

- 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.

### 3.5 Cancer performance

| <b>Greater Huddersfield CCG<br/>March 21</b>                                                                                              | <b>TARGET<br/>BASELINE</b> | <b>SELECTED<br/>MONTH %</b> | <b>SELECTED<br/>MONTH<br/>RAGS</b> | <b>LATEST<br/>YTD %</b> | <b>LATEST<br/>YTD<br/>RAGS</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------|------------------------------------|-------------------------|--------------------------------|
| Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP                       | 93%                        | 98.9%                       | Green                              | 98.7%                   | Green                          |
| Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms                                | 93%                        | 98.1%                       | Green                              | 97.4%                   | Green                          |
| Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers                                              | 96%                        | 97.9%                       | Green                              | 96.8%                   | Green                          |
| Maximum 31-day wait for subsequent treatment where that treatment is surgery                                                              | 94%                        | 96.0%                       | Green                              | 86.3%                   | Red                            |
| Maximum 31-day wait for subsequent treatment where that treatment is anti-cancer drug regime                                              | 98%                        | 100.0%                      | Green                              | 99.3%                   | Green                          |
| Maximum 31-day wait for subsequent treatment where that treatment is episode of radiotherapy                                              | 94%                        | 100.0%                      | Green                              | 98.3%                   | Green                          |
| Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer                                          | 85%                        | 89.7%                       | Green                              | 86.3%                   | Green                          |
| Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers                             | 90%                        | 100.0%                      | Green                              | 67.9%                   | Red                            |
| Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) | 90%                        | 100.0%                      | Green                              | 72.7%                   | Red                            |
| <b>North Kirklees CCG March 21</b>                                                                                                        | <b>TARGET<br/>BASELINE</b> | <b>SELECTED<br/>MONTH %</b> | <b>SELECTED<br/>MONTH</b>          | <b>LATEST<br/>YTD %</b> | <b>LATEST<br/>YTD</b>          |



|                                                                                                                                           |     |        | RAGS  |        | RAGS  |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|-------|--------|-------|
| Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP                       | 93% | 96.3%  | Green | 96.1%  | Green |
| Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms                                | 93% | 96.1%  | Green | 88.3%  | Red   |
| Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers                                              | 96% | 96.0%  | Green | 95.2%  | Amber |
| Maximum 31-day wait for subsequent treatment where that treatment is surgery                                                              | 94% | 92.3%  | Red   | 91.6%  | Red   |
| Maximum 31-day wait for subsequent treatment where that treatment is anti-cancer drug regime                                              | 98% | 100.0% | Green | 100.0% | Green |
| Maximum 31-day wait for subsequent treatment where that treatment is episode of radiotherapy                                              | 94% | 100.0% | Green | 100.0% | Green |
| Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer                                          | 85% | 74.5%  | Red   | 73.9%  | Red   |
| Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers                             | 90% | 0.0%   | Red   | 33.3%  | Red   |
| Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) | 90% | 100.0% | Green | 72.3%  | Red   |

The reported cancer measures are those that have failed to achieve target in March (see outcome measures summary – page 4). In addition to these monthly measures not achieving target there are 4 other measures that are green in month but have not recovered the year to date performance, they are Maximum 31-day wait for subsequent treatment where that treatment is surgery, Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers and Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade for Greater Huddersfield CCG and Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms and Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) for North Kirklees CCG.

#### **Cancer Performance breach numbers**

|                                                                                                                                                  | Greater Huddersfield |          | North Kirklees |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------|----------------|-----------|
| Measure                                                                                                                                          | Referrals            | Breaches | Referrals      | Breaches  |
| Maximum <b>two-week</b> wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP                       | <b>807</b>           | <b>9</b> | <b>756</b>     | <b>28</b> |
| Maximum <b>two-week</b> wait for first outpatient appointment for patients referred urgently with breast symptoms                                | <b>103</b>           | <b>2</b> | <b>51</b>      | <b>2</b>  |
| Maximum one month ( <b>31-day</b> ) wait from diagnosis to first definitive treatment for all cancers                                            | <b>97</b>            | <b>2</b> | <b>99</b>      | <b>4</b>  |
| Maximum <b>31-day</b> wait for subsequent treatment where that treatment is <b>surgery</b>                                                       | <b>25</b>            | <b>1</b> | <b>13</b>      | <b>1</b>  |
| Maximum <b>31-day</b> wait for subsequent treatment where that treatment is <b>anti-cancer drug regime</b>                                       | <b>38</b>            | <b>0</b> | <b>36</b>      | <b>0</b>  |
| Maximum <b>31-day</b> wait for subsequent treatment where that treatment is <b>episode of radiotherapy</b>                                       | <b>46</b>            | <b>0</b> | <b>18</b>      | <b>0</b>  |
| Maximum two month ( <b>62-day</b> ) wait from urgent GP referral to first definitive treatment for cancer                                        | <b>58</b>            | <b>6</b> | <b>55</b>      | <b>14</b> |
| Maximum <b>62-day</b> wait from referral from an NHS screening service to first definitive treatment                                             | <b>7</b>             | <b>0</b> | <b>1</b>       | <b>1</b>  |
| Maximum <b>62-day</b> wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) | <b>2</b>             | <b>0</b> | <b>9</b>       | <b>0</b>  |

Both Greater Huddersfield and North Kirklees CCG have seen an increase in the number of patients waiting under 62 days from urgent GP referral to first definitive treatment for cancer. The tables below show the year to date performance. Greater Huddersfield.

|     | 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% |
| Feb | 49        | 40  | 9   | 81.63% |
| Mar | 58        | 52  | 6   | 89.66% |
| YTD | 758       | 654 | 104 | 86.28% |

Greater Huddersfield CCG has performed well over the course of 2020/21 score above the 85% target in 7 months for patients waiting less than 62 days for cancer treatment. Across the whole year, 86.28% of patients referred for cancer started their treatment within 62 days.

| North Kirklees CCG Maximum two month ( <b>62-day</b> ) 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% |
| 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% |
| Feb                                                                                                                                      | 50        | 35  | 15  | 70.00% |
| Mar                                                                                                                                      | 55        | 41  | 14  | 74.55% |
| <b>YTD</b>                                                                                                                               | 590       | 436 | 154 | 73.90% |

North Kirklees CCG saw 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. However this figure has increased in the last two months of the year giving an overall yearly figure of 73.9% of patients waiting less than 62 days for cancer treatment.

| North Kirklees CCG Maximum 31-day wait for subsequent treatment where that treatment is surgery |           |     |     |       |
|-------------------------------------------------------------------------------------------------|-----------|-----|-----|-------|
|                                                                                                 | Referrals | <31 | >31 | %     |
| Apr                                                                                             | 17        | 16  | 1   | 94.1% |
| May                                                                                             | 16        | 15  | 1   | 93.8% |
| Jun                                                                                             | 24        | 22  | 2   | 91.7% |
| Jul                                                                                             | 22        | 20  | 2   | 90.9% |
| Aug                                                                                             | 6         | 5   | 1   | 83.3% |
| Sep                                                                                             | 41        | 37  | 4   | 90.2% |
| Oct                                                                                             | 23        | 21  | 2   | 91.3% |
| Nov                                                                                             | 21        | 20  | 1   | 95.2% |
| Dec                                                                                             | 22        | 20  | 2   | 90.9% |
| Jan                                                                                             | 13        | 12  | 1   | 92.3% |
| Feb                                                                                             | 9         | 8   | 1   | 88.9% |
| Mar                                                                                             | 13        | 12  | 1   | 92.3% |
| <b>YTD</b>                                                                                      | 227       | 208 | 19  | 91.6% |

The number of waits over 31 days for patients waiting for surgery in North Kirklees has been below target across much of 2020/21 with 19 patients overall who had to wait over 31 days for surgery, however numbers are small.

### 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 March 2021.

| Handover     | Under 15 mins | Over 15 mins | Total        | Percent      |
|--------------|---------------|--------------|--------------|--------------|
| CRH          | 291           | 153          | 444          | 65.5%        |
| HRI          | 560           | 258          | 818          | 68.5%        |
| <b>Total</b> | <b>851</b>    | <b>411</b>   | <b>1,262</b> | <b>67.4%</b> |
| DDH          | 230           | 23           | 253          | 90.9%        |
| Pind         | 1,850         | 1,108        | 2,958        | 62.5%        |
| <b>Total</b> | <b>2,080</b>  | <b>1,131</b> | <b>3,211</b> | <b>64.8%</b> |

CHFT has seen a slight increase in the number of handovers taking under 15 minutes from 66.8% in February '21 to 67.4% in March '21. The yearly position for 2020/21 for Handovers sees 73.2% of all handovers at CHFT taking under 15 minutes

MYHT has seen a decrease from February '21 to March '21, (dropping from 68.6% to 64.8%). For the final yearly position 72.0% of all handovers took less than 15 minutes. Across the year, Dewsbury District Hospital has performed well on handovers with 90.9% of all handovers taking less than 15 minutes

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% |
| Mar-21        | 851           | 411          | 1262  | 67.4% |

| 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% |
| Mar-21        | 2080          | 1131         | 3211  | 64.8% |

### 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 March 2021

| Crew clear   | Under 15 mins | Over 15 mins | Total        | Percent      |
|--------------|---------------|--------------|--------------|--------------|
| CRH          | 210           | 234          | 444          | 47.3%        |
| HRI          | 344           | 474          | 818          | 42.1%        |
| <b>Total</b> | <b>554</b>    | <b>708</b>   | <b>1,262</b> | <b>43.9%</b> |
| DDH          | 112           | 141          | 253          | 44.3%        |
| Pind         | 1,055         | 1,903        | 2,958        | 35.7%        |
| <b>Total</b> | <b>1,167</b>  | <b>2,044</b> | <b>3,211</b> | <b>36.3%</b> |

Crew Clears under 15 minutes have both declined at CHFT and MYHT from February '21 to March '21 across all sites.

The yearly position for 2020/21 for Crew Clears sees 46.2% of all handovers at CHFT taking under 15 minutes. For MYHT this yearly figure is 37.3%

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% |
| Mar-21 | 554  | 708  | 1262  | 43.9% |

| <b>MYHT Crew Clear</b> | <b>Under 15 mins</b> | <b>Over 15 mins</b> | <b>Total</b> | <b>%</b> |
|------------------------|----------------------|---------------------|--------------|----------|
| 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%    |
| Mar-21                 | 1167                 | 2044                | 3211         | 36.3%    |

### **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.

## **Oversight Framework Measures**

### **3.8 Percentage of NHS continuing healthcare full assessments taking place in an acute hospital setting (131a)**

Greater Huddersfield and North Kirklees CCGs have reported 0% of CHC full assessments taking place in a hospital. This is due to the Continuing Healthcare team having other mechanisms in place to ensure that patients can be discharged quickly and safely from hospital and reach their optimum before eligibility for NHS CHC is considered. This approach ensures patients can be assessed at home or in a care home setting and therefore have better outcomes for ongoing care.

The figure for Greater Huddersfield and North Kirklees CCGs has therefore always been reported at 0% and will continue to be reported as such.

### **3.9 Maternal smoking: % of women known to be smoking at the time of delivery**

Both Trusts are continuing to try and meet the requirements of Saving Babies Lives Care Bundle (SBLCB) v2. The 6 objectives and interventions were reported last year and the work has continued to progress in spite of the current impact of covid – with the obvious impact that this has had on day to day activities.

### **3.10 Proportion of people on GP severe mental illness register receiving physical health checks in primary care (123g)**

This measure forms part of the Primary care dashboard and is reviewed monthly through the Kirklees Primary Care Operational group which reports into PCCC. The measure has recently changed from the 6 tests to 9 and there has been some difficulty transitioning to the new requirements. Through the Operational group, practices that are identified as low performing are being supported to identify where their issues lie. To date coding issues as well as practices that have not understood what was required for the additional three measures have been identified and support offered.

Additional funding and support is also being targeted towards this work with the CCG's mental health team providing advice and support both at an individual practice level but also through presentations at Practice Protected time events.

Through the work on the Operational group 7 practices have been identified which have failed to complete all the checks for any of their patients and these practices are also being approached with a view to support and identify where any issues may lie.

### **3.11 Estimated diagnosis rate for people with dementia (126a)**

This measure also forms part of the Primary care dashboard and is reviewed monthly through the Kirklees Primary Care Operational group which reports into PCCC. The data is reviewed monthly and although no trends in the practice data has been identified the practices which are achieving less than 50% of their estimated dementia patients are flagged to the group. From the 64 practices across Kirklees (37 – Greater Huddersfield and 27 North Kirklees) there are 15 practices that are not achieving an arbitrary 50% of the expected total. As the CCG target is 67% and we are achieving 63% and 59% across Greater Huddersfield and North Kirklees respectively, by

identifying the issues within the 15 practices it is anticipated that the overall CCG percentage should improve.

### **3.12 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

##### **Referral to treatment**

March 21 saw an improvement in performance to 73% compared to 71.8% in February 21. Recovery is affected by reduced levels of theatre capacity and the need to prioritise remaining elective and outpatient capacity for urgent and cancer patients. 1,765 patients breached 52 weeks in March which is an improvement compared to 1,820 the previous month. Waiting list size increased from 31,118 to 33,336 in March 21.

##### **Diagnostics**

Performance improved for the tenth consecutive month from 96.36% to 96.89% in March 21 but remains red against target.

##### **Cancer**

Cancer 62 days is currently not meeting its target in March 21 but did show an improvement to 74.5% compared to 72.1% the previous month.



# TRUST BOARD SCORECARD - 2020/21

## RESPONSIVE

| Indicator                                                                              | Director Lead | Period | Target | Target Type | -5     | -4     | -3     | -2     | -1     | Latest Actual | FYTD   | Trend | Divisional Highlight |          |          |           |                 |
|----------------------------------------------------------------------------------------|---------------|--------|--------|-------------|--------|--------|--------|--------|--------|---------------|--------|-------|----------------------|----------|----------|-----------|-----------------|
| Referral to Treatment (RTT): incomplete <18 weeks                                      | COO           | Mar-21 | 92%    | Nat.        | 67.4%  | 71.8%  | 74.6%  | 73.2%  | 71.8%  | 73.0%         | 73.0%  |       | Surgery              | Medicine | Families | C Support | Adult Community |
| Referral to Treatment (RTT): 92% incomplete pathways <18 weeks at specialty level      | COO           | Mar-21 | 17     | Loc.        | 1      | 2      | 2      | 1      | 0      | 1             | 1      |       | Surgery              | Medicine | Families | C Support | Adult Community |
| Referral to Treatment (RTT): incomplete >52 week waits at month end                    | COO           | Mar-21 | 0      | Nat.        | 782    | 959    | 1208   | 1498   | 1820   | 1765          | 1765   |       | Surgery              | Medicine | Families | C Support | Adult Community |
| Diagnostic waiting times: <6 weeks from referral for test                              | COO           | Mar-21 | ≥99%   | Nat.        | 87.40% | 90.91% | 93.51% | 94.43% | 96.36% | 96.89%        | 78.24% |       | Surgery              | Medicine | Families | C Support | Adult Community |
| Cancer: 2 weeks from urgent GP referral to 1st outpatient                              | COO           | Mar-21 | ≥93%   | Nat.        | 97.7%  | 98.0%  | 98.0%  | 95.0%  | 96.7%  | 97.3%         | 96.4%  |       | Surgery              | Medicine | Families | C Support | Adult Community |
| Cancer: 2 weeks from urgent GP referral for breast symptoms to 1st outpatient          | COO           | Mar-21 | ≥93%   | Nat.        | 98.4%  | 96.2%  | 97.8%  | 88.3%  | 100.0% | 99.0%         | 88.9%  |       | Surgery              | Medicine | Families | C Support | Adult Community |
| Cancer: 31 days from diagnosis to first definitive treatment                           | COO           | Mar-21 | ≥96%   | Nat.        | 98.2%  | 95.7%  | 98.3%  | 97.9%  | 97.2%  | 98.6%         | 96.5%  |       | Surgery              | Medicine | Families | C Support | Adult Community |
| Cancer: 31 days to subsequent treatment - surgery                                      | COO           | Mar-21 | ≥94%   | Nat.        | 92.9%  | 92.3%  | 94.9%  | 97.2%  | 96.6%  | 94.6%         | 94.6%  |       | Surgery              | Medicine | Families | C Support | Adult Community |
| Cancer: 31 days to subsequent treatment - drug                                         | COO           | Mar-21 | ≥98%   | Nat.        | 100.0% | 100.0% | 100.0% | 98.9%  | 100.0% | 100.0%        | 99.8%  |       | Surgery              | Medicine | Families | C Support | Adult Community |
| Cancer: 62 days from urgent GP referral to first definitive treatment                  | COO           | Mar-21 | ≥85%   | Nat.        | 75.8%  | 79.6%  | 81.8%  | 63.1%  | 72.1%  | 74.5%         | 77.4%  |       | Surgery              | Medicine | Families | C Support | Adult Community |
| Cancer: 62 days from referral from NHS screening service to first definitive treatment | COO           | Mar-21 | ≥90%   | Nat.        | 100.0% | 90.9%  | 61.5%  | 100.0% | 70.0%  | 100.0%        | 76.4%  |       | Surgery              | Medicine | Families | C Support | Adult Community |
| Last minute cancelled operations (non-clinical reasons) not re-booked within 28 days   | COO           | Mar-21 | 0      | Nat.        | 0      | 2      | 1      | 0      | 0      | 0             | 3      |       | Surgery              | Medicine | Families | C Support | Adult Community |
| Urgent operations cancelled for a second time                                          | COO           | Mar-21 | 0      | Nat.        | 0      | 0      | 0      | 0      | 0      | 0             | 0      |       | Surgery              | Medicine | Families | C Support | Adult Community |

# TRUST BOARD SCORECARD - 2020/21

## EFFECTIVE

| Indicator                                                   | Director Lead | Period   | Target | Target Type | -5    | -4    | -3    | -2    | -1    | Latest Actual | FYTD  | Trend | Divisional Highlight |          |          |           |                 |
|-------------------------------------------------------------|---------------|----------|--------|-------------|-------|-------|-------|-------|-------|---------------|-------|-------|----------------------|----------|----------|-----------|-----------------|
| Bed occupancy Trust Total (reported via daily COVID return) | COO           | Mar-21   | <85%   | Loc.        | 80.7% | 88.7% | 88.9% | 94.0% | 92.2% | 90.4%         | 74.1% |       | Surgery              | Medicine | Families | C Support | Adult Community |
| Bed occupancy (Total exc WICU)                              | COO           | Mar-21   | <85%   | Loc.        | 85.8% | 90.6% | 89.7% | 94.9% | 93.3% | 90.3%         | 76.6% |       | Surgery              | Medicine | Families | C Support | Adult Community |
| Bed occupancy (Pinderfields)                                | COO           | Mar-21   | <85%   | Loc.        | 86.6% | 90.9% | 90.4% | 94.6% | 93.7% | 90.0%         | 78.3% |       | Surgery              | Medicine | Families | C Support | Adult Community |
| Bed occupancy (Dewsbury)                                    | COO           | Mar-21   | <85%   | Loc.        | 82.9% | 89.2% | 87.2% | 96.1% | 91.4% | 91.4%         | 70.0% |       | Surgery              | Medicine | Families | C Support | Adult Community |
| Bed occupancy (WICU)                                        | COO           | Mar-21   | ≥85%   | Loc.        | 25.2% | 49.1% | 59.8% | 70.5% | 64.3% | 93.4%         | 37.5% |       | Surgery              | Medicine | Families | C Support | Adult Community |
| Stroke care: SSNAP overall level                            | COO           | Q2 20/21 | A      | Loc.        | B     | A     | A     | B     | B     | A             | n/a   |       | Surgery              | Medicine | Families | C Support | Adult Community |

## RESPONSIVE

| Indicator                                        | Director Lead | Period | Target | Target Type | -5    | -4    | -3    | -2    | -1    | Latest Actual | FYTD  | Trend | Divisional Highlight |          |          |           |                 |
|--------------------------------------------------|---------------|--------|--------|-------------|-------|-------|-------|-------|-------|---------------|-------|-------|----------------------|----------|----------|-----------|-----------------|
| Ambulance handovers 15-30 minutes from arrival   | COO           | Mar-21 | 329    | Nat.        | 354   | 439   | 396   | 437   | 324   | 477           | 3529  |       | Surgery              | Medicine | Families | C Support | Adult Community |
| Ambulance handovers 30-60 minutes from arrival   | COO           | Mar-21 | 0      | Nat.        | 174   | 227   | 155   | 227   | 140   | 201           | 1354  |       | Surgery              | Medicine | Families | C Support | Adult Community |
| Ambulance handovers >60 minutes from arrival     | COO           | Mar-21 | 0      | Nat.        | 79    | 87    | 46    | 59    | 29    | 22            | 347   |       | Surgery              | Medicine | Families | C Support | Adult Community |
| Delayed transfers of care: trust level           | COO           | Feb-20 | ≤3.5%  | Loc.        | 4.68% | 4.07% | 4.69% | 4.20% | 4.44% | 4.94%         | 4.53% |       | Surgery              | Medicine | Families | C Support | Adult Community |
| Delayed transfers of care: acute/ sub acute beds | COO           | Feb-20 | ≤3.5%  | Nat.        | 4.56% | 4.00% | 4.67% | 4.04% | 4.37% | 4.92%         | 4.44% |       | Surgery              | Medicine | Families | C Support | Adult Community |
| Delayed transfers of care: community beds        | DO-CS         | Feb-20 | ≤7.5%  | Nat.        | 9.04% | 6.80% | 5.58% | 9.93% | 7.08% | 5.58%         | 7.83% |       | Surgery              | Medicine | Families | C Support | Adult Community |



## EXCEPTION REPORT

Cancer: 2 week wait from urgent GP referral - **March'21 unvalidated**

93% of patients seen within 2 weeks of an urgent GP referral for suspected cancer

Objective Status:



Lead Director:

Trudie Davies

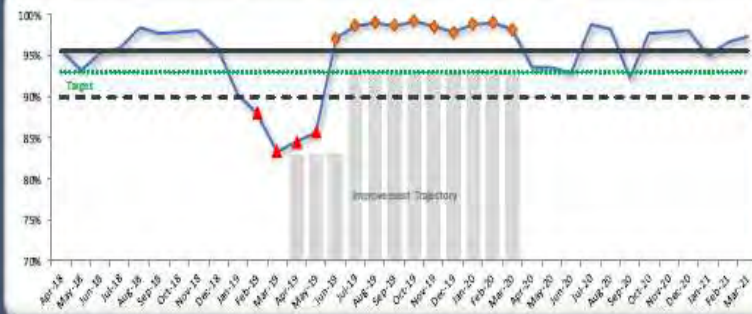
Operational Lead:

Keely Robson

Committee:

Planned Care Improvement Group

Control Chart - % of patients seen within 2 weeks of an urgent GP referral for suspected cancer



Is there special cause variation?

**Outlier:** A single point outside of the Control Limits (above or below)?

4 extreme value(s)

**Shift:** 7 points in a row, above or below the Mean?

1 found

**Trend:** A trend of 7 points in a row, either ascending or descending?

0 found

| Key:          | Rules:                                                     |
|---------------|------------------------------------------------------------|
| Mean          | Single point outside of Control Limits (above or below)    |
| Control Limit | 7 points in a row, above or below the Mean                 |
| Performance   | Trend of 7 points in a row, either ascending or descending |

## BENCHMARKING - Cancer 2 Week Waits (England Healthcare Providers)

| Indicator                                                             | Target                         | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Monthly Trend (rolling 13 month) |
|-----------------------------------------------------------------------|--------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------------------|
| Cancer 2WW - 2 week wait from urgent GP referral for suspected cancer | England %                      | 92.0%  | 88.0%  | 94.2%  | 92.5%  | 90.4%  | 87.8%  | 86.2%  | 87.9%  | 87.0%  | 87.5%  | 83.4%  | 90.3%  |        |                                  |
|                                                                       | MYHT%                          | 98.2%  | 93.6%  | 93.6%  | 92.8%  | 98.8%  | 98.3%  | 92.4%  | 97.7%  | 98.0%  | 98.0%  | 95.0%  | 96.7%  | 97.3%  |                                  |
|                                                                       | MYHT Rank                      | 25     | 50     | 107    | 105    | 16     | 14     | 74     | 22     | 20     | 19     | 36     | 55     |        |                                  |
|                                                                       | No. of reporting organisations | 151    | 144    | 147    | 145    | 145    | 143    | 142    | 143    | 142    | 144    | 143    | 142    |        |                                  |
|                                                                       | No. achieved 293%              | 110    | 60     | 117    | 104    | 88     | 79     | 67     | 77     | 70     | 77     | 53     | 91     |        |                                  |

## EXCEPTION REPORT

Cancer: 62 days from urgent GP referral to first definitive treatment - **March'21 unvalidated**

85% of patients treated within 62 days of an urgent GP referral

Objective Status:



Lead Director:

Trudie Davies

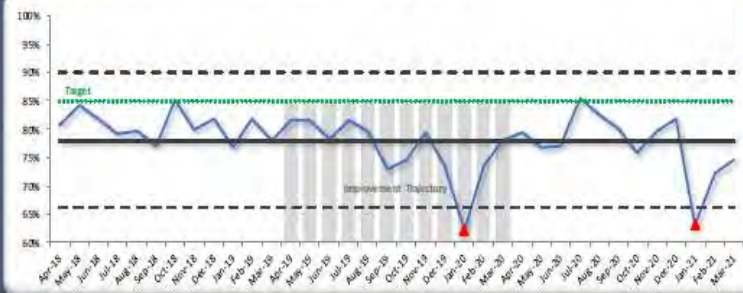
Operational Lead:

Keely Robson

Committee:

Planned Care Improvement Group

Control Chart - % of patients treated within 62 days of an urgent GP referral



Is there special cause variation?

**Outlier:** A single point outside of the Control Limits (above or below)?

2 extreme value(s)

**Shift:** 7 points in a row, above or below the Mean?

0 found

**Trend:** A trend of 7 points in a row, either ascending or descending?

0 found

| Key:          | Rules:                                                     |
|---------------|------------------------------------------------------------|
| Mean          | Single point outside of Control Limits (above or below)    |
| Control Limit | 7 points in a row, above or below the Mean                 |
| Performance   | Trend of 7 points in a row, either ascending or descending |

## BENCHMARKING - Cancer 62 Day (England Healthcare Providers)

| Indicator                                                                                         | Target                         | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Monthly Trend (rolling 13 month) |
|---------------------------------------------------------------------------------------------------|--------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------------------|
| Cancer 62 days (from GP Referral) - 62 Days from Urgent GP Referral to First Definitive Treatment | England %                      | 78.9%  | 74.3%  | 69.9%  | 75.2%  | 78.4%  | 77.9%  | 74.7%  | 74.5%  | 75.5%  | 75.2%  | 71.2%  | 69.7%  |        |                                  |
|                                                                                                   | MYHT%                          | 78.0%  | 79.4%  | 76.7%  | 76.9%  | 85.3%  | 82.6%  | 80.2%  | 75.8%  | 79.6%  | 81.8%  | 63.1%  | 72.1%  | 74.5%  |                                  |
|                                                                                                   | MYHT Rank                      | 96     | 54     | 50     | 79     | 48     | 58     | 50     | 77     | 53     | 48     | 111    | 70     |        |                                  |
|                                                                                                   | No. of reporting organisations | 153    | 146    | 147    | 147    | 146    | 147    | 145    | 145    | 144    | 143    | 142    | 145    |        |                                  |
|                                                                                                   | No. achieved 285%              | 57     | 35     | 25     | 33     | 51     | 47     | 34     | 33     | 30     | 37     | 21     | 23     |        |                                  |



## EXCEPTION REPORT

Diagnostic waiting times: <6 weeks from referral to diagnostic test

99% of patients waiting less than 6 weeks for a diagnostic test

Objective Status:



Lead Director:

Trudie Davies

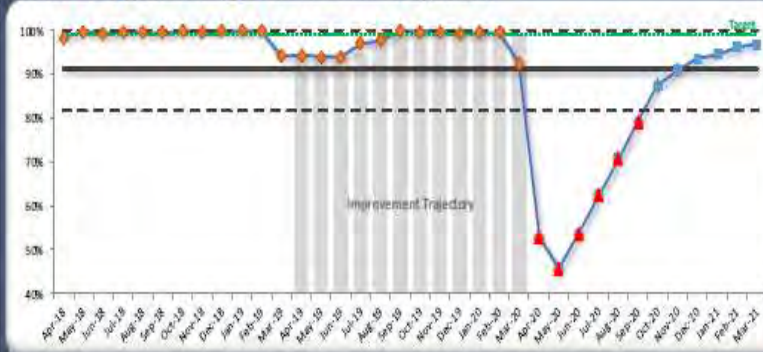
Operational Lead:

Allison 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:          | Rules:                                                     |
|---------------|------------------------------------------------------------|
| Mean          | Single point outside of Control Limits (above or below)    |
| Control Limit | 7 points in a row, above or below the Mean                 |
| Performance   | Trend of 7 points in a row, either ascending or descending |

## BENCHMARKING - <6 Week Waits (England Healthcare Providers)

| Indicator                                                                    | Target |                                | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Monthly Trend (rolling 13 month) |
|------------------------------------------------------------------------------|--------|--------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------------------|
| Diagnostics Waits - Patients waiting less than 6 weeks for a diagnostic test | ≥99%   | England %                      | 89.8%  | 44.3%  | 41.5%  | 52.2%  | 60.4%  | 62.0%  | 67.0%  | 70.8%  | 72.5%  | 70.8%  | 66.7%  | 71.5%  |        |                                  |
|                                                                              |        | MYHT %                         | 92.5%  | 52.7%  | 45.5%  | 53.5%  | 62.3%  | 70.6%  | 79.1%  | 87.4%  | 90.9%  | 93.5%  | 94.4%  | 96.4%  | 96.9%  |                                  |
|                                                                              |        | MYHT Rank                      | 225    | 126    | 133    | 177    | 198    | 183    | 160    | 149    | 147    | 121    | 114    | 106    |        |                                  |
|                                                                              |        | No. of reporting organisations | 339    | 304    | 313    | 328    | 335    | 338    | 335    | 338    | 340    | 336    | 339    | 339    |        |                                  |
|                                                                              |        | No. achieved ≥99%              | 152    | 48     | 48     | 70     | 89     | 85     | 83     | 88     | 90     | 83     | 83     | 91     |        |                                  |

## EXCEPTION REPORT

18 Week Referral to Treatment (RTT) - Incomplete Pathways

92% of patients treated within 18 weeks of referral (Incomplete Pathway)

Objective Status:



Lead Director:

Trudie Davies

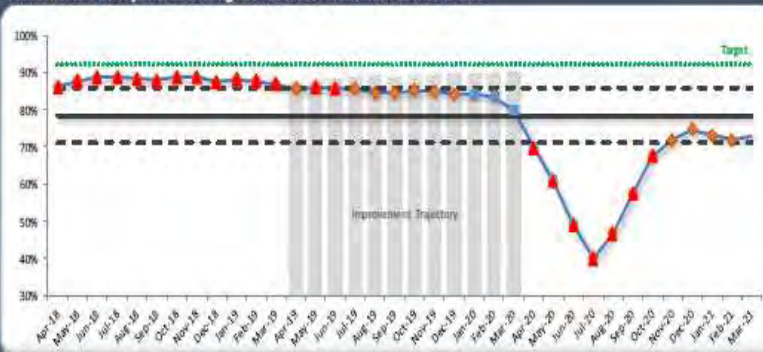
Operational Lead:

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)?

21 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:          | Rules:                                                     |
|---------------|------------------------------------------------------------|
| Mean          | Single point outside of Control Limits (above or below)    |
| Control Limit | 7 points in a row, above or below the Mean                 |
| Performance   | Trend of 7 points in a row, either ascending or descending |

## BENCHMARKING - 18wk RTT (Incomplete Pathways) England Healthcare Providers

| Indicator                                                                              | Target |                                | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Monthly Trend (rolling 13 month) |
|----------------------------------------------------------------------------------------|--------|--------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------------------|
| 18 weeks RTT (incomplete)- Referral to Treatment waiting times for incomplete pathways | ≥92%   | England %                      | 79.3%  | 71.0%  | 62.0%  | 52.0%  | 47.1%  | 53.7%  | 60.6%  | 65.5%  | 68.1%  | 67.8%  | 66.1%  | 64.4%  |        |                                  |
|                                                                                        |        | MYHT %                         | 79.8%  | 69.7%  | 60.6%  | 49.0%  | 39.9%  | 46.7%  | 57.4%  | 67.4%  | 71.8%  | 74.6%  | 73.2%  | 71.8%  | 73.0%  |                                  |
|                                                                                        |        | MYHT Rank                      | 103    | 111    | 104    | 112    | 140    | 141    | 116    | 84     | 76     | 61     | 57     | 55     |        |                                  |
|                                                                                        |        | No. of reporting organisations | 168    | 162    | 161    | 162    | 162    | 163    | 163    | 162    | 162    | 162    | 162    | 160    |        |                                  |
|                                                                                        |        | No. achieved ≥92%              | 34     | 19     | 13     | 10     | 12     | 16     | 19     | 22     | 22     | 19     | 17     | 18     |        |                                  |

## **Calderdale & Huddersfield Foundation Trust**

### **Narrative extracted from the integrated Performance report**

#### **Emergency Care Standard 4 hours**

Performance for March was 87.83%, an improvement in month considering attendances have increased back to pre-Covid levels. We have continued with a number of actions which look to be driving some further improvements in performance, key actions being:

- The cross-divisional weekly breach investigation meetings are continuing with some tangible actions for improvement being identified.
- We are focussing on four key areas of improvement; admissions into the medical bed base; admissions into the surgical bed base; transport breaches and diagnostics breaches. There is wide engagement into these meetings both internally and externally and the data to support these meetings has now been developed on a dashboard in KP+.
- National 111 appointments programme has expanded and some additional slots have now been opened up in the afternoon with the view of evenly distributing NHS111 patient attendances during busy periods.
- Work has continued on the virtual clinical support service with trials completed and KPIs defined.
- Work is progressing with setting up the 12 month Tytocare trial to ensure we have the appropriate technology in place to enable virtual consultations with some of our more complex patients and we are aiming to go live with this during June 2021.
- Work continues on developing our directory of services and we are now being supported in this by NHS Digital. Meetings are scheduled during April with CCG partners and NHS digital to progress this.
- Engagement has started with colleagues across the organisation to ensure there is broad understanding of the new ED standards and what they mean operationally.

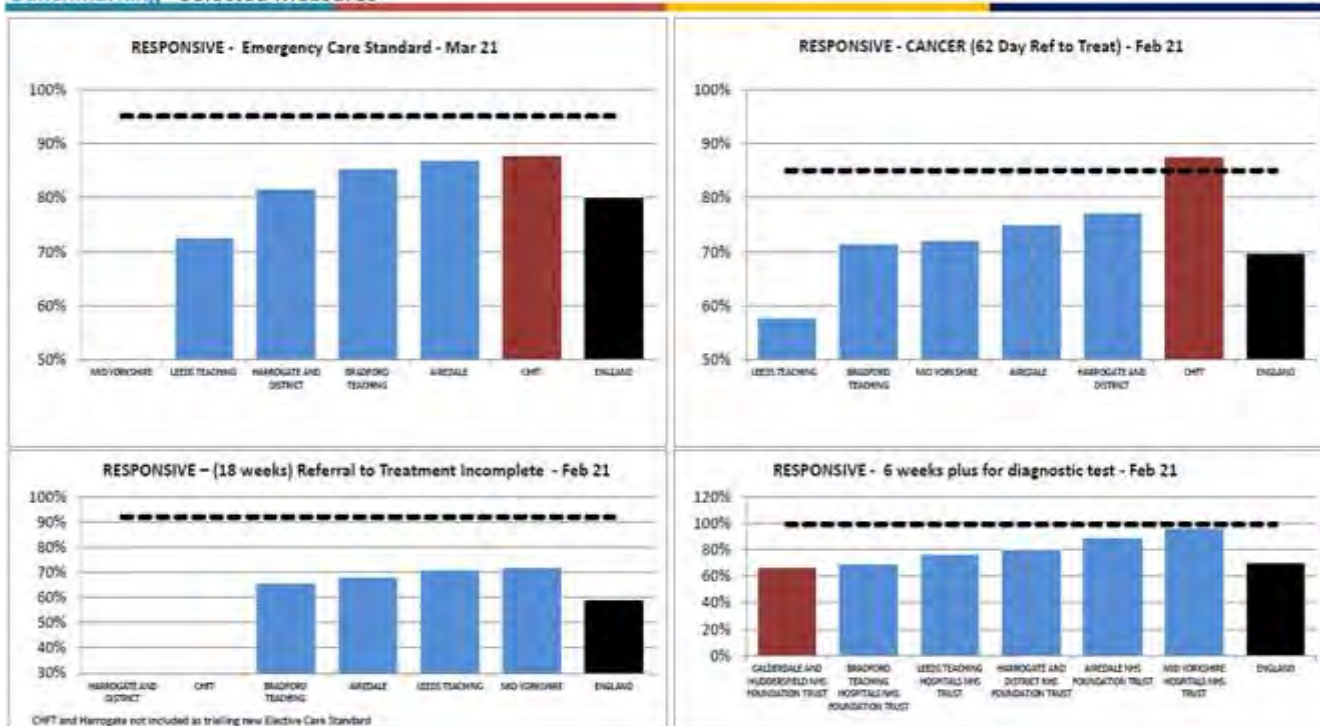


## Responsive - Key measures

|                                                                                                                                                                                                                 | 10/20   | Mar-20  | Apr-20  | May-20  | Jun-20 | Jul-20 | Aug-20  | Sep-20  | Oct-20  | Nov-20  | Dec-20  | Jan-21 | Feb-21  | Mar-21  | YTD    | Performance Range |           |             |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|--------|--------|---------|---------|---------|---------|---------|--------|---------|---------|--------|-------------------|-----------|-------------|--------|
|                                                                                                                                                                                                                 |         |         |         |         |        |        |         |         |         |         |         |        |         |         |        | Green             | Amber     | Red         |        |
| <b>Accident &amp; Emergency</b>                                                                                                                                                                                 |         |         |         |         |        |        |         |         |         |         |         |        |         |         |        |                   |           |             |        |
| Emergency Care Standard 4 hours                                                                                                                                                                                 | 87.83%  | 87.83%  | 87.83%  | 87.83%  | 87.83% | 87.83% | 87.83%  | 87.83%  | 87.83%  | 87.83%  | 87.83%  | 87.83% | 87.83%  | 87.83%  | 87.83% | 87.83%            | >=95%     | <95%        | <95%   |
| Emergency Care Standard 4 hours inc Type 2 & Type 3                                                                                                                                                             | 88.63%  | 88.63%  | 88.63%  | 88.63%  | 88.63% | 88.63% | 88.63%  | 88.63%  | 88.63%  | 88.63%  | 88.63%  | 88.63% | 88.63%  | 88.63%  | 88.63% | 88.63%            | >=95%     | <95%        | <95%   |
| A&E Ambulance Handovers 15-30 mins (Validated)                                                                                                                                                                  | 339     | 341     | 339     | 339     | 339    | 339    | 339     | 339     | 339     | 339     | 339     | 339    | 339     | 339     | 339    | 339               | 0         | >=1         | >=1    |
| A&E Ambulance Handovers 30-60 mins (Validated)                                                                                                                                                                  | 18      | 18      | 18      | 18      | 18     | 18     | 18      | 18      | 18      | 18      | 18      | 18     | 18      | 18      | 18     | 18                | 0         | >=1         | >=1    |
| A&E Ambulance 60+ mins                                                                                                                                                                                          | 0       | 0       | 0       | 0       | 0      | 0      | 0       | 0       | 0       | 0       | 0       | 0      | 0       | 0       | 0      | 0                 | 0         | >=1         | >=1    |
| A&E Trolley Wait (From decision to admission)                                                                                                                                                                   | 0       | 0       | 0       | 0       | 0      | 0      | 0       | 0       | 0       | 0       | 0       | 0      | 0       | 0       | 0      | 0                 | 0         | >=1         | >=1    |
| <b>Patient Flow</b>                                                                                                                                                                                             |         |         |         |         |        |        |         |         |         |         |         |        |         |         |        |                   |           |             |        |
| Delayed Transfers of Care                                                                                                                                                                                       | 0.00%   | 0.04%   | 0.03%   | 0.03%   | 0.03%  | 0.02%  | 0.01%   | 0.03%   | 0.00%   | 0.00%   | 0.00%   | 0.00%  | 0.00%   | 0.00%   | 0.00%  | 0.00%             | <=5.5%    | 3.0% - 4.9% | >=5%   |
| Coronary Care Delayed Discharges                                                                                                                                                                                | 0.01    | 0.00    | 0.00    | 0.00    | 0.00   | 0.00   | 0.00    | 0.00    | 0.00    | 0.00    | 0.00    | 0.00   | 0.00    | 0.00    | 0.00   | 0.00              | No target |             |        |
| Green Cross Patients (Snapshot at month end)                                                                                                                                                                    | 35      | 25      | 32      | 33      | 36     | 32     | 37      | 37      | 35      | 30      | 34      | 39     | 36      | 67      | 67     | 67                | <=80      | 41 - 45     | >=45   |
| Advice & Guidance responded within 48 hours                                                                                                                                                                     | 80.80%  | 80.80%  | 78.00%  | 74.00%  | 81.40% | 78.00% | 77.40%  | 81.90%  | 79.40%  | 72.70%  | 81.20%  | 76.00% | 80.90%  | 80.60%  | 79.70% | 80.60%            | >=80%     | 71% - 79%   | <=70%  |
| <b>Stroke</b>                                                                                                                                                                                                   |         |         |         |         |        |        |         |         |         |         |         |        |         |         |        |                   |           |             |        |
| % Stroke patients spending 90% of their stay on a stroke unit                                                                                                                                                   | 73.21%  | 86.76%  | 81.86%  | 81.00%  | 75.14% | 81.54% | 81.84%  | 83.80%  | 83.87%  | 83.86%  | 83.87%  | 83.80% | 83.84%  | 73.21%  | 81.87% | 80.60%            | >=90%     | 89% - 86%   | <=85%  |
| % Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival                                                                                                                  | 88.60%  | 83.84%  | 81.80%  | 81.84%  | 81.70% | 84.83% | 88.13%  | 86.84%  | 88.13%  | 83.86%  | 88.20%  | 86.86% | 88.17%  | 88.60%  | 65.36% | 80.60%            | >=90%     | <90%        | <=85%  |
| % Stroke patients Thrombolysed within 1 hour                                                                                                                                                                    | 75.70%  | 79.80%  | 62.50%  | 55.80%  | 85.50% | 88.00% | 85.71%  | 73.68%  | 57.10%  | 86.70%  | 86.70%  | 88.00% | 57.10%  | 80.00%  | 75.20% | 80.00%            | >=55%     | <=50%       | <=50%  |
| % Stroke patients scanned within 1 hour of hospital arrival                                                                                                                                                     | 83.00%  | 85.71%  | 86.84%  | 90.80%  | 57.00% | 86.80% | 88.89%  | 86.19%  | 84.39%  | 82.80%  | 81.20%  | 83.70% | 86.80%  | 36.84%  | 47.09% | 80.60%            | >=80%     | <=85%       | <=85%  |
| <b>Cancellations</b>                                                                                                                                                                                            |         |         |         |         |        |        |         |         |         |         |         |        |         |         |        |                   |           |             |        |
| % Last Minute Cancellations to Elective Surgery                                                                                                                                                                 | 0.00%   | 0.00%   | 0.02%   | 0.00%   | 0.00%  | 0.00%  | 0.00%   | 0.00%   | 0.00%   | 0.00%   | 0.00%   | 0.00%  | 0.00%   | 0.32%   | 0.21%  | 0.32%             | <=0.6%    | >=0.6%      | >=0.6% |
| Breach of Patient Charter (Streps booked within 28 days of cancellation)                                                                                                                                        | 0       | 0       | 0       | 0       | 0      | 0      | 0       | 0       | 0       | 1       | 0       | 0      | 0       | 0       | 20     | 0                 | 0         | >=2         | >=2    |
| No of Urgent Operations cancelled for a second time 18 week Pathways >=26 weeks open                                                                                                                            | 0       | 0       | 0       | 0       | 0      | 0      | 0       | 0       | 0       | 0       | 0       | 0      | 0       | 0       | 0      | 0                 | 0         | >=2         | >=2    |
| <b>RTT</b>                                                                                                                                                                                                      |         |         |         |         |        |        |         |         |         |         |         |        |         |         |        |                   |           |             |        |
| 18 weeks Pathways >=26 weeks open                                                                                                                                                                               | 0.00%   | 0.00%   | 0.00%   | 0.00%   | 0.00%  | 0.00%  | 0.00%   | 0.00%   | 0.00%   | 0.00%   | 0.00%   | 0.00%  | 0.00%   | 0.00%   | 0.00%  | 0.00%             | 0         | >=1         | >=1    |
| RTT Wait over 52 weeks Threshold > zero                                                                                                                                                                         | 0       | 0       | 0       | 0       | 0      | 0      | 0       | 0       | 0       | 0       | 0       | 0      | 0       | 0       | 0      | 0                 | 0         | >=1         | >=1    |
| % Diagnostic Waiting List Within 6 Weeks                                                                                                                                                                        | 99.99%  | 99.99%  | 99.99%  | 99.99%  | 99.99% | 99.99% | 99.99%  | 99.99%  | 99.99%  | 99.99%  | 99.99%  | 99.99% | 99.99%  | 73.76%  | 73.76% | 99.99%            | >=99%     | <=98%       | <=98%  |
| <b>Cancer</b>                                                                                                                                                                                                   |         |         |         |         |        |        |         |         |         |         |         |        |         |         |        |                   |           |             |        |
| Two Week Wait From Referral to Date First Seen                                                                                                                                                                  | 98.54%  | 98.20%  | 98.34%  | 98.92%  | 98.32% | 98.93% | 98.85%  | 97.85%  | 98.64%  | 98.50%  | 98.91%  | 98.55% | 98.90%  | 98.76%  | 98.74% | 98.74%            | >=95%     | 86% - 92%   | <=85%  |
| Two Week Wait From Referral to Date First Seen: Breast Symptoms                                                                                                                                                 | 97.86%  | 98.34%  | 98.90%  | 98.00%  | 97.79% | 98.97% | 98.80%  | 98.27%  | 98.08%  | 94.10%  | 98.70%  | 97.89% | 98.49%  | 97.34%  | 97.86% | 97.86%            | >=95%     | <=92%       | <=92%  |
| 31 Days From Diagnosis to First Treatment                                                                                                                                                                       | 99.66%  | 99.90%  | 99.42%  | 97.85%  | 98.28% | 97.97% | 97.71%  | 98.08%  | 98.97%  | 99.25%  | 98.71%  | 98.82% | 98.35%  | 99.22%  | 98.08% | 99.22%            | >=96%     | <=95%       | <=95%  |
| 31 Day Subsequent Surgery Treatment                                                                                                                                                                             | 99.99%  | 99.99%  | 99.99%  | 99.99%  | 99.99% | 99.99% | 99.99%  | 99.99%  | 99.99%  | 99.99%  | 99.99%  | 99.99% | 99.99%  | 100.00% | 99.99% | 99.99%            | >=94%     | <=93%       | <=93%  |
| 31 day wait for second or subsequent treatment drug treatments                                                                                                                                                  | 100.00% | 100.00% | 100.00% | 100.00% | 97.37% | 97.37% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 98.97% | 100.00% | 98.04%  | 99.15% | 99.15%            | >=90%     | <=97%       | <=97%  |
| 38 Day Referral to Tertiary                                                                                                                                                                                     | 81.80%  | 84.13%  | 78.96%  | 83.86%  | 84.08% | 85.86% | 81.86%  | 84.83%  | 88.83%  | 88.86%  | 88.86%  | 88.86% | 88.86%  | 81.87%  | 84.84% | 84.84%            | >=85%     | <=84%       | <=84%  |
| 62 Day GP Referral to Treatment                                                                                                                                                                                 | 95.61%  | 91.44%  | 93.81%  | 91.42%  | 88.39% | 93.72% | 91.14%  | 95.07%  | 89.67%  | 94.70%  | 90.08%  | 91.10% | 97.34%  | 95.65%  | 91.47% | 91.47%            | >=85%     | 81% - 84%   | <=80%  |
| 62 Day Referral From Screening to Treatment                                                                                                                                                                     | 100.00% | 99.99%  | 99.97%  | 99.98%  | 99.99% | 99.99% | 99.99%  | 99.99%  | 99.99%  | 99.99%  | 99.99%  | 99.99% | 99.99%  | 100.00% | 63.96% | 63.96%            | >=90%     | <=89%       | <=89%  |
| 104 Referral to Treatment - Number of breaches - Patients Treated                                                                                                                                               | 0.0     | 1.0     | 0       | 0.0     | 1      | 0.0    | 0.0     | 2.0     | 1.0     | 0.0     | 0.0     | 0.0    | 0.0     | 2.0     | 18.0   | 0                 | 0         | >=1         | >=1    |
| 104 Referral to Treatment - Number of breaches - Patients Still waiting                                                                                                                                         | 0       | 1       | 1       | 1       | 1.0    | 1.0    | 1       | 0       | 0       | 0       | 0       | 0      | 1       | 4       | 4      | 0                 | 0         | >=1         | >=1    |
| 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 | 78.00%  | 78.83%  | 79.80%  | 86.80%  | 73.76% | 86.83% | 84.39%  | 87.80%  | 82.83%  | 88.91%  | 81.86%  | 71.76% | 84.30%  | 80.21%  | 79.84% | 79.84%            | >=75%     | <=70%       | <=70%  |

## Other Benchmarking at CHFT

### Benchmarking - Selected Measures



## 4.0 Recommendations

The Kirklees Clinical Commissioning Group Governing Body is asked to:-

- **NOTE** Greater Huddersfield CCG and North Kirklees CCG performance against the key outcomes and measures for 2020/21;
- **AGREE** additional actions required to address areas of over/under performance; and
- **HIGHLIGHT** areas of concern that the FPC committee would like escalating to the Kirklees Governing Body.

## 5.0 Appendices: Please find attached:

Appendix Ai (Greater Huddersfield CCG)

Appendix Aii (North Kirklees CCG)

Both contain performance against **all** NHS Constitutional measures.

Appendix Bi Greater Huddersfield CCG Outcomes Framework

Appendix Bii North Kirklees CCG Outcomes Framework

Both contain performance against the Oversight framework measures.

# NHS Constitution Rights and Pledges 2020/21 - CCG Level

Reporting Period:  
Mar-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%               | 75.4%         | <span style="color: red;">●</span>   | 69.1% | <span style="color: red;">●</span>   |
|                                                                             | Patients on incomplete pathways waiting more than 52 weeks                                                                                                                                                                                                                            | 0                 | 1998          | <span style="color: red;">●</span>   | 2592  | <span style="color: red;">●</span>   |
| Diagnostic Test Waiting Times                                               | Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral                                                                                                                                                                                       | 99%               | 75.4%         | <span style="color: red;">●</span>   | 55.5% | <span style="color: red;">●</span>   |
| A&E Waits                                                                   | Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department                                                                                                                                                                           | 95%               | 87.8%         | <span style="color: red;">●</span>   | 88.8% | <span style="color: red;">●</span>   |
|                                                                             | No waits from decision to admit to admission (trolley waits) of more than 12 hours                                                                                                                                                                                                    | 0                 | 0             | <span style="color: green;">●</span> | 36    | <span style="color: red;">●</span>   |
| Cancer Waits - 2 week wait                                                  | Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP                                                                                                                                                                   | 93%               | 98.9%         | <span style="color: green;">●</span> | 98.8% | <span style="color: green;">●</span> |
|                                                                             | Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer not initially suspected)                                                                                                                                     | 93%               | 98.1%         | <span style="color: green;">●</span> | 97.4% | <span style="color: green;">●</span> |
| Cancer Waits - 31 days                                                      | Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers                                                                                                                                                                                          | 96%               | 97.9%         | <span style="color: green;">●</span> | 96.8% | <span style="color: green;">●</span> |
|                                                                             | Maximum 31-day wait for subsequent treatment where that treatment is surgery                                                                                                                                                                                                          | 94%               | 96.0%         | <span style="color: green;">●</span> | 86.3% | <span style="color: red;">●</span>   |
|                                                                             | Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen                                                                                                                                                                                      | 98%               | 100.0%        | <span style="color: green;">●</span> | 99.4% | <span style="color: green;">●</span> |
|                                                                             | Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy                                                                                                                                                                                          | 94%               | 100.0%        | <span style="color: green;">●</span> | 98.3% | <span style="color: green;">●</span> |
| Cancer Waits - 62 days                                                      | Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer                                                                                                                                                                                      | 85%               | 89.7%         | <span style="color: green;">●</span> | 86.3% | <span style="color: green;">●</span> |
|                                                                             | Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers                                                                                                                                                                         | 90%               | 100.0%        | <span style="color: green;">●</span> | 67.9% | <span style="color: red;">●</span>   |
|                                                                             | Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)                                                                                                                                             | tba               | 100.0%        | tba                                  | 72.7% | tba                                  |
| Ambulance Calls                                                             | All handovers between ambulance and A&E must take place within 15 minutes * CHFT                                                                                                                                                                                                      | 95%               | 67.4%         | <span style="color: red;">●</span>   | 73.2% | <span style="color: red;">●</span>   |
|                                                                             | All crews should be ready to accept new calls within a further 15 minutes * CHFT                                                                                                                                                                                                      | 95%               | 43.9%         | <span style="color: red;">●</span>   | 46.2% | <span style="color: red;">●</span>   |
| Mixed Sex Accomodation                                                      | Minimise breaches - <b>reporting suspended COVID 19</b>                                                                                                                                                                                                                               | 0                 | 0             | <span style="color: green;">●</span> | 0     | <span style="color: green;">●</span> |
| MRSA                                                                        | Number of MRSA reported infections                                                                                                                                                                                                                                                    | 0                 | 0             | <span style="color: green;">●</span> | 3     | <span style="color: red;">●</span>   |
| C_Diff                                                                      | Number of C_Diff reported infections                                                                                                                                                                                                                                                  | 0                 | 6             | <span style="color: red;">●</span>   | 51    | <span style="color: green;">●</span> |
| 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 <b>reporting suspended COVID 19</b> | 0                 | Q1<br>tbc     | <span style="color: green;">●</span> | #REF! | <span style="color: green;">●</span> |
| 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                                                                               | 95%               | Q1<br>tbc     | <span style="color: red;">●</span>   | #REF! | <span style="color: green;">●</span> |

# NHS Constitution Rights and Pledges 2020/21- CCG Level

Reporting Period:  
Mar-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%               | 71.3%         | <span style="color: red;">●</span>    | 63.6%  | <span style="color: red;">●</span>    |
|                                                                             | Patients on incomplete pathways waiting more than 52 weeks                                                                                                                                                                                                                            | 0                 | 749           | <span style="color: red;">●</span>    | 1289   | <span style="color: red;">●</span>    |
| Diagnostic Test Waiting Times                                               | Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral                                                                                                                                                                                       | 99%               | 92.2%         | <span style="color: red;">●</span>    | 75.7%  | <span style="color: red;">●</span>    |
| 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             | <span style="color: green;">●</span>  | 8      | <span style="color: red;">●</span>    |
| Cancer Waits - 2 week wait                                                  | Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP                                                                                                                                                                   | 93%               | 96.3%         | <span style="color: green;">●</span>  | 96.1%  | <span style="color: green;">●</span>  |
|                                                                             | Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer not initially suspected)                                                                                                                                     | 93%               | 96.1%         | <span style="color: green;">●</span>  | 88.3%  | <span style="color: orange;">●</span> |
| Cancer Waits - 31 days                                                      | Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers                                                                                                                                                                                          | 96%               | 96.0%         | <span style="color: orange;">●</span> | 95.2%  | <span style="color: orange;">●</span> |
|                                                                             | Maximum 31-day wait for subsequent treatment where that treatment is surgery                                                                                                                                                                                                          | 94%               | 92.3%         | <span style="color: orange;">●</span> | 91.6%  | <span style="color: orange;">●</span> |
|                                                                             | Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen                                                                                                                                                                                      | 98%               | 100.0%        | <span style="color: green;">●</span>  | 100.0% | <span style="color: green;">●</span>  |
|                                                                             | Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy                                                                                                                                                                                          | 94%               | 100.0%        | <span style="color: green;">●</span>  | 100.0% | <span style="color: green;">●</span>  |
| Cancer Waits - 62 days                                                      | Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer                                                                                                                                                                                      | 85%               | 74.6%         | <span style="color: red;">●</span>    | 73.9%  | <span style="color: red;">●</span>    |
|                                                                             | Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers                                                                                                                                                                         | 90%               | 0.0%          | <span style="color: red;">●</span>    | 33.3%  | <span style="color: red;">●</span>    |
|                                                                             | Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)                                                                                                                                             | tba               | 100.0%        | tba                                   | 72.3%  | tba                                   |
| Ambulance Calls                                                             | All handovers between ambulance and A&E must take place within 15 minutes *MYHT                                                                                                                                                                                                       | 95%               | 64.8%         | <span style="color: red;">●</span>    | 72.0%  | <span style="color: red;">●</span>    |
|                                                                             | All crews should be ready to accept new calls within a further 15 minutes * MYHT                                                                                                                                                                                                      | 95%               | 36.3%         | <span style="color: red;">●</span>    | 37.3%  | <span style="color: red;">●</span>    |
| Mixed Sex Accomodation                                                      | Minimise breaches - <b>reporting suspended COVID 19</b>                                                                                                                                                                                                                               | 0                 | 0             | <span style="color: green;">●</span>  | 0      | <span style="color: green;">●</span>  |
| MRSA                                                                        | Number of MRSA reported infections                                                                                                                                                                                                                                                    | 0                 | 0             | <span style="color: green;">●</span>  | 6      | <span style="color: red;">●</span>    |
| C_Diff                                                                      | Number of C_Diff reported infections                                                                                                                                                                                                                                                  |                   | 3             | <span style="color: green;">●</span>  | 35     | <span style="color: green;">●</span>  |
| 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 <b>reporting suspended COVID 19</b> | 0                 | Q4<br>#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                                                                               | 95%               | Q4<br>#REF!   |                                       | #REF!  |                                       |



|                                                 |                                                       | Measure                                                                                                                                                                       | Data Link | Period              | Latest available data | Latest Period Performance | Target  | Trend 20-21 | Change from last period |
|-------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|-----------------------|---------------------------|---------|-------------|-------------------------|
| New Service Models                              | Integrated primary care and community health services | Patient experience of GP services (128b)                                                                                                                                      | 128b      | Annual              | Jul-20                | 85.8%                     |         |             | 0.57%                   |
|                                                 |                                                       | Patient experience of booking a GP appointment (128f)                                                                                                                         |           |                     |                       | Not available no metrics  |         |             |                         |
|                                                 |                                                       | Emergency admissions for urgent care sensitive conditions (127b)                                                                                                              | 127b      | Quarterly           | 19-20 Q4              | 2618                      |         |             | -69.13                  |
|                                                 | Acute emergency care and transfers of care            | % of patients admitted, transferred or discharged from A&E within 4 hours (127c) *                                                                                            | 127c      | Monthly             | Mar-21                | 87.6%                     | 95.0%   |             |                         |
|                                                 |                                                       | Achievement of clinical standards in the delivery of 7 days services (130a)                                                                                                   | 130a      | Annual              | 2017-18               | 2                         |         |             |                         |
|                                                 |                                                       | Delayed transfers of care per 100,000 population (127e)                                                                                                                       | 127e      | Monthly             | 01/02/2020            | 7.1                       |         |             |                         |
|                                                 |                                                       | Population use of hospital beds following emergency admission (127f)                                                                                                          | 127f      | Quarterly           | 19-20 Q4              | 874                       |         |             | 8.20                    |
|                                                 | Personalisation and patient choice                    | Percentage of NHS continuing healthcare full assessments taking place in an acute hospital setting (131a)                                                                     | 131a      | Quarterly           | 20-21 Q4              | 0.0%                      | 15.0%   |             |                         |
|                                                 |                                                       | Personal health budgets (105b)                                                                                                                                                | 105b      | Quarterly           | 19-20 Q3              | 122.0                     |         |             | 36.8                    |
|                                                 |                                                       | Utilisation of the NHS e-referral service to enable choice at first routine elective referral (144a)                                                                          | 144a      | Monthly             | Jan-21                | 68.8%                     | 80.0%   |             | Data Error NK June 2020 |
| Preventing Ill Health and Reducing Inequalities | Smoking                                               | Maternal smoking at delivery (125d)                                                                                                                                           | 125d      | Quarterly           | 20 - 21 Q3            | 11.0%                     | 6.0%    |             |                         |
|                                                 | Obesity                                               | Percentage of children aged 10 - 11 classified as overweight or obese (102a)                                                                                                  | 102a      | Annual              | 2019-20               | 36.7%                     |         |             | 1.22%                   |
|                                                 | Falls                                                 | Injuries due to falls in people aged 65 and over (104a)                                                                                                                       | 104a      | Quarterly           | 19-20 Q4              | 2221.10                   |         |             | 90.73                   |
|                                                 | Antimicrobial resistance                              | Anti-microbial resistance: appropriate prescribing of antibiotics in primary care (107a)                                                                                      | 107a      | Monthly             | Jan-21                | 0.93                      | <=0.965 |             |                         |
|                                                 | Health Inequalities                                   | Antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in primary care (107b)                                                                        | 107b      | Monthly             | Jan-21                | 7.60                      | <10     |             |                         |
|                                                 |                                                       | Proportion of people on GP severe mental illness register receiving physical health checks in primary care (123g)                                                             | 123g      | Quarterly           | 20-21 Q4              | 31.2%                     | 60.0%   |             |                         |
| Quality of Care and Outcomes                    | General                                               | Provision of high quality care: hospitals (121a)                                                                                                                              | 121a      | Bi annual           | 19-20 Q3              | 61                        |         |             |                         |
|                                                 |                                                       | Provision of high quality care: primary medical services (121b)                                                                                                               | 121b      | Bi annual           | 19-20 Q3              | 68                        |         |             |                         |
|                                                 |                                                       | Evidence that sepsis awareness raising among healthcare professionals has been prioritised by CCGs (132a)                                                                     | 132a      | Annual              | 2018                  | Green Star                | Green   |             |                         |
|                                                 |                                                       | Evidence based interventions (134a)                                                                                                                                           | 134a      | Quarterly           | 19-20 Q4              | Amber                     | Green   |             |                         |
|                                                 | Maternity Services                                    | Neonatal mortality and stillbirths (125a)                                                                                                                                     | 125a      | Annual              | 2017                  | 5.66                      |         |             | 0.03                    |
|                                                 |                                                       | Women's experience of maternity services (125b)                                                                                                                               | 125b      | Annual              | 2019                  | 86.90                     |         |             | 6.24                    |
|                                                 |                                                       | Choices in maternity services (125c)                                                                                                                                          | 125c      | Annual              | 2019                  | 76.64                     |         |             | 13.64                   |
|                                                 |                                                       | Cancers diagnosed at early stage (122a)                                                                                                                                       | 122a      | Annual              | 2018                  | 52.7%                     |         |             | 2.04%                   |
|                                                 | Cancer services                                       | People with urgent GP referral having first definitive treatment for cancer within 62 days of referral (122b)                                                                 | 122b      | Monthly & Quarterly | 20-21 Q4              | 83.6%                     | 85.0%   |             |                         |
|                                                 |                                                       | One year survival from all cancers (122c)                                                                                                                                     | 122c      | Annual              | 2017                  | 71.5%                     |         |             | 0.20%                   |
|                                                 |                                                       | Cancer patient experience (122d)                                                                                                                                              | 122d      | Annual              | 2019                  | 8.8                       |         |             | -0.01                   |
|                                                 |                                                       | Improving Access to Psychological Therapies – recovery (123a)                                                                                                                 | 123abc    | Monthly             | Feb-21                | 53.7%                     | 50.0%   |             |                         |
|                                                 | Mental Health                                         | Improving Access to Psychological Therapies – access (123b)                                                                                                                   | 123abc    | Quarterly           | 20-21 Q3              | 4.2%                      |         |             |                         |
|                                                 |                                                       | People with first episode of psychosis starting treatment with a NICE recommended package of care treated within 2 weeks of referral (123c)                                   | 123abc    | Monthly             | Jan-21                | 71.0%                     | 60.0%   |             |                         |
|                                                 |                                                       | Mental health out of area placements (123f)                                                                                                                                   | 123f      | Quarterly           | 20-21 Q3              | 0.00                      |         |             |                         |
|                                                 |                                                       | Quality of mental health data submitted to NHS Digital (DQMI) (123j)                                                                                                          | 123j      | Quarterly           | Feb-20                | 98.0%                     |         |             | 9.04%                   |
|                                                 | Learning disability and autism                        | Reliance on specialist inpatient care for people with a learning disability and/or autism (124a)                                                                              | 124a      | Quarterly           | 19-20 Q4              | 37                        |         |             | 2                       |
|                                                 |                                                       | Proportion (%) of eligible adults with a learning disability having a GP health check (124b)                                                                                  | 124b      | Annual              | 2019-20               | 53.7%                     |         |             | 3.90%                   |
|                                                 |                                                       | Completeness of the GP learning disability register (124c)                                                                                                                    | 124c      | Annual              | 2019-20               | 69.2%                     |         |             | 4.80%                   |
|                                                 |                                                       | Learning disabilities mortality review: the percentage of reviews completed within 6 months of notification (124d)                                                            | 124d      | Annual              | 2019-20               | 15.4%                     |         |             | 1st publication         |
|                                                 | Diabetes                                              | Diabetes patients that have achieved all the NICE recommended treatment targets. Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children (103a) | 103a      | Annual              | 2018-19               | 35.7%                     |         |             | -3.14%                  |
|                                                 |                                                       | People with diabetes diagnosed less than a year who attend a structured education course (103b)                                                                               | 103b      | Annual              | 2018-19 (2017 cohort) | 10.9%                     |         |             | 3.11%                   |
|                                                 |                                                       | Estimated diagnosis rate for people with dementia (126a)                                                                                                                      | 126a      | Monthly             | Mar-21                | 63.2%                     | 67.0%   |             |                         |
|                                                 |                                                       | Dementia care planning and post-diagnostic support (126b)                                                                                                                     | 126b      | Annual              | 2019-20               | 77.9%                     |         |             | -5.01%                  |
|                                                 | People with long term conditions and complex needs    | The proportion of carers with a long term condition who feel supported to manage their condition (108a)                                                                       | 108a      | Annual              | 2019                  | 62.8%                     |         |             |                         |
|                                                 |                                                       | Percentage of deaths with three or more emergency admissions in last three months of life (105c)                                                                              | 105c      | Annual              | 2018                  | 9.1%                      |         |             | 1.11%                   |
|                                                 | Planned Care                                          | Patients waiting 18 weeks or less from referral to hospital treatment (129a) **                                                                                               | 129abc    | Monthly             | Mar-21                | 65.9%                     | 92.0%   |             |                         |
|                                                 |                                                       | Overall size of the waiting list (129b)                                                                                                                                       | 129abc    | Monthly             | Mar-21                | 20372                     |         |             |                         |
|                                                 |                                                       | Patients waiting over 52 weeks for treatment (129c)                                                                                                                           | 129abc    | Monthly             | Mar-21                | 1998                      | 0       |             |                         |
|                                                 |                                                       | Patients waiting six weeks or more for a diagnostic test (133a)                                                                                                               | 133a      | Monthly             | Mar-21                | 24.6%                     | 1.0%    |             | no previous qtr         |
| Leadership and Workforce                        | Leadership and Workforce                              | Quality of CCG Leadership (165a)                                                                                                                                              | 165a      | Quarterly           | 19-20 Q4              | Amber                     |         |             | no previous qtr         |
|                                                 |                                                       | Probity and corporate governance (162a)                                                                                                                                       | 162a      | Quarterly           | 19-20 Q2              | Fully Compliant           |         |             |                         |
|                                                 |                                                       | Effectiveness of working relationships in the local system (164a)                                                                                                             | 164a      | Annual              | 2018-19               | 69.30                     |         |             | 7.14                    |
|                                                 |                                                       | Compliance with statutory guidance on patient and public participation in commissioning health and care (166a)                                                                | 166a      | Annual              | 2019                  | Green Star                |         |             |                         |
|                                                 |                                                       | Primary care workforce (128d)                                                                                                                                                 | 128d      | Bi-Annual           | 2019 09               | 1.04                      |         |             | 0.01                    |
|                                                 |                                                       | Staff engagement index (163a)                                                                                                                                                 | 163a      | Annual              | 2019                  | 6.89                      |         |             | 3.13                    |
|                                                 |                                                       | Progress against the Workforce Race Equality Standard (163b)                                                                                                                  | 163b      | Annual              | 2019                  | 0.10                      |         |             | -0.01                   |
|                                                 |                                                       | In year financial performance (141b)                                                                                                                                          | 141b      | Quarterly           | 19-20 Q4              | Green                     |         |             |                         |
| Finance and Use of Resources                    | Finance and Use of Resources                          | Delivery of the mental health investment standard (123i)                                                                                                                      | 123i      | Quarterly           | 19-20 Q4              | Green                     |         |             |                         |
|                                                 |                                                       | CYP and Eating Disorders investment as a percentage of total mental health spend (123k)                                                                                       |           |                     |                       |                           |         |             |                         |
|                                                 |                                                       | Expenditure in areas with identified scope for improvement (145a)                                                                                                             | 145a      | Quarterly           | 19-20 Q2              | Amber                     |         |             |                         |
|                                                 |                                                       | Children and young people's mental health services transformation (123d)                                                                                                      | 123d      | Quarterly           | 19-20 Q4              | 54.6%                     |         |             | 1st publication         |
|                                                 |                                                       | Reducing the rate of low priority prescribing (109a)                                                                                                                          | 109a      | Quarterly           | 19-20 Q4              | Amber                     |         |             | no previous qtr         |

|                                                 |                                                       | Measure                                                                                                                                                                       | Data Link | Period              | Latest available data    | Latest Period Performance | Target  | Trend 20-21 | Change from last period |
|-------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------|--------------------------|---------------------------|---------|-------------|-------------------------|
| New Service Models                              | Integrated primary care and community health services | Patient experience of GP services (128b)                                                                                                                                      | 128b      | Annual              | Jul-20                   | 82.4%                     |         |             | 2.89%                   |
|                                                 |                                                       | Patient experience of booking a GP appointment (128f)                                                                                                                         | 128f      | Annual              | Not available no metrics |                           |         |             |                         |
|                                                 | Acute emergency care and transfers of care            | Emergency admissions for urgent care sensitive conditions (127b)                                                                                                              | 127b      | Quarterly           | 19-20 Q4                 | 2583                      |         |             | -142.74                 |
|                                                 |                                                       | % of patients admitted, transferred or discharged from A&E within 4 hours (127c) *                                                                                            | 127c      | Monthly             | Mar-21                   | 2.1%                      | 95.0%   |             |                         |
|                                                 |                                                       | Achievement of clinical standards in the delivery of 7 days services (130a)                                                                                                   | 130a      | Annual              | 2017-18                  | 2                         |         |             |                         |
|                                                 |                                                       | Delayed transfers of care per 100,000 population (127e)                                                                                                                       | 127e      | Monthly             | 01/02/2020               | 7.3                       |         |             |                         |
|                                                 |                                                       | Population use of hospital beds following emergency admission (127f)                                                                                                          | 127f      | Quarterly           | 19-20 Q4                 | 1021                      |         |             | 10.32                   |
|                                                 | Personalisation and patient choice                    | Percentage of NHS continuing healthcare full assessments taking place in an acute hospital setting (131a)                                                                     | 131a      | Quarterly           | 20-21 Q4                 | 0.0%                      | 15.0%   |             |                         |
|                                                 |                                                       | Personal health budgets (105b)                                                                                                                                                | 105b      | Quarterly           | 19-20 Q3                 | 107.8                     |         |             | 30.8                    |
|                                                 |                                                       | Utilisation of the NHS e-referral service to enable choice at first routine elective referral (144a)                                                                          | 144a      | Monthly             | Jan-21                   | 68.8%                     | 80.0%   |             | Data Error NK June 2020 |
| Preventing Ill Health and Reducing Inequalities | Smoking                                               | Maternal smoking at delivery (125d)                                                                                                                                           | 125d      | Quarterly           | 20 - 21 Q3               | 13.0%                     | 6.0%    |             |                         |
|                                                 |                                                       | Obesity                                                                                                                                                                       | 102a      | Annual              | 2019-20                  | 36.7%                     |         |             | 1.22%                   |
|                                                 |                                                       | Falls                                                                                                                                                                         | 104a      | Quarterly           | 19-20 Q4                 | 2000.35                   |         |             | 82.05                   |
|                                                 | Antimicrobial resistance                              | Anti-microbial resistance: appropriate prescribing of antibiotics in primary care (107a)                                                                                      | 107a      | Monthly             | Jan-21                   | 0.97                      | <=0.965 |             |                         |
|                                                 |                                                       | Antimicrobial resistance: appropriate prescribing of broad spectrum antibiotics in primary care (107b)                                                                        | 107b      | Monthly             | Jan-21                   | 7.80                      | <10     |             |                         |
|                                                 | Health Inequalities                                   | Proportion of people on GP severe mental illness register receiving physical health checks in primary care (123g)                                                             | 123g      | Quarterly           | 20-21 Q4                 | 39.9%                     | 60.0%   |             |                         |
| Quality of Care and Outcomes                    | General                                               | Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions (106a)                                                     | 106a      | Quarterly           | 19-20 Q4                 | 2110.44                   |         |             | -156.50                 |
|                                                 |                                                       | Provision of high quality care: hospitals (121a)                                                                                                                              | 121a      | Bi annual           | 19-20 Q3                 | 59                        |         |             | 1.00                    |
|                                                 |                                                       | Provision of high quality care: primary medical services (121b)                                                                                                               | 121b      | Bi annual           | 19-20 Q3                 | 66                        |         |             | -1.00                   |
|                                                 |                                                       | Evidence that sepsis awareness raising among healthcare professionals has been prioritised by CCGs (132a)                                                                     | 132a      | Annual              | 2018                     | Green Star                | Green   |             |                         |
|                                                 | Maternity Services                                    | Evidence based interventions (134a)                                                                                                                                           | 134a      | Quarterly           | 19-20 Q4                 | Amber                     | Green   |             |                         |
|                                                 |                                                       | Neonatal mortality and stillbirths (125a)                                                                                                                                     | 125a      | Annual              | 2017                     | 7.06                      |         |             | 0.85                    |
|                                                 |                                                       | Women's experience of maternity services (125b)                                                                                                                               | 125b      | Annual              | 2019                     | 84.50                     |         |             | 4.96                    |
|                                                 |                                                       | Choices in maternity services (125c)                                                                                                                                          | 125c      | Annual              | 2019                     | 69.57                     |         |             | 2.17                    |
|                                                 | Cancer services                                       | Cancers diagnosed at early stage (122a)                                                                                                                                       | 122a      | Annual              | 2018                     | 48.8%                     |         |             | -0.19%                  |
|                                                 |                                                       | People with urgent GP referral having first definitive treatment for cancer within 62 days of referral (122b)                                                                 | 122b      | Monthly & Quarterly | 20-21 Q4                 | 64.9%                     | 85.0%   |             |                         |
|                                                 |                                                       | One year survival from all cancers (122c)                                                                                                                                     | 122c      | Annual              | 2017                     | 71.6%                     |         |             | 0.60%                   |
|                                                 |                                                       | Cancer patient experience (122d)                                                                                                                                              | 122d      | Annual              | 2019                     | 8.8                       |         |             | 0.02                    |
|                                                 | Mental Health                                         | Improving Access to Psychological Therapies – recovery (123a)                                                                                                                 | 123abc    | Monthly             | Feb-21                   | 46.2%                     | 50.0%   |             |                         |
|                                                 |                                                       | Improving Access to Psychological Therapies – access (123b)                                                                                                                   | 123abc    | Quarterly           | 20-21 Q3                 | 4.4%                      |         |             |                         |
|                                                 |                                                       | People with first episode of psychosis starting treatment with a NICE recommended package of care treated within 2 weeks of referral (123c)                                   | 123abc    | Monthly             | Jan-21                   | 89.0%                     | 60.0%   |             |                         |
|                                                 |                                                       | Mental health out of area placements (123f)                                                                                                                                   | 123f      | Quarterly           | 20-21 Q3                 | 0.14                      |         |             |                         |
|                                                 | Learning disability and autism                        | Quality of mental health data submitted to NHS Digital (DQMI) (123j)                                                                                                          | 123j      | Quarterly           | Feb-20                   | 89.8%                     |         |             | -5.92%                  |
|                                                 |                                                       | Reliance on specialist inpatient care for people with a learning disability and/or autism (124a)                                                                              | 124a      | Quarterly           | 19-20 Q4                 | 37                        |         |             | 2                       |
|                                                 |                                                       | Proportion (%) of eligible adults with a learning disability having a GP health check (124b)                                                                                  | 124b      | Annual              | 2019-20                  | 37.5%                     |         |             | -2.39%                  |
|                                                 |                                                       | Completeness of the GP learning disability register (124c)                                                                                                                    | 124c      | Annual              | 2019-20                  | 75.2%                     |         |             | 0.35%                   |
|                                                 | Diabetes                                              | Learning disabilities mortality review: the percentage of reviews completed within 6 months of notification (124d)                                                            | 124d      | Annual              | 2019-20                  | 14.3%                     |         |             | 1st publication         |
|                                                 |                                                       | Diabetes patients that have achieved all the NICE recommended treatment targets. Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children (103a) | 103a      | Annual              | 2018-19                  | 34.0%                     |         |             | -1.89%                  |
|                                                 |                                                       | People with diabetes diagnosed less than a year who attend a structured education course (103b)                                                                               | 103b      | Annual              | 2018-19 (2017 cohort)    | 14.4%                     |         |             | -0.10%                  |
|                                                 |                                                       | Estimated diagnosis rate for people with dementia (126a)                                                                                                                      | 126a      | Monthly             | Mar-21                   | 59.9%                     | 67.0%   |             |                         |
|                                                 | People with long term conditions and complex needs    | Dementia care planning and post-diagnostic support (126b)                                                                                                                     | 126b      | Annual              | 2019-20                  | 74.8%                     |         |             | -3.97%                  |
|                                                 |                                                       | The proportion of carers with a long term condition who feel supported to manage their condition (108a)                                                                       | 108a      | Annual              | 2019                     | 55.6%                     |         |             |                         |
|                                                 |                                                       | Percentage of deaths with three or more emergency admissions in last three months of life (105c)                                                                              | 105c      | Annual              | 2018                     | 7.7%                      |         |             | 0.68%                   |
|                                                 |                                                       | Patients waiting 18 weeks or less from referral to hospital treatment (129a) **                                                                                               | 129abc    | Monthly             | Mar-21                   | 71.3%                     | 92.0%   |             |                         |
|                                                 | Planned Care                                          | Overall size of the waiting list (129b)                                                                                                                                       | 129abc    | Monthly             | Mar-21                   | 10982                     |         |             |                         |
|                                                 |                                                       | Patients waiting over 52 weeks for treatment (129c)                                                                                                                           | 129abc    | Monthly             | Mar-21                   | 749                       | 0       |             |                         |
|                                                 |                                                       | Patients waiting six weeks or more for a diagnostic test (133a)                                                                                                               | 133a      | Monthly             | Mar-21                   | 7.8%                      | 1.0%    |             |                         |
|                                                 |                                                       |                                                                                                                                                                               |           |                     |                          |                           |         |             | no previous qtr         |
| Leadership and Workforce                        | Leadership and Workforce                              | Quality of CCG Leadership (165a)                                                                                                                                              | 165a      | Quarterly           | 19-20 Q4                 | Amber                     |         |             |                         |
|                                                 |                                                       | Probit and corporate governance (162a)                                                                                                                                        | 162a      | Quarterly           | 19-20 Q2                 | Fully Compliant           |         |             | 1.56                    |
|                                                 |                                                       | Effectiveness of working relationships in the local system (164a)                                                                                                             | 164a      | Annual              | 2018-19                  | 66.67                     |         |             |                         |
|                                                 |                                                       | Compliance with statutory guidance on patient and public participation in commissioning health and care (166a)                                                                | 166a      | Annual              | 2019                     | Green Star                |         |             |                         |
|                                                 |                                                       | Primary care workforce (128d)                                                                                                                                                 | 128d      | Bi-Annual           | 2019 09                  | 0.96                      |         |             | 0.02                    |
|                                                 |                                                       | Staff engagement index (163a)                                                                                                                                                 | 163a      | Annual              | 2019                     | 6.85                      |         |             | 3.15                    |
|                                                 |                                                       | Progress against the Workforce Race Equality Standard (163b)                                                                                                                  | 163b      | Annual              | 2019                     | 0.15                      |         |             | -0.06                   |
|                                                 |                                                       |                                                                                                                                                                               |           |                     |                          |                           |         |             |                         |
| Finance and Use of Resources                    | Finance and Use of Resources                          | In year financial performance (141b)                                                                                                                                          | 141b      | Quarterly           | 19-20 Q4                 | Amber                     |         |             |                         |
|                                                 |                                                       | Delivery of the mental health investment standard (123i)                                                                                                                      | 123i      | Quarterly           | 19-20 Q4                 | Green                     |         |             |                         |
|                                                 |                                                       | CYP and Eating Disorders investment as a percentage of total mental health spend (123k)                                                                                       |           |                     |                          |                           |         |             |                         |
|                                                 |                                                       | Expenditure in areas with identified scope for improvement (145a)                                                                                                             | 145a      | Quarterly           | 19-20 Q2                 | Green                     |         |             |                         |
|                                                 |                                                       | Children and young people's mental health services transformation (123d)                                                                                                      | 123d      | Quarterly           | 19-20 Q4                 | 44.5%                     |         |             | 1st publication         |
|                                                 |                                                       | Reducing the rate of low priority prescribing (109a)                                                                                                                          | 109a      | Quarterly           | 19-20 Q4                 | Green                     |         |             | no previous qtr         |

|                        |                                                                 |                              |                              |
|------------------------|-----------------------------------------------------------------|------------------------------|------------------------------|
| <b>Name of Meeting</b> | Governing Body                                                  | <b>Meeting Date</b>          | 9 June 2021                  |
| <b>Title of Report</b> | High Level Risk Report: Cycle 1 2021/22 (April – June 2021)     | <b>Agenda Item No.</b>       | 18                           |
| <b>Report Author</b>   | Nick Lamper, Governance Manager (Corporate Governance and Risk) | <b>Public / Private Item</b> | Public                       |
| <b>Clinical Lead</b>   | Dr Khalid Naeem                                                 | <b>Responsible Officer</b>   | Head of Corporate Governance |

### Executive Summary

This report presents the High Level Risk Reports and Log and the CCG Risk on a Page Report as at the end of the current risk review cycle (Cycle 1 2021/22).

Following review of individual risks by the Risk Owner and the allocated Senior Manager, all risks on the CCG's Risk Register were reviewed by SMT and then by the Quality Committee and Finance, Performance and Contracting Committee of the CCG.

The total number of risks during the current cycle and the numbers of Critical and Serious Risks in are set out in the report. As this is the first risk cycle for the new CCG, all risks are shown as 'new', although the majority have been reviewed and transferred from the predecessor CCGs. Detail is shared within the report on the process followed as part of the merger.

### Previous Considerations

|                        |                          |                     |             |
|------------------------|--------------------------|---------------------|-------------|
| <b>Name of meeting</b> | Quality Committee        | <b>Meeting Date</b> | 26 May 2021 |
| <b>Name of meeting</b> | Fin, Perf and Cont Cttee | <b>Meeting Date</b> | 26 May 2021 |

### Recommendations

That the Governing Body:-

- receives and notes the High Level Risk Report and Log and the CCG Risk on a Page Report as a true reflection of the CCG's risk position (including the adequate reflection of any risks for the CCG emerging from the Clinical Quality and Contract Management Boards), following any recommendations from the relevant committees.

|                                          |                                                      |                                                       |               |
|------------------------------------------|------------------------------------------------------|-------------------------------------------------------|---------------|
| <b>Decision</b> <input type="checkbox"/> | <b>Assurance</b> <input checked="" type="checkbox"/> | <b>Discussion</b> <input checked="" type="checkbox"/> | <b>Other:</b> |
|------------------------------------------|------------------------------------------------------|-------------------------------------------------------|---------------|

## Implications

|                                                                                                                                                          |                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>Quality and Safety implications (including whether a quality impact assessment has been completed)</b>                                                | Any quality and safety implications relating to individual risks are outlined in the Risk Register extract (Appendix 1). |
| <b>Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations</b> | Any risks relating to engagement are outlined in the Risk Register extract (Appendix 1).                                 |
| <b>Resources / Financial Implications (including Staffing/Workforce considerations)</b>                                                                  | Any resource implications relating to individual risks are outlined in the Risk Register extract (Appendix 1).           |
| <b>Sustainability Implications</b>                                                                                                                       | Any sustainability implications relating to individual risks are outlined in the Risk Register extract (Appendix 1).     |

|                                                                       |                                     |                                    |                                                |
|-----------------------------------------------------------------------|-------------------------------------|------------------------------------|------------------------------------------------|
| <b>Has a Data Protection Impact Assessment (DPIA) been completed?</b> | <b>Yes</b> <input type="checkbox"/> | <b>No</b> <input type="checkbox"/> | <b>N/A</b> <input checked="" type="checkbox"/> |
|-----------------------------------------------------------------------|-------------------------------------|------------------------------------|------------------------------------------------|

|                                                                                |                                                                                                             |                                                                                       |                                                                                                                                                                                  |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Strategic Objectives (which of the CCG objectives does this relate to?)</b> | Potentially all.                                                                                            | <b>Risk (include risk number and a brief description of the risk)</b>                 | This report provides details of all high level risks on the Risk Register. The Risk Register supports and underpins the GBAF and relevant links are drawn between risks on each. |
| <b>Legal / CCG Constitutional Implications</b>                                 | Any legal implications relating to individual risks are outlined in the Risk Register extract (Appendix 1). | <b>Conflicts of Interest (include detail of any identified / potential conflicts)</b> | None identified.                                                                                                                                                                 |

## **1. Introduction**

- 1.1 The report sets out the process for review of the CCG's risks during the current review cycle (Cycle 1 of 2021/22) which commenced on 1 April and ends after the Governing Body meeting.
- 1.2 As this is a completely new risk register for the new Kirklees CCG, some of the usual reporting elements which relate the current status of the register to its previous position are not meaningful or even applicable. For example, all risks are new to this register even if they directly supersede risks which were on the GH and/or NK registers; no risks are marked for closure (as any risks on the former CCGs' registers which were due for closure would not have been added to this register); and there is no movement of risks or static descriptions as all are new. Risks rated 15 or above (those deemed to be critical or serious risks) are highlighted below.
- 1.3 An overview of the CCG's risk exposure is provided via the Risk on a Page Report (Appendix 2).
- 1.4 The process used to ensure all risks on the former CCGs' registers were either captured or closed as appropriate, was reported to the former CCGs' Governing Bodies at their February meeting and this process has been carefully tracked to ensure no risks were inadvertently overlooked.

## **2. Detail**

- 2.1 There are currently 35 risks on the CCG Risk Register. Because this is the first cycle of a completely new risk register, all risks are new with none marked for closure. Of high level open risks scoring 15 or above, there are no risks rated as Critical (scoring 20 or 25) and two risks rated as Serious (scoring 15 or 16).
- 2.2 The process for the update and review of the Risk Register has been as follows:-
  - Following population of the new Risk Register by Risk Owners and review of individual risks by the allocated Senior Manager, all risks were reviewed by the Senior Management Team on 13 May 2021.
  - All Finance and Corporate risks were reviewed by the Finance, Performance and Contracting Committee on 26 May 2021.
  - All Quality risks were reviewed by the Quality Committee on 26 May 2021.
- 2.3 The committees reflected on possible additions/amendments which would be required in the next cycle (due to begin on 11 June).
- 2.4 **High Level Risks**
  - 2.4.1 There are no open risks rated as Critical (scoring 20 or 25), one fewer than at the last risk cycle.
  - 2.4.2 There are two open risks rated as Serious (scoring 15 or 16).

| <b>Risk Number</b> | <b>Risk Wording</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Risk Score</b> | <b>Risk Movement</b> |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------|
| 1846               | There is a risk that care provision planned for a new specialist service across CKWB Transforming Care Partnership (TCP) for people with a Learning Disability may not be delivered to the standard agreed within the procurement documentation. (This service has been commissioned to provide bespoke care for 6 individuals all of whom have complex and challenging needs and are currently in long term hospital placements.) This is due to a lack of assurance with regards to the staffing structure, training and skills of staff. This could result in a delay to clients moving in as assurances about the quality and safety of the service must be in place before people are admitted. | 16                | New                  |
| 1818               | There is an increased risk due to the COVID-19 pandemic that the lack of availability of Appointment Slots at Calderdale and Huddersfield Foundation Trust (CHFT) exceed the agreed 4% due to CHFT having fewer outpatient appointments available for patients to book into. This potentially results in patients being unable to access their provider of choice, poor patient experience and reputational damage to both provider and commissioner.                                                                                                                                                                                                                                                | 15                | New                  |

2.5 As the risks on the former CCGs' registers were a mixture of some which related to both CCGs and some which were CCG-specific, a direct comparison of the number of risks on the register is not meaningful. However, the process put in place for transferring some risks to the new CCG's register, while closing others, sought to ensure that no risks could be 'lost' during the transition.

2.4 Some comparisons are of value and these include:-

Number of serious risks:

- GH final position – three (COVID-19 vaccination programme; Data Security Protection Toolkit; CHFT appointment slots)
- NK final position – two (COVID-19 vaccination programme; Data Security Protection Toolkit)
- Kirklees current position – two (new specialist service for people with a Learning Disability; CHFT appointment slots)

For information, a risk relating to the COVID-19 vaccination programme has been added to the new register, but the score has been reviewed and reduced in light of the latest position. The risk relating to the Data Security Protection Toolkit solely related to the 2020/21 financial year and was not relevant beyond March 2021. It has therefore not been transferred to the new register.

Average (mean) score of open risks:

- GH final position – 8.94
- NK final position – 8.64
- Kirklees current position – 8.94

### **3. Next Steps**

- 4.1 Subsequent to the Governing Body meeting, the risks will be carried forward to the next risk review cycle which starts on 11 June 2021.

### **4. Recommendations**

That the Governing Body:-

- receives and notes the High Level Risk Report and Log and the CCG Risk on a Page Report as a true reflection of the CCG's risk position (including the adequate reflection of any risks for the CCG emerging from the Clinical Quality and Contract Management Boards), following any recommendations from the relevant committees.

### **5. Appendices**

- Appendix 1: Risk Register extracts (key changes and High Level risks) as at 28 May 2021 (on this occasion the full register is provided as all risks are new)
- Appendix 2: Risk on a Page Report Cycle 1 2021/22

**Kirklees Clinical Commissioning Group High Level Risk Log for Governing Body - 9 June 2021**

| Risk ID | Date Created | Risk Type | Risk Rating | Risk Score Components | Target Risk Rating | Target Score Components | Risk Owner       | Senior Manager  | Principal Risk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Key Controls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Key Control Gaps                                                                                                                                                                                                                                                                                                                                        | Assurance Controls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positive Assurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Assurance Gaps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | GBAF Ref No(s) | GBAF Entry Description(s) | Risk Status |
|---------|--------------|-----------|-------------|-----------------------|--------------------|-------------------------|------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------|-------------|
| 1846    | 04/05/2021   | Quality   | 10          | (4xL4)                |                    | 4 (12xL2)               | Natalie Ackroyd  | Vicky Dutchburn | There is a risk that care provision planned for a new specialist service across CKBW Transforming Care Partnership (TCP) for people with a Learning Disability may not be delivered to the standard agreed within the procurement documentation. (This service has been commissioned to provide bespoke care for 6 individuals all of whom have complex and challenging needs and are currently in long term hospital placements)<br>This is due to a lack of assurance with regards to the staffing structure, training and skills of staff. This could result in a delay to clients moving in as assurances about the quality and safety of the service must be in place before people are admitted. | Contract, Quality & performance meetings established held 12/2/21 and the provider has clear actions that must be delivered<br>The situation is being monitored closely at twice weekly contract, Quality surveillance & performance meetings by CKB senior commissioners, Quality & contract management.<br>NHS E representatives in attendance at Quality surveillance meetings.<br>CQC representatives updated & invited as required to Quality surveillance meetings<br>Individuals will not begin transition plans until required assurance is in place and can be evidenced<br>Each responsible commissioner is reviewing all details and agreed checklist, care plans including risk & crisis plans need to be signed off for their clients<br>The Provider to develop & submit a remedial action plan as per the contracting requirements | All Individual transitional planning arrangements have not been signed off by the relevant CCG/LA.<br>If the provider is unable to make the improvements required it may be necessary to seek an alternative provider<br>The provider has not returned their remedial action plan as per the contracting requirements                                   | Twice weekly contract, Quality surveillance & performance meetings established<br>NHS E & CQC representatives invited as required<br>Monthly updates are provided to TCP partnership Board with regards to this new service<br>Any concerns are reported through this board or if required are escalated to Kirklees CCG as the lead commissioner on this project.<br>Risks included on the corporate risk register<br>Formal contract letter submitted to Provider for to return their remedial action plan by 26th May as per contract requirements | Concerns were raised by commissioners as part of the transition planning process and a performance meeting put in place with immediate effect<br>The provider has been asked for a remedial action plan as per the contracting requirements<br>Progress will be monitored twice weekly                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | The provider has not returned their remedial action plan as per the contracting requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |                           | New - Open  |
| 1818    | 23/04/2021   | Finance   | 15          | (13xL5)               |                    | 2 (12xL1)               | Christine Powell | Martin Pursey   | There is an increased risk due to the COVID-19 pandemic that the lack of availability of Appointment Slots at Calderdale and Huddersfield Foundation Trust (CHFT) exceed the agreed 4% due to CHFT having fewer outpatient appointments available for patients to book into. This potentially results in patients being unable to access their provider of choice, poor patient experience and reputational damage to both provider and commissioner.                                                                                                                                                                                                                                                  | a) Discussed as part of the CHFT Contract Management Group<br>b) Responsibility of the monthly Outpatient Transformation Group within CHFT Partnership Arrangements<br>c) ASI's filled where possible each day in CHFT Appointment Centre<br>d) Reported within CHFT to their Executive Board meetings within integrated performance report.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | a) The 'switch off' of elective work in response to COVID-19 effectively removed all routine slots<br>b) The phasing of routine electives will need to be understood and what impact it will have<br>c) ASI related complaints reported through DATIX<br>d) Managing lower capacity (reset/new normal)                                                  | Regular updates on performance against the ASI target included in the F.P and C report (target is maximum 5% of patients awaiting an appointment) and discussed at the following monthly meetings -<br>a) CCGG, GHCCG and CHFT Quarterly Partnership Board<br>b) Discussed at Elective care Improvement Group                                                                                                                                                                                                                                         | Jan 2019 - 30%, Feb 2019 - 49%, Mar - 46%, Apr - 35%, May - 29%, June - 36%, July - 35%, Aug 26%, Sept 26%, Oct - 23%, Nov - 31%, Dec - 23%.<br><br>Jan 2020 - 18%, Feb - 25%, Mar - 20%, Apr - 100%, May - 100%, Jun - 100%, July - 86%, Aug - 100%, Sept - 143%*, Oct - 137%*, Nov - 96%, Dec - 86%.<br><br>Jan 2021 - 56%, Feb - 73%.<br><br>* Due to the Covid-19 pandemic, CHFT has received more referrals as appointment slot issues (ASI) rather than as direct bookings. In many cases, these have not yet been booked in e-RS. As a result, the ASI per booking percentage shows as a higher proportion than usual, as there may be a higher number of ASIs recorded than bookings performed in e-RS.<br><br>Sourced from NHS Digital on a monthly basis. | Reduction in Contract governance as a result of NHS Covid Financial Regime has reduced the opportunity for formal review. However discussed as part of the Elective Board arrangements.<br><br>1. ASI figures in April 2020 onwards will shown a great increase in percentage due to COVID 19 crisis as all routine outpatient booked appointments made via ERS were cancelled for re-referral until post crisis.<br><br>2. Two week wait referrals via NHS e-Referral Service from October 2017 has increased ASI's as certain services do not have specific 2WW clinics or appointments so referrals must be deferred to provider. These convert to an ASI list showing huge increases. All 2WW ASI's are dealt with within 24 hours. |                |                           | New - Open  |
| 1859    | 19/05/2021   | Quality   | 12          | (14xL3)               |                    | 9 (13xL3)               | Helen Moreton    | Vicky Dutchburn | There is a risk of the lung health check programme being delayed/not being delivered in the timeframe required by NHSE due to a lack of availability of resources including clinical staff, constraints on Mobile CT capacity, and conflicting priorities due to COVID, including pressure on workforce availability. (Mid Yorkshire Hospitals have formally withdrawn from the project due to their workforce capacity). This will result in delays to the start date and delivery to the target population which will mean that 24 month follow up scans will fall outside the national timeframe resulting in a future financial risk for the CCG.                                                  | Contract in place with CURO Healthcare for the Lung Health Check element of the pathway.<br><br>Options paper completed for Radiology and Respiratory service. In response MYHT confirmed in writing they are unable to support the service.<br><br>PIN completed for the Respiratory and Radiology elements of the service to replace MYHT. Bradford Teaching hospital were the only provider to meet all criteria.<br><br>Paper on agenda for SMT (08.04.2021) and Governing body (14.04.2021) to enable direct contract award to Bradford Hospital. Contract award agreed and contract in draft format.<br><br>WY&H Cancer Alliance Board receives Highlight Reports and regular updates. (Delivery of the National TLHC is a national requirement within the Cancer Alliance Operational Plan)                                                | Curo contract restart under discussion with CCG Procurement team. Contract variation being finalised for signature by the end of May<br><br>BTHFT developing business case to deliver service for NK patients. Unable to progress until direct award approved.<br><br>BTHFT unable to commence procurement of Mobile CT until contract award confirmed. | Lung Health Check Steering Group Meetings are arranged on a monthly basis. Meetings are minuted and action log in place<br><br>Head of Strategic Planning, Performance & Delivery is SRO for the project and linked into SMT and other CCG governance<br><br>Regular discussions between the Cancer Alliance Project team and NHS England TLHC Team with regard to Project status and funding availability<br><br>WY&H TLHC Programme Director Professor Duffy attends monthly National Delivery Group Meetings                                       | Regular discussions with NHS England TLHC Programme Team regarding a revised start date.<br><br>Quarterly Stocktake and revised project trajectories submitted to NHSE for assurance.<br><br>Bi-monthly highlight reports presented to Steering Group and Cancer Alliance Board                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Project Start date not confirmed due to ongoing uncertainty in contracting and procurement of low dose CT. CT availability is critical to project go live.<br><br>Project plan will require further revision once a date is available                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                           | New - Open  |
| 1854    | 10/05/2021   | Finance   | 12          | (14xL3)               |                    | 4 (12xL2)               | Alison Needham   | Ian Currell     | The CCG has an historical underlying deficit position post merger of approx. £3-4m. It is anticipated that population allocations will be recommenced and the CCG/ICP will be required to close this financial gap to achieve its control total target of breakeven whilst potentially achieving greater efficiency targets that may be introduced.                                                                                                                                                                                                                                                                                                                                                    | The CCG has a number of controls in place<br>1. Working to identify all recurrent expenditure for the CCG, ensuring that VM is in place<br>2. Working to develop a Efficiency Programme during the current financial year that is in place to reduce costs in 22/23<br>3. Working with System partners to understand the shared financial requirements within the ICS<br>3. Comprehensive reporting and escalating issues to the FPC and wider ICS/ICP system<br>4. Investments that are in place or are introduced during the current financial year are affordable, deliver efficiency in the system and are considered as part of wider system investment (investment once on the right area - VM/evaluation process)                                                                                                                          | Unknowns in allocation<br>CCG will be replaced by the ICP - at this stage there are unknowns how the financial governance and framework will be enacted.                                                                                                                                                                                                | Long term financial planning is presented to - SMT<br>Wider System<br>ICS<br>Developing ICP<br>FPC<br>Governing Body                                                                                                                                                                                                                                                                                                                                                                                                                                  | The long term affordability will be discussed as a part of system working                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Unknown allocation and financial framework to date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                           | New - Open  |
| 1853    | 10/05/2021   | Finance   | 12          | (14xL3)               |                    | 4 (12xL2)               | Alison Needham   | Ian Currell     | The CCG currently has not received its allocation for the last 6 months of the financial year for 21/22 and control target. There is a risk due to these unknowns and financial challenge in the first 6 months, may create increased financial challenges for the remainder of the year.                                                                                                                                                                                                                                                                                                                                                                                                              | The CCG has a number of controls in place<br>1. Working to identify all expenditure for the remainder of the period. Ensuring accurate information is presented and risks are identified and reported immediately.<br>2. Working with System partners to understand the shared financial requirements within the ICS<br>3. Comprehensive reporting and escalating issues to the FPC and wider ICS system<br>4. Investments for this period and being reviewed and the impact they have with the second part of the year<br>5. Working to recognise the financial impact of expenditures made in H1 are considered with this unknown risk.                                                                                                                                                                                                         | Develop a comprehensive understanding of investments or non-recurrent that could be delayed in the event of shortfall in allocated funds.                                                                                                                                                                                                               | Financial position is reported to SMT, FPC and centrally to the ICS and NHSE/I teams                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | The financial assumptions as part of H1 have identified the recurrent position of the CCG, the financial impact of recurrent investment decisions. What if Scenarios are being considered on how the CCG will manage any financial pressures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Unknown allocation and financial framework to date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                           | New - Open  |



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| 1845 | 04/05/2021 | Finance | 12 (13x14) | 4 (12x12) | Natalie Ackroyd  | Vicky Dutchburn | During COVID 19 further development work locally and regionally has been paused.<br><br>There is risk that the CCGs will not deliver the agreed 4% eligible obesity surgery activity:<br>- implications of lack of local Tier 3 and Tier 2 weight management services delivered by public health/Kirklees Council<br>- Kirklees currently has no agreed direct referral pathway to Tier 4/Bariatric surgery and referrals are currently being managed by IFR, Resulting in;<br>- poor patient experience and outcomes for weight management.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1)Additional processes in place to monitor and control flow of patients through weight management services in Kirklees.<br>2)Flow chart outlining these processes is in developed and shared with providers.<br>3) Agreement at Joint WY&H Committee to implement a standardised Bariatric service specification and achieve 4% eligible activity in next 2-5 years.<br>4) Ongoing discussion at Joint Clinical Strategy Group and SMT to ensure joint understanding and agreed way forward.<br>5) Options to update the Kirklees T4 Bariatric surgery pathway being considered with the acute providers<br>6) WYAAT piece of work to agree NY secondary care approach to delivering service specification and activity<br>7) meeting ongoing between Wellness SROs to agree next steps in relation to weight management and integrated adult wellness model<br><br>The programme is to be restarted at an ICS level during Q1 21/22                                                                                                                                                                                                                                                                                                                                                 | 1)Wellness model in Kirklees has a focus on low level intervention and target people to ensure they receive the right support and do not require more specialist intervention.<br>2)Currently no direct referral pathway through to Bariatric surgery within Kirklees - referral currently being managed by IFR.<br>3) small numbers of ongoing referrals from T4 MDT assessment to surgery | 1)Reports presented through elective care boards,Finance & performance & Kirklees leadership group<br>2) pathways and activity Monitored through WY&H ICS Bariatric work.<br>3) Business Case to be presented to WY & H ICS STP Clinical Forum and Chief Operating Officers for decision around increasing Bariatric activity.<br>4) System Task & Finish group established to ensure an appropriate Kirklees weight Management pathway was in place to achieve the 4% eligible Bariatric surgery activity level .<br>5) Joint WY&H Committee endorsed standardised service specification and aspiration to achieve 4% eligible patient in next 2-5 years.<br>6) any referred cases are triaged through the agreed Trust waiting list process as per the planning/reset requirements<br>The programme is to be restarted at an ICS level Q1 21/22 | WY&H ICS commissioning policy and service specification agreed by CSG<br>Joint WY&H Committee endorsed standardised service specification and aspiration to achieve 4% eligible patient in next 2-5 years.<br>discussions begun with MYHT and CHFT re activity levels<br>WYAAT level discussions ongoing around a joint approach<br>Referrals are following the agreed process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Awaiting assurance from CHFT & MYHT around reset & delivery of WY&H ICS obesity surgery specification - WYAAT are leading a piece of work around acute bariatric provision.                                                                                                                                                                                                         |  |  | New - Open |
| 1844 | 04/05/2021 | Quality | 12 (13x14) | 8 (12x14) | Natalie Ackroyd  | Vicky Dutchburn | There is a risk that reduced access to elective care services, due to the impact of the pandemic (surgery, day case and out-patient), and change to the NHS contracting framework with regards to the Independent Sector will result in non-delivery of patient's rights under the NHS Constitution, potentially cause harm to patients, long waits and have detrimental impact on patient experience.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | a) Consistent approach to the safe restart of elective services, being clinically led by the Elective Improvement Group, which reports to Out Patient Transformation Board at CHFT and JSOB at MYHT.<br>b) Joint (GP, Consultant) clinical reviews of patients waiting over 16 weeks, 36 weeks, 52 Weeks, 104 weeks<br>c) Review and classify Patients with a P category for prioritisation, Categories P1 and P2 to be seen first.<br>d) Joint work between CCGs, acute trust's and Independent sector to ensure we maximise all available capacity<br>e) A key element of the CCG Reset Plan and Acute Trust's Incident Management Plan<br>f) Joint approach to gathering thematic views of patient harm via agreed clinical assurance routes.<br>g) Closer working with the IS to ensure we maximise their available capacity                                                                                                                                                                                                                                                                                                                                                                                                                                                     | a) Sufficient capacity available to deliver on Phase 3 activity expectations<br>b) Ability to effectively communicate and support all patients on waiting list in line with Phase 3 expectations<br>c) Knowledge of the impact of another covid wave on patient care in elective services                                                                                                   | a) System have agreed joint principles and priorities to underpin reset work<br>b) CCG Reset plan held by SMT<br>c) Average waiting time reported to committee<br>d) Notes of Out Patient Transformation Board and Joint System Oversight Board to be considered at FPC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | a) Joint communications groups established to oversee messaging to patients and system.<br>b) Joint approach to the roll-out of referral support systems to support minimum data sets for referrals, to support effective clinical assessment and triage<br>c) New series of specialty specific Joint Clinical Interface Sessions launched across the Kirklees system                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | a) CCGs and referrers are not fully sighted on progress and issues and implications for patients<br>b) Current system challenges have put system reset plans at risk - we do not yet understand the full impact - but likelihood of significant patient harm<br>c) Understanding the implications/risks of IS sector contract changes and the resulting reduction in surgical lists |  |  | New - Open |
| 1824 | 28/04/2021 | Quality | 12 (14x13) | 9 (13x13) | Gemma Hinchliffe | Vicky Dutchburn | There is a risk to patient safety, experience, quality of care delivered by the Eating Disorder Service (CAMHS South west Yorkshire Partnership NHS Foundation Trust) This is due to a marked increase in referrals from the previous year. To set the context of the increase in demand in April 2020 there were 4 referrals in to the service, in March 2021 there were 24 referrals in to the service. In addition to the increased referrals the acuity of the young people accessing the service is greater with many of them being at 70% bodyweight. The service is also seeing more clients with ASD experiencing difficulties with textures.<br><br>The Eating Disorder service team is a small team and they have had difficulty recruiting a CBT therapist to the team. The team is currently consists of 2.6 WTE Band 7 specialist nurses, 3 support workers and 1 dietician. There may also be a reputational risk to NHS Kirklees CCG due to the demand and capacity issues the provider is experiencing. | 1) The Eating Disorder Service workforce gaps is being supported and back filled from the crisis team, out of hours and weekends.<br>2) The Eating Disorder service are looking to employ agency and bank staff to support the service provision.<br>3) Due to the nature of the illness involving family therapy the practitioners require specific training and SWYPFT are facilitating staff accessing this training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | A report regarding the demand and capacity, current service provision, funding and models of working in other areas of the country is being produced to share at SMT.                                                                                                                                                                                                                       | 1) Quality Monitoring<br>The demand and capacity issues will be discussed in The Thriving Kirklees Governance meeting, contract and quality meeting.<br>Review of incidents (and serious incidents) will be monitored<br>Complaints will be monitored and reported<br>2) Contractual Monitoring - Demand and Capacity will be reviewed during contract monitoring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Finance and performance data - KPI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Assurance mechanisms are in place to monitor key controls                                                                                                                                                                                                                                                                                                                           |  |  | New - Open |
| 1820 | 26/04/2021 | Finance | 12 (14x13) | 8 (14x12) | Caroline Squires | Laura Ellis     | There is a risk to the CCG of successful cyber-attacks, hacks and data breaches, due to the escalating threat of cyber-crime across all sectors, and at a global scale, resulting in financial loss, disruption or damage to the reputation of the CCG from some form of failure in technical, procedural or organisational information security controls.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1. Outsourced IM&T Service (THIS) with ISO Information Security Management System (ISO/IEC 27001:2013) certification regime in place, member of the Cyber Security Sharing Partnership (CSP).<br>Information Assurance for Small and Medium sized Enterprises IASME 'Gold Standard' certified with recertification regime in place, Cyber Essentials. SLA in place.<br>2. Wide range of technical, procedural and organisation controls in place, managed by THIS - across the Cabinet Office 10 areas of cyber security.<br>3. Dedicated THIS Information Security/Cyber Security Team, led by IT Security Manager, with industry recognised qualifications.<br>4. CCG IT (including Network Security) policy in place and enforced<br>5. Minimum annual Data Security training of all CCG staff (includes cyber security awareness).<br>6. Shared in house IG Team delivering Data Security and Protection Toolkit controls and data protection expertise<br>7. Responsive awareness (via THIS and CCG) raising staff awareness of threats and incidents.<br>8. NHS Cyber Security CareCERT Alert system, delivering timely Cyber alerts to CCG and THIS contacts.<br>9. Business continuity management arrangements (CCG and THIS).<br>10. Disaster Recovery arrangements (THIS). | 1. The CCG has not undertaken the industry recognised Cyber Essentials and IASME self assessment process.<br><br>2. NHS Digital Data Security Centre Data Security Onsite Assessment findings and actions set out in Data Security Improvement Plan                                                                                                                                         | 1. SLA with THIS, including the provision of information security (including cyber security) expertise and controls.<br>2. THIS ISO Information Security Management System (ISO/IEC 27001:2013) re-certification regime in place<br>3. THIS Information Assurance for SMEs 'Gold Standard' certified with re-certification regime in place - Cyber Essentials.<br>4. Annual Data Security and Protection Toolkit self-assessment submission with annual Internal Audit assurance.                                                                                                                                                                                                                                                                                                                                                                 | 1. No successful cyber-attacks, hacks or data breaches resulting in financial loss, disruption or damage to the reputation of the CCG from some form of failure in technical, procedural or organisational information security controls.<br>2. Regular business continuity exercises simulating variety of cyber attack scenarios to assess the effectiveness of the CCG's business continuity controls and ability to respond to a cyber related incident. Each exercise results in lessons learned report and recommendations. Last exercise undertaken February 2021.<br>3. Lessons learned debrief with partners as part of the Local Health Resilience Partnership arrangements.<br>4. Board level cyber security training held on 23rd January 2019.<br>5. The specification for the new IT provider procurement has been strengthened in respect of cyber security.<br>6. Internal Audit of a sample of the predecessor CCGs' Data Security and Protection Toolkits (DSPT) in 2020/21 achieved 'high assurance'.<br>9. Submission of the DSPT for 20/21 as 'Standards Met'<br>10. NHS Digital Data Security Centre Data Security Onsite Assessment taken place January 2020, that provides an assessment against Cyber Essentials Plus and an IT Health Check for health and care organisations. The assessment (which includes PEN test) was scoped as a single assessment - to cover THIS/CHFT and the 4 CCGs. Findings report received during w/c 17th February 2020. CCG bespoke Data Security Improvement Plan of identified vulnerabilities and associated actions prepared together with Head of IM&T and improvement plan | Monitoring completion of the NHS Digital Data Security Centre Data Security Onsite Assessment 'Data Security Improvement Plan'.                                                                                                                                                                                                                                                     |  |  | New - Open |

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| 1815 | 14/04/2021 | Quality | 12 (13x14) | 3 (13x1)  | Viv Nicholson    | Penny Woodhead      | There is a risk that the CCG has insufficient staffing resources to meet the requirements of the LeDeR programme (learning disability mortality reviews) due to the limitation of the number of trained reviewers available with sufficient time away from their other duties to be able to complete a LeDeR review. This could result in a subsequent risk to organisational reputation and a potential delay in implementing any lessons learnt identified in the reviews. | The CCG Local Area Contacts (LAC) for the Programme hold weekly meetings who check number of notifications about new cases, allocate cases to available reviewer capacity, monitor progress of reviews that have been allocated to try to ensure required time targets are achieved, escalating to the Chief Quality and Nursing Officer where there are concerns about achievement of deadlines. A CCG database is also in place to support LAC work. NHSE have funded external support from NECs to undertake CCG reviews due over the next 3 months with the aim of supporting completion of the reviews prior to the introduction of the new electronic platform, and all cases due to be completed by May 2021 have an allocated NECs reviewer. A small team of reviewers to undertake reviews for cases on West Yorkshire footprint, although inadequate to complete all reviews, and priority is given to those cases where there are concerns about meeting the KPI deadlines. The CCG LACS from West Yorks meet fortnightly to look at priority case | Reliance in NECs being able to complete the allocated CCG reviews before the change to the electronic platform and new reporting template. Training to use the new platform and template is not yet available and the it is not yet known when will be available or details. The length of time to complete a review on the new platform cannot be fully estimated until the reporting requirements of the new report template is understood                                                                                                                                                                                                  | The number of reviewers has increased following a request for support from partners. However reviewer training and capacity within own workload remains a limiting factor being monitored. The LACS will continue to authorise the completed reviews and submit to LeDeR. Monitoring of new cases, including notification to NHSE of any cases where COVID is listed in the cause of death, will continue to ensure that a comprehensive local position is maintained. The LACs will continue to provide oversight of the local position and assurance to the CCG        | Weekly LAC meeting to ensure continues monitoring and allocation of cases. Additional funding has been identified from NHSE to support NECs completion of review. Currently, LeDeR cases are all up to date within the prescribed LPI timeframes                                                                                                                                                                                                                                                                           | NHSE have not indicated when training on new platform and new report template will be available. It is anticipated that NECs reviewers completing CCG cases will be completed within the required deadlines by NHSE, but cannot be guaranteed and is being monitored closely by the LACs.                                                                               |  |  | New - Open |
| 1843 | 04/05/2021 | Finance | 10 (15x12) | 1 (11x1)  | Yvonne Hoorman   | Martin Pursey       | There is a risk that there is a lack of clarity on the terms upon which children's domiciliary care services are commissioned due to limited appropriate contract documentation being place resulting in potential financial risk; poor patient experience; and a lack of audit trail to support commissioning decisions.                                                                                                                                                    | Discussions have taken place with commissioning leads within the CCG. Contract documentation has been prepared as well as a pre-qualification questionnaire for providers to complete. Providers have been added to the contract management system Accord. A service specification and waiver documentation has been requested from the commissioning leads.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | A waiver is required for each provider to enable direct award of contracts, without a waiver and satisfactory completion of a pre-qualification questionnaire, contract documentation cannot be put in place. Whilst contract documentation has been prepared there is no up to date service specification available which represents a significant gap within the documentation as well as a delay in commencing a process which requests providers to complete a pre-qualification questionnaire prior to the award of a contract. Providers added to the contract management system will state that contract documentation is outstanding. | Requests for waivers require approval as per the Scheme of Delegation supported by a Decision Support Document. Waivers are presented at Audit Committee. Service specifications are signed off at Quality Committee.                                                                                                                                                                                                                                                                                                                                                    | A meeting has taken place between contracting, procurement and service leads from the CCG and Council and a follow up meeting was to take place in January. Commissioning lead confirmed that there had been vacancies and sickness in the team to progress the work but an interim manager is now in post and will be picking up this work as a priority.                                                                                                                                                                 | Waivers and service specifications remain outstanding. Follow up meeting in January was cancelled.                                                                                                                                                                                                                                                                      |  |  | New - Open |
| 1852 | 10/05/2021 | Finance | 9 (13x13)  | 4 (12x12) | Alison Needham   | Ian Currell         | The CCG will not achieve its breakeven target for the first six months of the financial year. The CCG has been placed into 2 financial regimes for 21/22. This risk relates to the first framework H1                                                                                                                                                                                                                                                                        | The CCG has a number of controls in place<br>1. Working with all expenditure for the remainder of the period. Ensuring accurate information is presented and risks are identified and reported immediately.<br>2. Working with System partners to understand the shared financial requirements within the ICS<br>3. Comprehensive reporting and escalating issues to the FPC and wider ICS system<br>4. The CCG holds a 0.5% contingency<br>5. Investments for this period and being reviewed and the impact they have with the second part of the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Develop a comprehensive understanding of investments or non-recurrent that could be delayed in the event of shortfall in allocated funds.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Financial position is reported to SMT, FPC and centrally to the ICS and NHSE/I teams                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | The financial assumptions have been reviewed by ICS and have been subject to peer review and challenge.                                                                                                                                                                                                                                                                                                                                                                                                                    | No gaps                                                                                                                                                                                                                                                                                                                                                                 |  |  | New - Open |
| 1851 | 10/05/2021 | Finance | 9 (13x13)  | 4 (12x12) | Alison Needham   | Ian Currell         | There is a risk of the CCG will exceed its current expenditure in relation to its overall running costs. This result in the CCG not achieving its business rules of running costs being with allocation.                                                                                                                                                                                                                                                                     | "The SMT are reviewing the current costs aligned to the running cost budgets, to review<br>1. Review of costs in all areas.<br>2. Reviewing vacancies and funded WTE to remove non required posts<br>3. Reviewing costs that can to transferred to programme costs<br>4. Working with colleagues in neighbouring CCGs to develop joint ways of working<br>5. Introducing a more stringent process of agreeing to recruitment within the CCG<br>6. Understand the impact of support costs that should be apportioned to Programme costs<br>7. Monthly reporting to SMT and to the FPC                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | The running costs will be reviewed on a monthly basis. Any escalating costs will be presented to SMT and remedial action put in place.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The running costs will be managed in SMT with an update to be included in reports to the committee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | The costs have been reviewed as part of the work that commenced during financial year. Savings and new ways of working are put in place at every opportunity.                                                                                                                                                                                                                                                                                                                                                              | not applicable                                                                                                                                                                                                                                                                                                                                                          |  |  | New - Open |
| 1850 | 07/05/2021 | Quality | 9 (13x13)  | 3 (13x1)  | Matthew Whitaker | Steve Brennan       | There is a risk that the CCG is unable to deliver on its part of the national expectations to deliver the Covid 19 vaccine due to various factors including possible lack of sites and workforce, vaccine supply, vaccine instability, or the appetite of our population, resulting in our population not being protected from the virus, higher morbidity and mortality, continued high demand for health and care services and in inability to restart the local economy.  | (a) WY ICS SRO Programme established at WY (meetings once weekly)<br>(b) Kirklee's Programme developed - weekly Steering Group meetings in place and Programme Team meeting twice per week<br>(c) Kirklee's Outbreak Control Board receiving updates for assurance<br>(d) Links created with the Kirklee's flu programme<br>(e) Health Inequalities impact assessment and actions in place to monitor uptake by ethnicity and deprivation supported by a range of engagement activity including Community Champions Network<br>(f) Daily reporting of uptake figures for priority cohorts (1st and 2nd dose) in place, along with weekly monitoring of care homes and LD uptake.<br>(g) Programme risk monitoring process in place - reported to Steering Group weekly                                                                                                                                                                                                                                                                                        | No Major Gaps Identified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (a) Daily reporting of uptake figures for priority cohorts (1st and 2nd dose) in place - reported weekly into Steering Group.<br>(b) Weekly monitoring of care homes and LD uptake in place - Reported into Steering Group or specific Task and Finish work<br>(c) Ongoing monitoring of uptake by ethnicity and deprivation reported twice per month into Steering Group and also on an ongoing basis to LA SLT<br>(d) WY level monitoring via weekly SRO meeting - SRO provides weekly update and WY colleagues assure at a WY level using this and data on uptake etc | (a) Uptake rates for vaccine are high and in line with other WY areas - this includes by ethnicity and deprivation and for care homes and LD<br>(b) Where uptake rates vary these have been identified and are informing additional work to address eg pop up clinics, roving model and other targeted work with homeless, asylum seekers etc which continue to increase uptake.<br>(c) WY Programme are assured of our progress and have not flagged any areas where they are not assured                                 | (a) It is difficult to accurately monitor uptake amongst health and care workforce due to this information not being recorded fully in the vaccination record. This is common across the country. Additional assurance is provided from employing organisations and ongoing work to provide access to vaccine which is not highlighting significant issues with access. |  |  | New - Open |
| 1840 | 30/04/2021 | Quality | 9 (13x13)  | 4 (12x12) | Jan Giles        | Catherine Wormstone | There is a risk to the financial sustainability of three practices in the Greater Huddersfield area due to the cessation of the Disadvantaged Practices Scheme, resulting in the potential reduction of services provided by these practices.                                                                                                                                                                                                                                | 1) Proposed period of additional financial support to the affected practices<br>2) Regular meetings with the affected practices<br>3) Implementation of a new Health Inequalities Scheme from 1 April 2021 to include the three practices.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Additional inequalities schemes which will support the registered populations of the affected practices still to be developed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Regular meetings with affected practices                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Minutes of meetings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | None                                                                                                                                                                                                                                                                                                                                                                    |  |  | New - Open |
| 1829 | 30/04/2021 | Finance | 9 (13x13)  | 4 (12x12) | Joanne Davis     | Catherine Wormstone | There is a risk of disruption to primary care local enhanced service continuity arising from the Kirklees Equitable Funding Review Programme / Kirklees Primary care model redesign (Tiers 3 and 4), due to the scale of service redesign not being achieved the 1st April 2022 timescale, resulting in delivery of specific Primary care services not being available consistently to Kirklees patients.                                                                    | Equitable Funding Task and finish group with LMC engagement<br>Equitable Funding Stakeholder engagement events<br>Regular Reports to Primary Care Commissioning Committee (PCCC)<br>Reports to Finance, Performance, Contracting Committee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Gaps in stakeholder engagement<br>Hitting the timeline for all of the Primary care service model to be in place<br>Capacity within the CCG to review all of the services by the required timescale                                                                                                                                                                                                                                                                                                                                                                                                                                            | Project plan in place.<br><br>Planned regular stakeholder engagement .<br><br>Regular task group meetings<br><br>Engagement event took place in Feb 2021, further engagement session planned for later on this year<br><br>Seeking additional external capacity to support the review of Tiers 3 and 4                                                                                                                                                                                                                                                                   | Initial agreement on proposed approach and model<br><br>New financial modelling completed and in place for Tier 1 and 2<br>Tier 2 has been developed and implemented from Oct 20<br>Task and Finish Group is meeting on a regular basis<br>Primary Care Commissioning Committee approval for next steps of Tiers 3 and 4.<br>Kirklees frailty scheme and health inequalities scheme has been implemented from 1 April 2021<br>Other local enhanced schemes currently under review, aim to implement new schemes by 1/10/21 | Need to obtain approval via CCG governance routes to implement further schemes and activity linked to tier 3 and tier 4                                                                                                                                                                                                                                                 |  |  | New - Open |

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| 1828 | 29/04/2021 | Finance | 9 (13x13) | 1 (11x11) | Serena Meakin  | Martin Pursey  | There is a risk arising due to patients exercising choice to be treated within the Independent sector for ophthalmological conditions, this activity is undertaken on a Non-Contract basis resulting in potential financial risk; and an inability to manage quality of service, activity and expenditure. SpaMedica is the provider linked to this risk                                        | "Ophthalmology capacity is key work theme at the Planned Care Improvement Group between the CCG and Mid Yorkshire Hospitals.<br><br>On going discussions on commissioning and Contracting intentions across the Kirklees 2 acute trusts<br><br>"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | "• Spamedica has an AQP contract with Wakefield CCG<br>• Kirklees CCG are not a party to the AQP contract with Spamedica<br><br>Planned care activity was reduced or ceased from April 2020 at CHT & MYHT, as a result new referrals by GPs have been referred to the Independent Sector                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | "• Monthly receipt of dataset to support invoices raised<br>• Monthly ICS Elective Care Programme Board oversees the development of the cataract pathway for West Yorkshire<br><br>West Yorkshire and Harrogate (WY&H) Health & Care Partnership have now developed a standardised clinical pathway and a single commissioning policy for Cataract Surgery that introduces a single approach to cataract surgery for implementation across the West Yorkshire and Harrogate region, click here for further information and to view the pathway and policy. "                                                                                                                                                                                                                                                                                                                                                           | • SpaMedica have low wait times and good clinical outcomes as published in the annual report, and CQC Overall good rating (Jan 2019)<br>• Transport is provided for patients that require this service to attend appointments and treatment<br><br>West Yorkshire and Harrogate (WY&H) Health & Care Partnership have now developed a standardised clinical pathway and a single commissioning policy for Cataract Surgery that introduces a single approach to cataract surgery for implementation across the West Yorkshire and Harrogate region, click here for further information and to view the pathway and policy. "                                                                                                                                                                                                                                                                                                                                                                                                | "• Forecast expenditure at Spamedica is approx. £2m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  | New - Open |
| 1827 | 28/04/2021 | Quality | 9 (13x13) | 4 (12x12) | Murray Forrest | Penny Woodhead | There is a risk of CQC registered Care Homes and Domiciliary Care providers in Kirklees missing communications about their patients due to the data cleanse by NHS Digital which could result in the care providers being unable to make effective use of their NHSmail accounts to access information relating to their patients. This is a national challenge.                                | Proactive support, guidance and encouragement is being offered to all CQC registered Care Home and Domiciliary Care providers to access and make use of NHSmail.<br><br>"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | There are 195 CQC registered Care Home and Domiciliary Care providers in Kirklees, roughly 75% struggle or can't access their account. This is "normal" across the whole country, but highlights the size of the challenge.<br><br>There is no capacity to ensure support is actively given to each and every provider"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | On an ad-hoc basis (direct request from Care Home or Dom Care, prompted by email) working with individual providers to ensure they have or gain access to their shared NHSmail account, embedding their accounts in their computer version of Outlook (as this removes all the complexities of using the account) and initiating process of requesting additional users, signatures etc, including prompts as to how this supports/ complements good information governance and data protection.                                                                                                                                                                                                                                                                                                                                                                                                                       | NHS England provide data identifying the use/ activity of the shared NHSmail account for every Care Home and Domiciliary Care provider in the country. This is cascaded by Region on a fortnightly basis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Knowing which providers potentially need support, does not resolve the capacity for us or the provider to actually address and resolve the problem. The data shared by NHS England does not identify who the named users are behind the account which makes it much harder to identify who may have had access previously.                                                                                                                                                                                                                      |  |  | New - Open |
| 1826 | 28/04/2021 | Finance | 9 (13x13) | 4 (12x12) | Laura Ellis    | Carol McKenna  | There is a risk of CCG staff feeling isolated, due to a prolonged period of working from home during COVID-19 pandemic, resulting in an impact on staff health and well-being.                                                                                                                                                                                                                  | - Weekly staff briefings via MS Teams<br>- Staff chat forum established<br>- Fortnightly FYI bulletin issued<br>- Staff Forum run virtual events<br>- Access to Employee Assistance Programme and additional support package<br>- All staff members undertaken risk assessment with line managers, which is kept under review<br>- Participation in NHS People Pulse survey provides insight into staff well-being and changes over time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | None identified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | - Staff briefings are well attended.<br>- Staff access and participate in staff forum run events and the staff chat forum.<br>- Employee Assistance Programme usage data.<br>- People Pulse survey data.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | - Staff briefings are well attended, with most staff participating.<br>- Staff forum brief SMT regularly on key messages from staff.<br>- Risk assessments completed with all staff members.<br>- People Pulse survey data consistently positive about support provided to staff.<br>- Employee Assistance Programme survey shows valued by staff as source of support<br>- Staff Survey annual data demonstrated staff feel supported                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | None identified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  | New - Open |
| 1825 | 28/04/2021 | Quality | 9 (13x13) | 6 (13x12) | James Neale    | Penny Woodhead | There is a risk to patient safety, experience, the quality of care delivered by Local Care Direct (LCD) - the provider of Out of Hours GP Services via the West Yorkshire Urgent Care (WYUC) contract. This is due to the service receiving more referrals than originally anticipated (contracted for), resulting in a misalignment of capacity with demand.                                   | 1) Embargo of appointments (peak times) to promote availability for the most urgent cases.<br>2) 'Refusal of Disposition' Standard Operating Procedure (SOP) utilised within the service to close referrals where the patient does not accept the offered appointment. This releases clinical capacity within the service. Audits continue to ensure that patient safety is not compromised due to the implementations of the SOP.<br>3) 'Comfort calling' including 'worsening advice' provided by WYUC.<br>4) Safety netting and 'worsening advice' also provided by the referring agency (NHS 111)<br>5) Internal escalation - utilising OPEL - to manage actions according to misaligned capacity with demand. This incorporated linking with NHS 111.<br>6) Alteration to the indemnity scheme - resulting in lower premiums therefore potentially staff available to work for the service.<br>7) Revised workforce model within the LCD Hub to support MDT remote review of incoming referrals / calls.<br>8) Improved 'Rotafix' for the service<br>9) Quality Impact Assessment drafted for WY&H related to NHS 111 First pilot                                                                                                                              | 1) Potential future alterations to NHS Pathways are not managed by the service, such changes can alter the demand profile for the service. For example increase Dx11 referrals due to NHS Pathways updates. The impact of future potential changes is unknown.<br>2) The impact of COVID-19 has the potential to have an impact on the service both in terms of demand and available staffing (due to potential sickness and staff isolation).<br>3) Implementation of '111 First' (from 1.12.20) has the potential to increase overall referrals to the service.<br>4) Future demand profile due to COVID 19 remains unknown.                                                                                                                                                                                                                                                                                    | 1) QUALITY MONITORING<br>West Yorkshire Sub-Regional 999/111 Clinical Quality Meeting monitors quality concerns related to the service. Escalation is via the Joint Quality Board (JQB) or for contractual issues to the Contract Management Board (CMB).<br>Monitoring (via West Yorkshire Quality Meeting) includes:<br>Review of Incidents (and Serious Incidents)<br>Patient Satisfaction - Friends and Family Test, patient surveys.<br>Complaints - monitored and reported.<br>Care Quality Commission Visits / assessments - Rated GOOD in most recent inspection.<br>2) CONTRACTUAL MONITORING<br>Contract Management - the service will also be monitored via the new WYUC Contract Management Board.<br>Easter and Christmas plans are produced by the provider. Summary of capacity requirements linked with anticipated demand.<br>Demand and Performance - reported on a daily, weekly and monthly basis. | 1) Commissioner assurance visits - The outcome of commissioner visits is reported via the West Yorkshire 111 / 999 Quality Meeting. Further visit due September 2020 delayed due to COVID-19.<br>2) Incidents - stabilised within the service.<br>3) Patient Satisfaction - have remained high (also see 'gaps in assurance').<br>4) Christmas and New Year Period (2020) - call volumes were at the low levels compared to previous years.<br>5) Complaint levels remain below previous years levels.<br>6) CQC Report (May 2020) - all domains received a 'good' rating, with an overall 'good' rating.<br>7) Overall activity levels remain stable.<br>8) Improved 'Rotafix' supporting overall staffing stability.<br>9) Provider Audits completed post service changes in response to Covid-19 pandemic - Care Homes, Video Consultation and Home Visits, provided assurance of the safety of the revised model of operation.<br>10) Quarterly meetings with commissioners to review LCD organisational Risk Register. | 1) National Quality Requirement (NQR) performance (1,2,6hrs) remains challenged but improved YOY.<br>2) Potential varying referral activity as a result of cases of suspected Coronavirus.<br>3) Service User Feedback - surveying patients receiving face to face service was suspended due to social distancing requirements. However, LCD are investigating alternative ways to capture, and will report back to the WY Quality Group.<br>4) Commissioner assurance visits are postponed due to Covid-19.                                    |  |  | New - Open |
| 1823 | 28/04/2021 | Quality | 9 (13x13) | 3 (13x11) | Louise Horsley | Penny Woodhead | There is a risk that the CCG will not achieve the national ambition of reducing gram negative blood stream infections by 50% by 2023/24 due to the gaps identified in the key controls; resulting in a risk to population health and experience.                                                                                                                                                | 1. CKW E-coli blood stream infection reduction plan in place.<br>2. An Executive level lead for E-coli blood stream infections identified.<br>3. Implementation of PHE guidance on E-coli blood stream infections.<br>4. E-coli blood stream infection SystemOne and EMIS template developed and rolled out to primary care to capture risk factors and to update on National HCAI data capture system by community IPC team.<br>5. E-coli blood stream infection improvement plan review meeting 24th January 2019 with NHS Improvement and Health and Social Care partners across the CKW footprint.<br>6. Sepsis and Hydration is included in IPC Audit and Training for GP Practices and Care Homes.<br>7. CKW E.Coli BSI action plan shared with NHS Improvement in April 2019 to ensure there are no evident omissions in planned work across the Health & Social Care economy.<br>8. NHS Standard Contract included a target of reducing total antibiotic consumption by 1% from the 2018 baseline, by the end of Q4 2019/20.<br>9. Antimicrobial Stewardship included within the IPC Audit Tool for care homes.<br>10. Kirklees Lead Infection Prevention & Control Nurse is now a member of the NE and Yorkshire IPC Lead Nurses Forum chaired by NHS E/I. | 1. The E-coli reduction target for 20/21 and the number of cases per CCG was not set.<br>2. Whilst E coli BSI figures continue to be recorded and monitored, the IPC Team has paused the in-depth analysis of E.Coli BSIs due to prioritising local management of the Coronavirus Pandemic. The IPC team are currently unable to review all cases monthly and using the NHS terminology to categorise healthcare associated gram negative blood stream infections where they are detected (community or hospital) and their relationship to healthcare (healthcare vs non healthcare associated).<br>3. A significant number of the cases have no previous health or social care interventions making it difficult to understand the causes.<br>4. Confirmation of the Q4, 2019/20 position on reducing total antibiotic consumption by 1% from the 2018 baseline as stipulated within the NHS Standard Contract. | 1. CKW gram negative reduction plan.<br>2. An Executive level lead for E-coli blood stream infections identified.<br>3. Exceptions reported to Quality Committee in monthly performance report and through the routine Infection Prevention reporting noted in the Quality Committee work plan.<br>4. Monthly data from PHE mandatory enhanced surveillance system.<br>5. Standing item at monthly HCAI Operational Co-ordination Group<br>6. IPC lead is a member of AMR ICS (Integrated Care System) group.                                                                                                                                                                                                                                                                                                                                                                                                          | 1. 6 monthly IPC report to Quality Committee - last report received July 2020 by GH/NK Quality Committees in common.<br>2. IPC team will continue to undertake further analysis of cases to identify common themes for targeted interventions including benchmarking with peer CCGs once routine work can recommence.<br>3. SystemOne and EMIS template rolled out to primary care.<br>4. 16.9% reduction achieved in 2018/19 in E.Coli BSIs acknowledged by NHS England/NHS Improvement requested learning to be shared nationally. GHCCG was one of four CCGs nationally to have achieved a 10% reduction or greater.<br>5. AMR lead for NHS England/NHS Improvement following discussions 17 September 2019 acknowledged the work undertaken by the IPC team to collect data above that of PHE. Requested this was shared with the national AMR lead to help analysis.<br>6. IPC update provided for assurance received at the November 2020 Quality Committees in common.                                               | 1. Development of an approach to the post infection review processes across Health & Social Care to aid in delivery of improvements in GNBSI.<br>2. The IPC work programme has been temporarily suspended due to prioritisation work related to COVID-19. Business continuity plans continue to be active and the Kirklees/Wakefield IPC team continue to record and monitor all HCAI's. Whilst E.coli BSI figures are recorded and monitored, further detailed analysis and development of the associated action plans is currently suspended. |  |  | New - Open |
| 1814 | 13/04/2021 | Finance | 9 (13x13) | 4 (12x12) | Judith Clarke  | Martin Pursey  | There is a risk that the Posture and Mobility service will not achieve key performance indicators due to the high number of inherited referrals from the previous provider and subsequent prioritisation of urgent referrals as a result of the COVID-19 pandemic resulting in the high likelihood that the 18 week Referral to treatment pathway will not be met for those transferring cases. | a) Weekly calls have been held with the new provider whilst they are reviewing the backlog cases.<br>b) Contract / mobilisation meetings are being held with the Provider where updates on progress are provided.<br>c) The service has held two meet and greet sessions at the head office to provide an opportunity for clients and stakeholders to meet with the new Provider.<br>d) The Provider is prioritising urgent cases and those waiting the longest.<br>e) communications are in place so everyone is saying the same thing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Until all the clients on the waiting list have been assessed it is not clear what the overall financial impact will be to fulfil equipment requirements for these clients. Estimates so far are being provided on the high side as a precaution.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | a) Minutes are taken at each contract / mobilisation meeting and actions are followed up.<br>b) Monthly reporting to the Finance and Performance Committee.<br>c) The provider is undertaking a stakeholder mapping exercise to build relationships and help mitigate any complaints.<br>e) Comms and engagement options are being discussed with the provider and the CCG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | a) All participating CCGs are involved in this work.<br>d) The provider is providing regular updates to the CCGs on progress in working through the backlog and providing budget information for equipment requirements above the core contract.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | KPIs are currently not being achieved in respect of waiting times and delivery times (which was expected).                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  | New - Open |

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| 1848 | 04/05/2021 | Finance |  | 8 (12x14) | 4 (12x12) | Natalie Ackroyd    | Vicky Dutchburn     | There is a risk of under-achievement of 18 weeks performance within CHFT & MYHT (Incomplete referral to treatment (RTT)) at specialty level due to pressures caused by the pandemic resulting in breaches of patients' Constitutional right to access certain services within maximum waiting times.                                                                                                                                                                                                                                                                           | a) Joint approach to the safe restart of elective services, being clinically led by the Elective Improvement Groups within each trust, which reports to the respective Out Patient Transformation Boards and the respective Strategic Oversight Board<br>b) Joint (GP, Consultant) clinical reviews of patients waiting over 22 weeks<br>c) Joint work between CCGs, CHFT and Independent sector to ensure we maximise all available capacity<br>d) Joint work between CCGs, MYHT and Independent sector to ensure we maximise all available capacity                                                                                                                                                                                                                                                                                                                                                                                                            | a) Sufficient capacity available to deliver on reset / planning activity expectations<br>b) Ability to effectively communicate and support all patients on waiting list in line with reset / planning expectations<br>c) Formal agreement of approach to gathering thematic views of patient harm                                                                                                                                                                                             | a) System have agreed joint principles and priorities to underpin reset work<br>b) CCG Reset plan held by SMT and progress shared with FPC<br>c) 18 weeks performance is reported to FPC<br>d) Notes of Out Patient Transformation Boards and Joint Strategic Oversight Board to be considered at FPC                                                                                                                                                                                                                                                                                                                                                                                  | a) Joint meetings locally and with West Yorkshire to ensure an aligned approach to planning submissions<br>b) New joint communications groups established to oversee messaging to patients and system.<br>c) Joint approach to the roll-out of referral support systems to support minimum data sets for referrals, to support effective clinical assessment and triage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | a) CCGs and GPs remain fully sighted on progress and issues given the pace of the work                                                                                                                                                       |  |  | New - Open |
| 1847 | 04/05/2021 | Finance |  | 8 (12x14) | 6 (13x12) | Natalie Ackroyd    | Vicky Dutchburn     | There is a risk that the CCG will fail to achieve both local and the national performance standards (set out in the NHS constitution), due to the impact of the national covid-19 pandemic & the NHS E directive to stop all non-essential services & elective procedures, resulting in a negative provider performance, patient experience & outcomes.                                                                                                                                                                                                                        | Acute based planned care & urgent care groups, to discuss performance & impact monthly<br>Routine operational & tactical discussion on a Daily & weekly basis between senior SMT managers & Clinicians<br>Updates provided to SMT Gold<br><br>July 2020 NHS E are reviewing the measurable standards that will be reportable by providers/CCGs September 2020 - that Both MYHT & CHFT have developed revised trajectories as per the national planning submission requirements phase 3 letter<br><br>Planning Guidance now published - DRAFT plans submitted                                                                                                                                                                                                                                                                                                                                                                                                     | DRAFT plans to meet criteria in guidance - plans being refined between DRFAT and FINAL submission                                                                                                                                                                                                                                                                                                                                                                                             | Monthly reports to FPC & GB<br>Risk register review by FPC & GB<br>Commissioner / provider task & Finish groups<br><br>Acute - multi partner meetings to discuss stopping & restart of service<br>regional NHS E/ world café session to plan & review stabilisation & rest<br><br>July 2020 - an agreed number of specialty areas are reopen for referrals - jointly agreed between providers & CCG<br><br>September 2020 - weekly planning meetings with NHS E/<br>Place based discussion & validation of the plans<br><br>April 2021 - Planning priorities agreed for 21/22                                                                                                          | All controls in place during Covid-19<br>Weekly meetings in place across WY&H ICS, with NHS E, Commissioners & providers<br><br>July 2020 - due to referrals reopening this will provide more accurate standard reporting from July 2020<br><br>September 2020 - Plans submitted in line with NHS E/ timeline<br><br>November 2020 - Whole Place Assurance Visit from NHS England to validate priorities<br><br>May 2021 - Plans (DRAFT) submitted to ICS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | N/A at this time                                                                                                                                                                                                                             |  |  | New - Open |
| 1842 | 03/05/2021 | Quality |  | 8 (12x14) | 4 (11x14) | Lindsay Greenhalgh | Penny Woodhead      | "There is currently no agreed pathway for retinal monitoring which is compliant with the Royal College of Ophthalmologists screening recommendations from February 2018, resulting in a risk that patients receiving the medicine hydroxychloroquine will develop irreversible retinopathy resulting in permanent reduction or loss of sight which is not detected through standard sight tests available from Optometrists.<br>There is a reputational risk to the CCG as a commissioner from a lack of assurance that suitable retinal monitoring is available to patients " | A pathway for monitoring patients for hydroxychloroquine retinopathy has been developed and agreed for the WY&H Care Partnership.<br><br>July 2020 NHS E are reviewing the measurable standards that will be reportable by providers/CCGs September 2020 - that Both MYHT & CHFT have developed revised trajectories as per the national planning submission requirements phase 3 letter<br><br>Planning Guidance now published - DRAFT plans submitted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | "No service agreement currently in place in Kirklees for the provision of suitable retinal monitoring for this patient group.<br>Patients are not currently receiving the monitoring required to detect retinopathy                                                                                                                                                                                                                                                                           | The hydroxychloroquine pathway has been agreed at the Joint Committee of the WYHCP in November 2019.<br>The pathway is being reviewed locally to look to identify patient numbers esp for those who are past 5 years of treatment                                                                                                                                                                                                                                                                                                                                                                                                                                                      | The pathway has now been agreed and the Improving Planned Care Programme is working with its partner organisations across eye care services to consider the various options for delivering this service following the implementation of the new pathway and policy across the region within the next three years.<br><a href="https://www.wyhpартnership.co.uk/news-and-blog/news/monitoring-people-who-take-hydroxychloroquine-or-chloroquine-help-prevent-avoidable-sight-loss">https://www.wyhpартnership.co.uk/news-and-blog/news/monitoring-people-who-take-hydroxychloroquine-or-chloroquine-help-prevent-avoidable-sight-loss</a>                                                                                                                                                                                                                                                                                                                                                                                         | Need to identify the patient groups who would be a priority- starting with patients on treatment over 5 years/                                                                                                                               |  |  | New - Open |
| 1816 | 15/04/2021 | Finance |  | 8 (14x12) | 8 (14x12) | Jen Mulcahy        | Alison Needham      | There is a risk that the allocated funding is not secured due to the Full Business Case (FBC) not being approved by Her Majesty's Treasury, resulting in an inability to implement the transformational changes required to address the Financial and Quality and Safety case for change and failure to deliver improved patient experience, better clinical outcomes and overall system financial sustainability.                                                                                                                                                             | The response to the Secretary of State in August 2018 requires a new Strategic Outline case (SOC), Outline Business Case (OBC) and FBC to be produced.<br>Partnership transformation Board (PTB) established, supported by a System Recovery Group. One of PTB's responsibilities is delivery of System Financial Sustainability.<br>A series of Round Table meetings has been established.<br>DHSC has re-introduced the Gateway process and this will be applied to this programme                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | The planning timeline to approval decision regarding the FBC has been extended as a consequence of Covid-19.<br>The arrangements for System Recovery have been suspended pending clarity on planning guidance.<br>The approval of Planning Permission is a Council Decision                                                                                                                                                                                                                   | The JHSC has considered the engagement next steps and the report of findings from the Travel and Transport Working Group on 18th October.<br>Internal and external Stakeholder events to identify design principles were completed in Nov and Dec, 2019.<br>NHSE has agreed to progress direct to FBC for HRI.<br>The JHSC met in March 2021 and was updated on: the reconfiguration programme timeline; the actions taken to involve members of the public and colleagues to inform the proposed development plans for CRH and HRI; a summary of the current proposed development plans; the next steps for public involvement to provide feedback on the proposed development plans. | In January 2020 DHSC and NHSE/ confirmed approval of the Strategic Outline Case (SOC) for the Reconfiguration of Hospital Services at CHFT.<br>A Design Brief to inform the future construction schemes at CRH and HRI has been published on CHFT's Website. Engagement is ongoing in relation to production of a more detailed Design Brief<br>The Secretary of State has awarded £197m subject to a successful FBC<br>Engagement with External contractors commenced in parallel with Stakeholder engagement to maintain overall end dates for HRI and CRH                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | The requirements of the Gateway process are still being established.<br>The Statement of Involvement to support Planning Permission has not yet been produced by CHFT.                                                                       |  |  | New - Open |
| 1813 | 09/04/2021 | Quality |  | 8 (14x12) | 4 (14x11) | Susan Savage       | Penny Woodhead      | There is a risk to patient safety and experience<br>Due to specific concerns about quality of care for patients<br>Resulting in care at the Mid Yorkshire Hospitals Trust continuing to be rated by the CQC as 'requires improvement', with 'good' for Caring and Effective                                                                                                                                                                                                                                                                                                    | * CQC inspection undertaken in June/July 2018 - overall Trust rating remains unchanged as 'requires improvement', however the Trust level rating against the Effective domain improved to 'good'<br>* Joint Strategic Oversight Board (JSOB) established in 2020 to replace MYSEG<br>* Maternity Strategy Board established - October 2019 - with CCG representation is now the Maternity Quality Surveillance Group in response to the Ockenden Review<br>* MYHT quality measures reported through quarterly Patient Safety & Outcomes report<br>* CQC action plan addresses the must and should do actions<br>* CCG attendance at MYHT Quality Committee<br>* Nurse and midwifery governance framework identifies when focused improvement work on specific wards is required<br>* A full review of all open and closed CQC action plans has been undertaken to evaluate the impact of the pandemic on compliance against the outcomes of the 57 action plans. | * Monthly patient safety walkabouts (PSWs) to MYHT sites suspended due to Covid-19 pandemic - a proposal to join the Trust's ward accreditation visits is being drafted<br>* The demands and impact of the pandemic have reduced the pace at which the action plans are being delivered and for a number of plans, the pandemic has created new challenges to compliance (e.g. impact of TTI on staffing levels, social distancing and cleaning limits capacity to clear outpatient backlog). | * CQC inspection report published in December 2018<br>* Presentation to Quality Committee and Governing Body on CQC findings<br>* Monthly MYSEG meetings until March 2020 - replaced by JSOB from summer 2020<br>* Quality risks included in quarterly Patient Safety & Outcomes report<br>* Progress with CQC action plan presented to QPGC in two monthly CQC report<br>* Good engagement between MYHT and CQC during coronavirus pandemic<br>* The Trust has responded to the CQC's Transitional Monitoring Approach (TMA) questions and an engagement meeting was held with the CQC on 18 March 2021.                                                                              | * CQC action plan report (March 2021) confirmed that 86% of action plans remain completed - detailed actions in place for remaining 2 actions assigned a Red status - commissioners are assured that the relevant groups/committees are sighted on the concerns to delivery and progress is being closely monitored through the executive lead.<br>* Notable improvement in the ratings for medical care core services at Pinderfields and Dewsbury - now rated as 'good' (previously 'inadequate' and 'requires improvement' respectively).<br>* The CQC did not issue any warning notices or enforcement action to the Trust<br>* 70% of ratings now 'good' or 'outstanding' compared to 42.5% in 2014<br>* CQC highlighted notable shift in organisational culture, and strong visible effective leadership<br>* Agreed with NHSE/ at Quality Surveillance Group that formal Quality Review meeting not required (January 2019)<br>* Number of actions with significant concern to delivery has decreased since December 2019 | * Risk to completion of actions related to RTT and reducing outpatient backlog due to elective activity pause and requirements for social distancing and enhanced cleaning during the pandemic<br>* Outcome of CQC's TMA submission awaited. |  |  | New - Open |
| 1849 | 04/05/2021 | Finance |  | 5 (13x12) | 4 (12x12) | Natalie Ackroyd    | Vicky Dutchburn     | There is a risk that we will not be able to meet the 2021/22 national Transforming Care trajectories due to<br>1. to lack of funding in the system to develop new models of care<br>2. lack of workforce capacity and capabilities<br>3. inadequate accommodation provision<br><br>This will result in the delayed discharge of people currently in an inpatient bed due to there not being the right provision and the right support to put in place within a community setting.                                                                                              | 2021/22 reducing trajectories agreed- local processes established to progress planned discharges<br><br>The west Yorkshire TCP are working with local Transforming Care Partnerships on solutions to develop provision for complex patients.<br><br>Specialised Commissioning to work collaboratively with TCPs on developing a strategy aligned to the STP footprints to develop a specialist outreach service for people stepping out of secure services.<br><br>Joint work with Kirklees council re developments included within strategic housing plan<br><br>Work group & Plan is reviewed monthly transitions planned for through-out 21/22                                                                                                                                                                                                                                                                                                                | Robust financial modelling to determine affordability of future provision.<br><br>Cost of Y&H collaborative commissioning related to autism, personality disorders and forensic needs still to be determined.                                                                                                                                                                                                                                                                                 | This programme is being overseen by a complex governance structure including the following committees/groups and milestone reports, highlight reports or exception reporting will feed into the following<br>Quality and Safety<br>Finance and Performance<br>Health and Wellbeing Board<br>Health overview & scrutiny committees<br>LD Partnership Board<br>WY TCP programme Board<br>NHS Regional Team<br>NHS National Team                                                                                                                                                                                                                                                          | NHS England RAG rating process put in place at CKWB TCP & WY TCP level, these will be RAG rated on a monthly basis. Current WYTCP RAG rating is Amber.<br><br>Local 2021/22 trajectories submitted to NHS E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | None                                                                                                                                                                                                                                         |  |  | New - Open |
| 1839 | 30/04/2021 | Quality |  | 5 (12x13) | 4 (12x12) | Jan Giles          | Catherine Wormstone | There is a risk to the continuation of the extended access service in the Greater Huddersfield area, currently jointly provided by My Health Huddersfield (MHH) and Local Care Direct due to the departure of a number of MHH directors and staff, resulting in the satellite element of the service not being able to continue                                                                                                                                                                                                                                                | 1) Monthly contract meetings with LCD/MHH<br>2) Quarterly interface meetings with MHH and LMC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Minutes of contract review meetings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Activity for the extended access service in the Huddersfield area remains online with commissioned activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Future strategic plans for MHH                                                                                                                                                                                                               |  |  | New - Open |

|      |            |         |  |           |  |           |                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                       |  |  |  |            |
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| 1822 | 27/04/2021 | Finance |  | 5 (13x12) |  | 3 (13x11) | Caroline Squires | Laura Ellis     | There is a risk of confidential personal data and commercially sensitive information being sent by email to an incorrect recipient or recipients, resulting in a breach of confidentiality and potential damage and distress to individuals, reputational damage to the organisation and regulatory action under data protection legislation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1. NHS Mail supportive features: employing organisation detailed when picking from Address Book, additional details in 'Contact Card' to verify identity, Address Book filter by organisation.<br>2. Guidance included within 'Effective Use of Emails' guidance, part of NHS Mail user guidance on computer desktops as part of NHSMail implementation.<br>3. Annual Data Security training of all CCG staff.<br>4. Staff awareness of the risk via policy level messages (e-communications and social media policy), IG staff handbook, bespoke communications to staff.<br>5. Data flow mapping and mitigation of any risks, by IAOs                                                                                                                                                                                       | 1. Programme of ongoing awareness to ensure all staff remain sighted on the risk.                                                                                                                                                                                                                                                                                         | 1. Monitoring of incident patterns and trends via the twice yearly Incident and Near Miss Process Reviews.<br>2. Monitoring of incidents reported via the Integrated Governance Report to Audit Committee.                                                              | 1. No serious incidents relating to confidential personal data and commercially sensitive information being sent by email to an incorrect recipient or recipients reported to the Information Commissioners Office.<br><br>2. Ongoing awareness to ensure all staff remain sighted on the risk e.g. Learning Lessons from email incidents infographic issued to staff in October 2020.                                                                 | None identified at this time.                                                                                                         |  |  |  | New - Open |
| 1821 | 26/04/2021 | Finance |  | 5 (13x12) |  | 3 (13x11) | Caroline Squires | Laura Ellis     | There is a risk of staff being the target of, and being manipulated into responding to, social engineering fraud, including phishing campaigns, resulting in the compromise of sensitive information such as user names, passwords, banking details, confidential personal information of staff and patients, unauthorised access to the computer network and its systems including introduction of viruses and worms.                                                                                                                                                                                                                                                                                                                                                                                                               | 1. Outsourced IM&T Service (THIS). SLA in place. Dedicated THIS Information Security/Cyber Security Team. Wide range of technical, procedural and organisation controls in place, managed by THIS - across the Cabinet Office 10 areas of cyber security.<br>2. Blocking of SPAM emails.<br>3. Counter Fraud service provision to the CCGs<br>4. Minimum annual Data Security training of all CCG staff (includes cyber security awareness).<br>5. Responsive awareness (via Counter Fraud, THIS and CCG) raising staff awareness of threats and incidents.<br>6. NHS Cyber Security CareCERT Alert system, delivering timely Cyber alerts to CCG and THIS contacts.<br>7. Undertaken 'exercise in a box' test exercise in Feb 2021. Findings report and actions identified with action owners and timescales for completion. | 1. Actions identified from the 'exercise in a box' test exercise undertaken Feb 2021. Actions/recommendations identified within resultant report, including optimisation and continuation of staff education in social engineering and phishing fraud. Action owners and timescales for completion identified.                                                            | 1. Contract with THIS, including the provision of information security (including cyber security) expertise and controls.<br>2. Annual Data Security and Protection Toolkit self-assessment submission with annual Internal Audit assurance.                            | 1. No successful cyber-attacks, hacks or data breaches resulting in financial loss, disruption or damage to the reputation of the CCG from some form of failure in technical, procedural or organisational information security controls.<br>2. Exercise in a Box table top exercise undertaken in February 2020 and February 2021 by group of four CCGs, with focus on phishing.<br>3. Board level cyber security training held on 23rd January 2019. | Current lack of assurance in how individuals respond to social engineering fraud, including phishing campaigns.                       |  |  |  | New - Open |
| 1811 | 08/04/2021 | Quality |  | 5 (13x12) |  | 4 (12x12) | Stacey Gibson    | Penny Woodhead  | There is a risk that the CHC Team will not meet the NHSE target of completion of CHC eligibility assessments in 28 days due to staffing numbers and the re-introduction of CHC new assessments and prioritised backlog resulting in a requirement for the CHC Team to develop and maintain an action plan to reach target, and a delay in individuals receiving confirmation of their eligibility.                                                                                                                                                                                                                                                                                                                                                                                                                                   | Request all SWs submitting a Checklist to supply their availability at point of referral for the 2 week following to allow for 2 weeks to complete decision making.<br>Inclusion of new agency staff to backfill vacancies into the 28 day team                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SWs not always providing availability<br>Recruitment challenges given wider NHS position and Covid impact.                                                                                                                                                                                                                                                                | Senior Managers in ASC pushing for SWs to provide availability or allow DST to continue without SW presence. The CHC Team has increased in size of clinical team to support activity. Alert added to 28 day tracker is in development to alert to the risk of breaches. | Fortnightly meetings with ASC Heads of Service for assurance.<br>Feedback given on receipt of every Checklist without availability.                                                                                                                                                                                                                                                                                                                    | Messages passing to the whole of the CHC and ASC teams can be problematic, but picked up regularly on fortnightly calls with ASC HOs. |  |  |  | New - Open |
| 1841 | 01/05/2021 | Finance |  | 4 (12x12) |  | 2 (12x11) | Fiona Henderson  | Vicky Dutchburn | There is a risk of the CCG incurring an audit fee with a minimum value of £15,000 if any of the CCGs which are signatories as joint data controllers to the West Yorkshire Commissioning Data Set Data Sharing agreement (DSA) with NHS Digital (NHSD) are audited in relation to the DSA and fail the audit.<br>The risk exists in relation to all DSAs with NHSD, however, this DSA involves Four other CCGs in addition to Kirklees CCG and in line with the increased number of organisations associated with the DSA there is an increased risk to the CCG of an organisation failing an associated NHS Digital audit resulting in the CCG incurring a "fee" estimated at a minimum of £15,000.<br>(If any organisation associated with the DSA is deemed by NHSD to have breached it, all CCGs are subject to the same "fee".) | 1. All CCGs listed as Data controllers on the DSAs described above are signatories to the Data Sharing Framework Contract.<br>2. An information sharing agreement is being developed between the CCGs associated the Cross CCG Data Sharing Agreement.<br>3. All Data Controllers and Data Processors associated the agreements are subject to taking an annual Data Security and Protection Toolkit Self Assessment.<br>4. Further to point 3, all NHS organisations associated the DSAs are subject to annual internal audits in relation to their Data Protection and Security Toolkits<br>5. All the organisations associated the DSAs are registered with the Information Commissioners Office.                                                                                                                          | 1. Ensuring compliance of staff to all terms and conditions of the DSAs, internally we can take action in relation to training to address this, for external organisations we are reliant upon their assurances.                                                                                                                                                          | In relation to the compliance of Kirklees CCG staff, training will be conducted with staff to supplement and build on the mandatory IG training.                                                                                                                        | Senior BI Manager works closely with IG Colleagues to ensure full understanding of the DSAs and works with BI team to develop staff knowledge, awareness and therefor compliance.<br>Copies of the DSAs are shared with all Data Processors and they are asked to confirm that they understand and can comply with the requirements of them.                                                                                                           | In relation to the compliance of staff of CCGs other than Kirklees CCG we are reliant upon their assurances                           |  |  |  | New - Open |
| 1855 | 13/05/2021 | Quality |  | 2 (12x11) |  | 2 (12x11) | Siobhan Jones    | Penny Woodhead  | There is a risk that the CCG website is not compliant with the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018. Due to content and/or documents published on the website not being compliant with the relevant Web Content Accessibility Standard (WCAG 2.1 AA), which is the minimum requirement for sites accessible to users with visual impairments or who rely on screen reading software.<br>Resulting in the possibility that the CCG could be subject to enforcement action by the Equalities and Human Rights Commission (EHRC) or the subject of complaints by site users.                                                                                                                                                                                                  | The website has been developed in line with the required standards.<br>We have developed a minimum publication standard, checklist and editor guidance to support the development of accessible documents.<br>Governance team have developed accessible template and guidance for CCG meeting papers.<br>All staff publishing documents on the site are required to undergo training.<br>All staff publishing documents on the site are required to comply with the minimum standard and complete a checklist to provide assurance that their content is accessible.<br>Web pages are subject to regular audit and testing in line with requirements/ best practice guidance.                                                                                                                                                 | CCG has published a range of non-accessible documents on a repository site, which is still publicly accessible. It is well signposted as containing non-accessible content. Site users may also request these documents in an accessible format.<br><br>Communications team is working with document owners to agree a process for converting or archiving this material. | The new website will be subject to regular audit and testing in line with requirements/ best practice guidance.                                                                                                                                                         | Frequent audit of individual pages as they are updated to ensure compliance and fix any issues identified.                                                                                                                                                                                                                                                                                                                                             | None                                                                                                                                  |  |  |  | New - Open |
| 1830 | 30/04/2021 | Finance |  | 1 (11x11) |  | 1 (11x11) | Rob Willis       | Ian Currell     | There is a risk that the CCG could be subject to fraud due to the actions of third party malicious activity compromising staff and work processes or due to staff fraud in the course of their work responsibilities resulting in financial loss and / or reputational damage to the CCG.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Local Counter Fraud Specialist (LCFS) support is commissioned by the CCG to provide advice and training and expertise.<br>An annual plan is agreed and is monitored by the Audit Committee.<br>Mandatory annual staff and Governing Body training on fraud and corruption is undertaken.<br>Fraud advice line is available to staff.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Fraud risk assessments assessments are reviewed by the Audit Committee to ensure adequate awareness and training.<br>NFI exercise completed annually by the CCG.<br>Circulation of fraud alerts across the finance team as appropriate.<br>Invitation of LCFS specialist to occasional team meetings to provide formal and informal fraud awareness.                      | Incidents alerted to LCFS<br>LCFS workplan in place<br>Whistleblowing policy in place<br>Lead Director identified                                                                                                                                                       | All incidents are reported and reviewed by the Audit Committee<br>LCFS Plan monitored by the Audit Committee<br>Risk assessment presented to the Audit Committee<br>Regular Meetings with Director and LCFS Specialist<br>Fraud Alerts are sent to CCG by local LCFS specialist                                                                                                                                                                        | None identified<br>Limited instances of fraud reported historically                                                                   |  |  |  | New - Open |

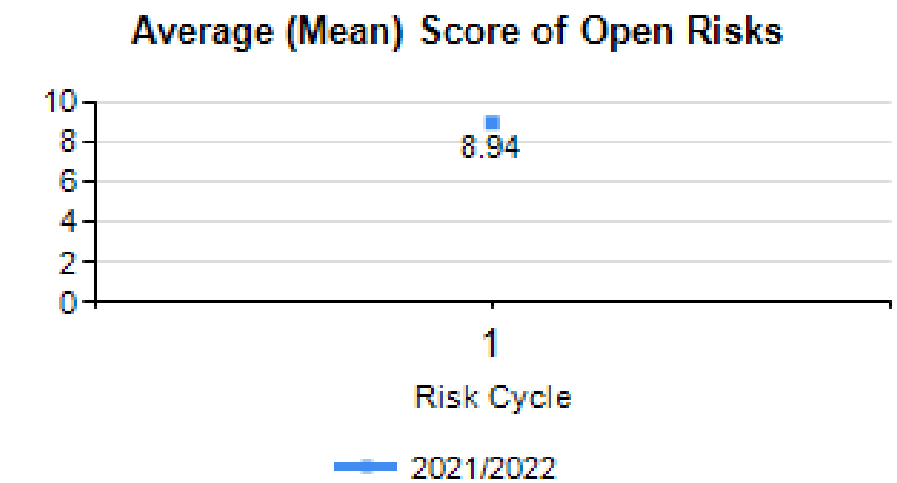
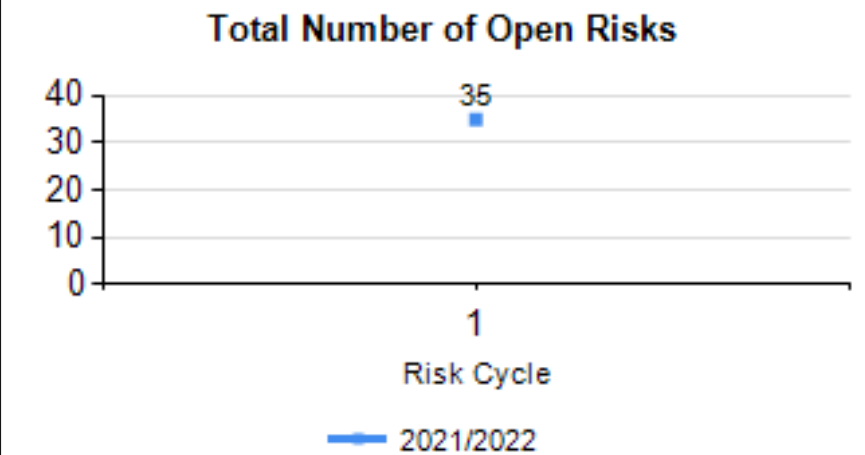
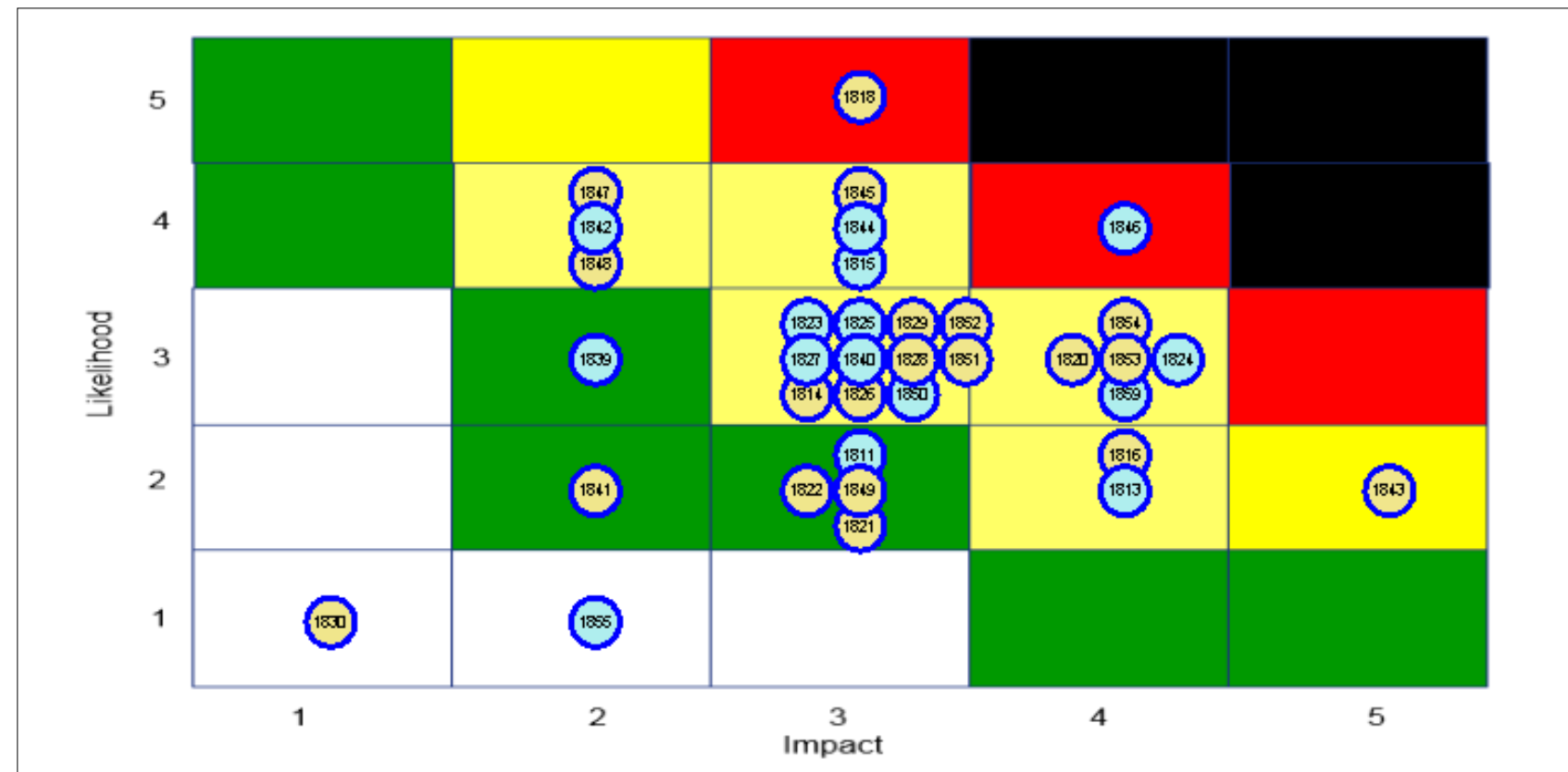
Risk Cycle 1: April – June 2021

# Kirklees Clinical Commissioning Group Risk on a Page Report for Governing Body – 9 June 2021

Appendix 2

|                  |                    |                    |    |                       |   |
|------------------|--------------------|--------------------|----|-----------------------|---|
| Total Risks      | 35 (35 open risks) | Movement of Risks  |    | Risk Score Increasing | 0 |
| Fin, Perf & Cont | 20 (20 open risks) | New                | 35 | Risk Score Static     | 0 |
| Quality          | 15 (15 open risks) | Marked for Closure | 0  | Risk Score Decreasing | 0 |

## Risk Overview



**Static Risk Scores**  
No Data Available

## Key

Fin, Perf & Cont Risk  
Quality Risk

New Risk  
Closed Risk

Risk Score Increasing  
Risk Score Decreasing  
Risk Score Static

| Score | Risk Level    |
|-------|---------------|
| 1-3   | Low risk      |
| 4-6   | Moderate risk |
| 8-12  | High risk     |
| 15-16 | Serious risk  |
| 20-25 | Critical risk |

## Static Risk Descriptions in this Cycle

As this is the first cycle of a new risk register, there are obviously no static risk descriptions.



## 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     |
|-----------------------------------------------------|-----------------------------------------------------------|--------|--------|--------|--------|--------|--------|--------------|
| <b>Quality and Safety</b>                           |                                                           |        |        |        |        |        |        |              |
| 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      | -      | -      | -            |
| <b>Finance, Performance and Contracting</b>         |                                                           |        |        |        |        |        |        |              |
| 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      | -      | -      | -      | -            |
| <b>Commissioning/Transformation/Strategic Plans</b> |                                                           |        |        |        |        |        |        |              |
| 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         |
|----------------------------------------|---------------------------------------------------------------------|--------|--------|--------|--------|--------|--------|------------------|
| <b>Primary Care</b>                    |                                                                     |        |        |        |        |        |        |                  |
| 17                                     | Primary Care/Localities Update                                      | -      | -      | x      | -      | -      | x      | -                |
| <b>Audit, Corporate and Governance</b> |                                                                     |        |        |        |        |        |        |                  |
| 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      | -      | -      | -      | -      | -      | And as required. |
| 31                                     | Governing Body Recruitment/Appointments                             | x      | -      | -      | -      | -      | -      | And as required. |



Contact Officer: Jenny Bryce-Chan

**KIRKLEES COUNCIL  
HEALTH AND WELLBEING BOARD**

**Thursday 26 November 2020**

Present: Councillor Viv Kendrick (Chair)  
Cllr Musarrat Khan  
Councillor Carole Pattison  
Councillor Mark Thompson  
Councillor Kath Pinnock  
Carol Mckenna  
Dr Steve Ollerton  
Dr Naeem Khalid  
Helen Hunter

In attendance: Catherine Riley, Assistant Director of Strategic Planning  
Calderdale and Huddersfield NHS Foundation Trust  
Emily Parry-Harries, Consultant in Public Health, Head of  
Public Health Policy, Kirklees Council  
Richard Mellor, Locala  
Tim Breedon, Deputy Chief Executive South West  
Yorkshire Partnership NHS Foundation Trust  
Matt England, Associate Director of Planning and  
Partnerships Mid Yorkshire Hospitals NHS Trust  
Diane McKerracher, Chair, Locala  
Phil Longworth, Senior Manager, Integrated Support,  
Kirklees Council  
Mary White, Commissioning and Partnership Manager  
Tom Brailsford, Service Director, Resources, Improvement and  
Partnership  
Jo-Anne Sanders, Service Director, Learning and Early Support

**Membership of the Board/Apologies**

Apologies were received from the following Board members Richard Parry, Jacqui Gedman, Mel Meggs, Rachel Spencer-Henshall and Karen Jackson.

Emily Parry-Harries attended as sub for Rachel Spencer-Henshall, Richard Mellor attended as sub for Karen Jackson and Tom Brailsford attended as sub for Mel Meggs.

**Minutes of previous meeting**

That the minutes of the meeting held on the 17 September 2020 be approved as a correct record subject to a) the correction of spelling of an attendee's name, b) that a board members apology be noted and c) a grammatical correction.

**Interests**

No Interests were declared.

**Admission of the Public**

All agenda items were considered in public session.

**Deputations/Petitions**

No deputations or petitions were received.

**Questions by members of the Public (Written Questions)**

No written questions were received.

**Covid-19 update**

The Board received an update on the current position regarding Covid-19 in Kirklees. The Board was informed that the information being presented is data up to the 24 November 2020 and, confirmed cases up to the 18 November 2020. In summary, the Board was advised that:

- Covid-19 admissions in the latest week are lower than the previous three weeks which is a positive direction of travel and this applies to both Calderdale and Huddersfield Foundation Trust (CHFT) and Mid Yorkshire NHS Hospital Trust
- The weekly cases of Covid-19 being reported have also fallen in the previous week. The week commencing 5 November there were 2,580 cases and week commencing 12 November there were 2,103
- The weekly rate in Kirklees is 478.2 per 100,00, which ranked Kirklees as fifth in the country and the highest rate per 100,00 in the West Yorkshire local authorities. The important issue to note from the rate is that it is decreasing, and the level of decrease is fairly steep
- It is highly likely that Kirklees will go into tier 3. The legislation that relates to the specific content of those tiers is being read in parliament today and the legislation will be received overnight. Tier 3 authorities will look similar to how they were prior to the national lockdown and will come into effect at midnight on the 2 December 2020

The Board was informed that in respect of the vaccination programme, the government has asked the NHS to be ready to deliver a Covid-19 vaccination programme as soon as one becomes available. In West Yorkshire, planning and delivery is being carried out by teams in Kirklees, Bradford and Craven, Calderdale, Leeds, Wakefield and Leeds teaching hospitals NHS Trust is co-ordinating this work.

Working to the guidelines set out by the Joint Committee on Vaccinations and Immunisations, all aspects of the vaccines are being considered including, who will administer it, where it will be provided from and the logistics, how accurate and useful information will be provided to people about the vaccines that they are about to receive and how to ensure that the vaccine is accessible to everyone within local communities.

The Board was informed that while there has been a lot of speculation in the press about the vaccine becoming available, as of today, there is still not yet a confirmed vaccination, although extensive planning is underway for a number of different scenarios. The aim will be to build on the models in place for the delivery of the flu vaccine.

The current guidelines are that the first priority groups for receiving the vaccine will be care home residents and staff, health and social care staff and people over 80. The aim is to plan for this to start at the beginning of December, however it is likely that this will start during the second week of December. The vaccine will have to undergo strict clinical trials and will have to be approved for use by the independent regulator before it is rolled out.

Patients are being asked not to contact their GP practices for information about the vaccine, as GPs currently do not have any further information available and it will just block the primary care phone lines.

The Board was informed that plans are also being put in place for a population roll out of testing, using the lateral flow tests to start within the next couple of weeks. There is currently a great deal of work being undertaken.

## **RESOLVED**

### **Community Engagement during Covid-19**

Helen Hunter, Chief Executive, Healthwatch Kirklees and Healthwatch Calderdale updated the Board on the Covid-19 engagement work that Healthwatch Kirklees has been delivering. The Board was informed that the information being presented was to, share key learning from the engagement work, talk through the next steps, and ask the Board to consider how it can make use of the engagement findings.

In summary, the Board was informed that Healthwatch Kirklees' response to the pandemic has been:

- Providing clear and up to date communications about Covid-19 and all related topics. At the start of the pandemic, Healthwatch's role was to provide clear and up to date information not only about the national messages but also about what was available to people locally. A frequently asked questions section was created on Healthwatch's website which was well visited.
- Involvement in the community effort and supporting local residents. Staff were involved in the community effort and volunteered in Kirklees.
- Working with the seldom heard. A telephone befriending service was started for people, particularly those with additional vulnerabilities who may have been isolated. For example, people with drug and alcohol problems and learning disabilities. The aim was to try and reduce some of their social isolation.

The core Healthwatch work is to amplify the voice of the general public, particularly focusing on those who might face the greatest inequalities, to try and influence health and care delivery. A major piece of engagement work, over a three-month period was undertaken. This was launched at the end of May and aimed to capture people's lived experience of accessing health and care services through the pandemic. The work was developed with partners in Calderdale and replicated in Kirklees. There were three key elements to that piece of work:

- Health and care experience survey – for staff, service users and carers, including questions about what it has been like to access health and care during the pandemic
- Story telling tools – people have been doing things in such creative ways across this time, and it was important to encourage people to talk about their lived experience of this period in whatever way suited them
- Information, signposting and advocacy summaries – people who have sought the support of Healthwatch have had their stories summarised in monthly reports

The survey closed on 31st August 2020 and the information was brought together and analysed through a data management system with 696 survey responses, 36 staff responses and 36 stories.

The outcome of the work produced five key themes as follows:

- Access to service
- Digital access
- Communication
- Quality of care
- Cleanliness, hygiene, and infection control

The Board was informed that it is important to note that there was a balance of the feedback in almost every area of the information heard and it is important to reflect both sides of the feedback. For example, access to service be that face to face, over the telephone or online some people felt that they had had a significant improvement in their access particularly to GP services. There were, however, some people who found it more challenging not being able to see someone face to face.

The Board was informed that this is not the end of the Covid work as there are 4 other key areas of focus for example work with BAME communities and to gather the voice of people residing in care homes. There is an awareness of the disproportionate impact on people with disabilities and long-term conditions in terms of delays in care certainly and Healthwatch are keen to work with those groups. Accessing dental care is also another important area that people are talking to Healthwatch about.

## RESOLVED

That the Board support Healthwatch Kirklees to develop a comprehensive picture of engagement in Kirklees during the Covid-19 pandemic

### Kirklees Children and Young People's Plan - November 2020 Updates

Mary White, Commissioning and Partnership Manager, provided the Board with an update on the Children's and Young Peoples Plan reminding the Board that In November 2019, the Health & Wellbeing Board agreed to take responsibility for providing governance and oversight of three new Children and Young People's Plan priorities and agreed a format to do so.

The Board was informed that while there is no longer a statutory requirement to produce a Children and Young People's Plan, there is consensus that a Plan provides a collective focus and clarity about priorities to be championed and addressed across the Partnership.

Work with the new Children and Young People's Partnership has focussed on assessing intelligence and insight from a range of sources to agree priorities. (e.g. KJSA, Year 9 Health Survey, Community Hubs' insight; young people's voice and influence work and commentary; service key performance data on outcomes for the child population and for specific vulnerable groups.

There are a range of things that are a priority for young people in Kirklees, however for the purposes of the partnership the agreed priorities are those that require a whole system to respond to, and that require all of the organisations whether they are statutory, voluntary or community to play a part in delivering the outcomes.

The three chosen priorities after consulting with young people are:

- **Reducing the effects of poverty on children** – at the same time as the children and young people's partnership was wanting to do some work to reduce the effects of poverty on children, there was another piece of work that was being undertaken to revisit the tackling poverty strategy in Kirklees. It was felt that rather than creating two separate work streams it would be better to combine those two pieces of work into the new tackling poverty partnership and action plan, and develop some specific actions around children and young people
- **Improving inclusion and outcomes for LGBT plus children and young people** – this was chosen as a priority because nationally and locally, evidence shows that LGBT young people face additional barriers to achieving their potential and may experience more fear and discrimination
- **Growing our youth offer of places to go, things to do and people to see for children and young people** – one of the impacts of austerity was a reduction in the amount of funding opportunities for youth work with children and young people. In Kirklees, there was a significant reduction in the

amount of youth work and there was no longer an inhouse youth service. Once a statutory provision is taken out, it reduces capacity building and support and training for the community and voluntary sector

Tom Brailsford, Service Manager, Resources, Improvement and Partnership and Jo-Anne Sanders, Service Director, Learning and Early Support provided the Board with an update on the Special Educational Needs and Disability (SEND) and High Needs work that is being undertaken with Impower.

The Board was reminded that in 2019, a 10-point improvement plan for SEND was presented to the Board. The ambition is to go through the transformation work, being undertaken and update the 10-point plan.

Since January 2020, work was being undertaken with Impower however this work paused during the first lockdown. The purpose of the work was to understand the SEND and high needs system and to understand the current service in terms of cost and the demand position. The aim was to try and identify opportunities to deliver good outcomes, to look at a financially sustainable system and also look at having that whole inclusive ambition for children and young people who have additional needs throughout Kirklees and to have that shared across all the partners.

The Board was informed that the aim is to improve outcomes for children and young people with additional needs by moving further towards a strength-based approach rather than a deficit-based approach and there has been a number of things undertaken as part of this approach.

There has been a lot of engagement which has driven the findings being presented today.

- There has been engagement with parents and carers, looking at high-needs professional adults and Learning Disability professionals.
- There has been some panel observations and colleagues have been observing the way decisions are made about children and young people's needs
- There has been some focus groups and very detailed case reviews looking at the detail

The Board was informed that it is becoming clear that there is increasing demand across the system and some of that demand is not driven by need, it is driven by behaviours which is not necessarily the right approach. There has been a 29.6% increase in Education Health and Care Plans (EHCP) in Kirklees. Demand for EHCP has increased across special schools and mainstream schools, however, mainstream schools have seen the largest growth in demand by 67.5%.

It is important not to underestimate the scale of the challenge with demand and cost increasing across the board. Since 2017/18 demand has increased and it is putting increasing pressure on the high needs block and that will equate to increasing pressure on health services such as speech and language therapy, occupational therapy and children's continuing care needs. Despite all this high spend, exclusions

in Kirklees are increasing, the number of permanent exclusions has increased significantly, this suggests there is significant unmet need out there.

From the case reviews work undertaken, it is evident that the opportunities to meet needs in an early intervention type way are being missed. Covid-19 is likely to have further impact on demand and spend. Many parents and carers have indicated that the child or young person's needs has changed during lockdown and felt that throughout that period their needs had not been met.

The process of doing the inclusive ambitions work has put a challenge back to the system. This is not just in respect of the local authority, it is to the system that is supporting young people with additional needs, special educational needs and disabilities. It feels like there is a real opportunity to have the conversation about what are the shared ambitions. It is important to get the best outcomes for young people and to consider how this can be achieved by working together in a more cohesive way.

The Board was informed that last month at the inclusive ambitions workshop, key strategic colleagues from across the system had a positive discussion focusing on some of the following:

- what is required and how can needs be met as early as possible,
- how can resources be used to the best effect,
- how to gather the right intelligence to help shape the system moving forwards
- how can this be done in partnership codesigning with parents and carers.

Work needs to be undertaken to find better strategies to reduced young people being excluded from school. Consideration also needs to be given to how different accountability systems, ie education accountabilities and those from health can be better aligned as best as they can. There have been conversations that has led to further discussion about developing inclusive ambition that can be shared and will direct transformation moving forward.

## **RESOLVED**

That the Board will

- a) Continue to endorse the working arrangements for the Children's Partnership
- b) Note the information presented on High Needs transformation



**West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups**

**Minutes of the meeting held in public on Tuesday 12<sup>th</sup> January 2021**

Held virtually by Microsoft Teams

| <b>Members</b>           | <b>Initials</b> | <b>Role and organisation</b>                                           |
|--------------------------|-----------------|------------------------------------------------------------------------|
| Marie Burnham            | <b>MB</b>       | Independent Lay Chair                                                  |
| Ruby Bhatti              | <b>RB</b>       | Lay member                                                             |
| Stephen Hardy            | <b>SH</b>       | Lay member                                                             |
| John Mallalieu           | <b>JM</b>       | Lay member                                                             |
| Dr James Thomas          | <b>JT</b>       | Chair, NHS Bradford District and Craven CCG                            |
| Helen Hirst              | <b>HH</b>       | Chief Officer, Bradford District and Craven CCG                        |
| Dr Steven Cleasby        | <b>SC</b>       | Chair, NHS Calderdale CCG                                              |
| Robin Tuddenham          | <b>RT</b>       | Chief Officer, NHS Calderdale CCG                                      |
| Dr Steve Ollerton        | <b>SO</b>       | Chair, NHS Greater Huddersfield CCG                                    |
| Dr Khalid Naeem          | <b>KN</b>       | Chair, NHS North Kirklees CCG                                          |
| Carol McKenna            | <b>CMc</b>      | Chief Officer, NHS Greater Huddersfield CCG and NHS North Kirklees CCG |
| Dr Jason Broch           | <b>JB</b>       | Chair, NHS Leeds CCG                                                   |
| Tim Ryley                | <b>TR</b>       | Chief Officer, NHS Leeds CCG                                           |
| Dr Adam Sheppard         | <b>AS</b>       | Chair, NHS Wakefield CCG                                               |
| Jo Webster               | <b>JW</b>       | Chief Officer, NHS Wakefield CCG                                       |
| <b>Associate members</b> |                 |                                                                        |
| Dr Charles Parker        | <b>CP</b>       | Chair, NHS North Yorkshire CCG                                         |
| <b>Apologies</b>         |                 |                                                                        |
| Amanda Bloor             | <b>AB</b>       | Chief Executive, NHS North Yorkshire CCG                               |
| Matthew Groom            | <b>MG</b>       | Assistant Director, Specialised Commissioning, NHS England             |
| Anthony Kealy            | <b>AKe</b>      | Locality Director WY&H, NHS England & NHS Improvement                  |
| <b>In attendance</b>     |                 |                                                                        |
| Esther Ashman            | <b>EA</b>       | Programme Director, Commissioning Futures                              |
| Lou Auger                | <b>LA</b>       | Deputy Locality Director, NHS England & NHS Improvement                |
| Karen Coleman            | <b>KC</b>       | Communications and Engagement Lead                                     |
| Stephen Gregg            | <b>SG</b>       | Governance Lead, Joint Committee of CCGs (minutes)                     |
| Sarah Halstead           | <b>Sha</b>      | Specialised Commissioning, NHS England                                 |
| Ian Holmes               | <b>IH</b>       | Director, WY&H HCP                                                     |
| Louise McKelvey          | <b>LM</b>       | Programme Manager, Urgent and Emergency Care                           |
| Martin Pursey            | <b>MP</b>       | Head of Contracting and Procurement                                    |
| Catherine Thompson       | <b>CT</b>       | Director, Improving Planned Care                                       |
| Jonathan Webb            | <b>JWb</b>      | Director of Finance Lead, WY&H Health and Care Partnership             |



|              |           |                                               |
|--------------|-----------|-----------------------------------------------|
| Keith Wilson | <b>KW</b> | Programme Director, Urgent and Emergency Care |
|--------------|-----------|-----------------------------------------------|

| Item No.     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Action |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| <b>01/21</b> | <b>Welcome, introductions and apologies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |
|              | The Chair welcomed everyone to the meeting. Members of the public were able to watch the livestream of the meeting. Apologies were noted. The Chair noted that we had entered 2021 with a return to national lockdown, as there were still dangerously high levels of Covid-19 in our communities. The Chair thanked all colleagues who were working hard to keep people safe and well, including everyone involved in the West Yorkshire Vaccination Programme.                                                             |        |
| <b>02/21</b> | <b>Declarations of Interest</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |
|              | MB asked Committee members to declare any interests that might conflict with the business on today's agenda. It was noted that all GP members of the Committee had an interest in relation to agenda item 07/21 - Commissioning out of hours primary medical care services. The Chair noted the declaration and agreed that the GP members could participate in the discussion of the item.                                                                                                                                  |        |
| <b>03/21</b> | <b>Questions and deputations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |
|              | The Chair advised that as the meeting was being held virtually, members of the public had been invited to send questions in advance. None had been received:                                                                                                                                                                                                                                                                                                                                                                 |        |
| <b>04/21</b> | <b>Minutes of the meeting in public – 6 October 2020</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |
|              | The Committee reviewed the minutes of the last meeting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |
|              | <b>The Joint Committee: Approved</b> the minutes of the meeting on 6 October 2020.                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |
| <b>05/21</b> | <b>Actions and matters arising – 6 October 2020</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |
|              | The Joint Committee reviewed the action log. EA updated the Committee on the Commissioning futures programme, which aligned well with the direction of travel set out in the NHS England consultation document 'Next Steps for Integrated Care Systems'. The Joint Committee's response to the consultation document had been circulated with the agenda for this meeting. SH thanked EA for her work on the response, in particular its emphasis on public and patient involvement and clinical leadership.                 |        |
|              | <b>The Joint Committee: Noted</b> the action log.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |
| <b>06/21</b> | <b>Urgent and emergency care – provider collaboration review</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |
|              | Louise McKelvey presented a report on the recent Care Quality Commission (CQC) provider collaboration review (PCR). The review had explored how health and social care providers were working together in response to Covid. The reviews aimed to help providers to learn from each other's experience of responding to Covid. WY&H was one of eight ICSs chosen to take part in this review. 'Deep dive' reviews had been conducted in Kirklees and Harrogate, but the pathway had been reviewed across all places in WY&H. |        |

| Item No. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Action |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|          | <p>CQC had concluded that the system had worked well together, well established partnerships had allowed effective collaboration and that the response to Covid had broken down some of the barriers to achieving shared objectives across the Partnership and within individual sectors. The review had also identified areas for future focus, including support for digitally challenged and marginalised people.</p> <p>JT noted that the Clinical Forum was leading work to address some of the areas of focus identified including digital exclusion. AS highlighted the need to further support Primary Care Networks to develop clinical leadership and ensure that PCNs had effective representation across the system. KW outlined work that was underway to progress the areas of focus with other programmes across the Partnership. RT emphasised the importance of linking into the Improving Population Health programme.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |
|          | <p><b>The Joint Committee:</b></p> <p>a) <b>Welcomed</b> the report and the best practice identified.</p> <p>b) <b>Noted</b> that the UEC Programme Board would be co-ordinating work across place, providers and ICS programmes to embed any findings that required substantial change.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |
| 07/21    | <p><b>Commissioning out of hours primary medical care services across West Yorkshire 2021 to 2024</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |
|          | <p>Martin Pursey presented a report on commissioning primary medical care services in West Yorkshire. The services were currently provided by Local Care Direct (LCD).</p> <p>The current contract expired at the end of March 2021 and work to understand what would be required from April 2021 had been put on hold by the pandemic. LCD was a key partner in the integrated urgent and emergency care approach across the WY system. The response to the pandemic, changes driven by national policy and potential changes to the commissioner landscape meant that there was uncertainty about what should be commissioned for the future.</p> <p>To ensure continuity of service, prevent uncertainty and support system planning it was proposed that the current service be extended for a further 3 year period. Members noted the long lead-in times for complex procurements and that in the current uncertain circumstances a pragmatic approach should be taken. This would give commissioners time to develop their requirements and inform a further decision about procurement during 2022.</p> <p>AS and JW noted that LCD was a key part of the urgent and emergency care provider network and was fully integrated with extended access services in Wakefield. MP highlighted that within the overarching specification for WY, the detailed approach in each place varied to reflect local circumstances. JM supported the pragmatic approach that was being taken and highlighted the importance of transparency in communicating the reasons for this externally.</p> |        |
|          | <p><b>The Joint Committee:</b></p> <p>a) <b>Noted</b> the proposed approach, associated risk and mitigation of risk.</p> <p>b) <b>Approved</b> the direct award of contract and provided authority to Greater Huddersfield CCG on behalf of West Yorkshire CCGs to negotiate an extension to the current service from LCD for the period 1st April 2021 to 31st March 2024 and publish an appropriate notice stating the commissioners' intentions to directly award a contract to LCD.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |

| Item No. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Action |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 08/21    | <b>Amendment to Flash Glucose Monitoring Commissioning Policy</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |
|          | <p>Catherine Thompson presented the report.</p> <p>The Joint Committee had previously approved in 2019 a policy for commissioning flash glucose monitors - small sensors worn on the skin for monitoring the glucose levels of people with diabetes. The policy applied to patients with Type 1 Diabetes. The report proposed to amend the policy to include type 2 diabetes patients with learning disabilities who need to use insulin.</p> <p>CT advised the Committee that self-management of diabetes by patients with learning disabilities would promote independence and help to reduce health inequalities. The proposed amendment was in line with advice from NHS England and was supported by the Area Prescribing Committee and the Planned Care Alliance Board. JWb confirmed that the additional in year costs were relatively small.</p>                                                                                                                                   |        |
|          | <b>The Joint Committee: Agreed</b> the amendments to the WY&H Flash Glucose Monitoring policy with immediate effect.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |
| 09/21    | <b>Joint Committee work plan and risk management</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |
|          | <p>Stephen Gregg presented a high level summary of progress in implementing the Joint Committee work plan. He also presented the latest risk update.</p> <p>The report highlighted improvements in urgent and emergency care, in acute stroke services and in the detection and treatment of atrial fibrillation. West Yorkshire and Harrogate Healthy Hearts had improved the treatment of people with high blood pressure and policies on evidence based interventions had reduced unnecessary procedures. A more detailed summary would feed into the Joint Committee's annual report. RB welcomed the summary and JW noted the wider impact of commissioning decisions on the work of other programmes across the Partnership.</p> <p>SG presented the significant risks to the delivery of the Joint Committee work plan. Controls, assurances and planned mitigating actions were set out for each risk. There were currently 7 risks which scored 12 or above after mitigation:</p> |        |
|          | <p><b>The Joint Committee:</b></p> <p>a) <b>Noted</b> the update on the implementation of Joint Committee decisions and recommendations.</p> <p>b) <b>Noted</b> the risks to delivery of its workplan and the actions being taken to mitigate the risks.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |
| 10/21    | <b>Any other business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |
|          | There was none.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |

**Next Joint Committee in public** – Tuesday 6 April 2021, 11am – 1pm.