NHS
Kirklees
Clinical Commissioning Group

Governing Body
10.15 am – 2.00 pm, Wednesday 11 August 2021
Held via video conferencing

Agenda

Members			Apologies
Dr Khalid Naeem	(KN)	GP Member for Batley and Birstall and Clinical Chair	-
Dr Razwan Ali	(RA)	GP Member for Tolson and Clinical Vice-Chair	-
Dr Omar Akhtar	(OA)	GP Member for Viaduct	-
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	-
Alison Needham	(AN)	Acting Chief Finance 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	-
In Attendance			
Natalie Ackroyd	(NA)	Senior Strategic Planning, Performance and Service Transformation Manager	-
Rachel Carter	(RC)	Programme Manager – CCG Development	-
Vicky Dutchburn	(VD)	Head of Strategic Planning, Performance and Delivery	-
Laura Ellis	(LE)	Head of Corporate Governance	✓
Lindsay Greenhalgh	(LG)	Head of Medicines Management	-
Siobhan Jones	(SJ)	Head of Communications and Engagement	-
Nick Lamper	(NL)	Governance Manager (Corporate Governance and Risk)	-
Jenna McGuinness	(JM)	HR Manager, NECS	-
Julie Oldroyd	(JO)	Lead for Transformation	-
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	-
Rob Willis	(RW)	Acting Head of Finance	-
Catherine Wormstone	(CW)	Head of Primary Care Strategic Commissioning	-

ITEM	Time	By	Page
1. Welcome and introductions - To open the meeting with introductions.	10.15	KN	-
2. Vision and Values - The Vision and Values are attached for reference.	-	KN	005
3. Apologies and Declarations of Interest - To note and record any apologies. - Those in attendance are asked to declare any interests presenting an actual/potential conflict of interest arising from matters under discussion.	-	KN	-
4. Accuracy of Minutes from 9 June 2021, Matters Arising, Action Logs - To approve the minutes/review matters arising/outstanding actions.	10.25	KN	006
5. Questions from Members of the Public - The relevant guidance is attached for reference.	10.30	KN	024
6. Patient Story - To share a patient's experience of healthcare. **Contact:** Penny Woodhead, Chief Quality and Nursing Officer	10.45	PW	-

ITEMS FOR DECISION/ASSURANCE/STRATEGIC UPDATES

ITEM	Time	By	Page
7. Discharge to Assess - To approve the proposals. **Contact:** Julie Oldroyd – Lead for Transformation	11.00	JO	025
8. Shared Referral Pathway (SRP) - To approve the proposals. **Contact:** Head of Strategic Planning, Performance and Delivery	11.15	VD	095

BREAK: 11.35 – 11.40

9. Governing Body Assurance Framework - To approve the framework. **Contact:** Head of Corporate Governance	11.40	NL	101

ROUTINE REPORTS

ITEM	Time	By	Page
10. Chair's and Chief Officer's Report - To receive the report. **Contact:** Carol McKenna, Chief Officer	11.50	CM	124
11. Finance and Contracting Update - To consider the report. **Contact:** Alison Needham, Interim Chief Finance Officer	12.00	AN	141
12. Quality and Safety Report and Quality Dashboard - To receive the update and consider any issues raised. **Contact:** Penny Woodhead, Chief Quality and Nursing Officer	12.15	PW	153
13. Performance Report against Key Performance Indicators for 2021/22 - To receive the update and consider any issues raised. **Contact:** Natalie Ackroyd, Senior Strategic Planning, Performance and Service Transformation Manager	12.30	NA	168

BREAK: 12.40 – 12.55

14. Workforce Report - To receive the update and consider any issues raised. **Contact:** Jenna McGuinness, HR Manager, NECS	12.55	JM	197
15. High Level Risk Report: Cycle 2 2021/22 (June – August 2021) - To review and be given assurance regarding the risk register and log. **Contact:** Nick Lamper, Governance Manager (Corporate Governance and Risk)	13.05	NL	207

ITEMS FOR INFORMATION

ITEM	Time	By	Page
16. Governing Body Work Plan - To review the work plan. **Contact:** Laura Ellis, Head of Corporate Governance	13.15	NL	217
17. Receipt of Minutes - To receive copies of minutes for information purposes:- - Kirklees Health and Wellbeing Board – 25 March 2021 - West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups – 6 April 2021 - Audit Committee – 21 April, 26 May 2021 - Primary Care Commissioning Committee – 28 April, 23 June 2021 - Quality Committee – 26 May 2021 - Quality Committee/Finance, Performance and Contracting Committee "sandwich" section – 26 May 2021 - Finance, Performance and Contracting Committee – 26 May 2021	13.20	KN	219
18. Any Other Business - To discuss any other business raised and not on the agenda.	-	KN	-
19. Date and Time of Next Meeting The next meeting of the Governing Body will be held at 10.30 am on Wednesday 13 October 2021 via video conferencing.	-	KN	-

The Governing Body is recommended to make the following resolution:

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

ITEM	Time	By	Page
20. Declarations of Interest (private session) - To declare any interests arising from matters under discussion.	13.25	KN	-
21. Accuracy of Minutes from 9 June 2021, Matters Arising, Action Logs (private session) - To approve the minutes/review matters arising/outstanding actions.	-	KN	287

ROUTINE REPORTS

ITEM	Time	By	Page
22. Private Quality and Safety Report - To receive the update and consider any issues raised. **Contact:** Penny Woodhead, Chief Quality and Nursing Officer	13.30	PW	290

ITEMS FOR INFORMATION

ITEM	Time	By	Page
23. Receipt of Minutes (private sessions) - To receive copies of minutes for information purposes:- - Primary Care Commissioning Committee – 28 April, 23 June 2021 - Remuneration Committee (decision notice) – 19 May 2021	13.40	KN	315
24. Any Other Business - To discuss any other business raised and not on the agenda.	-	KN	-

ITEMS FOR DECISION/ASSURANCE/STRATEGIC UPDATES

25. Non-GP Governing Body Representative Remuneration - To approve the remuneration. **Contact:** Jenna McGuinness, HR Manager, NECS	13.45	JM	Circulated separately
26. Chief Finance Officer/Deputy Chief Officer Backfill Arrangements - To approve the remuneration. **Contact:** Jenna McGuinness, HR Manager, NECS	13.55	JM	Circulated separately

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 9 June 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
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

In Attendance:

Natalie Ackroyd	(NA)	Senior Strategic Planning, Performance and Service Transformation Manager (minute 35)
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
Richard Parry	(RP)	Strategic Director for Adults and Health, Kirklees Council (from 11.30 am)
Martin Pursey	(MP)	Head of Contracting and Procurement
Rob Willis	(RW)	Head of Financial Reporting and Accounting
Catherine Wormstone	(CW)	Head of Primary Care Strategic Commissioning

Apologies:

Dr Omar Akhtar	(OA)	GP Member for Viaduct
Alison Needham	(AN)	Head of Finance
Emily Parry-Harries	(EPH)	Consultant in Public Health, Kirklees Council (substitute for Director of Public Health)

Minutes:

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

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

19 Welcome and Introductions

KN welcomed everyone to the meeting.

20 Vision and Values

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

21 Apologies and Declarations of Interest

Apologies were received as detailed above.

No interests were declared.

22 Accuracy of Minutes from Last Meeting held on 14 April 2021, Matters Arising, Action Logs

Minutes

The minutes of the meeting held on 14 April 2021 were **APPROVED** as a correct record.

Matters Arising

There were no matters arising.

Action Log

14 – Quality and Safety Report and Dashboard – *PW to extract performance data in respect of neck of femur fractures in relation to MYHT.* PW indicated that this information would now be picked up by the Quality Committee. **CLOSED**

15(a) – Performance Report against Key Performance Indicators for 2020/21 – *VD/NA to check whether DEXA scan referrals have been being rejected.* VD confirmed that referrals could still be made, and the service was being stepped up as part of the reset and recovery work. **CLOSED**

15(b) – Performance Report against Key Performance Indicators for 2020/21 – *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.* VD confirmed that NA was linking with PW's team to put this arrangement in place. **CLOSED**

23 Questions from Members of the Public

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

No questions had been submitted in advance of the meeting.

A member of the public asked when the Governing Body was likely to resume meeting in a physical public setting and KN advised that this would depend on government guidance issued in due course. CM added that the current situation in Kirklees was one of relatively high COVID infection rates.

24 Patient Story

PW presented a video entitled “David’s Story”, recounting a patient’s experience of Macmillan Cancer Support. She noted that, in the case of this patient, the virtual support group had provided hope and help overcoming problems effectively, but acknowledged that this format was helpful for some patients but not all. She also raised a question as to how culturally-sensitive this approach may be.

SO thought it may be an ideal platform to carry out those things which were culturally-sensitive and noted that the patient had initially been put off by the fact that the sessions would be conducted using Microsoft Teams but had gone on to find the medium easy to use. SO added that support networks were very important in this kind of arena.

CM remarked that this approach showed benefits, and it would be valuable to maintain elements of virtual support as well as face to face support when this was possible.

KN added that there was an aim to provide more support groups (including, for example, for dementia) at PCN level or in hospital departments.

RE commented that one of the first adopters of technology in his practice had been an 89-year-old lady, adding that half of UK men had high cholesterol and the programme could be adaptable and inclusive.

BH spoke of the power of participation and community, and noted the patient’s reference to his use of a SWOT analysis as a familiar tool of his profession; regarding potential cultural sensitivities, she suggested an approach of trying it out and seeing what happened.

IK advocated promoting the service through Primary Care and the hospice, and suggested that locums should know how to promote it; he described it as a good tool which should be adopted.

PW stated that the information would be shared through the West Yorkshire Cancer Alliance Programme, Primary Care Bulletins, and the Patient Reference Group Network, while questions would be fed back to the acute hospitals.

RE asked whether the service was free and PW advised that it was free to patients as part of the cancer centre offer at CHFT.

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

25 Annual Reports and Accounts 2020/21

IC introduced a report 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. The report was appended by the Annual Reports and Accounts themselves.

CM explained that the Audit Committee had thoroughly examined the Annual Reports and Accounts and thanked LE and the Finance Team for their respective work on these, noting the extra work that had been required this year due to the merger.

LE advised that the Governing Body's approval of the documents should be subject to the inclusion in the staff reports within the Annual Reports (at the request of the auditors) of the following:-

Staff turnover percentage
Information about the CCG's staff turnover can be found on the NHS workforce statistics website.

IC added that the annual accounts which had been circulated were those as presented to the Audit Committee. Since that time there had been some minor, not significant, changes to the annual accounts and to the external audit opinion. He reported these as follows:-

Annual Accounts changes for Greater Huddersfield CCG and North Kirklees CCG

- *Minor roundings changes*
- *Note 1.1: Accounting Policies - Going Concern - "From the 31st March 2021, Greater Huddersfield CCG / North Kirklees CCG will cease operation in its current form. The CCG will form part of the new Kirklees CCG from the 1st April 2021." has been reworded on the advice of auditors to say "Greater Huddersfield CCG / North Kirklees CCG ceased operations on 1*

April 2021 and it services were transferred to the new Kirklees CCG from that date".

- *Note 5: Expenditure - "Expected credit loss on receivables" reworded to say "Expected credit loss / (gain) on receivables"*

Annual Accounts changes for Greater Huddersfield CCG

- *Note 14.9: Intangible Assets - Economic Lives - table hidden as of NIL value*
- *Note 23: Creditors - Other payables include £272k outstanding GP and CCG pension contributions at 31 March 2021 (2019-20 £243k GP and Clinical Commissioning Group) had previously stated incorrectly in the note that the value in the current year was £280k.*

External audit opinion changes for Greater Huddersfield CCG and North Kirklees CCG

- *External Audit have updated the title of the document to show that they are reporting to the members of the Governing Body of NHS Kirklees CCG in respect of the specific individual CCG.*
- *The CCGs were abolished at one second past midnight on 1 April 2021, not 31 March as stated previously. The NHSI's view is that the continuation of service principle means that the CCG is a going concern at 31 March, even though it ceases to exist the next day, so External Audit have tried to reflect this in the wording of the Emphasis of Matter. Therefore this has changed slightly from their earlier draft.*
- *External Audit have decided that none of the words in the standard going concern section are relevant where the CCG is dissolved the next day so this section has been deleted and as such the document is shorter.*

MW advised that there was nothing in the foregoing amendments that would cause the Audit Committee any concern and the committee had reviewed the accounts twice in draft and once in final form. The opinions of external and internal audit had provided significant assurance.

The Governing Body **APPROVED**:-

- the Annual Reports and Annual Accounts 2020/21, subject to the amendments set out above, for submission to NHS England; and
- the signing of the Management Representation letters on its behalf by the Accountable Officer.

26 Senior Information Risk Owner's (SIRO) Annual Information Governance Report 2020/21

IC presented a report outlining how compliance with Information Governance (IG) requirements had been important for NHS Greater Huddersfield and NHS North

Kirklees CCGs. Part of the remit of the Clinical Commissioning Groups' Audit Committees had been to receive assurance on the CCGs' compliance with IG. This assurance had been provided by the Senior Information Risk Owner (SIRO) of both CCGs who had executive responsibility for information risk and information assets.

The appended SIRO Annual Information Governance Report described the activities relating to IG and information security risk management for the CCGs for the period 1 April 2020 to 31 March 2021. The CCGs had merged on 1 April 2021 to form NHS Kirklees CCG.

IC thanked the Information Governance Team, LE and others for completing the Data Security and Protection Toolkit in a compressed timescale as the deadline had been June for most but March for those CCGs which had been merging.

Leading the Governing Body through the report, he drew attention to the findings of the IG survey at section 9 that 100% of staff completing the survey from both CCGs had felt that data security and protection was important. In addition, at section 16 the information in respect of Serious Incidents Requiring Investigation indicated that there had been no ICO actions taken against the CCGs in the last 12 months, such as fines, enforcement notices or decision notices. The top three IG risks were set out at section 19 of the report.

MW advised that the Audit Committee received updates for review quarterly, and noted that the majority of Freedom of Information requests had received responses within the relevant deadline. He was assured that systems were in place and working effectively, even in times such as these. He also acknowledged the improved compliance rates for data security awareness training at section 6.2 of the report.

The Governing Body **RECEIVED** the Senior Information Risk Owner's (SIRO) Annual Information Governance Report 2020/21.

27 Annual Complaints Report 2020/21

LE presented the Complaints and PALS Annual Report 2020/21, in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

The report set out the number and nature of complaints and identified the lessons learned during 2020/21 – a year that had seen unprecedented change in the number and type of customer contacts made to the predecessor CCGs.

The report had been considered by the Quality Committee and provided a positive opportunity to be able to share information on the contacts received and the

difference which could be made to the patient experience by listening and learning. It had been a year different from previous ones in terms of the numbers and types of contacts and the ways in which the CCGs had responded.

The key headlines section included capturing the learning from COVID and LE acknowledged that the Customer Information and Complaints Team had done a fantastic job in responding to patients and their families in such a positive way.

KN expressed his appreciation of the positive report.

PW commented that the information provided an opportunity for triangulation with other services, giving the example of the COVID vaccination programme providing an opportunity to work across services and organisations.

RE asked about the number of complaints referred to Primary Care/NHS England, and LE advised that CCGs were not responsible for complaints about Primary Care. These would be passed back to the relevant practice if their procedures had not been exhausted, or to NHS England if they had been exhausted or this was the customer's preference (except where the CCG may be co-ordinating the responses of a number of organisations).

CW added that, if there were emerging themes or concerns in relation to a specific practice, this would be looked at as part of the triangulation process.

The Governing Body **RECEIVED** the Complaints and PALS Annual Report 2020/21 and **NOTED** the predecessor CCGs' complaints activity.

28 Communications and Engagement Strategy 2021/22

SJ presented the above strategy, which explained the CCG's approach to communications and engagement and set it in the context of its statutory duties and other responsibilities.

This was an updated version of the previous North Kirklees CCG and Greater Huddersfield CCG shared strategy, which took into account feedback received during the recent public and stakeholder engagement in respect of the merger of these two CCGs.

BH acknowledged the amount of work which had been undertaken and was still to take place, and HT asked what size the Communications and Engagement Team was, noting SJ's response that it was five-strong.

The Governing Body **RECEIVED** and **APPROVED** the strategy.

RP joined the meeting.

29 Communications and Engagement. Annual Report 2020/21

SJ presented the above annual report, which provided an overview of the former CCGs' communications and engagement activities that had taken place over the past year.

SJ thanked the public, the CCG staff and her team for their roles in this, and reported that the engagement activity had been graded "outstanding" by NHS England and Improvement.

MW praised the format of the report, describing it as really easy reading (especially the event summary).

BH offered congratulations on the NHS England and Improvement grading and acknowledged the work of all those involved.

The Governing Body **NOTED** and **ENDORSED** the report.

30 Financial Plan H1 2021/22

IC presented a report providing the Governing Body with an overview of the financial plan for the period April to September 2021. The plan was aligned with both national and local planning requirements, in line with the new Financial Framework in place for this period. The H2 Plan (for October to March) would be submitted at a later date.

The plan had been discussed at the Governing Body development session on 5 May and had been considered in detail by the Finance, Performance and Contracting Committee at its meeting on 26 May.

IC led the Governing Body through the detail of the plan section by section, noting that financial risk for this period was relatively low, and would remain so if a similar regime were implemented for the second six months of the year. At some point, however, there would be a return to a population-based allocation, and it was important when considering recurrent investments not to make decisions which may be regretted later.

SO described the plan as a great piece of work and asked whether the balancing QIPP target of £3.2m related to the whole year. IC advised that it was in respect of the first six months only – the period of the H1 Plan – and equated to circa 1% of allocation.

VD reported that the first meeting to consider the efficiency programme was to be held that afternoon, and £0.8m could be claimed from the Elective Recovery Fund for use with the independent sector.

SO asked whether there was still an underlying legacy debt of around £7m and IC advised that the CCG was not being asked to address that yet. He would include details of the cumulative position in the Financial Plan H2 2021-22.

ACTION: IC to include details of the cumulative position in the Financial Plan H2 2021-22.

RE asked about the entry for Trailblazers in Table 8 (Mental Health Investments) and VD advised that this related to Children's and Young People's Mental Health in schools; additional ring-fenced money was available this year to extend the initiative.

CM noted that QIPP this year would feed into the ICP next year, and VD added that the meeting to be held that afternoon would discuss the move into the system process. CM added that it was important that partners were sighted on decisions the CCG was making.

HT acknowledged the amount of work the team had already undertaken to get to this stage with the H1 Plan.

The Governing Body **APPROVED** the financial plan for April to September 2021 and **NOTED** that the plan for October to March would be presented at a future date.

31 Committee Work Plans

LE presented a report advising that each committee had met during April/May 2021 to agree its work plan for the year. The work plans were now presented to the Governing Body for assurance, in respect of the following committees:-

- Audit Committee
- Finance, Performance and Contracting Committee
- Primary Care Commissioning Committee
- Quality Committee

Governing Body **RECEIVED** the committee work plans for assurance.

32 Chair's and Chief Officer's Report

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

- 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

She also reported that the CCG's strategic objectives, upon which Governing Body members had reached agreement at the development session on 5 May, had now also received the agreement of the Council of Members Executive Team (CoMET). These were:-

- Commission services that will deliver high quality, personalised and equitable care for all and reduce health inequalities for the Kirklees population now and into the future.
- Ensure best value from all available resources, including by supporting colleagues to fulfil their potential.
- Support integration within the NHS and between the NHS and local government and wider partners, achieving a smooth transition to a West Yorkshire and Harrogate Integrated Care System and a Kirklees Integrated Care Partnership.

CM reported the latest position in respect of COVID-19, with surge and enhanced testing taking place door-to-door and in schools, and having been expanded as of the previous day. Everyone was being encouraged to pay close attention to messages.

Just under 250,000 in Kirklees had had their first vaccination, with 170,000 having had their second dose. The programme was now open to those aged 25 and above and the period from first to second dose was being compressed from 12 to eight weeks for those in priority groups 1 to 9.

It was acknowledged that this was a strong effort from Primary Care, the local authority and partners.

RP noted that Kirklees had now dropped out of the top ten for infection rates nationally and the rates were flattening off. There had been a small number of outbreaks in care homes, but these were not symptomatic while showing positive test results. Focussed work was ongoing around people who were eligible for vaccination but had not taken it up. The hands-face-space regime remained important.

SO remarked that more testing would find more cases and RP added that, until more were vaccinated, they were still a risk to others.

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

33 Finance and Contracting Update

IC presented a report providing an update on the overall financial position of the former Greater Huddersfield and North Kirklees CCGs as at March 2021 (month 12) and the key messages in respect of the contracts held by the former CCGs as at March 2021 (month 12).

He reported that the outcomes were in line with the month 11 forecasts and the annual accounts, and this represented a good year end.

MP led the Governing Body through the key Contracting messages set out in the report.

The Governing Body **NOTED**:-

- The achievement of the agreed target surplus of (£0.751m) in Greater Huddersfield and (£0.750m) in North Kirklees; and
- The key messages in respect of the Month 12 (March 2021) contracts position.

The meeting was adjourned for a break at 12.20 pm and reconvened at 12.40 pm.

34 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 also included high level information taken from the Quality Dashboard for May 2021, providing a quality and safety update for the CCG's 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

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

In addition to the information set out in the report, PW reported changes in senior leadership in the Quality and Nursing Teams of SWYPFT, Locala and YAS, which had coincidentally all taken place at around the same time.

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

NA joined the meeting.

35 Performance Report against Key Performance Indicators for 2020/21

NA presented a report detailing the former CCGs' performance at year end 2020/21 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.

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

KN remarked that where improvement was being seen it was important to keep it up and NA reported that the main concern currently was A&E, in respect of which work was ongoing.

IK noted that colonoscopy waiting times were currently long and asked whether any improvement was taking place, while acknowledging that the increased attendance at A&E had been expected and it was important to promote GPs and 111 as first options.

NA did not have further information to hand in respect of colonoscopies but AR advised that use was being made of the independent sector to help reduce some of the backlog, which was expected to take six to twelve months. CHFT were working hard and expected numbers to improve; IK found this reassuring.

Referring to the triangulation of data, PW noted there was a detailed improvement plan for 104-week waiters and advised that, in respect of A&E attendances, she was closer to the conversations with CHFT than MYHT. There was a balance between the performance indicators and managing the flow of patients safely, one factor being ambulance hand-over times.

RE suggested the inclusion of Primary Care in the reporting, stating that it had reached its highest ever level of activity in March and needed support alongside other parts of the system.

KN remarked that some of the data was dependent on situation reports; from NHS England and the CCG's point of view, extra finances had been awarded to practices. Money in itself was not enough as there was a need for human resources.

NG asked against what baseline A&E was being compared and NA advised that this was 2019/20 performance.

CW advised that measuring data for Primary Care was difficult due to different systems, and a mapping exercise to a national menu was planned to be in place by the end of June. The situation reporting was a piece of work which had evolved over time to become easier, with a 59% response rate having been achieved the previous day.

RE saw the pressure on Primary Care as a risk to patient and staff safety and, while acknowledging the impact on patient services, RC sought clarification that this report related to national constitutional standards; NA confirmed that this was the case.

BH asked whether patients were asked why they attended A&E and YM stated that some work had been undertaken at MYHT whereby a matron asked patients this when they arrived; some had answered that it was because they perceived a difficulty getting an appointment at their practice and some perceived their need to be urgent. A task and finish group at MYHT was looking further at this.

VD added that evaluations had been undertaken periodically over the last year, some with Healthwatch and some with the CCG's Engagement Team.

PW did not think information on reason for attendance was routinely collected.

GP suggested that GPs needed to be empowered to question patients as to why they were accessing the service, as often it was found that they had not tried to get a Primary Care appointment when A&E checked this.

NG believed patient choice, lifestyle and other factors played a role, and also thought the contractual change from payment by results to aligned incentive contracts may have had an influence.

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.

NA left the meeting.

36 High Level Risk Report: Cycle 1 2021/22 (April – June 2021)

NL presented a report along with the High Level Risk Report 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 had been reviewed by SMT and then by the relevant committees of the CCG.

NL explained that, as this was a completely new risk register for the new Kirklees CCG, some of the usual reporting elements which related to the current status of the register to its previous position were not meaningful or even applicable. For example, all risks were new to this register even if they had directly superseded risks which had been on the GH and/or NK registers; no risks were marked for closure (as any risks on the former CCGs' registers which had been due for closure would not have been added to this register); and there was no movement of risks or static descriptions as all were new. Risks rated 15 or above (those deemed to be critical or serious risks) were highlighted in the report.

He drew attention to some meaningful comparisons which had been set out in section 2.4 of the report and advised that scores and targets would be a focus of attention over the next cycle, while some work around risk appetite was planned for the forthcoming Governing Body development session.

Referring to Risk 1844 (the 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), PW commented that the elective position would be the subject of some scrutiny over the next cycle (working with neighbouring CCGs sharing parts of the same acute footprints).

RE suggested that a risk should be included in respect of the workforce pressures in Primary Care. Noting that the risk register related specifically to corporate risks to the CCG, CM and CW undertook to discuss with SMT, including KN and RA, the best way for this risk to be reflected/addressed.

ACTION: CM and CW to discuss with SMT, including KN and RA, the best way for the risk in respect of the workforce pressures in Primary Care to be reflected/addressed.

The Governing Body **RECEIVED** and **NOTED** 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 Board).

37 Governing Body Work Plan

LE presented the Governing Body work plan for information.

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

38 Receipt of Minutes

The Governing Body **REVIEWED** and **NOTED** minutes from the following meetings:-

- Kirklees Health and Wellbeing Board – 26 November 2020
- West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups – 12 January 2021

39 Any Other Business

No items were raised.

40 Date and Time of Next Meeting

The next meeting of the Governing Body was scheduled for 10.30 am on Wednesday 11 August 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 1.35 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
09/06/21	30	**Financial Plan H1 2021-22** IC to include details of the cumulative position in the Financial Plan H2 2021-22.	IC	October		**OPEN**
09/06/21	36	**High Level Risk Report: Cycle 1 2021/22 (April – June 2021)** CM and CW to discuss with SMT, including KN and RA, the best way for the risk in respect of the workforce pressures in Primary Care to be reflected/addressed.	CM/CW	August		**OPEN**
ACTIONS RECENTLY CLOSED						
14/04/21	14	**Quality and Safety Report and Dashboard** PW to extract performance data in respect of neck of femur fractures in relation to MYHT.	PW	June	09/06/21: PW indicated that this information would now be picked up by the Quality Committee.	**CLOSED**
14/04/21	15(a)	**Performance Report against Key Performance Indicators for 2020/21** VD/NA to check whether DEXA scan referrals have been being rejected.	VD/NA	June	09/06/21: VD confirmed that referrals could still be made, and the service was being stepped up as part of the reset and recovery work.	**CLOSED**

14/04/21	15(b)	**Performance Report against Key Performance Indicators for 2020/21** 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.	VD/NA	June	09/06/21: VD confirmed that NA was linking with PW's team to put this arrangement in place.	**CLOSED**

NHS
Kirklees
Clinical Commissioning Group

Asking Questions at Meetings of the Governing Body

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

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

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

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

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

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

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

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

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

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

Name of Meeting	Kirklees CCG Governing Body Meeting	**Meeting Date**	11th August 2021
Title of Report	Discharge to Assess	**Agenda Item No.**	7
Report Authors	Julie Oldroyd, Senior Manager Transformation/Community Helen Shallow, Head of Financial Systems and Recovery Helen Duke & John Moran, Strategic Leads, Locala (In partnership with Kirklees Council, CHFT and with support from MYFT)	**Public / Private Item**	Public
Clinical Lead	Dr Nadeem Ghafoor	**Responsible Officer**	Penny Woodhead

Executive Summary

1. What is Discharge to Assess?

Discharge to Assess (D2A) is primarily about patients having their needs assessed in their usual place of residence or own home as soon as they are medically optimised and safe to leave hospital. It's about not making a patient wait unnecessarily for assessment and support that should be able to be provided out of hospital. Those patients that still require care services are provided with short-term funded support to be discharged to their own home (where appropriate) or another community setting. Assessment for longer-term care and support needs is then undertaken in the most appropriate setting and at the right time for the person.

2. Why is it important?

Through embedding the discharge to assess model there is an expectation that this will reduce the length of stay for people in acute care, to improve people's outcomes following a period of rehabilitation and recovery and minimise the need for long-term care at the end of a person's rehabilitation.

Reducing length of stay improves patient flow through the acute system. Poor patient flow leads to a reduction in high-quality care and a way to improve flow is to ensure effective and timely discharge facilitation. Poor patient flow resulting in crowded Emergency Departments and high bed occupancy adversely impacts patient outcomes.

3. Recap of last 18 months

As a system we have been moving towards the implementation of a Discharge to Assess model with an intention to support more people to be discharged back to their own home. We have recognised that an integrated approach to discharge meets best practice and achieves better outcomes for patients by discharging people as soon as they are medically optimised and maintaining flow through the hospital bed base.

Over the past few years, collaborative working between the Acute Trusts; Locala and Local Authority developed robust discharge pathways which became a foundation to build further upon when the Discharge to Assess (D2A) guidance was published in September 2020.

The D2A guidance was re-issued in February 2021 and supplementary communication from the Director of Community Health for NHS England to CCGs stated: -

"Systems should therefore assume that individuals discharged from hospital from 1 April 2021 onwards who require care and support under a discharge to assess scheme will need to be funded from locally agreed funding arrangements".

Implementation required providers to work together to enhance their discharge arrangements to meet the requirements of discharging medically optimised patients within the required timeframes and to provide follow-up in the community.

As part of the D2A implementation, Locala was awarded non-recurring funding from September 2020 to March 2021 to provide an 'enhanced discharge workforce' supporting patients discharged into the Discharge to Assess bed base (awaiting packages of care or a permanent care home placement) and providing ongoing therapy for these residents to avoid de-conditioning including those placed in non-weight bearing beds due to immobility from plaster casts.

Following the February 2021 D2A communication, further interim funding for Quarters 1 and 2 of 2021 has supported the development of a system-wide Discharge to Assess approach. During this time further integration, the team with other community services has resulted in a more efficient skill mix model delivering the enhanced discharge arrangements and therapy support.

4. Changes set out in Business case to implement policy

The result of this period of work is a jointly agreed D2A delivery model between Kirklees Council, Locala and both hospital Acute Trusts. The model has been developed into a business case for recurrent funding from October 2021 to ensure that the Kirklees system is able to fulfil the new D2A requirements and that patients continue to receive the best care, experience and outcomes.

The attached D2A business case provides: -

- A summary of activity within the additional services established under the guidance
- An evaluation of the impact of these services on hospital stays
- An explanation of their fit within the larger portfolio of services related to effective and safe transfer of patients
- A test of their relevance against current national policy and guidance
- An evaluation of the operational model with suggestions for efficiencies
- A proposal for ongoing funding to allow continued delivery of the D2A priorities.

This D2A business case addresses the funding requirements for the community health element only. Further work is ongoing to understand the impact of implementing the new D2A pathway on other parts of the system.

The outcome of CCG due diligence work review of the business case, modelled on both factual and reasonable assumptions, delivers value for money.

5. Benefits it will realise for Kirklees

For patients: -

- Timely discharge as soon as medically optimised
- A review within 48 hours of discharge and assessment of ongoing care needs
- Access to advance care practitioner / paramedic if needed
- Access to therapy support if required
- Supported to remain as independent as possible.

For the health and social care system: -

- Support timely discharge via an integrated, efficient and robust process
- 7 day, 8am to 8pm service
- Daily communication through MDT meetings

- Avoidance of deconditioning
- Reduced risk of re-admission
- Monitoring of patient outcomes
- Opportunity to identify issues and address early.

See Appendix 1 – D2A presentation

See Appendix 2 – D2A Business Case

Previous Considerations

Name of meeting	CCG SMT	**Meeting Date**	17th June 2021
Name of meeting	Integrated Health and Social Care Leadership Board	**Meeting Date**	1st July 2021
Name of meeting	Clinical Strategy Group	**Meeting Date**	7th July 2021
Name of meeting	Kirklees CCG Finance, Performance and Contracting Committee and Quality Committee		28th July 2021

Recommendations
It is recommended that the Governing Body**: -** 1. Receives the business case, proposed D2A service and new staffing model slides 2. Supports the D2A pathway delivery model and planned detailed D2A review 3. Supports the business case.

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

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	Locala completed a quality impact assessment when enhancing the team. The CCG Quality Impact assessment has been completed to support the business case.
Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	Locala completed an equality impact assessment when enhancing the team. The CCG Equality Impact assessment has been completed to support the business case.
Resources / Financial Implications (including Staffing/Workforce considerations)	Financial due diligence on affordability/value has been completed – see finance section
Sustainability Implications	Addressed by business case proposal

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

Strategic Objectives (which of the CCG objectives does this relate to?)	Contribute to a sustainable workforce to support the delivery of high-quality care. Build a collective sense of responsibility amongst all those in healthcare for effective management of resources. Ensure appropriate use of hospital services. Reduce avoidable variation in healthcare and patient experience.	**Risk (include risk number and a brief description of the risk)**	A number of risks are identified in section 4.5 should this service not be continued.
Legal / CCG Constitutional Implications	None identified	**Conflicts of Interest (include detail of any identified / potential conflicts)**	None identified

1. Introduction

1.1 As a system we have been moving towards the implementation of a Discharge to Assess model with an intention to support more people to be discharged back to their own home. We have recognised that an integrated approach to discharge meets best practice and achieves better outcomes for patients by discharging people as soon as they are medically optimised and maintaining flow through the hospital bed base. Poor patient flow leads to a reduction in high-quality care and a way to improve flow is to ensure effective and timely discharge facilitation. Poor patient flow resulting in crowded Emergency Departments and high bed occupancy adversely impacts patient outcomes.

Over the past few years, collaborative working between the Acute Trusts; Locala and Local Authority developed robust discharge pathways which became a foundation to build further upon when the Discharge to Assess (D2A) guidance was published in September 2020.

D2A is primarily about patients having their needs assessed in their usual place of residence or own home as soon as they are medically optimised and safe to leave hospital. It's about not making a patient wait unnecessarily for assessment and support that should be able to be provided out of hospital. Those patients that still require care services are provided with short-term funded support to be discharged to their own home (where appropriate) or another community setting. Assessment for longer-term care and support needs is then undertaken in the most appropriate setting and at the right time for the person.

Through embedding the discharge to assess model there is an expectation that this will reduce the length of stay for people in acute care, to improve people's outcomes following a period of rehabilitation and recovery and minimise the need for long-term care at the end of a person's rehabilitation.

1.2 As part of the implementation, Locala was awarded non-recurring funding from September 2020-March 2021 to provide an 'enhanced discharge workforce' supporting patients discharged into the Discharge to Assess bed base (awaiting packages of care or a permanent care home placement) and providing ongoing therapy for these residents to avoid de-conditioning including those placed in non-weight bearing beds due to immobility from plaster casts.

1.3 D2A guidance was re-issued in Feb 2021 supported by further interim funding for Quarters 1 and 2 of 2021 which has supported the development of a system-wide Discharge to Assess

approach. During this time the team delivering the enhanced discharge arrangements and therapy support has also been further integrated resulting in a more efficient skill mix model.

1.4 The result of this period of work is a jointly agreed D2A delivery model between Kirklees Council, Locala and both hospital Acute Trusts. The model has been developed into a business case to provide recurrent funding from October 2021 to ensure that the Kirklees system is able to fulfil the new D2A requirements and that patients continue to receive the best care, experience, and outcomes.

1.5 The Discharge Workstream has been set up under the Ageing Well Programme to ensure efficient and safe delivery of the D2A pathway. As part of this work, an analysis of the D2A process during the last 12 months has been commissioned across Calderdale, Kirklees and Wakefield using a Better Care Funds small grants bid. The analysis will review the discharges against the national pathway presumptions and help to identify the impact of implementation of the D2A process on the various parts of the system. In addition, a 'Pathway 0' task and finish group is being developed with an aim to improve the quality of discharges.

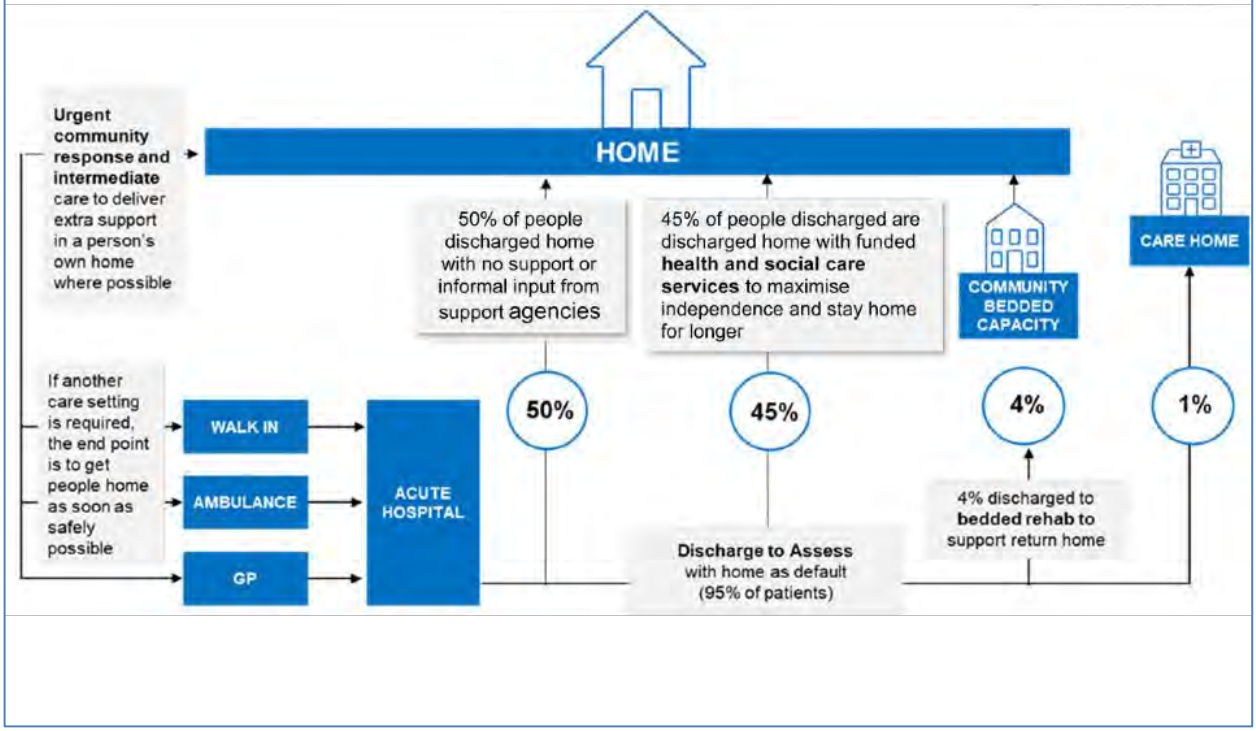
2. Detail

2.1 Year on year pressures have been observed by the system relating to hospital discharge and re-admission avoidance. Interim resources made available for winter pressures, but these pressures are now being seen year-round, making use of a temporary workforce unsustainable and too expensive.

2.2 The interim D2A enhanced service was developed during 2020 using an enhancement of workforce initially in response to the increase in winter pressures and latterly in response to the introduction of the D2A national guidance which supports rapid discharge from hospital on D2A pathways (see table below) for those patients who have additional health and social care needs.

2.3 The National D2A Pathway: -

Figure 1



D2A Pathway		
Pathway	Description	Anticipated % of discharges on this pathway
1	Simple discharge, no formal input from health or social care once home	50%
2	**Support to recover at home; able to return home with support from health and/or social care**	**45%**
3	**Rehabilitation or short-term care in a 24-hour bed-based setting**	**4%**
4	**Require on-going 24-hour nursing care, often in a bedded setting. Long term care is likely to be required for these individuals.**	**1%**

https://www.gov.uk/government/publications/hospital-discharge-service-policy-and-operating-model/hospital-discharge-service-policy-and-operating-model

2.4 During the past 6 months the new D2A service has been tested with teams being further integrated which has resulted in more flexibility allowing the opportunity to also provide interim support for patients home as well as those in a D2A bed.

2.5 The D2A Enhanced Workforce covers gaps in service *not offered* pre D2A guidance including: -

- Provision of a 7-day service – 8am-8pm, provide contact within 0-48 hours and nursing/therapy assessment and care plan (pre D2A guidance service available until 4.30pm weekdays only)
- Attendance at a daily MDT / integrated working with acute trust and local authority
- Ongoing therapy provision as required to reduce deconditioning
- Tracking of patients on the D2A pathways for 6 weeks supported by performance reporting.

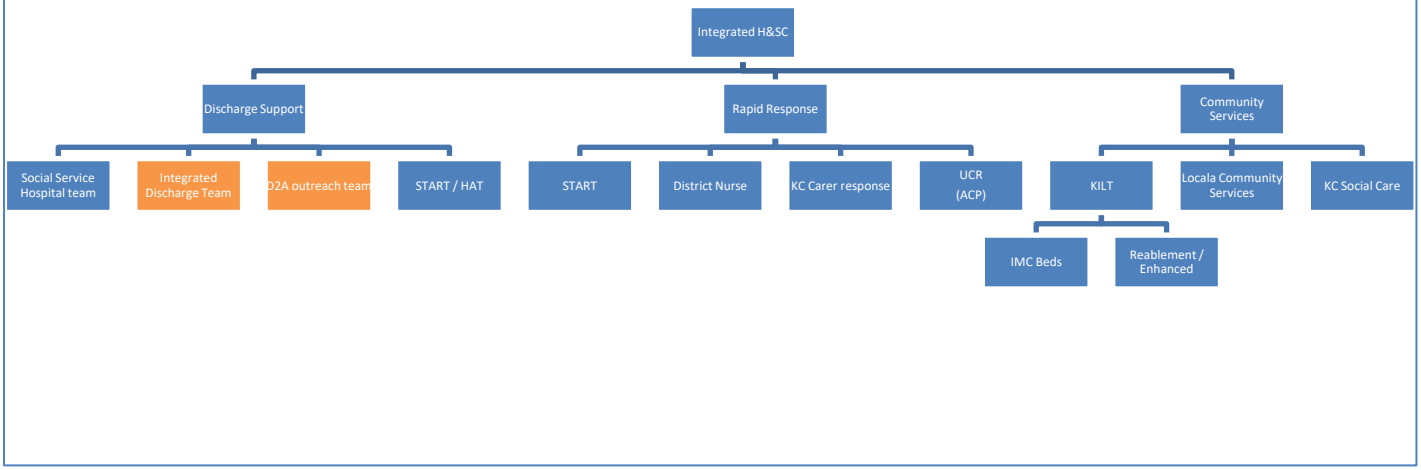
2.6 Positive feedback regarding the service has been received from key stakeholders including the NHS England Head of Nursing for Community.

2.7 In order to provide a sustainable, cost effective service, a business case has been developed with support from Kirklees Council and Acute Trusts. The business case supports continued delivery of the health/therapy requirements specified in the guidance, both in and out of hospital by the now established Locala D2A.

2.8 The model is supported by system partners and forms part of ongoing integration work creating efficiencies across the workforce to allow more time for patients resulting in better patient care and outcomes. This proposal was considered at the Kirklees Integration and leadership board, to ensure partners were sighted on recurrent commitment request.

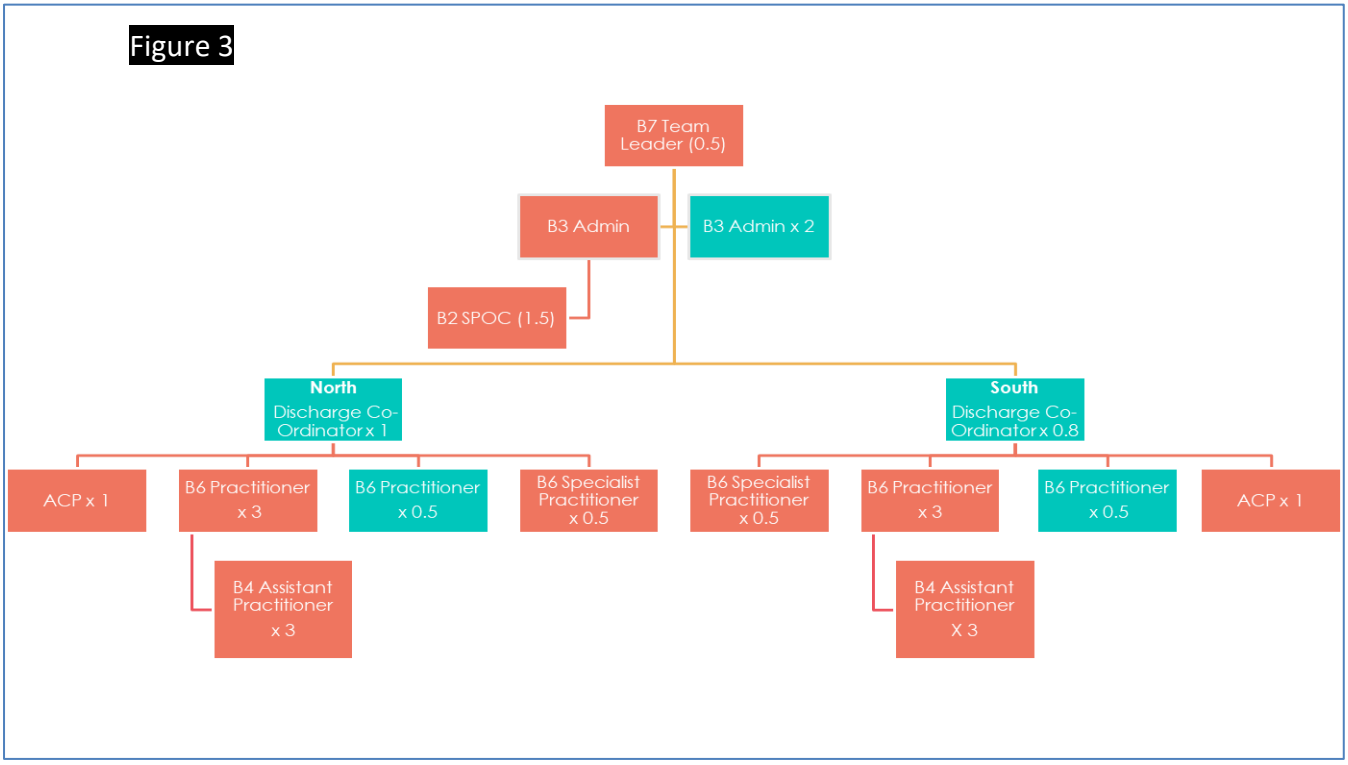
2.9 Figure 2 below shows an overview of the integrated health and social care community services highlighting the D2A teams in orange.

Figure 2



2.10 Figure 3 below shows a summary of the additional enhanced D2A workforce is shown below, orange boxes = enhanced staffing and turquoise = existing staffing.

Figure 3



2.11 The inclusion of Advanced Clinical Practitioners (ACPs) and a Specialist Practitioner (with a paramedic background) (SP) has delivered a number of benefits: -

- Advanced clinical management of patients on the D2A pathway reducing readmission
- Prescribing by ACPs for patients with urgent needs
- Intervention by the SP enabling see and treat for appropriate presentations
- Advice and support to other clinicians in the multi-disciplinary team on case management
- Creates opportunities to match the appropriate clinician to meet the changing needs of patients on the pathway
- Provide clinical support for patients who do require readmission, during that process.

2.12 Alongside the additional nursing and therapy staff required to deliver the D2A pathway requirements more admin staff have been needed to coordinate the service/provide tracking for 6 weeks as well as and manage the additional demands on the Single Point of Contact.

2.13 It should be noted that this business case has a focus on implementation of the D2A pathway to meet policy and guidance requirements. A further separate piece of work is required to review the impact of the D2A pathway on other parts of the system such as primary, community and social care.

2.14 See below for benefits realised through implementation of the D2A service.
For patients: -

- Timely discharge as soon as medically optimised
- A review within 48 hours of discharge and assessment of ongoing care needs
- Access to advance care practitioner / paramedic if needed
- Access to therapy support if required
- Supported to remain as independent as possible.

For the health and social care system: -

- Support timely discharge via an integrated, efficient and robust process
- 7 day, 8am to 8pm service
- Daily communication through MDT meetings
- Avoidance of deconditioning
- Reduced risk of re-admission
- Monitoring of patient outcomes

- Opportunity to identify issues and address early.

2.15 Finance

2.16 The CCG as part of good financial governance has undertaken several financial evaluations to establish the robustness of the costs proposed in the business case and the impact of the costs on the overall financial sustainability of the organisation. These tests include: -

- Due Diligence – Are the cost assumptions reflective of current prices and costs?
- Value for Money – Is the CCG receiving value as a return on investment?
- Affordability – Are the costs affordable to the CCG, and consider the long-term impacts?
- Financial Risk – Any financial risks that should be considered because of investing or not investing?

The following provides a comprehensive overview of these evaluations.

2.17 **Financial Due Diligence**

The anticipated overall recurrent annual cost of the investment is £0.924m. As part the due diligence evaluation a full review of the costs proposed to deliver the service has been considered to the confirm the accuracy and reasonableness of this investment.

The cost breakdown has been reviewed and the following summarises the financial information to support the discharge service: -

- Agenda for change rates have been used (at a combination of the top of the scale and the mid-point) and the relevant pension and national insurance contribution costs have been included
- Enhancements have been built in under agenda for change rates, for weekend and night working at an average increase of 2.8% on basic pay rates
- An assumption of a 2% for pay-award has been included which can be adjusted when final rates are confirmed.

Additional costs have been applied to the additional staff including: -

- IT costs to support mobile working
- Non-pay costs which include travel and subsistence and other non-pay
- Overhead costs of corporate services.

The review of the cost of the investment has confirmed, based on the information provided, that the cost is accurate and reasonable.

2.18 **Overheads**

As part of normal practice, the provider has applied their usual level of overhead charge at a rate of 18.4%. This value includes a percentage to cover its existing overheads, plus an additional 2% surplus value. However, there is an expectation that 1% of the 2% surplus will be invested back into patient services.

The CCG has discussed the level of overheads with the provider as it has been challenged that the marginal level of overheads required for an extension of a current service should be lower. The issue surrounding overheads is an area that is being discussed as part of the system agreement as the CCG moves towards the development of the Kirklees Place. Therefore, the provider has reduced the overheads to 7% for the current financial year, until these discussions are finalised and an agreed principle for the system is put in place.

As a result, the recurrent annual cost of £0.924m includes full overhead costs pending any system agreement. The recurrent annual cost at the reduced level of overheads would be £0.845m.

The cost is therefore assumed reasonable and in line with expectations based on the model provided.

2.19 **Value for Money (VFM)**

Alongside the financial due diligence, the decision will also need to consider whether the investment delivers value for money. Value for money is a consideration of what you are spending financially and what you receive as an outcome for that investment.

The CCG has reviewed the service costs and consider these reasonable as outlined in the above finance sections. What should now be considered are the benefits and outcomes that the investment will deliver.

It should be noted that value is not about achieving the lowest price for a service, it evaluates whether the money/resources paid achieves the optimal intended performance, whilst recognising internal or external factors in place that may affect performance. The system quality and outcome benefits, efficiencies and indicative system savings are described in appendix 2 section 4. The estimated system saving has been validated by the CCG.

From a financial estimated system gross saving it is anticipated that the investment will save approx. £3.545m over a 12-month period. The saving is based on a reduction of 10,246 excess bed days at a cost of £346 per bed day (based on published 2017/18 reference costs).
It should be recognised with all estimated savings the value is assumed gross and does not account for indirect costs in a provider that would not be released due to costs such as estates and infrastructure costs.

The proposal delivers tangible benefits and outcomes to patients and these are broken down in section 2.14. The benefits, whilst are difficult to quantify financially, support the timely discharge from hospital for patients and provide evidence of the delivery of value for money, which ultimately deliver the quality aspects expected from this investment.

Whilst alternative models have not been proposed (other than do nothing) optimal levels of staffing and relevant agenda for change bandings have been considered and reductions have been made to the original staffing model. This is important as the largest cost of the service is for pay.

In summary the discharge support delivers Value for Money.

2.20 **Affordability**

The cost of hospital discharge support has been built into the financial plan (which has been agreed by the Governing Body) in 2021/22 and this means that the proposed business case is affordable in 2021/22.

Affordability in future years is more difficult to ascertain due to the following: -

- The CCG does not yet know its allocation for the second half of this financial year and does not yet know the future funding allocation and framework for the Kirklees place within the West Yorkshire ICS
- The CCG has an estimated underlying recurrent deficit of between £3m to £4m to manage
- The CCG has a QIPP (efficiency saving) requirement to deliver in the first half of 2021/22 and potentially a higher QIPP to deliver in the second half of the year.

However, it is important to put the proposed spend of this investment into context. The cost of hospital discharge service, at £0.924m, is approximately 0.3% of overall acute spend in 2021/22 and 0.15% of the overall estimated CCG allocation in 2021/22.

On balance it is reasonable to assume that this service is affordable in future years based on current information but recognising the commitment to this scheme is an additional recurrent cost and once it has been agreed, funds cannot be spent on any other priority.

2.21 **Financial Risk**

With any investment there are financial risks that need to be considered as part of the decision the Governing Body will make. Below is a summary of risks that have been considered as a result of this investment: -

- The discharge service is dependent on discharge beds being available recurrently. Currently the CCG are purchasing these beds via a spot purchase arrangement at an estimated annual cost of £2.652m. The funding for these beds is currently being claimed from the national hospital discharge fund. However, there is some uncertainty around the continuation of this funding. The costs of these beds should be mitigated by the increased provision of the discharge service in peoples own homes
- There is a risk due to unknown levels of future funding allocations, management of the CCG's underlying deficit and future delivery of potentially increased efficiency savings
- The block booked and spot purchase discharge beds have been used as non-weight bearing beds. Funding for non-weight bearing beds still requires a permanent system funding solution and this is potentially an additional discharge cost. This is currently being discussed with system colleagues.

3. Next Steps

3.1 Subject to governing body approval the D2A Enhanced Team plan to: -

- Continue to maximise all opportunities to integrate creating efficiencies across the system workforce
- Continue to monitor, review, and evaluate the D2A pathway model as part of wider system approach
- Implement a detailed service review in March 2022
- Develop pathways between secondary and primary care (work commenced)
- Review the model and integrated workforce with all partners in line with developments for 2022/23
- Work with the system to develop a hospital at home/virtual ward model
- Engage with mental health services to bring into the integrated system model
- Improve medicines management from hospital to home (including residential settings)
- Improve communication between hospital and primary care to support continuity of care
- Continue to identify opportunities for integration across health and social care to further develop efficiencies
- Continue to review the evidence base from other areas and enhance the service /adopt best practice where appropriate
- Continue to develop engagement across the CKW patch.

4. Implications

4.1 Quality and Safety Implications

An initial QIA was completed by Locala to support the enhancement of the D2A team. A CCG QIA has been completed to as part of the assurance process to support the D2A business case, this has predominantly identified positive impacts for patients and the system, some negative impacts were identified however, these have been mitigated against.

4.1.1 The following risks have been identified should the enhanced D2A service not continue: -

- **Patients –** poor experience due to delayed discharge, increased length of stay (LOS) in hospital, risk of deconditioning, potential for increased ongoing care needs when discharged, risk of unnecessary re-attendance at A&E or re-admission, mental health impact
- **Social Care –** increased workload for referrals, delayed discharge into D2A beds, missed opportunities, potential for increased ongoing care needs
- **Secondary Care** – delayed discharge, increased LOS patients, risk of deconditioning and increased dependency, impact on therapy teams, impact on bed capacity/hospital flow, increased risk of A&E re-attendance/re-admission
- **Primary Care –** increased pressure post discharge (reduced communication from hospital re transfer; medication issues; delayed ongoing referrals; increased care needs)
- **Community Services –** increased waiting lists due to increased care needs, pressures on services to meet demand (including increased 0-2 hour response requirements), unnecessary re-admissions.

4.1.2 The following risks to the existing enhanced D2A service have been identified should the business case for continuation not be approved: -

- Reduced workforce and non-sustainable workforce resulting in inefficiencies
- No capacity to have one health and social care route for discharge referrals for into the community
- Increased LOS in temporary beds as part of D2A pathway
- Risk of increased pressure on D2A service with no capacity to meet the demand during winter
- Ongoing financial risk should short term funding be needed for winter with the need to use agency staff if they can be sourced
- Service offer reduced to weekdays, ending at 5pm
- Health support staff not available to support rapid discharge, reducing capacity and support to Acute Trusts and Social Care
- Limited capacity to track patients on D2A pathways for 6 weeks.

4.1.3 The Kirklees system will not be able to adhere to the D2A guidance without continuation of the existing enhanced D2A service.

4.2 Engagement and Equality Implications

4.2.1 An initial EIA was completed by Locala to support enhancement of the D2A team. A CCG EIA has been completed to as part of the assurance process to support the D2A business case which identified implementation opportunities to strengthen system impacts.

4.3 Resources / Finance Implications

4.3.1 The recurrent annual cost of the D2A service with overheads charged at the usual rate is £0.924m. The recurrent annual cost of the D2A service with reduced overheads at 7% is £0.845m.

5. Recommendations

It is recommended that the Governing Body: -

1. Receives the business case, proposed D2A service and new staffing model slides

2. Supports the D2A pathway delivery model and planned detailed D2A review

3. Supports the business case.

6. Appendices

Appendix 1 – D2A Presentation

Appendix 2 – D2A Business Case

Kirklees Integrated Health & Social Care Services –

continuation of model in compliance with national discharge guidance and response to year on year pressures

Saf Bhuta(Kirklees Council), Helen Duke (Locala), Hannah Wood (CHFT)

Background / Context

- Year on year pressures have been observed by the system relating to hospital discharge and re-admission avoidance, with interim resources made available for winter pressures that are being seen all year round (temporary workforce not sustainable and more expensive)

- Integrated service offer and enhanced workforce introduced in response to the increase in pressures, as well as the introduction of the D2A national guidance to support patients coming out of hospital on pathway 1-3 who have additional health and social care needs.

- Enhanced workforce covers gaps in services *not offered* pre-guidance and the *new* roles identified as part of the guidance (e.g. Therapy outreach in interim beds)

- Service tested with a review of integrating teams, with the change to a more flexible approach moving forwards including offer of interim support within the patients home as well as a D2A bed. Positive feedback from key stakeholders including NHSE Head of Community Nursing (Sam Sherrington)

- Business case developed with support from Kirklees Council and the Acute Trusts (Mid-Yorks and CHFT) for Locala to continue to deliver the health/therapy to deliver the additional ask in the guidance both in and out of hospital. The model fits within the wider system offer and will form part of ongoing work with key stakeholders to continue to work together. The expectation is to become even more integrated creating efficiencies across the workforce to allow more time for patients resulting in better patient care and outcomes working in partnership with PCN's and VCS.

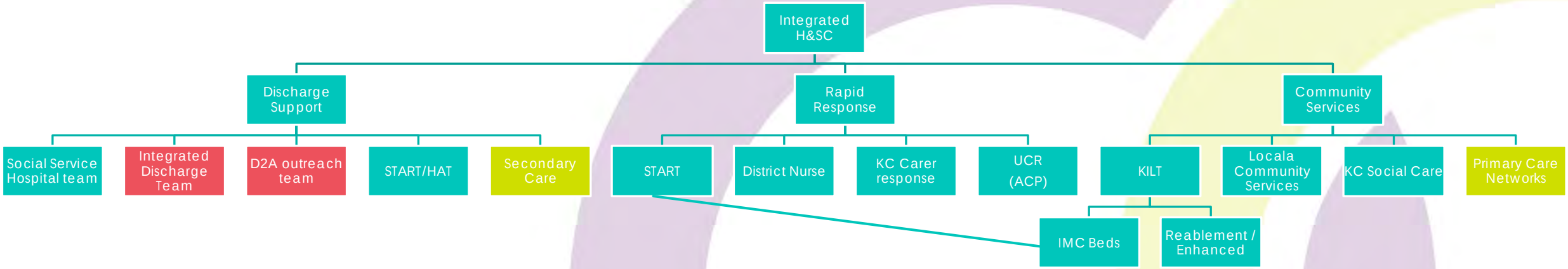
Kirklees Integrated Health & Social Care Services

Key

Integrated Health & Social Care services

Enhanced services

System Partners



D2A Service Offer (including future model) [Tested during pilot period]

- **Hospital discharge support**
  - 7 day service (8am – 8pm)
  - Work with Acute Trust Discharge team and LA Social care team to support rapid discharge
  - Triage referrals pathway 1-3 with daily MDT
  - Link in with community services including LA D2A bed Co-ordinators, CHST, KILT services for onward care

- **Community support (Widening support in patient's homes as well as Care home temporary beds)**
  - To provide interim support to patients who have been rapidly discharged;
    - Those who require further assessment
    - Their ongoing destination/POC not ready to commence
  - Provide 0-48 hour contact post discharge to those on interim D2A pathway
  - Continued engagement within PCN's
  - Provide Nursing / Therapy assessment and care plan to those in D2A spot purchase bed or at home
  - Engage with primary care and social care as part of the holistic assessment
  - Continuity of care into ongoing services

Performance Information – Discharge to Assess (D2A)

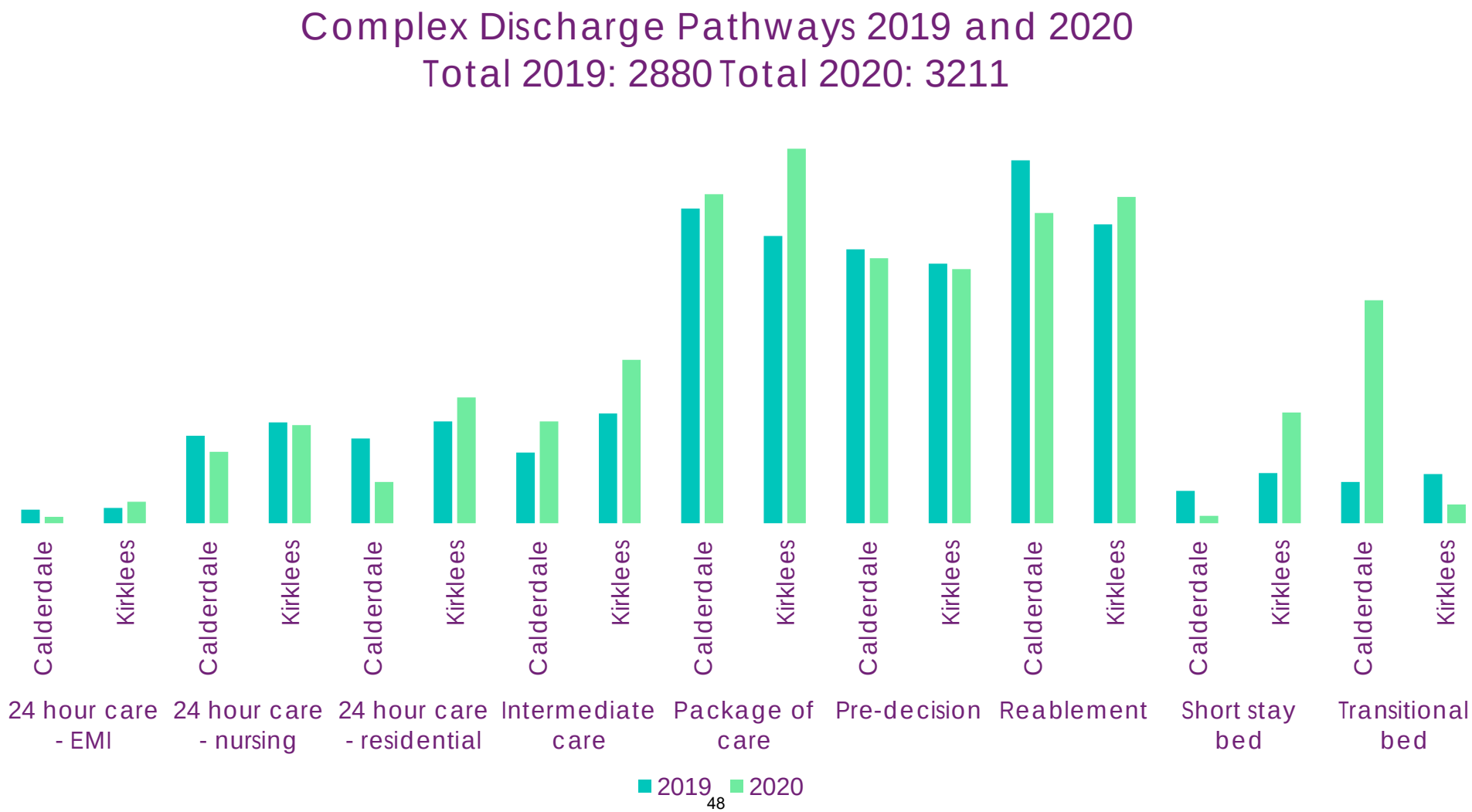
- **Discharge to assess (November 2020 – April 2021)**
  - **5,123** patients discharged through integrated hub (requiring Health and/or social care)
    - **4,425** had recorded pathway outcomes
      - Pathway 1: **3,924**
      - Pathway 2: **203**
      - Pathway 3: **297**

[Inappropriate referral: 109 / No pathway specified: 590 / Average of 85% patients remain at home 30 day post discharge]

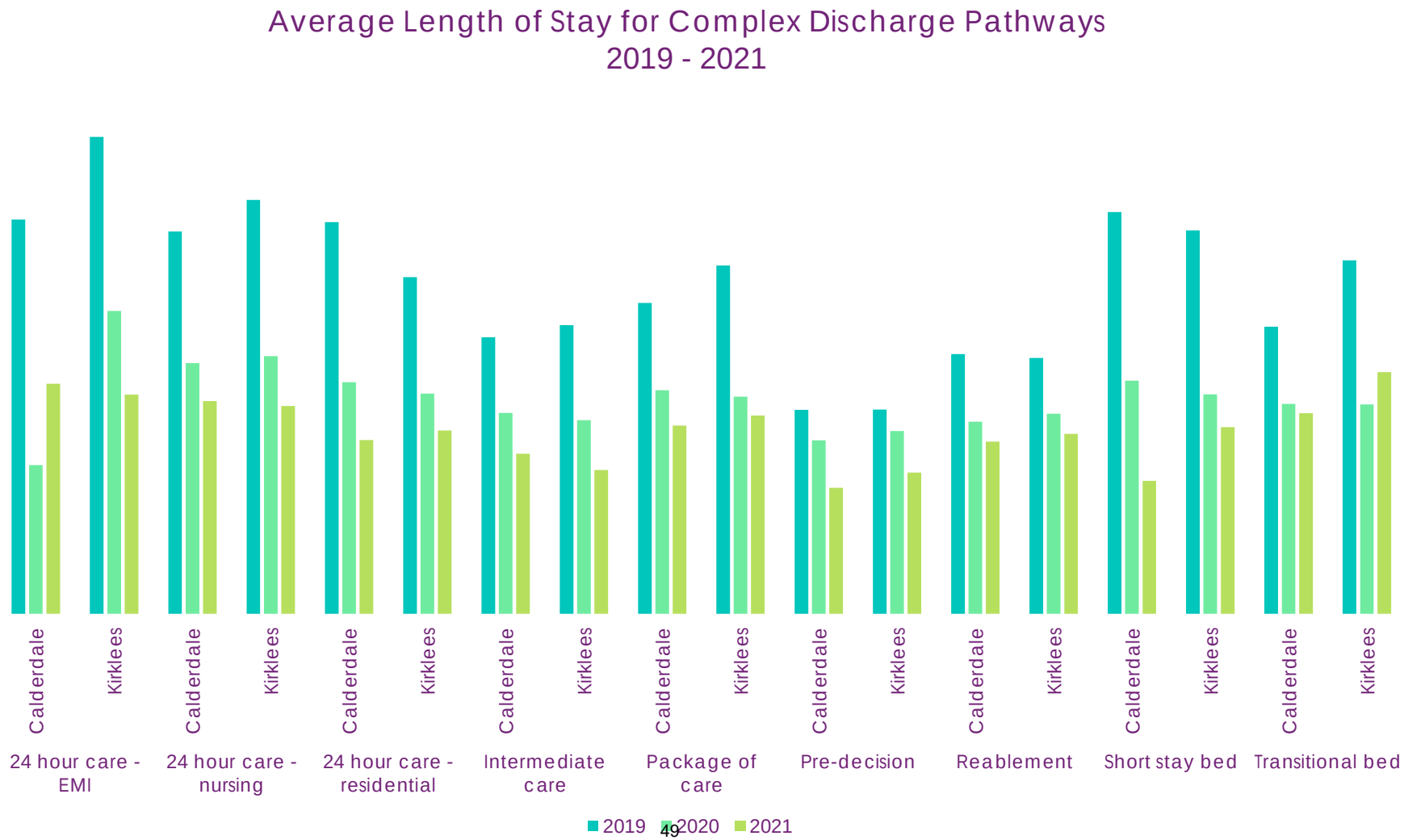
- **D2A beds – LA (May 20 – April 21)**
  - **Placements: 548**
  - **Average LOS: 29.4 days**
  - **Overall occupancy rate: 46%**

- **Locala support into D2A beds (D2A + NWB: Dec 20 – May 21)**
  - **Referrals: 387** [329 D2A + 58 NWB (105 NWB over 12 months)]
  - **Contacts: 1288** [856 D2A + 432 NWB]
  - **Activity Hours: 86,922** [59,652 D2A + 27,270 NWB]

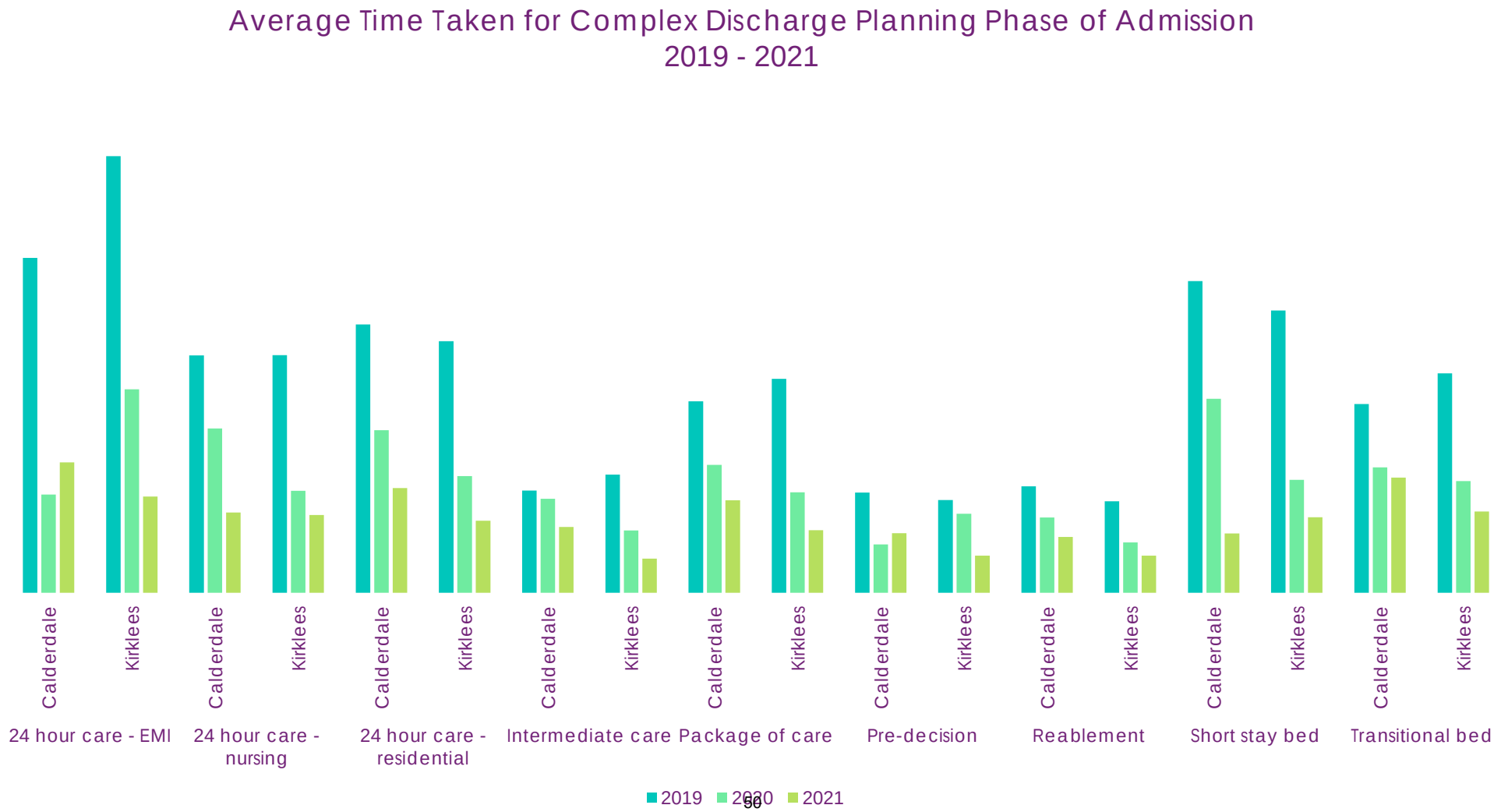
Secondary Care performance information - CHFT



Secondary Care performance information - CHFT



Secondary Care performance information - CHFT



Financial information – 2019 - 2022

The proposed scheme has a recurrent cost of £0.924m

The change in both costs and whole time equivalents between 19/20 and the recurrent proposal are shown in table 1 and 2

Table 1	2019/20 Cost £m	2020/21 Cost £m	2021/22 Cost £m	2022/23 Cost £m	2020/21 Additional Cost £m	2021/22 Additional Cost £m	2022/23 Additional Cost £m
Discharge in CC2H	0.114	0.257	0.257	0.241	0.143	0.000	(0.016)
Winter funding	0.154				(0.154)	0.000	0.000
Enhanced Discharge		1.173	0.937	0.924	1.173	(0.236)	(0.013)
Total annual cost	0.268	1.430	1.194	1.165	1.162	(0.236)	(0.029)
Discharge Bed Admission		3.527					

Table 2	2019/20 WTE	2020/21 WTE	2021/22 WTE	2022/23 WTE	2020/21 Additional WTE	2021/22 Additional WTE	2022/23 Additional WTE
Discharge Staffing	1.8	21.3	19.8	19.8	19.5	(1.5)	0.0

Financial information continued (to be read in conjunction with the financial tables)

Notes:

The costs in table 1 show the equivalent annual costs of the discharge service

Part of the discharge support service is in the existing CC2H contract and this is included in tables 1 and 2 In 2020/21, in response to the COVID pandemic and hospital discharge guidance, discharge services were enhanced for the last 6 months of 2021/22.

The costs shown in the table are annualised costs and not actual costs incurred. The annual impact of additional WTE and cost is shown in 2020/21 as an increase of £1.162m. The actual part year cost increase was c£0.5m.

The cost in 2021/22 includes a reduced level of overhead costs and also the impact of agency costs in the first 6 months

The cost in 2022/23 includes full overhead costs and the cost of permanent staff. The recurrent additional cost is £0.924m

The cost of beds admissions do not form part of the discharge proposal, however these are costs that are incurred to support discharge from hospital. The costs for 2021/22 are included in table 1 to give an indication of the costs of the overall service Discharge beds were block booked in 2020/21 and this has moved to a spot purchase arrangement in 2021/22

The new model will reduce the need for bed admissions and the length of stay - this will be evidenced in the full business case

Benefits

- **Strategic**
  - Meets the national requirements for discharge pathways and home first approach
  - Fills a system gap as part of the wider integrated model and service offer
  - Improved community service offer
- **System**
  - Supports the pressures year round
  - Sustainable workforce and consistent service delivery
  - Continuation of a tried and tested model, improved flexibility meeting patients needs
  - One referral route for discharged patients
- **Secondary Care:** Reduced pressures on bed days in hospital, reduced LOS in hospital, reduced demand on A&E
- **Primary Care:** Support communication with primary care, reduced attendance of patients post discharge
- **Social Care:** Integrated model working in partnership with social care, support with assessment
- **Patient Care:** Excellent quality care, improved experience, seamless journey, home first priority

- **Provisional Measures/Metric** (developing integrated performance measures and reporting with key stakeholders)
  - Reduce LOS within hospital
  - Increased number of patients supported at home
  - Reduced re-admission to hospital
  - Improved patient experience
  - Discharged patients contacted within 48 hours
  - Reduced LOS in D2A spot purchase bed

Partner feedback

Secondary Care (Discharge team compliment)

" I just want to say thank you to the team for today's effort in supporting a reduction in MOFD. You've done a marvellous job with only 3 people remaining as inpatients without a clear date of discharge or exist destination. Thanks again" Lyndsey Scaife - Head of Integrated Discharge, Mid-Yorkshire Trust (08.06.21)

Local Authority – Social Care (D2A outreach team compliment)

"I do not even know where to start. The discharge to assess bed team is amazing!!! Each day is different, and it comes with its challenges but with the support from everyone in the team, the pressure is lifted from you in no time. Everyone is pulling together to help support the vulnerable adults recover during this Covid-19 Pandemic. These morning meetings are amazing, I always look forward to them every day.". Michelle Sibanda - social services (28/01/21)

Partner feedback - continued

Primary Care (out of area discharge compliment)

"I just wanted to drop you a line to say how much myself and patient X have appreciated the help you have given. You truly are a lifesaver and ***how quickly the team has responded has made a significant difference to the family life****.*

I can't believe that [he] was discharged from hospital with no care put into place and mum was desperately trying to manage. I'm sure you remember but he….had an accident that had left him paralysed from the waist down, waiting out patient appointments and poor mum was trying to juggle working and getting the help he needed while consultants argued about who was going to look after him (neuro, psych, child or adult services) An appalling state to be in. She had gone and bought a second hand wheelchair and had pulled from all family members to help her and continued to chase different consultant secretaries with no help.

Your team efficiently spoke to her, established what she needed and quickly acted on what care was needed*. I received a call from her not long after to thank me for what I had done as it helped so much and I told her I would pass on her thanks.*

I genuinely don't know what would have happened if the team hadn't stepped in, not just for the young lad but also for the sanity of his mum, who is eternally grateful for the help she received.

Thank you once again." Dr N Mounsey – South Kirklees GP (June 2021)

Risk of the service not continuing

- **Risk to the system**
  - **Patients –** increase LOS hospital, patient deconditioning, wait for services, unnecessary admission, mental health
  - **Social Care –** impact on discharge, increase workload for referrals, delays D2A beds, missed opportunities
  - **Secondary Care** – increased LOS patients, bed capacity, A&E attendance, delay discharge
  - **Primary Care –** increased pressure, communication from hospital transfer, meds management, delay referrals
  - **Community Services –** waiting lists, pressures, unnecessary admissions, increased 0-2 hour responses

- **Overall risks for the team / service**
  - Reduce workforce and non-sustainable workforce resulting in inefficiencies
  - No capacity to have one route discharge referrals for H&SC into the community
  - Increased LOS in temporary beds as part of D2A pathway with no health input outside of Primary care
  - Risk of increased pressure and no capacity to meet the demand during winter
  - Financial risk of requiring short term funding with the need for agency staff if they can be sourced
  - D2A guidance not adhered to;
    - Service not offered 7 days (8-8)
    - Health support staff not available to support rapid discharge, reducing capacity and support to Trust and Social care
    - Limited capacity to track patients on pathway 1-3 for 6 weeks
    - Performance reporting to track patients 6 week post discharge not completed

Future improvement and efficiency (within resource)

- To continue to become more integrated creating efficiencies across the system workforce, to allow more time for patients resulting in better patient care, experience and outcomes.
- Continue to monitor, review and evaluate the discharge model as part of wider system approach.
- Support the development of pathways between secondary and primary care (work commenced).
- Review the model and integrated workforce across all partners in line with developments 2022/23.
- Develop home first model as a system within PCN's and with VCS.
- Engage with mental health services to bring into the integrated system model.
- Improve medicines management from hospital to home (including residential settings).
- Improved communication between hospital and primary care for continuity of care.
- Continue to develop engagement across the CKW patch.

Business Case

Title	**Community health funding to meet the requirements of the Discharge to Assess Guidance for 2021/22**
Date	
Version	V1
Project Lead	Helen Duke
Senior Responsible Officer	Jane Close
Lead Clinician	Katy Littlewood
Contributors	Acute Trusts, Local Authority, Locala leads, CCG

Content

Document Control

Revision History

Version	Author	Reason for Issue	Date

Document Distribution

Number	Owner	Location
1		
2		

1. INTRODUCTION AND PURPOSE

The purpose of this business case is to seek ongoing funding to ensure services that have been introduced and enhanced during 2020/21 can be continued into 2021/22, in line with national guidance around Discharge to Assess (D2A).

Initial funding to Locala enabled the creation of the following health services,

- A discharge outreach team
- An enhanced discharge in reach team
- A central, co-ordinating team for D2A patients with health needs

This has enabled the creation of an enhanced service offer for patients, which enables discharge from hospital onto an appropriately resourced care pathway (either supporting them at home or in supported temporary accommodation, whilst they undergo further clinical assessment and intervention or until their long term care is in place).

This paper,

- Explains the role of these teams within the wider Discharge to Assess response
- Explains their relationship with similar, historical services delivered by Locala and the local authority
- Reports on activity to date within the services,
- evaluates the impact they have had within the local health economy,
- assesses their continued relevance to national policy and guidelines
- evaluates ongoing need
- reviews the current structures and suggests refinements that will maximise operational efficiency and deliver some cost savings

2. The Discharge to Assess (D2A) initiative

Partly in response to pressures created by the Covid pandemic and recognising that the issue of delayed hospital discharges remained an issue before this, national guidance was issued in August 2020 around the development of new and additional discharge management responsibilities. in 2020/21, this was supported by central funding

As the CCG currently commissions Locala to provide a range of community health services through the Care Closer to Home contract, it was agreed to fund additional services specifically related to this recent guidance This was on a non-recurrent basis.

The D2A guidance requires that all patients being discharged from hospital with health and/or social care needs are supported to ensure they are discharged rapidly, including those same day discharges required in response to hospital pressures. These are patients who do not fit, and would not benefit, from alternative intermediate care pathways. The community provider is expected to log and track all these patients on pathways 1-3 (see below for details of these) for a minimum of 6 weeks post discharge, with performance data going beyond this to track re-admissions. It is a requirement that the additional service operates from 8am to 8pm (as a minimum), seven days a week.

In response, Locala, in partnership with Kirklees Council, has developed a service dedicated to delivering this and integrated this to enhance its wider service offering. To meet the additional requirements and demand, Locala established a range of dedicated health and therapy teams specifically to deliver these

new requirements. The staffing model for these teams is attached as **Appendix 1.** A team of staff were recruited to these teams on a permanent basis; as part of the negotiations arising from the original funding decision, Locala agreed that they would make the decision to recruit at risk, accepting that either further funding would be made available or the workforce would be deployed into other areas with.

The D2A outreach service (health and therapy support in the allocated D2A and NWB beds) became operational mid-November 2020. This built on Locala's existing response to the guidance, which commenced in April 2020, using agency colleagues. A service specifically for non-weight bearing patients has also run through the winter and is currently planned to continue until the end of Q2

To fulfil Discharge to Assess national guidance, identified patients have been eligible for up to 6 weeks (now reduced to four weeks) of funded support through Social Care or Continuing Health Care. In order to ensure compliance with the recommended same day discharge, if a patient requires further assessment, or if their ongoing service is not ready, then they have been allocated a D2A bed (now spot purchase bed) and discharged from hospital as per the D2A approved pathway. This pathway was introduced to ensure all patients who require health and/or social care are supported in a care home and under the proposed model this is opening up to support patients in their own home, in line with the home first approach. All referrals requiring clinical community support come via the integrated discharge hub. Referrals are triaged by the integrated team, the pathway is decided and the relevant social care or health team progress discharge. Data is collated by the hub who ensure out of hospital support is in place and tracked.

Within this the enhanced service, the team, covering a range of disciplines and in partnership with social care, provides wraparound care into the D2A beds ensuring patients with health and therapy needs are supported during their time in the beds, with the ambition to move people through safely and timely so they can move to their next destination (Home, IMC bed or other residential care home), preventing deconditioning and dependence

Relationship to other services

One of the long-standing concerns and priorities for health and social care has been the creation of pathways and services that enable the safe and timely transfer of patients from acute to community health and social care. Despite the effectiveness of historical initiatives, the scale of the problem has meant that areas of demand have remained unmet. In the year up to Feb 2020, when collection of dates was suspended the Calderdale and Huddersfield NHS Trust recorded an average of 534 bed days per month related to delayed transfer of care. In the same period, the figure for Mid York's Hospital Trust was 1291.

The ongoing pressures from the Covid outbreak have therefore amplified what are now year-round pressures, as what was once primarily a winter demand problem now extends into the summer months. Short term funding solutions aimed at meeting seasonal demand have been effective in the past, this proposal creates an opportunity to contribute to a year-round solution.

To maximise benefits, Locala has ensured that the D2A health teams benefit from access to Locala's Single Point of Contact, are integrated with its wider suite of intermediate care services and work closely with secondary care discharge management teams and Local Authority partners. The functional relationship of these new services with existing services is described in **Appendix 2**.

Operating within this wider, integrated model, the D2A service can benefit from working closely with other related initiatives, creating the maximum opportunity to deliver additional benefits from the investment. Existing services now closely allied with, and linked to D2A, include

- **Integrated Services (KILT)**
  - Intermediate Care Services
    - IMC bed bases (Ings Grove House / Moorlands Grange / Newsome Nursing Home)
    - Reablement - Therapy
    - Enhanced Reablement – Nurse / Therapy (to meet planned complex needs as an enhancement of the reablement service offer)
- **Local Authority**
  - Adult Social Care
  - Accessible Homes Team / LA Occupational Therapy
  - Kirklees integrated community equipment services
  - Short Term and Urgent Support Team (STUST)
  - Hospital and Community Social Work teams
  - Homelessness & Housing support case worker
  - D2A and Designated Bed Coordinators
  - Moving and Handling Team – Single Handed Care
  - IMC Bed Coordinators
  - Reablement Service
  - Home First – Care Package bridging and rapid team
  - Safeguarding
  - Care Package Brokerage Team
  - Hospital Avoidance Team
  - Frailty SDEC Care Navigation Team
  - Kirklees Integrated Equipment Service with enhanced support for discharge into care homes
  - Rapid installation of Carephone monitored home safety equipment

- **Locala Community Services including;**
  - District Nursing
  - Adult Therapies
  - Specialist Nurses
  - Care Home Support Team
  - Post COVID Syndrome Co-ordination pathway

D2A adds an additional depth of support not otherwise available. For instance, whereas the enhanced reablement pathway can offer support to those who can manage at home with some additional support with the requirement for Local Authority input, D2A offers an additional staged pathway with interim rehabilitation, significantly broadening the offer from community services in delivering support to secondary care in facilitating timely discharge. This support is available to all patients who may not require intermediate care services.

3. ACTIVITY TO DATE

The D2A in reach to D2A bed service became operational mid-November 2020. This built on Locala's existing response to the guidance, which commenced in April 2020, using agency colleagues. A service specifically for non-weight bearing patients has also run through the winter and is now incorporated into the D2A model of interim support.
Within the D2A initiatives, the Locala health elements contribute to activity in three areas,

- In secondary care, supporting hospital discharge teams to identify and triage patients into the service
- Within the D2A beds, providing therapy to maintain patients waiting for their eventual long term care arrangements
- In A&E and Frailty units, assessing and intervening to divert A&E attendees into the D2A service rather than a hospital bed, and to offer early transfer to those beds for patients already admitted to Frailty units.

Since the commencement of these additional services, the following activity has taken place

- **Discharge to assess (November 2020 – April 2021)**
- **5,123** patients discharged through integrated hub (requiring Health and/or social care)
- **4,425** had recorded pathway outcomes
    - Pathway 1: **3,924**
    - Pathway 2: **203**
    - Pathway 3: **297**

- Within the D2A and NWB beds element of the service,the following has been delivered **Locala support into D2A beds (D2A + NWB: Dec 20 – May 21)**
- **Referrals: 387** [329 D2A + 58 NWB (105 NWB over 12 months)]
- **Contacts: 1288** [856 D2A + 432 NWB]
- **Activity Hours: 86,922** [59,652 D2A + 27,270 NWB]

Even with these services, pressure on secondary care has remained heavy and community services increasingly are asked to accept more acutely ill patients and patients who have deconditioned because of lack of therapy input in hospital.

4. BENEFITS OF THE SERVICE

The D2A service has delivered benefits in a variety of dimensions

a The patient experience and service improvement

Through the service, patients have experienced;

- Enhanced and more readily available health and social care support to enable their timely discharge from hospital, providing interim support during any short stays in a supported setting and preventing unnecessary admissions and avoiding re-admission back into the hospital.
- A more flexible approach in supporting diverse needs, delivering a system wide approach to support in the interim and longer term.
- The benefits of an integrated approach to managing timely discharges with a new standard discharge form launched in April 2021. This consisted of an integrated health and social care team supporting patients on pathway 1-3 with rapid discharge.

Locala and Kirklees Council have developed the D2A pathway as a fully integrated service, maximising the benefits to be had from other health and social care services. This has enabled;

- Establishment of clear criteria to support the pathway, ensuring patients with health and social care needs are managed in a timely manner.
- The development of a more integrated pathway and service involving Locala, Kirklees Council and Acute Trusts.
- The establishment of a D2A community support team that ensures patients are supported in their interim setting, at home as preference or within a temporary care home bed where required, to avoid deconditioning and / or re-admission to hospital, providing continuity of care relating to their health and therapy needs.
- The introduction of an enhanced workforce to avoid re-admissions and meet the demand of the 0-2 hour response guidelines, including allowing the capacity to refer into rapid social care and 0-2 KILT services (Intermediate Care beds and/or community e.g. reablement).
- Better links into intermediate and long-term care packages.
- More integrated pathways and service offering with Locala, Kirklees Council and Acute Trusts.
- The development of more streamlined referral processes, utilising one discharge form, logging of patients and patient tracking, to ensure high quality performance data.
- Opportunity to use technology differently including record keeping.
- Opportunity to better bridge the gap between acute and primary care, with increasing joint working.

b The local health economy: demand management and cost effectiveness

Freeing up capacity in secondary care and cost effectiveness

Assessing the impact of a specific policy initiative in a complex, changing environment is difficult, and the events of the last twelve months make this particularly challenging. The main data source that would help to assess the beneficial impact of D2A (delayed discharge reports_ has been suspended since February 2020, and there is as yet no national benchmark framework for this initiative. Locala is however working with the CCG to develop a more precise methodology, using available data, to attempt to fully quantify the ongoing benefits of the initiative

Operationally (and using data from parallel services such as Intermediate care and social care) it is clear that pressure on secondary care arising from delayed discharges continues.. The ongoing contribution of D2A and UCR to ameliorating this remains essential.

Published NHS reference costs, as at 2017/18 show that the cost of each excess day spent in hospital is £346. Using this cost and working on the assumption that each facilitated discharge saves one excess day, the annual cost benefit of excess days saved (10,246 x £346) could be calculated as up to £3,545,116. The figure of 10,246 bed days is based upon the activity managed by the initiative (5123 patients supported from November 2020 to April 2021) and extrapolated to obtain a full year figure. Although the D2A service has been active through a period of high demand, the problem of delayed discharges is now a year-round issue, so it is reasonable to calculate this as a whole year benefit.

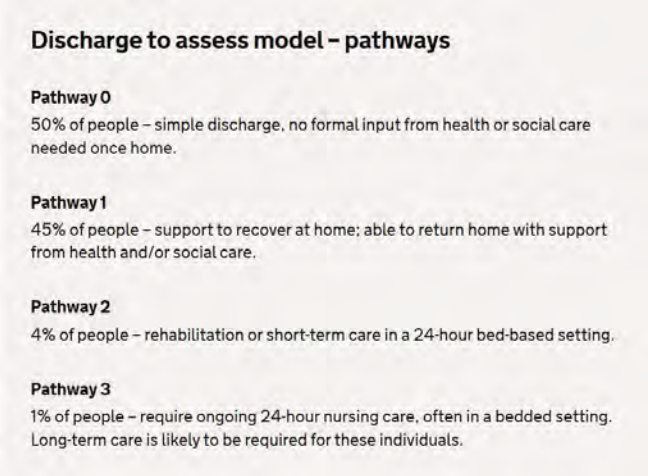
Even allowing for an overestimate of delays saved to admission, and after factoring other factors (e.g. patients may have been discharged elsewhere more quickly, because of Covid pressures) it is clear that these schemes contribute significantly to both the management of bed pressures and to the more efficient use of heath economy resources.

c The local health economy: integration and added value

The development of the D2A pathways has significantly enhanced the suite of packages aimed at creating a timely passage of patients from secondary care and into an appropriate community based therapy and care environment, benefiting patients whose chances of successful rehabilitation are increased, and the

acute hospitals through a reduction on demand for beds and for on-site therapy services to these patients This pathway encompasses CHC assessments, social care assessment and the non-weight bearing pathway As a system there were additional isolation beds for covid positive patients who received the same level of support.

Operating seven days a week, 8am to 8 pm, D2A creates an opportunity to assess and direct patients onto a beneficial pathway without avoidable delays. Pathway destinations include not only care homes but also the patient's own home, all with appropriately assessed levels of rehabilitation and support. The pathways it makes available are as stated in the national guidance:



Discharge to assess model – pathways

Pathway 0
50% of people – simple discharge, no formal input from health or social care needed once home.

Pathway 1
45% of people – support to recover at home; able to return home with support from health and/or social care.

Pathway 2
4% of people – rehabilitation or short-term care in a 24-hour bed-based setting.

Pathway 3
1% of people – require ongoing 24-hour nursing care, often in a bedded setting. Long-term care is likely to be required for these individuals.

Effective delivery of the patient's journey through whichever of the pathways has been assessed as appropriate, hinges upon the links that the D2A service has built as part of its development. Part of a wholly integrated approach to discharge management, D2A operates as an integral element of the Kirklees Integrated Health and Social Care model and creates a significant broadening of the in reach and outreach opportunities in the community.

Operationally, D2A delivers additional benefits to acute care. As well as working closely with hospital discharge management staff to in-reach into a wide range of hospital wards, D2A has also introduced,

- Enhanced cover into A&E to enable the early diversion of patients, who would otherwise been admitted, onto a more appropriate community pathway
- Additional support to the Frailty Ward service, creating enhanced opportunities for this service to discharge safely and appropriately within its five-day limit, as support to START

In addition, the operation of the D2A service relieves pressure on therapy services in the acute hospitals. Patients not discharged onto a remedial, rehabilitative pathway in a timely manner are at significant risk of deconditioning while inpatients. To avoid this, therapy services, working across agencies, are required to deliver rehabilitation in hospital to these patients, often only after significant delay. By taking responsibility for these patients and enabling patients to more rapidly move onto an appropriate pathway, focused on getting people home, the multi-agency approach used within D2A reduces demand on hospital therapy services, which can then concentrate on other high priority groups.

The availability of the D2A teams and supported pathways also enhances the options available to the now wide range of admission avoidance initiatives that operate in conjunction. With the investment in additional staff, and the availability of D2A pathways, the following services have increased their effectiveness in admission avoidance

- **Short Term Assessment Response Team (START)**
    - START additional support within the hospitals with patients who have been in hospital for 0-5 days and are being discharged to their own home
    - Referrals come through the HAT / relevant ward as required
    - START assessment and care plan completed and actioned
    -

D2A is also currently developing new initiatives to enhance its operations and the benefits to both the patient and the wider health economy

d Workforce enhancements

,
The introduction of the D2A initiative has enabled the reinforcement of community teams and resources. In particular the inclusion of Advanced Clinical Practitioners (ACPs) and a Specialist Practitioner (with a paramedic background), (SP) has delivered a number of benefits

- Advanced clinical management of patients on the D2A pathway reducing readmission
- Prescribing by ACPs for patients with urgent needs
- Intervention by the SP enabling see and treat for appropriate presentations
- Advice and support to other clinicians in the multi-disciplinary team on case management
- Creates opportunities to match the appropriate clinician to meet the changing needs of patients on the pathway
- Provide clinical support for patients who do require readmission, during that process.

e Adherence to national policy requirements

The “Hospital Discharge Service: Policy and Operating Model” originally published in August 2020 remains in force and was updated in February 2021. Responsibilities remain unchanged in that,

> “Health and social care systems are expected to build upon the hospital discharge service developed during the COVID-19 response, incorporate learning from this phase, and ensure discharge to assess processes are fully embedded for all people aged 18+”

The current service delivered by Locala meets the essential requirements for care providers, that is,

- “Have an easily accessible single point of contact who will always accept assessments from staff in the hospital and source the care requested, in conjunction with local authorities.
- Deliver enhanced occupational therapy and physiotherapy 7 days a week to reduce the length of time a person needs to remain in a hospital or care home rehabilitation bed.
- Monitor the effectiveness of reablement and rehabilitation, avoiding, reducing and delaying long term care needs.
- Use multi-disciplinary teams on the day a person goes home from hospital, to assess and arrange packages of support.
- Ensure provision of equipment to support discharge.
- Ensure people on pathways 1-3 are tracked and followed up to assess for long term needs at the end of the period of recovery.
- Maintain a focus on supporting timely onward transition of care for persons from community beds, including reablement and rehabilitation packages in home settings. Please refer to the Community Health Services Standard Operating Procedure.
- Support the local authority to ensure that quality of provision is adequate and safe and/or that alternative provision is commissioned”.

5. FUTURE OPPORTUNITIES

While the current model of provision has been developed to meet the needs of the D2A guidance, and the roles of Locala, the local authority and secondary care have been determined by this, Locala sees this as a resource that can flex in the future to address changing local priorities or national guidance. Operating the D2A teams has built up a reservoir of experience and skills that can be utilised in different models, as need arises, while still remaining focused on patient need; working in conjunction with other related community health services has developed new pathways and sharing that maximises efficiency and opportunities; working in an integrated partnership with the local authority and secondary care has deepened already existing relationships and strengthened abilities in flexible, joint forward planning.. Locala would seek to utilise this learning by working with delivery partners and commissioners to evolve the services now delivered to ensure they remain targeted on future priority need.

6. FUNDING OPTIONS

Option 1 – Revert back to previous model

Prior to the introduction of the discharge to assess guidance the service model consisted of 1.8 wte Discharge matrons who supported patients being discharged into Intermediate Care (IMC) services, with priority attention for those who required an IMC bed. This service was offered Monday to Friday within the hours of 8.30 – 16.30. This is funded within the Care Closer to Home contract.

There was no discharge hub in place to accept integrated referrals through one discharge process and there was no provision to in reach into short term beds or patients at home waiting for their ongoing care to commence. Also, the non-weight bearing patients were only supported in the winter months as part of winter pressures funding. However, this has always being a gap all year round.

Without any additional funding, the option would be to revert back to the service offer pre-covid which would result in non-compliance with national guidance for supporting rapid discharge and UCR. It would impact patients' discharges resulting in significant delays and unnecessary re-admissions to hospital.

Benefits

- No additional funding required to revert back to the model.

Risks

- Increased delays discharging patients.
- Deconditioning of patients moving to an interim location upon discharge (e.g. D2A bed, NWB bed).
- Increased re-admissions.
- Pressures within the START services with the likely impact on 0-2 hour response.
- No full cover in hospitals 7 days a week 8-8 due to limited staff capacity
- Impact on relationships across systems partners.
- Unable to support with fast-track patients being tracked through the discharge pathway.
- Impact on health and social care referrals being received and tracked.
- Unable to provide performance data as required through D2A guidance for logging and tracking patients.

Options 2 – D2A service model

Service Model

Following the review of the new model and workforce, the following service offer would be required in order to meet the additional needs brought through the introduction of the discharge to assess guidance

This service model provides a 24/7 SPOC (Single Point of Contact) for discharge referrals to be received, logged and sent to the relevant team for triage (8-8 service offer 7 days a week). With the introduction of one discharge referral form, this service ensures all referrals received are logged upon receipt and passed onto the dedicated, integrated Health and Social Care discharge hub.

Upon receipt of the referral at the hub, all patients will be logged and added to a caseload for timely action whilst the hub are available to log more information on SystmOne and gather further information as required (reducing the administration time required by clinicians). Every patient will receive a timely triage and where there is an IMC need the 0-2 day access to services will be arranged within this timeline.

A dedicated discharge team will work in partnership with social care and the Acute trusts, providing advice and support within the hospital covering 7 days day a week within the hours of 8-8 (in line with national guidance). The enhanced skill mix within the discharge team who will support 0-5 day discharges, to ensure patients who are discharged home remain at home, with the aim to prevent re-admission along with supporting patients who would otherwise have required admission to secondary care (through a range of alternatives).

Patients are discharged within a timely manner taking a home first approach, although where this is not possible due to the need for further assessment or the patients next destination is not ready, then the discharge team will work together with the Local Authority Bed Co-ordinators, to support them in a temporary bed where this is possible

In relation to the interim setting upon discharge, a dedicated team will be available to support patients in temporary beds, where applicable, with their nurse and therapy needs (including non-weight bearing patients) to prevent deconditioning during this period. The patient will then be supported with their journey onto their next destination as required. There will also be support for patients at home whilst they await further therapy due to waiting list time or whilst their service commences.

These teams will work collaboratively, prioritising roles and responsibilities whilst taking a flexible approach to meet the patients' needs across the various settings.

Benefits

- Improved patient care and experience
- Increase in rapid discharge
- Reduction in re-admission
- Improved access to services within 0-2 days
- Ability to provide 0-2 hour response
- Therapy support for patients during the interim period
- Nurse support and advice for those on the D2A interim pathway
- Non-Weight Bearing patients supported all year round under the flexible model
- Fully integrated health and social care discharge service to meet patient's needs on discharge pathways 1-3.
- More cost-effective model due to not needing agency staff funded for limited periods each year.

Risks

- Finances required may not be available
- The resources suggested may not be sufficient to meet increase demand should this continue to increase

Staffing Model

Following the recent review of the current model and staffing structure, this new model consists of a reduction in the number of clinical practitioners within the outreach team which saw 4 therapists and 2 nurses at B6 level. Due to the review of pathways and integrated working this has been reduced to having 4 practitioners who will support patients in their transition home or onto their next destination.

There has been the additional resource of the SPOC admin roles due to the increased referrals into the new services during the last 12 months which has put pressure on the team. This resource is required to meet the demand and have the capacity to respond within a timely manner to prevent delays in patients being discharged and reduce the likelihood of patients being admitted to hospital.

The chart in Appendix 1 shows the proposed staffing model (as changed from the original model) required to meet the additional demand in line with new guidance introduced in the last 12 months

Financial breakdown

The table below breaks downs the staffing costs, along with non-pay and overheads for the service. The costs are based upon a 12-month period of expected recurrent funding, if agreed, this supports ongoing national guidance and recognizes the long term and year round nature of the pressures to hospital discharge.

Workforce	£722,787
Non-pay costs (travel, systems etc)	£56,886
Overheads (15.6%)	£144,110
Total costs (12 months)	**£923,783**

For detailed breakdown, see Appendix 3

The annual equivalent of the funding agreed in 2020/21 is **£1,173,000**, equalling a saving of 18%. This has been achieved by rationalising the team structures, no agency costs due to short term funding, based upon the experience of running the services.

Estimated costs in 2021/2 (including agency premiums) and the ongoing costs assuming it is agreed and contracted from Q3 2021/2 are:

Q1 agreed extended funding	£275,574
Q2 agreed extended (plus SPOC) funding	£287,906
Q3/4 proposed funding	£461,892
Ongoing - 2022/23 12 month funding with 15.6% overheads	£923,783

7 FUTURE PROPOSAL

7.1 Recommended Model and finances

From the information provided above the future model proposed is option 2 as Locala are unable to continue to deliver the service within existing resource in line with national guidance within current capacity in the teams.

The finance required for this model are detailed above.

For 2021/22 it was agreed that there will be continued Q1 funding costing **£275,574** which includes the use of some agency colleagues working within the outreach team due to this initially being short term funding. More recently due to the timeline for the business case to be reviewed an additional extension has been provided to cover the Q2 period with the inclusion of 1.5 wte in SPOC (£287,906) therefore equating to £563,480.

Further to communication between the CCG and Locala Finance Director there has been discussion over the on costs charged.

The indirect costs of providing and managing the service include financial management, safeguarding, clinical quality, IT support, indemnity as well as corporate functions. Following discussion between our respective finance directors, there is an agreement to use the ICS place arrangements to propose how indirect costs and overheads are included in pricing for all providers, so we have a consistent agreed approach in Kirklees. Locala commits to supporting that work, and upon agreement for that methodology to be applied to the D2A contract amendment from 1st April 2022 (if agreed before then) or at a mutually agreed date thereafter. Additionally, Locala is offering to reduce the price charged in 2021/2 by £88,182, by applying a reduced rate of 7%.

The proposal for 2021/22 is therefore:

2021/22 pricing including agency costs, and discount	Full overheads	Proposed Reduced Price
Q1 agreed extended funding	£275,574	£251,875
Q2 agreed extended (plus SPOC) funding	£287,906	£263,146
Q3/4 proposed funding	£461,892	£422,169
Total Price	£1,025,372	£937,190

7.2 Opportunities and Timeline

Once funding has been agreed, a recruitment drive can take place during Q3 to replace the use of agency staff with the intent to have a fully staffed model using Locala employees in Q4.

The pathways and systems are already in place so these will continue, and we will continue to work on improving the quality of our services and patient care.

8 Overall Risks	
Risk Description	**Mitigating action**
Withdrawal of funding:	
• reducing CCG compliance with national policy	Consider alternative funding packages
• creating increased pressure on secondary care capacity	Review alternative discharge pathways
• Creating increased pressure on Primary Care capacity	Review alternative discharge pathways
• avoidable deterioration in patient wellbeing through extended hospital stay	As above
• financial risk to Locala consequent on staff recruitment to operate the scheme	Implementation of cost efficiency scheme

9 Conclusion
The services continue to meet a recognised need, in terms of national guidance pressures on secondary care. While doing so, the services offer a more advantageous pathway for patents allowing them to more rapidly access to an appropriate, therapy rich pathway, that maximises their potential for rehabilitation.

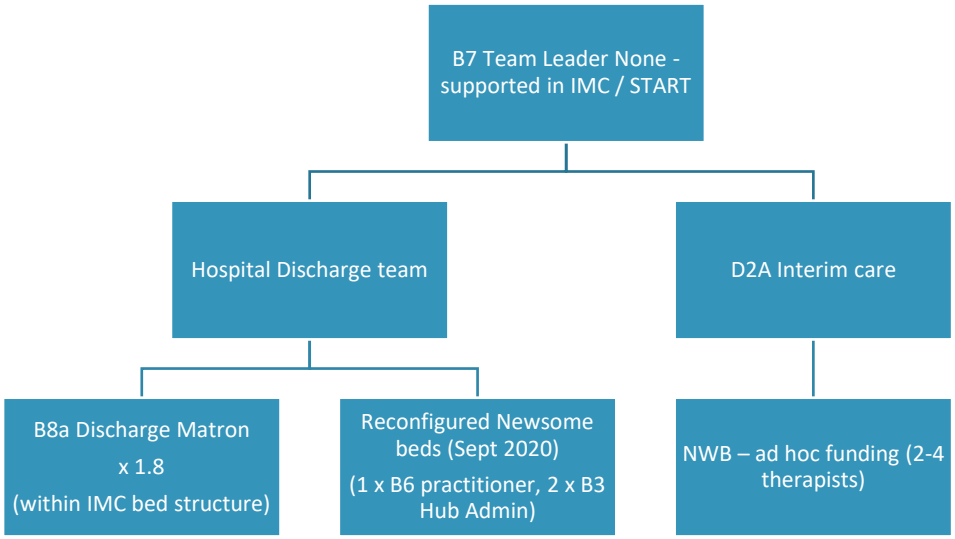
Sign off	
SRO Recommendations	
SRO Signature	
Clinical Lead Recommendations (where applicable)	
Clinical Lead Signature (where applicable)	

Appendices	
Included	**Yes/No/Not applicable**
Project Outline Idea	N/A
Project Initiation Document (PID)	N/A
Quality Impact Assessment	N/A
Equality Impact Assessment	N/A
Engagement Activity	N/A
Data Protection Impact Assessment	N/A
Sustainability Impact Assessment	N/A
Other (please insert where necessary)	**Yes** Appendix 1: D2A staffing model Appendix 2: D2A and related services Appendix 3: Breakdown of costs

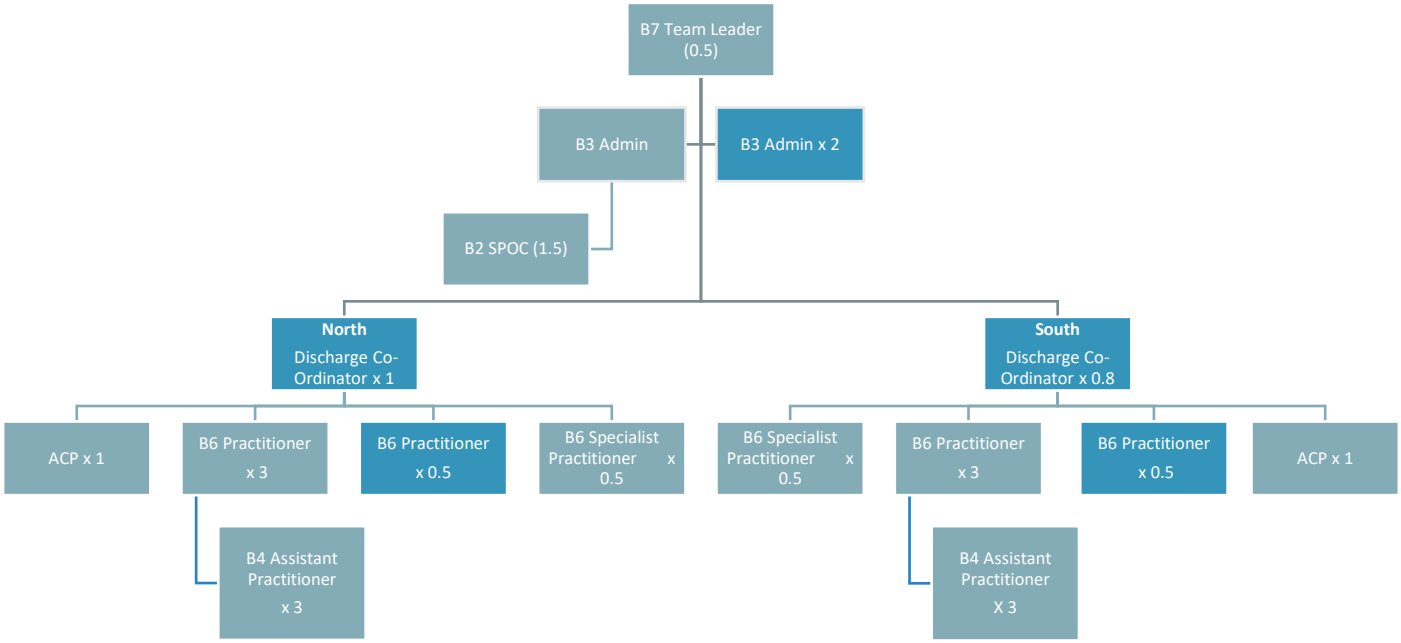
Kirklees Council. Greater Huddersfield and North Kirklees CCGs Integrated Project Management Documentation – Business Case Draft V3 010719.

Appendix 1: D2A staffing structure

Original workforce



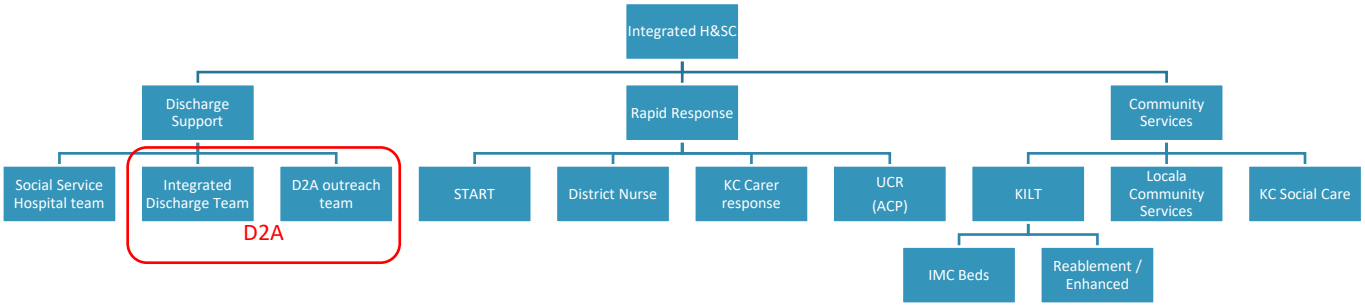
New structure



Appendix 2: Discharge to Assess and related services

The Discharge to Assess initiative established in 2020 is one of a range of interlinked, but discrete, services operating under the umbrella of the Kirklees Integrated Health and Social Care Partnership (involving Locala and Kirklees Council). Broadly speaking, there are three threads within this partnership,

- Community services: the primary focus of these services is to provide support that enables individuals to continue to live independently at home or return there via a period of intermediate care. These include the KILT (Kirklees Independent Living Initiative) team, Locala Community Services and Kirklees Social Care and includes intermediate care pathways
- Rapid Response services: their focus is to quickly intervene when a crisis occurs at home with the aim of maintaining people in their homes and avoiding hospital admissions,
- Discharge Support: services here focus on creating an additional option for timely discharge for patients who would not fit or benefit from Intermediate Care but do have requirements around therapy and social care (approximately 50% of hospital discharges). These services, led by D2A, significantly increase the range of pathways home and enable a significant reduction of pressure on secondary care beds



Appendix 3: Breakdown of costs

Suggested Model (7 day service: 8-8)

Discharge to Assess service (Hospital/community)

		Staff costs	Non pay	Overheads	Net Income
0.5	B7 Team Leader	29,107	5,575	6,410	**41,093**
1	B3 D2A Admin (discharge hub)	27,017	3,391	5,621	**36,029**
1.5	B2 SPOC Admin - Discharge referrals	36,911	4,722	7,695	**49,328**
2	B8a ACP / ANP (Hospital/Community)	119,767	7,192	23,466	**150,425**
7	B6 Practitioner (Hospital/Community)	323,722	20,487	63,621	**407,830**
6	B4 Assistant Practitioner (hospital/Community)	186,263	15,519	37,296	**239,078**
		722,787	**56,886**	**144,110**	**923,783**

D2A initial funding agreement in November 2020 following discussion with Jane Close and Vicky Dutchburn;

1. The original D2A interim model business case included a reduction in costs, namely the nursing costs, to be achieved through the use of redeployed and bank staff, rather than agency workers, with the internal agreement that Locala could pick up the excess costs in year if this was not achieved)
2. SPOC call handlers were not included in the original proposal but the increased volume over 7 days per week requires this
3. If the nurses were at full agency cost and the SPOC were included this would have been an additional £26,831.63 for the initial 2.5 months which equates to £128,780 if it was over the 12 month period).

Quality Impact Assessment

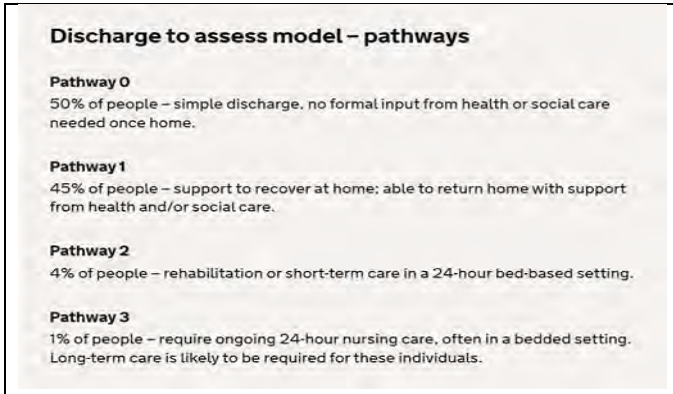
Please complete this document with a member of the Quality Team
SRO must sign-off QIA prior to submission to Quality Team
(Further written guidance is available from the Quality Team)
Email for all correspondence: calccg.QIAQualityTeam@nhs.net

Assessment completion	Name	Role	Date
Assessment completed by:	Louise Horsley	Quality Manager (RN) NHS Kirklees CCG	20th July 2021
	Julie Oldroyd	Senior Manager – Transformation – Community, NHS Kirklees CCG	
	Helen Duke and John Moran	Strategic Leads, Locala (In partnership with Kirklees Council, CHFT and with support from MYFT)	
Programme Lead sign off:	Julie Oldroyd	Senior Manager – Transformation – Community, NHS Kirklees CCG	29th July 2021

1. Summary of ~~commissioning~~ / ~~decommissioning~~ / service redesign intention (delete as appropriate)

Briefly describe the proposed change to the service, why it is being proposed, the expected outcomes and intended benefits, including to patients, the public and CCG finances. Describe in terms of aims; objectives, links to the CCGs strategic plans and other projects, partnership arrangements, policies (national and regional).

Rationale and proposed service redesign: Government guidance issued in September 2020 required commissioners and providers to deliver enhanced discharge arrangements for patients clinically ready to leave secondary care but in need of continuing support known as Discharge to Assess (D2A). The pathways as described are as follows:



The Discharge to Assess guidance was reissued in February 2021. Supplementary communication from the Director of Community Health for NHS England received by Clinical Commissioning Groups (CCGs) states,

"Systems should therefore assume that individuals discharged from hospital from 1 April 2021 onwards who require care and support under a discharge to assess scheme will need to be funded from locally agreed funding arrangements" https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/999443/hospital-discharge-and-community-support-policy-and-operating-model.pdf

The purpose of the business case is to seek recurrent funding to ensure services that have been introduced and enhanced during 2020/21 can be continued into 2021/22, in line with national guidance around Discharge to Assess (D2A).

Initial funding provided to Locala enabled the creation of the following health services,

- A discharge outreach team
- An enhanced discharge in reach team
- A central, co-ordinating team for D2A patients with health needs

This enabled the creation of an enhanced service offer for patients, which enables discharge from hospital onto an appropriately resourced care pathway (either supporting them at home or in supported temporary accommodation, whilst they undergo further clinical assessment and intervention or until their long-term care is in place).

When the D2A guidance was re-issued in Feb 2021 supported by further interim funding for Quarters 1 and 2 of 2021 it facilitated the development of a system-wide Discharge to Assess approach. During this time the team delivering the enhanced discharge arrangements and therapy support has also been further integrated resulting in a more efficient skill mix model.

The result of work already undertaken is a jointly agreed D2A delivery model between Kirklees Council, Locala and both hospital Acute Trusts. It is a more efficient skill mix model delivering the enhanced discharge arrangements and therapy support.

Partnership arrangements: The whole discharge service across Kirklees is delivered through an integrated partnership with Kirklees Local Authority, Locala Health and Wellbeing, Calderdale and Huddersfield NHS Foundation Trust and Mid-Yorkshire Hospitals NHS Trust partners.

Existing services now closely allied with, and linked to D2A, include

- Integrated Services (KILT, Kirklees Independent Living Team)
- Intermediate Care Services (IMC)
- IMC bed bases (Ings Grove House / Moorlands Grange / Newsome Nursing Home)
- Reablement - Therapy
- Enhanced Reablement – Nurse / Therapy (to meet planned complex needs as an enhancement of the reablement service offer)
- Local Authority
- Adult Social Care
- Accessible Homes Team / LA Occupational Therapy
- Kirklees integrated community equipment services
- Short Term and Urgent Support Team (STUST)
- Hospital and Community Social Work teams
- Homelessness & Housing support case worker
- D2A and Designated Bed Coordinators
- Moving and Handling Team – Single Handed Care
- IMC Bed Coordinators
- Reablement Service
- Home First – Care Package bridging and rapid team
- Safeguarding
- Care Package Brokerage Team
- Hospital Avoidance Team
- Frailty same day emergency care (SDEC) Navigation Team
- Kirklees Integrated Equipment Service with enhanced support for discharge into care homes
- Rapid installation of Carephone monitored home safety equipment

- Locala Community Services including:
- District Nursing
- Adult Therapies
- Specialist Nurses

- Care Home Support Team
- Post COVID Syndrome Co-ordination pathway

Limitations: The business case and therefore this quality impact assessment is limited in parts to the community health element and the continuation of the required recurrent funding that impacts on the wider system.

Expected outcomes and intended benefits: the discharge service delivered through the integrated partnership will meet the requirement of the current Discharge to Assess guidance which states; "Systems should work to be in a position (during the first half of 2021 to 2022) where no one has to transfer permanently into a care home for the first time directly following an acute hospital admission – everyone should be offered the opportunity to recover and rehabilitate at home or in a bedded setting before their long-term needs and options are assessed and agreed" (Hospital discharge and community support: policy and operating model - GOV.UK (www.gov.uk)).

The D2A guidance requires that all patients being discharged from hospital with health and/or social care needs are supported to ensure they are discharged rapidly, including those same day discharges required in response to hospital pressures. These are patients who do not fit, and would not benefit, from alternative intermediate care pathways. The community provider is expected to log and track all these patients on pathways 1-3 for a minimum of 6 weeks post discharge, with performance data going beyond this to track re-admissions. It is a requirement that the additional service operates from 8am to 8pm (as a minimum), seven days a week.

The model has been developed into a business case for recurrent funding from October 2021 to ensure that the Kirklees system is able to fulfil the new D2A requirements, work efficiently and effectively and ensure that patients continue to receive the best care, outcomes, and experience.

Locala and Kirklees Council have developed the D2A pathway as a fully integrated service, maximising the benefits to be had from other health and social care services. This has enabled:

- Establishment of clear criteria to support the pathway, ensuring patients with health and social care needs are managed in a timely manner.
- The development of a more integrated pathway and service involving Locala, Kirklees Council and Acute Trusts.
- The establishment of a D2A community support team that ensures patients are supported in their interim setting, at home as preference or within a temporary care home bed where required, to avoid deconditioning and / or re-admission to hospital, providing continuity of care relating to their health and therapy needs.
- The introduction of an enhanced workforce to avoid re-admissions and meet the demand of the 0-2 hour response guidelines, including allowing the capacity to refer into rapid social care and 0-2 hour KILT services (Intermediate Care beds and/or community e.g. reablement).
- Better links into intermediate and long-term care packages.
- More integrated pathways and service offering within Locala, Kirklees Council and Acute Trusts.
- The development of more streamlined referral processes, utilising one discharge form, logging of patients and patient tracking, to ensure high quality performance data.
- Opportunity to use technology differently including record keeping.
- Opportunity to better bridge the gap between acute and primary care, with increasing joint working.

2. What evidence has been used in this assessment?	
List any evidence which has been used to inform the development of this proposal for example, any national guidance (e.g. NICE, CQC, DoH, Royal Colleges), regional or local strategies, data analysis (e.g. performance data), engagement / consultation with partner agencies, interest groups or patients. Where applicable, state 'N/A' in boxes where no evidence exists, 'Not yet collected' where information has not yet been collected, or delete where appropriate.	
Evidence source	Details
Research and Guidance (local, regional, national)	Guidance: The local provision is based on national guidance - Hospital discharge and community support: policy and operating model, Updated 5 July 2021. (Hospital discharge and community support: policy and operating model - GOV.UK (www.gov.uk)). As a result of the Covid pandemic, data on bed days lost to this has not been updated since February 2020. However, it is clear that pressure has in fact increased and that the need for admission avoidance and timely discharge has grown. The ongoing contribution of D2A and Urgent Community Response (UCR) to ameliorating this remains essential.
Service delivery data such as who receives services	One of the long-standing concerns and priorities for health and social care has been the creation of pathways and services that enable the safe and timely transfer of patients from acute to community health services and social care. Despite the effectiveness of historical initiatives, the scale of the problem has meant that areas of demand have remained unmet. In the year up to February 2020, when collection of data was suspended Calderdale and Huddersfield NHS Trust recorded an average of 534 bed days per month related to delayed transfer of care. In the same period, the figure for Mid York's Hospital Trust was 1291. From their operational start date, to the end of February 2021, health staff, working with social care and secondary care staff, have supported 3,841 patients onto a community resourced D2A pathway as a means of rapid discharge from secondary care (September 2020 – February 2021). Within the D2A beds element of the service, Locala staff have supported 238 referrals (health and therapy needs) on a D2A pathway and a further 105 on the Non-Weight Bearing pathway. This amounted to a total of 343 patients, for a total of 11,060 bed days. Reduction in delayed transfers of care (DTOC) data in secondary care beds, with bed days taken by acute admissions not usually requiring hospital admissions fell by 1,145 in November and December 2020, compared to the previous year, an annual equivalent of approximately 6,000 fewer per annum. In addition, bed days used for emergency admissions related to chronic ambulatory care sensitive (ACS) conditions reduced by 645 over the same month period, an annual equivalent of approximately 3,800. Making the conservative assumption that each D2A discharge saves one bed day, then between September and February, this scheme has saved approximately 7,500 bed days for hospital care.

Consultation / engagement	As this is national guidance consultation/engagement has been with local stakeholders focusing on delivery.
Patient Experience intelligence (Complaints, Compliments, PALS, National and Local Surveys, Friends and Family Test)	Enhanced and more readily available health and social care support to enable timely discharge from hospital, providing interim support during any short stays in a supported setting, preventing unnecessary admissions and avoiding re-admission back into the hospital. A more flexible approach in supporting diverse needs, delivering a system wide approach to support in the interim and longer term. The benefits of an integrated approach to managing timely discharges with a new standard discharge form launched in April 2021consisted of an integrated health and social care team supporting patients on pathway 1-3 with rapid discharge. Experience data is currently not available however Locala are currently collating.

3. Quality Impact Assessment

What is the potential impact on quality of the proposed change i.e. in the commissioning / decommissioning / redesign of services? Outline the expected outcomes and who is intended to benefit. Include all potential impacts (positive, negative and neutral). For negative impacts, list the action that will be taken in mitigation.

Quality Domain Guidance (The list in each domain is not exhaustive; it is illustrative of the type of impact that should be considered. When describing impacts use words that you consider are meaningful)	Quality elements Where appropriate provide information about the proposed or current service that contextualises the impact.	Description of impact (As above. Quantify where possible, e.g. number of patients affected)	Impact Positive / Negative / Neutral (Assess each impact)	What action will you take to mitigate the impact?
Patient Safety Consider: • Safe environment • Preventable harm • Reliability of safety systems • Systems & processes to prevent healthcare acquired infections • Clinical workforce capability and appropriate training and skills • Providers meeting CQC Essential Standards	The service provides a 24/7 SPOC (Single Point of Contact) for discharge referrals to be received into, logged and sent to the relevant team for triage (8-8 service offer 7 days a week). Enhanced service offer for patients.	A SPOC reduces the risk of uncoordinated discharges and numerous referrals to individual organisations and teams. This enables a safe discharge from hospital onto an appropriately resourced care pathway (either supporting	Positive Positive	N/A N/A

		patients at home or in supported temporary accommodation, whilst they undergo further clinical assessment and intervention or until their long-term care requirements are in place).		
	Establishment of a D2A community support team.	This ensures patients are supported in their interim setting, at home as preference, or within a temporary care home bed where required, to avoid deconditioning and / or re-admission to hospital, providing continuity of care relating to their individual health and therapy needs.	Positive	N/A
	Introduction of an enhanced workforce.	This will act to avoid re-admissions and meet the demand of the 0-2 hour response guidelines, including allowing the capacity to refer into rapid social care and 0-2 hour KILT services (Intermediate Care beds and/or community e.g. reablement).	Positive	N/A

	More integrated pathways and service offering within Locala, Kirklees Council and Acute Trusts.	Providing a cohesive approach ensuring a seamless transition to the safest environment to meet health, therapy and social care needs.	Positive	N/A
Clinical Effectiveness <u>Consider:</u> • Implementation of evidence based practice (NICE, pathways, royal colleges etc.) • Clinical leadership • Care delivered in most clinically and cost effective setting • Variations in care • The quality of information collected and the systems for monitoring clinical quality	The introduction of one discharge referral form into the service.	This ensures all referrals received for D2A services are coordinated, logged upon receipt, and passed onto the dedicated, integrated Health and Social Care discharge hub.	Positive	N/A
• Locally agreed care pathways • Clinical engagement • Elimination of inefficiency and waste • Service innovation • Reliability and responsiveness • Accelerating adoption and diffusion of innovation and care pathway improvement • Preventing people dying prematurely • Enhancing quality of life	Referrals received into the hub will be logged and added to a caseload for timely action.	Staff within the hub are available to log more information on SystmOne and gather further information as required (reducing the administration time required by clinicians).	Positive	N/A
• Helping people recover from episodes of ill health or following injury	Every patient will receive a timely triage and where there is an IMC need the 0-2 day access to services will be arranged within this timeline.	Reduction in delayed transfers of care (DTOC) and risks of patient deconditioning whilst waiting for an assessment to access services on discharge from acute provision.	Positive	N/A
	Dedicated discharge team.	A dedicated discharge team will facilitate	Positive	N/A

		partnership working with social care and the Acute trusts, providing advice and support within the hospital covering 7 days a week within the hours of 8-8 (in line with national guidance).		
		The enhanced skill mix within the discharge team will support 0-5 day discharges, to ensure patients who are discharged home remain at home, with the aim to prevent re-admission along with supporting patients who would otherwise have required admission to secondary care (through a range of alternatives).	Positive	N/A
	Operationally, D2A delivers additional benefits to acute care. As well as working closely with hospital discharge management staff to in-reach into a wide range of hospital wards.	Enhanced cover provided into A&E to enable the early diversion of patients, who would otherwise have been admitted, onto a more appropriate community pathway.	Positive	N/A

		Additional support to the Frailty Ward service, creating enhanced opportunities for this service to discharge safely and appropriately within its five-day limit	Positive	N/A
Patient Experience Consider: •Respect for patient-centred values, preferences, and expressed needs, including: cultural issues; the dignity, privacy and independence of service users; quality-of-life issues; and shared decision making; •Coordination and integration of care across the health and social care system; •Information, communication, and education on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, self-care and health promotion; •Physical comfort including pain management, help with activities of daily living, and clean and comfortable surroundings; •Emotional support and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families and their finances; •Involvement of family and friends, on whom	Home First philosophy. Where home first is not possible due to the need for further assessment or the patients next destination is not ready, then the discharge team will work together with the Local Authority Bed coordinators, to support individuals in a temporary bed where this is possible.	Provision of services within the home allows individuals to receive services in a safe, familiar environment with access to personal belongings and visiting from family/friends in line with current covid restrictions. Patients may experience an additional move to reach their end destination.	Positive Negative	N/A Ensure all other options have been explored. Act in the patient's best interests. Ensure effective communication with the patient, their family/carers/significant

patients and service users rely, in decision-making and demonstrating awareness and accommodation of their needs as care-givers; •Transition and continuity as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions; •Access to care e.g. time spent waiting for admission, time between admission and placement in an in-patient setting, waiting time for an appointment or visit in the out-patient, primary care or social care setting. *[Adapted from the NHS Patient Experience Framework, DoH 2011]*				others to ensure understanding. Dedicated team available to support patients in temporary beds, where applicable, with their nurse and therapy needs (including non-weight bearing patients) to prevent deconditioning during this period. The patient will then be supported with their journey onto their next destination as required. There will also be support for patients at home whilst they await further therapy due to waiting list time or whilst their service commences.
Safeguarding <u>Consider:</u> •Will this impact on the duty to safeguard children, young people and adults at risk? •Will this have an impact on Human Rights – for example any increased restrictions on their liberty?	Staff within the providers involved throughout the D2A pathways have a duty to adhere to local safeguarding processes (and understand where and how to report abuse and neglect), have undertaken the required Safeguarding/MCA training appropriate to their level and adhere to MCA legislation.	Staff will continue to work within safeguarding policies and procedures in place raising concerns as necessary.	Neutral	N/A

Workforce Consider: • Staffing levels • Morale • Workload • Sustainability of service due to workforce changes (Attach key documents where appropriate)	Following the recent review of the current model and staffing structure, this new model consists of a reduction in the number of clinical practitioners within the outreach team which saw 4 therapists and 2 nurses at band 6 level. Due to the review of pathways and integrated working this has been reduced to having 4 practitioners who will support patients in their transition home or onto their next destination.	There may be uncertainty within the team due to ongoing reviews of effectiveness and efficiency including uncertainty around recurrent funding of the service.	Negative	Ensure effective communication and engagement with staff. Completion of Pulse staff survey and actions to address findings.
	Additional resource of the SPOC admin roles due to the increased referrals into the new services during the last 12 months which had put pressure on the team.	Ensures there is capacity to respond within a timely manner to prevent delays in patients being discharged and reduce the likelihood of patients being admitted to hospital.	Positive	N/A
	Agency staff being utilised to fill roles.	Potential risk to continuity of care.	Negative	Ensure continuity of staff where possible and provide support to the

				team to ensure no risks to service delivery. If funding is agreed, a recruitment drive can take place during Q3, 2021/22 to replace the use of agency staff with the intent to have a fully staffed model using Locala employees in Q4.
	Team Integration	The integration of the two teams allows them to be more flexible and prioritise their work therefore more efficient in their working	Positive	N/A
Other impacts <u>Consider:</u> • Publicity/reputation • Percentage over/under performance against existing budget • Finance including claims	Published NHS reference costs, as at 2017/18 show that the cost of each excess day spent in hospital is £346.	Using this cost and working on the assumptions around bed days saved, the annual cost benefit of excess days saved (7,500 x £346) could be calculated at £2,595,000. (Although the D2A service has been active through a period of high demand, the problem of delayed discharges is now a year-round issue, so it is reasonable to	Positive	N/A

		calculate this as a whole year benefit). Even allowing for an overestimate of delays saved to admission, and after considering other factors (e.g., patients may have been discharged elsewhere more quickly, because of Covid pressures) it is clear that these schemes contribute significantly to both the management of bed pressures and to the more efficient use of heath economy resources.		
	The finances required may not be available.	The indirect costs of providing and managing the service include financial management, safeguarding, clinical quality, IT support, indemnity as well as corporate functions.	Negative	There is an agreement to use the ICS place arrangements to propose how indirect costs and overheads are included in pricing for all providers, so we have a consistent agreed approach in Kirklees.
			Positive	Locala commits to supporting that work, and upon agreement for that methodology to be applied to the D2A contract amendment

	Insufficient resources.	The resources suggested may not be sufficient to meet demand should this continue to increase.	Negative	from 1st April 2022 (if agreed before then) or at a mutually agreed date thereafter. Additionally, Locala is offering to reduce the price charged in 2021/22 by applying a reduced rate of 7%. Ongoing monitoring of demand and capacity. Use of suitably skilled agency staff where required.

4. Action Plan - Describe the action that will be taken to mitigate negative impacts.				
Identified impact	What action will you take to mitigate the impact?	How will you measure impact / monitor progress (Include all identified positive and negative impacts. Measurement may be an existing or new quality indicator / KPI)	Timescale (When will mitigating action be completed?)	Lead (Person responsible for implementing mitigating action.)
Patients may experience an additional move to reach their end destination.	Ensure all other options have been explored. Act in the patient's best interests. Ensure effective communication with the patient, their family/carers/significant others to ensure understanding. Dedicated team available to support patients in temporary beds, where applicable, with their nurse and therapy needs (including non-weight bearing patients) to prevent deconditioning during this period. The patient will then be supported with their journey onto their next destination as required. There will also be support for patients at home whilst they await further therapy due to waiting list time or whilst their service commences.	The D2A process is already in place and working well. Monitoring of impacts will take place at the discharge meeting via review of the dashboard demonstrating discharges presented to the Care Home Commissioning and Quality Operational Group fortnightly and the wider ageing well discharge workstream.	In place	Helen Duke
There may be uncertainty within the team due to ongoing reviews of effectiveness and efficiency.	Ensure effective communication and engagement with staff. Completion of Pulse staff survey and action to address findings	As above. Recurrent funding will provide more stability for staff.	In place To be agreed	Helen Duke Finance and performance committee.
Agency staff being utilised to fill roles.		Monitoring of staff rotas, incident reports, and staff survey results.	Ongoing	Helen Duke

	Ensure continuity of staff where possible and provide support to the team to ensure no risks to service delivery. If funding is agreed, a recruitment drive can take place during Q3, 2021/22 to replace the use of agency staff with the intent to have a fully staffed model using Locala employees in Q4.	Funding and recruitment outcomes Finance stream to be identified.	August 2021 August 2021	Helen Duke Helen Duke/Julie Oldroyd
The finances required may not be available.	There is an agreement to use the ICS place arrangements to propose how indirect costs and overheads are included in pricing for all providers, so we have a consistent agreed approach in Kirklees. Locala commits to supporting that work, and upon agreement for that methodology to be applied to the D2A contract amendment from 1st April 2022 (if agreed before then) or at a mutually agreed date thereafter. Additionally, Locala is offering to reduce the price charged in 2021/2 by applying a reduced rate of 7%.	Monitoring of impacts will take place at the discharge meeting via review of the dashboard demonstrating discharges presented to the Care Home Commissioning and Quality Operational Group fortnightly and the wider ageing well discharge workstream.	August 2021	Helen Duke/Julie Oldroyd
Insufficient resources.	Ongoing monitoring of demand and capacity. Use of suitably skilled agency staff where required.			

5. Monitoring and Review

<u>Implementation of action plan and proposal:</u>

The action plan should be monitored regularly to ensure a) actions required to mitigate negative impacts are undertaken and b) KPIs / quality indicators are measured in a timely manner so positive and negative impacts can be evaluated during implementation / the period of service delivery.

Outcome:
Once the proposal has been implemented, the actual impacts will need to be evaluated and a judgement made as to whether the intended outcomes of the proposal were achieved.

Implementation	Name of individual, group or committee	Role	Frequency
State who will monitor / review: a) that actions to mitigate negative impacts have been taken	a) Ageing Well Discharge Group	Locala – Helen Duke CCG - Julie Oldroyd Local Authority - Amanda Evans	Monthly
b) the quality indicators during the period of service delivery State the frequency of monitoring (e.g. Recovery Group Monthly, QSC Quarterly, J. Bloggs, Project Manager Unplanned Care Monthly	b) Care Home Commissioning and Quality Operational Group	Locala – Helen Duke CCG - Julie Oldroyd Local Authority – David MacDonald	Fortnightly
Outcome	Name of individual, group or committee	Role	Date
Who will review the proposal once the change has been implemented to determine what the actual impacts were?	Ageing Well Discharge Group	Locala – Helen Duke CCG - Julie Oldroyd Local Authority - Amanda Evans	Monthly

6. Summary of the QIA

Provide a brief summary of the results of the QIA, e.g. highlight positive and negative potential impacts; indicate if any impacts can be mitigated; taking this into account, state what the what the overall expected impact will be of the proposed change. The QIA and summary statement must be reviewed by a member of the Quality Team.

This QIA has predominantly identified positive impacts for patients and the system. Some negative impacts identified; however, these have been mitigated against as noted.

7. Quality Team review undertaken by	Name	Role	Date
	Catherine Borrill	Quality Improvement Lead	29/07/2021
Agreed actions/ next steps with Quality Manager			
Agreed actions/ next steps with SRO			
Approval to proceed	Name/ Role	Yes/ No	Date

Quality Manager	Debbie Winder, Head of Quality	Yes	26/07/2021
SRO	Penny Woodhead	Yes	30/07/2021
QIA Reference (To be completed by Quality Team)	QIA/30		
6-month review date (post implementation)	February 2022		

8. Quality Committee Meeting Date	Governing Body – 11th August 2021
Agreed Actions/Next Steps with Quality Committee (such as Committee agreed to proceed as is, proceed with risk added to corporate risk register or further information required)	

When the template is complete and sign off has been provided by all leads described above, please inform PMO

Name of Meeting	Governing Body	**Meeting Date**	August 2021
Title of Report	Shared Referral Pathway (SRP)	**Agenda Item No.**	8
Report Author	V Dutchburn – Head of Strategic Planning, Performance & Delivery	**Public / Private Item**	Public
Clinical Lead	Dr Ibrar Ali	**Responsible Officer**	Head of Strategic Planning, Performance & Delivery

Executive Summary

During 2020/21 the CCGs funded two different schemes to facilitate a collaborative approaches to outpatient care between Mid Yorkshire Hospitals NHS Trust (MYHT) and general practices in North Kirklees and Calderdale & Huddersfield NHS Foundation Trust (CHFT and general practices in Greater Huddersfield. These schemes ended March 31 2021.

System and Patient benefits have been realised to date through these collaborative approaches to outpatient care. The respective programmes have reduced waiting lists and waiting times.

It is proposed that a new 'Shared Referral Pathway (SRP)' scheme with associated discretionary funding to Kirklees practices for the period from 1 July 2021 to 31 March 2022 is established. This will support the recovery of NHS services following the effects of the COVID-19 pandemic.
Additional benefits of the proposed SRP programme will be maintaining reduced waiting lists and waiting times and the reduction of unnecessary investigations meaning that some patients are wholly managed in primary care with specialist advice, this will support an improved patient experience.

The SRP programme will affect the type and amount of work carried out in primary and secondary care in order to achieve these benefits. The proposed funding is to support general practices additional workload until 31 March 22.

The SRP will be paid as based on the July actual list size x £2.00 and will commence on the 1 July 2021. The cost of this pro-rata scheme is Circa £0.7m based on the part year impact.
This scheme was not on the initial investment summary approved by the Governing Body and will therefore be funded from expected slippage in budgets and flexibilities that will arise during the year.

During quarter 3 2021 it is proposed that an evaluation is required to establish the future potential scope of SRP and the consequent change in clinical and administrative workload in order to determine a system-based method of resource allocation.

Previous Considerations

Name of meeting	SMT	**Meeting Date**	19/07/21
Name of meeting	Finance, Performance and Contracting Committee and Quality Committee –	**Meeting Date**	28 July 2021

	Sandwich		

Recommendations
It is recommended that Governing Body **Note** the content of the propose SRP scheme **and Approve** the cost of this scheme is Circa £0.7m based on the part year impact (Pro-rata, 9 months for 2021/22).

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

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	QIA will be completed for consideration for each of the specialty pathways as these are developed for implementation.
Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	EIA will be completed for each of the specialty pathways as these are developed for implementation
Resources / Financial Implications (including Staffing/Workforce considerations)	As identified with the paper
Sustainability Implications	

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

Strategic Objectives (which of the CCG objectives does this relate to?)	Commission services that will deliver high quality, personalised and equitable care for all and reduce health inequalities for the Kirklees population now and into the future. Ensure best value from all available resources, including by supporting colleagues to fulfil their potential.	**Risk (include risk number and a brief description of the risk)**	None to Note

Legal / CCG Constitutional Implications	None to note	**Conflicts of Interest (include detail of any identified / potential conflicts)**	Clinical representatives will have a **Direct Financial Interest**

1. Introduction

1.1 During 2020/21 the CCGs funded two different schemes to facilitate a collaborative approaches to outpatient care between Mid Yorkshire Hospitals NHS Trust (MYHT) and general practices in North Kirklees and Calderdale & Huddersfield NHS Foundation Trust (CHFT and general practices in Greater Huddersfield. These schemes ended March 31 2021.

1.2 System and Patient benefits have been realised to date through these collaborative approaches to outpatient care. The respective programmes have reduced waiting lists and waiting times.

1.3 It is proposed that a new 'Shared Referral Pathway (SRP)' scheme with associated discretionary funding to Kirklees practices for the period from 1 July 2021 to 31 March 2022 is established. This will support the recovery of NHS services following the effects of the COVID-19 pandemic.

1.4 Additional benefits of the proposed SRP programme will be maintaining reduced waiting lists and waiting times and the reduction of unnecessary investigations meaning that some patients are wholly managed in primary care with specialist advice.

1.5 The SRP programme will affect the type and amount of work carried out in primary and secondary care in order to achieve these benefits. The proposed funding is to support general practices additional workload until 31 March 22.

2. Detail

2.1 For 2021/22 NHS Kirklees CCG proposes a new scheme 'Shared Referral Pathway (SRP)' with associated discretionary funding to practices in return for levels of service delivery which exceed the requirements of national contracts or other local arrangements.

2.2 The scheme will operate during the period from 1 July 2021 to 31 March 2022 which will encompass the recovery of NHS services following the effects of the COVID-19 pandemic.

2.3 The SRP will be paid as based on the July actual list size x £2.00 and will commence on the 1 July 2021. The cost of this scheme is Circa £0.7m based on the pro-rata, part year impact.

2.4 This scheme was not on the initial investment summary approved by the Governing Body and will therefore be funded from expected slippage in budgets and flexibilities that will arise during the year.

2.5 During quarter 3 2021 it is proposed that an evaluation is required to establish the future potential scope of SRP and the consequent change in clinical and administrative workload in order to determine a system-based method of resource allocation.

2.6 Detail of the scheme

Shared Referral pathway definition	Requirement	Intended Outcome	Performance Measures
Shared Pathways of patients with consultant colleagues	The practice will ensure that where a request for hospital specialist advice is considered that the locally agreed pathways, including those embedded in the Ardens system, have been followed where relevant and that e-consultation, advice & guidance or the approved alternative for that specialty, is used in place of outpatient referral (excluding patients meeting the 2 week wait criteria for suspected cancer). The practice clinicians will action the requests of consultant colleagues advised through e-consultation advice & guidance or the approved alternative in every case in which they agree these to be clinically appropriate for the patient and within the protocols and pathways agreed locally between the CCG, MYHT or CHFT and the LMC. The practice will facilitate the discharge of patients back from outpatient follow-up following advice and guidance from the relevant consultant colleague in every case in which they agree these to be clinically appropriate for the patient.	The locally agreed clinical pathways and supporting arrangements for sharing care between primary and secondary care are implemented. The increased work by practices in adopting the new arrangements is resourced by additional funding	Number of e-consults / advice & guidance or approved alternative compared with number of all referrals.

3. Next Steps

3.1 For the proposal to be approved through Kirklees Governing body

3.2 Full details of the scheme proposal will be circulated with General Practice

3.3 The evaluation methodology will be developed, including Public health and BI support to establish the workforce implications and the net increase or decrease in associated financial costs and Quality, support for a quality and inequalities impact assessment to provide assurance about patient outcomes using SRP

4. Implications

4.1 Resources / Finance Implications

4.1.1 The Shared pathway will be paid as based on the July actual list size x £2.00 and will commence on the 1st July 2021 (Pro-rata, 9 months for 2021/22). The cost of this scheme is Circa £0.7m based on the part year impact.

4.1.2 This scheme was not on the initial investment summary approved by the Governing Body and will therefore be funded from expected slippage in budgets and flexibilities that will arise during the year.

4.2 Conflicts of Interest

4.2.1 Clinical representatives will have a **Direct Financial Interest** in this scheme

5. Recommendations

It is recommended that Governing Body **Note** the content of the propose SRP scheme **and Approve** the cost of this scheme is Circa £0.7m based on the part year impact (Pro-rata, 9 months for 2021/22).

Name of Meeting	Governing Body	**Meeting Date**	11 August 2021
Title of Report	Governing Body Assurance Framework	**Agenda Item No.**	9
Report Author	Laura Ellis, Head of Corporate Governance	**Public / Private Item**	Public
Clinical Lead	Dr Khalid Naeem, Clinical Chair	**Responsible Officer**	Carol McKenna, Chief Officer

Executive Summary
The GBAF provides the CCG with a simple but comprehensive method for the effective and focused management of the principal risks and assurances to meeting its objectives. As Kirklees CCG came into existence on 1 April 2021, the development of its GBAF was dependent upon the establishment of new strategic objectives. These were agreed in June 2021, at which point work on the GBAF commenced. This report provides an update on the process followed to develop the new GBAF and shares the latest draft for approval.

Previous Considerations

Name of meeting	Quality / Finance, Performance and Contracting Committee	**Meeting Date**	28 July 2021
Name of meeting	Audit Committee	**Meeting Date**	21 July 2021
Name of meeting	Governing Body Development Session	**Meeting Date**	14 July 2021
Name of meeting	Senior Management Team	**Meeting Date**	8 July 2021

Recommendations
It is recommended that the Governing Body **APPROVE** the Governing Body Assurance Framework.

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

Implications

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

Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	None directly arising from this report.
Resources / Financial Implications (including Staffing/Workforce considerations)	None directly arising from this report
Sustainability Implications	None directly arising from this report

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

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

1. Introduction

1.1 The GBAF provides the CCG with a simple but comprehensive method for the effective and focused management of the principal risks and assurances to meeting its objectives. By using the GBAF the CCG can be confident that the systems, policies and people that are in place are operating in a way that is effective in delivering objectives and minimising risks.

2. Detail

2.1 As part of the Annual Report and Accounts, the Chief Officer is required to prepare an Annual Governance Statement. In order to do this, the CCG needs to be able to demonstrate that it has been properly informed through assurances about all relevant risks and that conclusions have been drawn from evidence. The CCG also needs to be able to show that it has systematically identified its objectives and managed the principal risks to achieving them. The GBAF provides a structure to support this process.

2.2 The GBAF takes the form of the following three elements:-

- A main Framework – which sets out the principal risks to achieving the CCG's strategic objectives;
- An overarching Action Plan – which summarises all the key actions required to manage identified gaps in control and assurance; and
- A Positive Assurance Log – which logs each positive assurance received.

2.3 As Kirklees CCG came into existence on 1 April 2021, the development of its GBAF was dependent upon the establishment of new strategic objectives. These were agreed in June 2021, at which point work on the GBAF commenced.

2.4 The main framework has been developed with members of the Senior Management Team, who were asked to start by identifying principal risks to achievement of the strategic objectives, key controls for each of these and sources of assurance that the controls will work. The Audit Committee was given early sight of this preliminary work.

2.5 The Quality Committee and Finance, Performance and Contracting Committee were also given sight of the document during its development, and their feedback has been reflected.

2.6 Due to the committee schedule, it will be shared with the Primary Care Commissioning Committee at the end of August.

2.7 A development session was held with the Governing Body on 14 July to brief all members on the role of the GBAF, how it should be used by the Governing Body, and to primarily focus on developing a risk appetite for the CCG. The Governing Body spent time using a risk appetite matrix developed by the Good Governance Institute leading to a number of useful discussions and reflections.

2.8 This work has then informed the scoring of the identified principal risks by members of the Senior Management Team. Work has also taken place to identify a Governing Body lead for each risk, and link to risks on the risk register. This element of the GBAF is still being developed fully and will continue to evolve based on feedback.

2.9 Work on the action plan and positive assurance framework will follow.

3. Next Steps

3.1 Following final approval by Governing Body, updates will be provided twice-yearly to the Audit Committee and Governing Body for assurance, and to the Quality Committee, Finance, Performance and Contracting Committee, and Primary Care Commissioning Committee, which are the lead committees in respect of the various principal risks, so they in turn can offer assurance.

4. Implications

As set out on the cover page.

5. Recommendations

It is recommended that the Governing Body **APPROVE** the Governing Body Assurance Framework.

Kirklees CCG Governing Body Assurance Framework

			Version: 0.4 **Date: 2 August 2021**
Strategic Objective 1	Commission services that will deliver high quality, personalised and equitable care for all and reduce health inequalities for the Kirklees population now and into the future.	**SMT Lead**	Penny Woodhead
		GB Lead	Dr Razwan Ali
Principal Risk 1.1	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.	**Lead Committee**	Quality Committee

GBAF Risk Score						**Rationale for current score**	
Current			**Target**				
Likelihood	3	= 12	**Likelihood**	2	= 8	**Rationale for target score (risk appetite)**	
Impact	4		**Impact**	4			

Key Controls (what helps us mitigate the risk?)		**Mitigating Actions (what more should we be doing?)**
1	Quality and Safety Dashboard (information at CCG level and by main provider).	None identified
2	Quality Outcome / Standards (identified within the service specification process).	
3	Contract governance and monitoring processes (incl. Clinical Quality Boards for all key contracts).	
4	Quality Team review and triangulate a range of quality information (e.g. quality issues log, complaints, Serious Incidents, Serious Case Reviews, CQUINs, Care Quality Commission).	
5	Quality Assurance Process (Standardised process for managing risks and escalating monitoring levels).	
6	Quality walkabouts	

Sources of Assurance (where is the evidence that the controls work?)		**Link to Risk Register**
1a 1b 1c	Quality Dashboard exception report Updates to Quality Committee re actions and outcomes. Quality Dashboard exception report (Quality Committee minutes demonstrate the triangulation and Quality Committee decision on whether to implement enhanced surveillance).	1846, 1919, 1920, 1844, 1825
2	Quality Committee approval of service specifications.	
3	Minutes of Clinical Quality Boards to Quality Committee.	
4a 4b 4c	Quality Dashboard exception report Updates to Quality Committee re actions and outcomes Quality surveillance process	
5a 5b	Quality and Safety Report will demonstrate quality assurance process is used Quality Committee minutes	
7	Quality Dashboard exception report Updates to Quality Committee re actions and outcomes.	**See the separate Positive Assurance Log**

Kirklees CCG Governing Body Assurance Framework

			Version: 0.4 **Date: 2 August 2021**
Strategic Objective 1	Commission services that will deliver high quality, personalised and equitable care for all and reduce health inequalities for the Kirklees population now and into the future.	**SMT Lead**	Penny Woodhead
		GB Lead	Beth Hewitt
Principal Risk 1.2	There is a risk that the 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 and increase health inequalities.	**Lead Committee**	Quality Committee

GBAF Risk Score						**Rationale for current score**	
Current			**Target**				
Likelihood	3	= 12	**Likelihood**	2	= 8	**Rationale for target score (risk appetite)**	
Impact	4		**Impact**	4			

Key Controls (what helps us mitigate the risk?)		**Mitigating Actions (what more should we be doing?)**
1	Equality Objectives and action plan	None identified
2	Report of Public Sector Equality Duties	
3	Equality and Diversity (E&D) Strategy and Action Plan	
4	Equality Impact Assessments carried out for new and amended service specifications	
5	Equality Health Panel	

Sources of Assurance (where is the evidence that the controls work?)		**Link to Risk Register**
1a 1b	6-monthly report to Quality Committee Equality Delivery System (EDS) 2	-
2a 2b 2c	Approved by Governing Body 6 monthly E&D reports in Quality Committee Equality Delivery System 2	
3a 3b	Strategy approved by Governing Body Action plan to Quality Committee against progress against strategy (in Committee work plan)	
4a 4b 4c	Service specifications scrutinised and approved by Quality Committee Project Management Office paperwork and flowchart Evidence that QIA has been completed – through evidence that checklist has been completed into Quality Committee minutes	
5	EDS Report	**See the separate Positive Assurance Log**

Kirklees CCG Governing Body Assurance Framework

			Version: 0.4 **Date: 2 August 2021**
Strategic Objective 1	Commission services that will deliver high quality, personalised and equitable care for all and reduce health inequalities for the Kirklees population now and into the future.	**SMT Lead**	Penny Woodhead
		GB Lead	Dr Khaled Naeem
Principal Risk 1.3	There is a risk that commissioning arrangements for safeguarding do not ensure providers are effectively discharging their duties due to ineffective safeguarding arrangements, resulting in harm to children and adults.	**Lead Committee**	Quality Committee

GBAF Risk Score						**Rationale for current score**	
Current			**Target**				
Likelihood	2	= 8	**Likelihood**	2	= 8	**Rationale for target score (risk appetite)**	
Impact	4		**Impact**	4			

Key Controls (what helps us mitigate the risk?)		**Mitigating Actions (what more should we be doing?)**
1	Safeguarding policies and procedures in place.	None identified
2	Mandatory training within CCG, standards in place with providers.	
3	Safeguarding standards included within contracts.	
4	Section 11 Audits scrutinise provider safeguarding arrangements (policies/procedures/training)	
5	CCG scrutinised by Local Safeguarding Boards/ partnerships fulfilling statutory duty around safeguarding.	
6	Active member of the Local Safeguarding Children's Partnership and Local Safeguarding Adults' Board.	

Sources of Assurance (where is the evidence that the controls work?)		**Link to Risk Register**
1a 1b	Policies approved by Quality Committee in line with agreed timescales for review Internal Audit report on compliance against accountability and assurance framework	-
2a 2b	Training compliance reported monthly to SMT and 6 monthly to GB 6 monthly safeguarding reports to Quality Committee including training compliance	
3a 3b	Monitored through CQBs (minutes to Quality Committee), in the provider compliance report Annual Safeguarding Report	
4	Internal Audit reports on safeguarding	
5	Annual safeguarding reports to GB demonstrates engagement into Safeguarding Board	
6	Safeguarding Board's annual report describes CCG contribution Minutes of Safeguarding board / partnerships	**See the separate Positive Assurance Log**

Kirklees CCG Governing Body Assurance Framework

			Version: 0.4 **Date: 2 August 2021**
Strategic Objective 1	Commission services that will deliver high quality, personalised and equitable care for all and reduce health inequalities for the Kirklees population now and into the future.	**SMT Lead**	Penny Woodhead
		GB Lead	Beth Hewitt
Principal Risk 1.4	There is a risk of not improving and maintaining experience of care due to: • Not using experience of care intelligence appropriately with providers to improve that experience • Not using experience of care intelligence to develop commissioning plans or service specifications resulting in dissatisfaction of services.	**Lead Committee**	Quality Committee

GBAF Risk Score						**Rationale for current score**	Risk with current performance having impact of patient experience,
Current			**Target**				
Likelihood	3	= 12	**Likelihood**	2	= 8	**Rationale for target score (risk appetite)**	
Impact	4		**Impact**	4			

Key Controls (what helps us mitigate the risk?)		**Mitigating Actions (what more should we be doing?)**
1	Patient Experience Group with providers provide oversight and assurance	None identified
2	Procurement process incorporates patient feedback to inform specifications.	
3	Contracting mechanisms for patient feedback, including sections in the standard contract.	
4	Clinical Quality Board/contract quality mechanisms and checking of summary patient experience information including complaints information.	
5	Appoint Lay Member for Patient and Public Involvement (PPI) on Governing Body	

Sources of Assurance (where is the evidence that the controls work?)		**Link to Risk Register**
1a 1b	6 monthly patient experience report to Quality Committee By exception through Quality and Safety Report	1920, 1844,1825,1813
2	Evidence seen through procurement documentation of patient/public involvement (checklist).	
3a 3b	Escalation points in Q&S report to GB. PEG minutes scrutinised by Quality Committee.	
4	Clinical Quality Board minutes reflecting customer services / experience of care reports.	
5a 5b	Lay Member job description Lay Member attendance at key meetings (evidenced in minutes)	**See the separate Positive Assurance Log**

Kirklees CCG Governing Body Assurance Framework

			Version: 0.4 **Date: 2 August 2021**
Strategic Objective 1	Commission services that will deliver high quality, personalised and equitable care for all and reduce health inequalities for the Kirklees population now and into the future.	**SMT Lead**	Vicky Dutchburn
		GB Lead	Dr Khaled Naeem
Principal Risk 1.5	There is a risk that we do not understand if the services we commission are sufficient to meet rising demand, or have unwarranted variation, due to not having effective prioritisation and monitoring processes in place resulting in unmet need, poor patient experience and outcomes.	**Lead Committee**	Quality Committee / Finance, Performance & Contracting Committee

GBAF Risk Score						**Rationale for current score**	Current system pressures; not achieved a Kirklees system service baseline following the CCGs merger. Identified QIPP requirement
Current			**Target**				
Likelihood	3	= 9	**Likelihood**	2	= 4	**Rationale for target score (risk appetite)**	Consistent service offer across Kirklees; with isolated complaints justifiable/readily resolvable
Impact	3		**Impact**	2			

	Key Controls (what helps us mitigate the risk?)	**Mitigating Actions (what more should we be doing?)**
1	Annual planning system (including activity modelling, demographics etc)	None identified
2	Quality, contracting and Performance Reports to committees and GB/PCCC	
3	Patient experience data (patient reference groups, community assets, safety walkabouts)	
4	Kirklees QIPP / efficiency Group	
5	Intelligence – eg JSA, DPH Annual Report	
6	ICS Joint Committee decisions	

	Sources of Assurance (where is the evidence that the controls work?)	**Link to Risk Register**
1a	Annual operating plans to GB	1824; 1849; 1859
1b	Annual financial plans to GB/PCCC	
1c	Quality, contracting and Performance Reports to committees and GB/PCCC	
1d	GB minutes	
1e	Primary Care Dashboard	
2	Minutes of Quality, contracting and Performance committees and GB/PCCC	
3a	Reports to Quality Committee and minutes evidencing discussion	
3b	Action plans to implement recommendations	
3c	Annual patient surveys	
3d	Consultation and Engagement Annual Review to AGM	
4	Minutes of meeting	
5a	Links to reports on website	
5b	Evidence of information included within business cases	
5c	Evidence of intelligence links / documentation /best practice within PMO	
6	Minutes and decision notices	**See the separate Positive Assurance Log**

Kirklees CCG Governing Body Assurance Framework

			Version: 0.4 **Date: 2 August 2021**
Strategic Objective 1	Commission services that will deliver high quality, personalised and equitable care for all and reduce health inequalities for the Kirklees population now and into the future.	**SMT Lead**	Vicky Dutchburn
		GB Lead	Dr Khaled Naeem
Principal Risk 1.6	There is a risk to the delivery of sustainable Elective Care services due to the increased pressure and demand post COVID -19 creating workforce and service capacity shortage, resulting in reputational damage and risk to patients and services.	**Lead Committee**	Finance, Performance & Contracting Committee

GBAF Risk Score						**Rationale for current score**	Current workforce pressures, leading to persistent failure to meet national targets; increased numbers of patient complaints; ongoing adverse local media reports
Current			**Target**				
Likelihood	4	= 16	**Likelihood**	2	= 2	**Rationale for target score (risk appetite)**	Improved performance position against agreed metrics, any unsatisfactory patient experience complaints are readily resolvable. Minor recommendations from future internal audit/ external audit
Impact	4		**Impact**	1			

	Key Controls (what helps us mitigate the risk?)	**Mitigating Actions (what more should we be doing?)**
1	Aligned incentive contract in place to control acute sector spend	None identified
2	Elective recovery planning (ERF) process (including activity modelling, demographics etc)	
3	CCG check utilising Strategic Planning tool that programmes already prioritised are collecting what NHS England requires, to avoid creating additional work streams	
4	Procurement / contracting process incorporates in / out sourcing models to inform capacity requirements.	
5	Quarterly NHS E / I Assurance meetings / returns and Self-assessment frameworks	

	Sources of Assurance (where is the evidence that the controls work?)	**Link to Risk Register**
1a 1b 1c	Reports to Finance, Performance & Contracting Committee (FPC) and Quality Committee Internal and external audit reports (QIPP/Efficiency Audit; Right Care Packs) Constitutional dashboard reports to FP&C and Quality Committee	1841, 1844, 1847
2a 2b 2c	Recovery plans and performance trajectories shared through FPC and GB National / Local demand modelling information/intelligence – to evidence ERF requirements Elective reset plans included within CCG PMO	
3	PMO documentation	
4	Elective reset group and workstreams to include Clinical and LMC representation	
5	Feedback from the Assurance / Self-assessment framework reports and recommendations to committees and governing body	**See the separate Positive Assurance Log**

Kirklees CCG Governing Body Assurance Framework

			Version: 0.4 **Date: 2 August 2021**
Strategic Objective 1	Commission services that will deliver high quality, personalised and equitable care for all and reduce health inequalities for the Kirklees population now and into the future.	**SMT Lead**	Lindsay Greenhalgh
		GB Lead	Dr Ramesh Edara
Principal Risk 1.7	There is a risk that patients will be harmed due to inappropriate or ineffective health care relating to medicines resulting in poor patient outcomes (iatrogenic harm).	**Lead Committee**	Quality Committee

GBAF Risk Score						**Rationale for current score**	
Current			**Target**				
Likelihood		=	**Likelihood**		=	**Rationale for target score (risk appetite)**	
Impact			**Impact**				

Key Controls (what helps us mitigate the risk?)		**Mitigating Actions (what more should we be doing?)**
1	Representation at South West Yorkshire Area Prescribing Committee (SWYAPC) (merging with Leeds APC over 12 months)	• Ensure that MM team member is invited to attend all PCN meetings- re-aligned the team to ensure strong links are established with PCN specific team members. DEADLINE – OCTOBER 2021 • Further work required to shape the additional network resource (i.e. PCN pharmacist provision) and align CCG and network priorities- the Pharmacy Forum has been established to support this. DEADLINE – OCTOBER 2021
2	Prescribing Dashboard; analysis of EPACT; PresQipp data	
3	Representation at Trust prescribing committees to improve prescribing across the interface and transfer of care, with other providers also present.	
4	Health economy wide safety initiatives overseen by SWYAPC/LAPC and Patient Safety & Antimicrobial subgroups	
5	Attendance at all monthly PCN meetings and Pharmacy Forum	
6	Kirklees Medicines Strategy Group- approval of Standard Operating procedures and implementation	

Sources of Assurance (where is the evidence that the controls work?)		**Link to Risk Register**
1	Minutes and action logs from APC meetings	1842
2a 2b 2c	Data on primary care dashboard and reported to Primary Care Commissioning Committee Quarterly prescribing dashboards focus on safe prescribing; shared with GP practices Red drugs reports to practices (monthly)	
3	Minutes and action logs from appropriate Trust meetings	
4a 4b 4c	Antimicrobial subgroup minutes Regional Patient Safety Group minutes Commissioning Medicines Optimisation Leads – action notes	
5	Minutes and action logs from appropriate meetings	
6	Minutes and action logs	**See the separate Positive Assurance Log**

Kirklees CCG Governing Body Assurance Framework

			Version: 0.4 **Date: 2 August 2021**
Strategic Objective 1	Commission services that will deliver high quality, personalised and equitable care for all and reduce health inequalities for the Kirklees population now and into the future.	**SMT Lead**	Vicky Dutchburn
		GB Lead	
Principal Risk 1.8	There is a risk that service development / transformation initiatives fail to improve the lives of individuals in Kirklees due to business cases not including local information regarding the wider determinants of health (eg JSA, HWBS), resulting in inequitable patient outcomes	**Lead Committee**	Quality / Finance, Performance & Contracting Committee

GBAF Risk Score						**Rationale for current score**	Complaints of unsatisfactory patient experience; intermittent adverse local media reports; isolated service failure to meet local standards.
Current			**Target**				
Likelihood	2	= 4	**Likelihood**	1	= 1	**Rationale for target score (risk appetite)**	Minor recommendations include in internal audit/ external audit reports
Impact	2		**Impact**	1			

	Key Controls (what helps us mitigate the risk?)	**Mitigating Actions (what more should we be doing?)**
1	Health and Well-being (HWB) Plan for Kirklees	None identified
2	Development and implementation of population health management	
3	Equality Impact Assessments carried out for all service development / transformation initiatives and business cases	
4	NHS Long Term Plan requirements	

	Sources of Assurance (where is the evidence that the controls work?)	**Link to Risk Register**
1a	Monitoring of the seven outcomes from HWB Plan and KPIs through the HWBB, and Kirklees Integrated Leadership Board	
1b	BCF plan & monitoring through the Kirklees Integrated Leadership Board	
2	Data Packs developed for all PCNs	
3a	Service specifications approved by Quality Committee	
3b	Project Management Office paperwork and flowchart	
4a	Evidenced based/NICE Guidance triangulates with the CCG's strategic planning tool monitored through the PMO	**See the separate Positive Assurance Log**
4b	Monitoring performance reports	

Kirklees CCG Governing Body Assurance Framework

			Version: 0.4 **Date: 2 August 2021**
Strategic Objective 1	Commission services that will deliver high quality, personalised and equitable care for all and reduce health inequalities for the Kirklees population now and into the future.	**SMT Lead**	Catherine Wormstone
		GB Lead	Dr Khaled Naeem
Principal Risk 1.9	There is a risk to the commissioning of sustainable and equitable primary medical care services due to increased pressure and demand on services resulting in challenges for recruitment and retention of workforce and pressures on infrastructure (estates and IT).	**Lead Committee**	Primary Care Commissioning Committee

GBAF Risk Score						**Rationale for current score**	Based on capacity impact
Current			**Target**				
Likelihood	3	= 6	**Likelihood**	2	= 2	**Rationale for target score (risk appetite)**	
Impact	2		**Impact**	1			

Key Controls (what helps us mitigate the risk?)		**Mitigating Actions (what more should we be doing?)**
1	Implementation of the 5-year framework for GP Contract Reform	None identified
2	Development of strong Primary Care Networks (PCNs).	
3	Kirklees wide strategies and forums in place to support workforce, digital and estates.	
4	Recruitment across a range of roles through the Additional Roles Reimbursement Scheme (ARRS)	
5	Increasing Access and choice of consultation methods. Two existing and established GP Federations delivering Extended Access appointments at scale. Implementation of OCVC (Online Consultation Video Consultation)	
6	PCN Health Inequalities Projects	

Sources of Assurance (where is the evidence that the controls work?)		**Link to Risk Register**
1	Updates through Primary Care Operational Group on implementation of GP contract	1839, 1840
2	Report to PCCC / Governing Body on PCN development	
3	Minutes of meetings from Infrastructure Group and Kirklees wide workforce & estates groups	
4a 4b	ARRS claims to monitor deployment of new roles in primary care Monitoring of increase in clinical staffing through the National Workforce Reporting System (NWRS)	
5	Monitoring of GP Appointment Data and uptake of OCVC	
6	Progress reports on HI projects	**See the separate Positive Assurance Log**

Kirklees CCG Governing Body Assurance Framework

			Version: 0.4 **Date: 2 August 2021**
Strategic Objective 2	Ensure best value from all available resources, including by supporting colleagues to fulfil their potential.	**SMT Lead**	Alison Needham
		GB Lead	
Principal Risk 2.1	There is a risk that the CCG does not manage its underlying financial position due to ongoing financial pressures and exceeding its financial allocation, which would result in putting future patient services at risk.	**Lead Committee**	Finance, Performance & Contracting Committee

GBAF Risk Score						**Rationale for current score**	
Current			**Target**				
Likelihood		=	**Likelihood**		=	**Rationale for target score (risk appetite)**	
Impact			**Impact**				

	Key Controls (what helps us mitigate the risk?)	**Mitigating Actions (what more should we be doing?)**
1	Financial and QIPP plan signed off by Finance, Performance & Contracting Committee (FPCC), Governing Body (GB) and NHS England	
2	Monthly updates on financial position to FPCC and GB	
3	Efficiency programme and reporting on efficiency programme	
4	Standing Financial Instructions / Standing Orders approved; financial implications section on report template	
5	Investments/Business Cases are reviewed in line with governance requirements; demonstrating decision path	

	Sources of Assurance (where is the evidence that the controls work?)	**Link to Risk Register**
1	Plan presented and approved to GB, peer review of plan as part of wider ICS	
2	Reports and minutes to all committees	
3	Reports and minutes to all committees	
4	Reports have financial implications identified; discussion minuted at committee/GB	
5	Reports and minutes to FPCC, PCCC and GB	**See the separate Positive Assurance Log**

Kirklees CCG Governing Body Assurance Framework

			Version: 0.4 **Date: 2 August 2021**
Strategic Objective 2	Ensure best value from all available resources, including by supporting colleagues to fulfil their potential.	**SMT Lead**	Alison Needham
		GB Lead	
Principal Risk 2.2	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 Kirklees CCG i.e. not delivering value for money.	**Lead Committee**	Finance, Performance & Contracting Committee

GBAF Risk Score						**Rationale for current score**	
Current			**Target**				
Likelihood		=	**Likelihood**		=	**Rationale for target score (risk appetite)**	
Impact			**Impact**				

Key Controls **(what helps us mitigate the risk?)**		**Mitigating Actions** **(what more should we be doing?)**
1	Bi-monthly finance and contracting reports to Finance, Performance & Contracting Committee (FPCC) / Governing Body (GB)	
2	All investments/business cases are subject to approval via applicable governance routes including a section on value for money	
3	External audit value for money annual review	
4	Internal audit work plan includes areas for deep dive	
5	Robust procurement and contract management	

Sources of Assurance **(where is the evidence that the controls work?)**		**Link to Risk Register**
1	Reports and minutes of FPCC / GB	
2	Minutes evidence considered	
3	ISA260 plus Audit Committee receipt of this and minutes evidencing discussion	
4	Internal Audit reports provide level of assurance	
5a 5b	Report to Audit Committee quarterly including contracts register and tender waivers Publication of spend over £25k	**See the separate Positive Assurance Log**

Kirklees CCG Governing Body Assurance Framework

			Version: 0.4 **Date: 2 August 2021**
Strategic Objective 2	Ensure best value from all available resources, including by supporting colleagues to fulfil their potential.	**SMT Lead**	Carol McKenna
		GB Lead	Carol McKenna
Principal Risk 2.3	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.	**Lead Committee**	Senior Management Team

GBAF Risk Score						**Rationale for current score**	CCGs are in a transitional phase with the move to the ICS and periods of change impact on staff recruitment, retention and morale.
Current			**Target**				
Likelihood	3	=	**Likelihood**	2	=	**Rationale for target score (risk appetite)**	A level of staff turnover is healthy.
Impact	4		**Impact**	4			

Key Controls (what helps us mitigate the risk?)		**Mitigating Actions (what more should we be doing?)**
1	Weekly staff briefings to inform, recognise achievements, staff opportunity to ask questions	-
2	Annual staff survey and monthly People Pulse Survey to ensure hear the views of staff	
3	Staff Forum attend SMT and coordinate a range of events/activities supporting staff well-being	
4	Annual appraisal process including consideration of personal development needs; dedicated funding for staff development and training	
5	Exit interviews carried out with all staff leaving the organisation to determine reason for leaving	
6	Staff supported to take on opportunities/roles across the wider system	
7	Fortnightly staff newsletter (FYI)	
8	Access to an Employee Assistance Programme (EAP)	
9	Trained Mental Health First Aiders	
10	Full suite of HR policies in place to support staff	

Sources of Assurance (where is the evidence that the controls work?)		**Link to Risk Register**
1 & 7	Positive survey results in respect of communication with staff	1826, 1868, 1869
2	Good response rate to surveys; positive outcomes	
3	Reports from Staff Forum on SMT agenda; action notes detail discussion	
4, 5, 6, 10	Staff workforce report submitted monthly to SMT; six monthly to Governing Body	
8	Access to EAP reported to SMT on a regular basis	
9	Report to SMT setting out number of contacts to MHFA; intranet page	**See the separate Positive Assurance Log**

Kirklees CCG Governing Body Assurance Framework

Version: 0.4
Date: 2 August 2021

Strategic Objective 3	Support integration within the NHS and between the NHS and local government and wider partners, achieving a smooth transition to a West Yorkshire & Harrogate Integrated Care System and a Kirklees Integrated Care Partnership.	**SMT Lead**	Rachel Carter
		GB Lead	Carol McKenna
Principal Risk 3.1	There is a risk that transition to the West Yorkshire & Harrogate Integrated Care System and the Kirklees Integrated Care Partnership from 1 April 2022 may impact on "business as usual", due to competing capacity pressures and management of change, resulting in the need to mitigate any adverse consequences.	**Lead Committee**	Finance, Performance and Contracting Committee

GBAF Risk Score						**Rationale for current score**	Unlikely because WY&H ICS already mature & change will be a natural evolution. Potential for serious impact if management capacity distracted from BAU.
Current			**Target**				
Likelihood	2	= 6	**Likelihood**	2	= 4	**Rationale for target score (risk appetite)**	Potential impact to be mitigated by progress of legislative process, additional clarity from national guidance and WY&H development work.
Impact	3		**Impact**	2			

Key Controls (what helps us mitigate the risk?)		**Mitigating Actions (what more should we be doing?)**
1	Kirklees involvement and influence in ICS design conversations.	None identified
2	Strong engagement with wide range of Kirklees partners	
3	WY&H involvement and influence in national ICS development	
4	Strong engagement and communication with CCG staff	
5	Close monitoring of emerging guidance & design	

Sources of Assurance (where is the evidence that the controls work?)		**Link to Risk Register**
1a 1b	Membership lists for various design groups. Notes from Kirklees ICP design group	1868
2a 2b 2c 2d	Notes from Integrated Leadership Board Notes from Health & Wellbeing Board Notes from CoMET Notes from Kirklees ICP design group	
3	National guidance consistent with WY&H ways of working, including subsidiarity	
4a 4b 4c	FYI – staff bulletin Agendas for staff briefings Feedback from staff forum into Senior Management Team	
5	Programme-level risk register	**See the separate Positive Assurance Log**

Kirklees CCG Governing Body Assurance Framework

			Version: 0.4 **Date: 2 August 2021**
Strategic Objective 3	Support integration within the NHS and between the NHS and local government and wider partners, achieving a smooth transition to a West Yorkshire & Harrogate Integrated Care System and a Kirklees Integrated Care Partnership.	**SMT Lead**	Vicky Dutchburn
		GB Lead	Carol McKenna
Principal Risk 3.2	There is a risk that we fail to realise our integrated commissioning ambitions due to constraints such as competing requirements from different regulators resulting in commissioning services which do not fully meet local need or priorities.	**Lead Committee**	Finance, Performance and Contracting Committee

GBAF Risk Score						**Rationale for current score**	Kirklees place partnership well-established & delivering within strong & mature system building on strong track record of integration & existing groups & mechanisms
Current			**Target**				
Likelihood	2	= 6	**Likelihood**	2	= 4	**Rationale for target score (risk appetite)**	Future formal arrangements should support a consistent approach
Impact	3		**Impact**	2			

Key Controls (what helps us mitigate the risk?)		**Mitigating Actions (what more should we be doing?)**
1	Integrated Commissioning infrastructure	None identified
2	Health and Wellbeing Board plan oversight	
3	ICP development over Kirklees footprint	
4	Implementation of statutory requirements – eg CCG commissioning guidelines, NICE guidelines	
5	Service specifications	
6	Implementation of POLCE (Procedures of limited clinical value) templates and process Value Based Checker (VBC) to monitor activity.	
7	Annual planning process (including activity modelling, demographics etc)	

Sources of Assurance (where is the evidence that the controls work?)		**Link to Risk Register**
1a	Reports to Health and Wellbeing Board and CCG Governing Bodies on progress	1868
1b	Evidence of joint posts to share scarce capacity	
1c	Kirklees integrated leadership board minutes	
2a	Health and Wellbeing Board minutes	
2b	Evidence of section 75 agreement	
3a	ICS / ICP submission	
3b	Design group updates through staff briefing	
4	CCG/health economy commissioning guidelines published on CCG website	
5a	Evidence through PMO process	
5b	Contract monitoring and audit	
6a	Process and templates on Ardens to monitor activity.	

6b	Individual Funding Request screening / approvals Database	
6c	Monitoring of contractual activity	
7a	Annual operating plans to GB	
7b	Annual financial plans to GB/PCCC	
7c	Quality, contracting and Performance Reports to committees and GB/PCCC	
7d	GB minutes	
7e	PMO system includes Data to set planning assumptions.	
		See the separate Positive Assurance Log

Kirklees CCG Governing Body Assurance Framework

			Version: 0.4 **Date: 2 August 2021**
Strategic Objective 3	Support integration within the NHS and between the NHS and local government and wider partners, achieving a smooth transition to a West Yorkshire & Harrogate Integrated Care System and a Kirklees Integrated Care Partnership.	**SMT Lead**	Catherine Wormstone
		GB Lead	Dr Razwan Ali
Principal Risk 3.3	There is a risk to the successful integration of primary care into the new ICS/ICP arrangements due to the pressure on primary care services and the sustainability of the two GP Federations resulting in not being able to fully engage in the development of provider collaboratives and system working.	**Lead Committee**	Primary Care Commissioning Committee

GBAF Risk Score						**Rationale for current score**	
Current			**Target**				
Likelihood	3	= 6	**Likelihood**	2	= 2	**Rationale for target score (risk appetite)**	
Impact	2		**Impact**	1			

Key Controls (what helps us mitigate the risk?)		**Mitigating Actions (what more should we be doing?)**
1	Regular engagement and updates through Council of Members and Council of Members Exec Team (COMET)	None identified
2	Engagement with the Local Medical Committee (LMC)	
3	CCG/CD monthly meetings	
4	PCNs and/or GP Federation included as an “at scale” voice to represent primary care at ICS	
5	Programme of practice visits led by GB practice representatives	
6	Design team for ICP include primary care representation	

Sources of Assurance (where is the evidence that the controls work?)		**Link to Risk Register**
1	Minutes of Council of Members and COMET	1839
2	Minutes of LMC Interface meeting	
3	Agenda of CCG / Clinical Director meetings (not minuted)	
4	Contract meetings with GP Federations	
5a 5b	Programme of practice visits between July and March 2021. Agenda agreed at CSG and themes reported back to CSG.	
6	Terms of Reference and attendance at ICP design team.	**See the separate Positive Assurance Log**

Kirklees CCG Governing Body Assurance Framework

			Version: 0.4 **Date: 2 August 2021**
Strategic Objective	Corporate risk not directly linked to a strategic objective.	**SMT Lead**	Laura Ellis
Principal Risk 4.1	There is a risk that failure to manage conflicts of interest properly will result in unsafe decision making.	**GB Lead**	Carol McKenna / Martin Wright
		Lead Committee	Audit Committee

GBAF Risk Score						**Rationale for current score**	Significant assurance from internal audit; well established processes.
Current			**Target**				
Likelihood	2	= 8	**Likelihood**	2	= 8	**Rationale for target score (risk appetite)**	Conflicts of interest are inherent and cannot be fully mitigated.
Impact	4		**Impact**	4			

	Key Controls (what helps us mitigate the risk?)	**Mitigating Actions (what more should we be doing?)**
1	Conflicts of Interest Policy, which reflects statutory guidance	None identified
2	Statutory/mandatory training for all staff, Governing Body and committee members and other key individuals involved in decision-making	
3	Registers of Interests maintained on Declarations Of Interests Portal	
4	Appointment of Conflicts of Interest Guardian	
5	Potential conflicts of interest proactively checked in advance of meetings and management arrangement agreed with Chief Officer and Conflicts of Interest Guardian	

	Sources of Assurance (where is the evidence that the controls work?)	**Link to Risk Register**
1a 1b 1c	Approval of Conflicts of Interest Policy by Audit Committee – minutes evidence this approval Quarterly and annual conflicts of interest returns to NHS England Annual Internal Audit review of conflicts of interest arrangements (Apr 2021 – Significant)	-
2	Monthly SMT; quarterly Audit Committee and Six-Monthly Governing Body workforce reports contain details of current statutory/mandatory compliance	
3	Quarterly assurance reports to Audit Committee setting out current registers; minutes evidencing committee's assurance	
4a	Conflicts of Interest Policy, which sets out appointment of Guardian	
5	Minutes of meetings demonstrate management of conflicts of interest	**See the separate Positive Assurance Log**

Kirklees CCG Governing Body Assurance Framework

			Version: 0.4 **Date: 2 August 2021**
Strategic Objective	Corporate risk not directly linked to a strategic objective.	**SMT Lead**	Laura Ellis
Principal Risk 4.2	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.	**GB Lead**	Carol McKenna
		Lead Committee	Audit Committee

GBAF Risk Score						**Rationale for current score**	Failure to fulfil a small number of key statutory duties could result in significant financial or reputational impact. Score based on worst case scenario.
Current			**Target**				
Likelihood	1	= 10	**Likelihood**	1	= 5	**Rationale for target score (risk appetite)**	Regular gap analysis should identify any areas of risk.
Impact	5		**Impact**	5			

Key Controls (what helps us mitigate the risk?)		**Mitigating Actions (what more should we be doing?)**
1	Constitution, Standing Orders, Scheme of Delegation, Prime Financial Policies, Standing Financial Instructions	-
2	CCG policies across range of disciplines including HR, corporate, quality, procurement and information governance; each policy includes relevant details of statutory duties and regulations	
3	CCG report template includes mandated section on legal and constitutional implications	
4	Chief Officer annually confirms that all statutory duties are being met within Annual Report and Accounts	
5	Mapping of CCG statutory duties to ICS	

Sources of Assurance (where is the evidence that the controls work?)		**Link to Risk Register**
1a 1b 1c	Constitution – all changes subject to external legal advice and approval by NHS England Annual internal audit review of governance and risk arrangements (Apr 2021 – high assurance) Annual review of financial governance arrangements by Audit Committee	-
2a 2b	Review and approval of policies by committees (evidenced in minutes). Policies located on website and intranet – with version control	
3	CCG agendas with report templates appropriately completed	
4	Annual Report and Accounts – externally audited	
5	Minutes of Transfer of Functions Task & Finish Group	**See the separate Positive Assurance Log**

Kirklees CCG Governing Body Assurance Framework

			Version: 0.4 **Date: 2 August 2021**
Strategic Objective	Corporate risk not directly linked to a strategic objective.	**SMT Lead**	Vicky Dutchburn
Principal Risk 4.3	There is a risk that the CCG will fail to meet the NHS constitutional standards due to the under performance of our contracted providers, resulting in reputational damage and endanger patients and services.	**GB Lead**	
		Lead Committee	Finance, Performance & Contracting Committee

GBAF Risk Score						**Rationale for current score**	Current pressures, leading to persistent failure to meet national performance targets, increased numbers of patient complaints and ongoing adverse local media reports
Current			**Target**				
Likelihood	4	= 16	**Likelihood**	2	= 2	**Rationale for target score (risk appetite)**	Improved performance position against agreed metrics, any unsatisfactory patient experience complaints are readily resolvable. Minor recommendations from future internal audit/ external audit
Impact	4		**Impact**	1			

	Key Controls (what helps us mitigate the risk?)	**Mitigating Actions (what more should we be doing?)**
1	Implementation of statutory requirements – eg CCG commissioning guidelines, National Institute for Clinical Excellence guidelines	None identified
2	Approved Service specifications	
3	Internal/external audit	
4	Performance reporting	
5	Quarterly ICS Assurance process	
6	CCG annual report	

	Sources of Assurance (where is the evidence that the controls work?)	**Link to Risk Register**
1	Commissioning guidelines published on CCG website	1845; 1848; 1841; 1849
2a 2b	Performance reports on indicators and agreed actions Performance deep dive reports	
3	Published audit reports and action plans	
4a 4b	Minutes of Finance, Performance & Contracting committee Minutes of Governing body	
5	Performance chapter within annual report	**See the separate Positive Assurance Log**

Name of Meeting	Governing Body	**Meeting Date**	11 August 2021
Title of Report	Chair's and Chief Officer's Report	**Agenda Item No.**	10
Report Author	Carol McKenna	**Public / Private Item**	Public
Clinical Lead	Chief Officer and Clinical Leader	**Responsible Officer**	Carol McKenna, Chief Officer

Executive Summary
This report provides the Governing Body with an update on key issues, including:- • West Yorkshire and Harrogate (WY&H) Joint Committee of Clinical Commissioning Groups – Summary of Key Decisions • Phase 3 Covid Vaccination Programme • West Yorkshire and Harrogate ICS – Health and Care Bill • Policy Update • 2020/21 CCG Annual Assessments

Previous Considerations

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

Recommendations
The Governing Body is requested to:- • **RECEIVE** the report and **NOTE** its content.

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

Implications

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

Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	Not applicable.
Resources / Financial Implications (including Staffing/Workforce considerations)	None directly arising from this report.
Sustainability Implications	None directly arising from this report.

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

Strategic Objectives (which of the CCG objectives does this relate to?)	All.	**Risk (include risk number and a brief description of the risk)**	Not applicable.
Legal / CCG Constitutional Implications	Not applicable.	**Conflicts of Interest (include detail of any identified / potential conflicts)**	None identified.

1. Introduction

1.1 The report provides the Governing Body 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 July 2021 is attached.

2.2 Phase 3 Covid Vaccination Programme

2.2.1 On 14 July 2021, NHS England issued guidance to Primary Care Networks (PCNs), GP practices and Community Pharmacy about the next phase of the COVID-19 vaccination campaign.

2.2.2 The NHS is being asked to deliver booster doses of COVID-19 vaccine to the individuals outlined in interim JCVI guidance between 6 September and 17 December 2021 (15 weeks), as quickly and safely as possible in two stages using supply available during that period.

2.2.3 As with phases 1 and 2, the strategy for the programme will seek to spread delivery across PCNs (General Practice), Community Pharmacy and Community Vaccination sites. The guidance encourages General Practice to continue to play an active and successful role in the next phase whilst recognising the pressure that this can bring alongside the maintenance of core general medical services and notably, the seasonal flu campaign.

2.2.4 Significantly, it remains unknown whether the Covid vaccination can be co-administered with the flu vaccination and this leaves a fundamental element for the planning of both campaigns absent until clinical trials have concluded. The results of these trials are expected in August. In the absence of this information, sites have been asked to plan on the basis of interim JCVI guidance, recognising this is likely to be updated relatively close to the start of both campaigns.

2.2.5 It has been indicated that NHSE intend to put in place arrangements to enable co-administration of flu and COVID-19 vaccines in Trusts, residential care homes, to housebound patients and in other residential settings.

2.2.6 Phase 3 of the campaign is being offered in two stages starting with those most at risk. These are set out in the table below.

Stage	Cohort	Number of residents in Kirklees
Stage 1	Adults aged 16 years and over who are immunosuppressed	9,433
	Those living in residential care homes for older adults	2,115
	All adults aged 70 years, or over/adults aged 16 years and over who are considered clinically extremely vulnerable	71,000

	Frontline health and social care workers	29,333
Stage 2	All adults aged 50 years and over	161,381
	Adults aged 16 – 49 years who are in an influenza or COVID-19 at-risk group	42,775
	Adult household contacts of immunosuppressed individuals' –	18,866 (assuming each immunosuppressed patient lives with an average of two people)
TOTAL		**334,903 (may include double counting)**

2.2.7 The Enhanced Service for General Practice remains largely unchanged. However, there are some differences and flexibilities which are being explored by practices and PCN groupings in Kirklees through the Expression of Interest process.

2.2.8 It has been a common request by practices nationally and locally to be able to administer the covid vaccination at individual practice level. NHSE have considered carefully whether the administration of the COVID-19 booster vaccines at individual practice level could be supported. However, for several reasons, this is not operationally feasible.

2.2.9 As in phases 1 and 2 of the programme, designated sites will continue to be required. PCN groupings will be expected to deliver the majority of COVID-19 vaccinations from designated sites but will be permitted to transport and administer some vaccines (where vaccine characteristics allow) from other locations in line with specific requirements set out in the specification and to reduce health inequalities.

2.2.10 GP practices are expected to collaborate within their PCN grouping and to administer the majority of vaccinations from a nominated Designated Site. However, the other flexibility introduced for phase 3 of the Enhanced Service is the ability to change PCN groupings. This draws on the learning and feedback from phase 2 and is something that a number of PCNs in Kirklees are seeking to explore. The CCG has put forward 9 sites for approval which includes a mix of existing and new sites. These will be reported once confirmed by NHS England. The next steps in the process will gain further assurance on the provision of workforce and value for money.

2.2.11 The timeline for identifying and approving Primary Care Network sites is set out below:

Date	Phase 3 opt-in milestone
14 July	General Practice Enhanced Service Specification for Phase 3 of the COVID-19 vaccination programme published and GP practices invited to opt in.
15 July	Briefing session for general practices, community pharmacy contractors and commissioners on the process
Wednesday 28 July (17.00)	Deadline for GP practices to indicate to their CCG (which will provide administrative support to the commissioner, NHS England) their willingness to participate in the Phase 3 arrangements and details of the nominated Designated Site.
Friday 30 July (17.00)	CCGs should notify their Commissioner (NHSE) regional team how many PCN Groupings have indicated that they wish to participate in the Phase 3 arrangements.
Monday 2 August (17.00)	Commissioner (NHSE) regional teams notify the Commissioner (NHSE) national team how many PCN Groupings wish to participate in the Phase 3 arrangements.
Friday 28 July – Tuesday 10 August	1. CCG seeks assurance that the GP practices/PCN Grouping have the capacity to participate in the Phase 3 arrangements whilst alongside delivering core primary medical services and has appropriate workforce resource; and confirms to Commissioner (NHSE) regional team **by 17.00 on Tuesday 10 August.** 2. Where required for new nominated Designated Sites or changes to Designated Site locations, CCG undertakes checks against designation criteria and confirms to the Commissioner (NHSE) regional team by **17.00 on Tuesday 10 August**. In line with capacity planning processes, CCGs should take views from local systems before making a final recommendation.
Friday 13 August (17.00)	Commissioner (NHSE) regional teams review CCG/ICS recommendations and take a final decision; informing the national team by sending a complete list of assured sites by **17.00 on Friday 13 August**.
August	Readiness checks undertaken by PCN Groupings and CCGs.

Community Pharmacy Provision and Community Vaccination Sites

2.2.12 All seven community pharmacy vaccination sites have suggested they will be continuing in phase three of the programme and between them offer a maximum weekly capacity of 24,250 vaccinations. These sites will work directly with NHS England on their opt in forms and a panel discussion has been arranged for 30 July 2021, to confirm sites. A new expression of interest wave for pharmacies will be underway in August and smaller pharmacies will have the opportunity to submit an interest. Kirklees is open to receiving these applications and will look to mobilise smaller pharmacy sites in areas that have historically and consistently had the lowest uptake and have warranted pop up clinics.

2.2.13 Throughout phases 1 and 2, Kirklees has utilised The John Smith's Stadium as the large community vaccination centre. Due to the impracticalities of continuing with this site during phase three, a decision to decommission the site on 1 September has been taken. For phase three the site will be replaced with one or two smaller sites, each with a weekly vaccination capacity of 3,000 – 5,000 vaccinations.

2.3 West Yorkshire and Harrogate ICS – Health and Care Bill

2.3.1 The first reading of the Health and Care Bill took place in the House of Commons on 7 July with the second reading on 14 July. The Bill follows on from the White Paper *Integration and innovation: working together to improve health and social care for all* and sets out legislation to establish Integrated Care Boards (formerly known as Integrated Care Systems) as statutory bodies.

2.3.2 NHS England and NHS Improvement (NHSEI) have previously published the Integrated Care System (ICS) Design Framework to guide next steps in developing Integrated Care Systems in line with the Bill and the White Paper. It should be noted that until the legislation is agreed by Parliament the move to create new statutory NHS bodies to replace clinical commissioning groups remains a proposal.

2.3.3 Over the last few months, various work streams have been focusing on the new statutory arrangements to strengthen our well-established approach to working together.

2.3.4 The Design Framework sets out key milestones for the remainder of 2021/22 that we will need to meet as part of the transition period. Further guidance will follow on:

- The membership and governance of the ICS Partnership and ICS NHS bodies;
- How to support ICS NHS bodies to manage conflicting roles and interests of board members;
- How ICSs work with people and communities;
- Provider collaboratives;
- Provider governance; and
- Supporting people transition planning and implementation.

2.3.5 The process to recruit to the NHS ICS Body Chair has now commenced and this will be followed by recruitment to the NHS ICS Body Chief Executive Officer.

2.3.6 An ICS Governance Working Group has been focussing on the way that authority and resources can best be delegated to our places under the new statutory arrangements. The Group has also been looking at how we can ensure that our arrangements are transparent and inclusive and have the right level of independent challenge. We aim to take a first draft of our governance arrangements to our Partnership Board in September.

2.3.7 The development of place-based arrangements is an important element of the proposals and we continue to take this forward locally. We have established Integrated Care Partnership (ICP) Design Group who report to the Kirklees Health and Care Integrated Care Leadership Board. Dialogue has also taken place with the Health and Well-Being Board and this will continue in the coming months. The areas of focus in Kirklees place include:

- The development of local governance arrangements to enable us to take decisions locally on matters delegated to us from the NHS ICS Body; and
- Considering the role of clinical and professional leadership in our ICP;
- Ensuring that we maintain areas of strength in our system, for example, by building on the priority we give to patient engagement and the voice of lay people in our work;
- Developing our thinking on provider collaboratives, building on existing provider alliances and previous Provider Board approach; and

- Ongoing Organisational Development work, including support from the ICS programme.

2.4 Policy Update

2.4.1 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.

2.4.2 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 9 June (the last update):

- Business Continuity Plan – approved by Audit Committee on 21 July 2021. The Plan sets out the CCG's arrangements for business continuity (in accordance with Business Continuity Management Exercise Guidance for Local responders with statutory duties of the Civil Contingencies Act 2004).
- New and Expectant Mothers Policy – the Audit Committee on 21 July 2021 agreed to withdraw this policy following a review by the CCG's health and safety advisor, due to duplication with the CCG's Maternity Policy.
- PREVENT Policy – approved by Quality Committee on 28 July 2021. The policy sets out the national act, provides clear understanding of CCG Staff roles and responsibilities, and to support CCG statutory responsibilities.
- Domestic Abuse Policy – approved by Quality Committee on 28 July 2021. The policy sets out the national act, provides clear understanding of CCG Staff roles and responsibilities, and to support CCG statutory responsibilities.

2.5 2020/21 CCG Annual Assessments

2.5.1 NHS England has a statutory duty to undertake an annual assessment of each CCG's performance. The approach to the 2020/21 assessment has been simplified due to the continued impact of Covid-19 and the change in priorities this has required to enable the CCG to respond. This means that CCGs will not be given an overall performance rating. Instead, a letter has been sent to each CCG containing a narrative assessment of CCG performance.

2.5.2 Copies of the letters for NHS Greater Huddersfield CCG and NHS North Kirklees CCG are attached to this report.

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 and Harrogate Health and Care Partnership

West Yorkshire & Harrogate (WY&H) Joint Committee of Clinical Commissioning Groups

Summary of key decisions - Meeting in public, Tuesday 6th July 2021

Evidence based interventions - List 2
The Committee considered a report on the NHS England and Improvement (NHS E/I) Evidence Based Interventions programme. In collaboration with the Academy of Medical Royal Colleges, NHSE/I had developed a list of 31 treatments and procedures which should not be routinely commissioned/provided. Impact assessments had identified the need to adjust the guidance to meet the needs of high risk groups linked to age, gender and race. The guidance supported but did not replace clinical decision making, and aimed to ensure that people were offered the most appropriate treatments and were not subject to unnecessary or ineffective procedures. The proposals would be implemented alongside plans for elective care recovery. Discussion covered the national consultation and engagement that had been undertaken on the proposals, including with the public.
The Committee: Supported the Evidence Based Intervention guidance for adoption as commissioning policy.
All age autism assessment and diagnosis
The Committee considered proposals for a collaborative, strategic approach to planning all age autism assessment and diagnosis. Current service levels across WY were not meeting demand, which led to long waits and large waiting lists. There was an opportunity to use 'one-off' funding to undertake a detailed review, understand demand better and develop a more strategic approach. The Committee noted the importance of tackling the health inequalities experienced by people with autism. Discussion highlighted the need to work with a range of partners including the voluntary, community and social enterprise sector and local authorities to ensure that supporting services were available. The Committee noted the one-off nature of the funding available and the need for a robust exit strategy.
The Committee: **a) Supported** joint work on autism across West Yorkshire. **b) Supported** the proposal to use the additional resources collaboratively to make the greatest impact in the short term and establish the basis of future collaboration.
Health and Care legislative change
The Committee considered an update on the legislation, which was 'catching up' with how we worked across WY&H. Our arrangements at place and system level provided a strong platform. A top priority was to ensure that CCG staff affected by the changes were well supported during the transition period. The update highlighted the impact that collaborative working had on responding to COVID, tackling health inequalities and improving outcomes. For example, the Joint Committee had led work to share learning from Bradford and establish the WY&H Healthy Hearts programme. Under new arrangements, places would remain at the centre of planning and service delivery, with provider collaboration supporting effective delivery. Discussion focused on the importance of building on our strong approach to accountability and transparency. Citizen involvement and independent challenge would remain key.
The Committee: Noted the update.
WY&H Memorandum of Understanding (MoU) for Collaborative Commissioning
The Committee noted that the MoU, which underpins the work of the Joint Committee, had been agreed by the WY CCGs in September 2020. To ensure that the Joint Committee could continue to carry out its delegated functions, it was proposed that the MoU be extended until 31st March 2022. No material changes to the MoU or the terms of reference of the Joint Committee were proposed.
The Committee: Recommended that CCG Accountable Officers sign off an extension of the MoU to 31st March 2022.

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.wyhpartnership.co.uk/meetings/west-yorkshire-harrogate-joint-committee-ccgs or from Stephen Gregg, stephen.gregg@nhs.net.

NHS England & NHS Improvement
North East and Yorkshire
Room 6E12
Quarry House
Leeds
LS2 7UE

Carol McKenna, Chief Officer
Dr Steve Ollerton, former Clinical Chair
NHS Greater Huddersfield CCG

02 August 2021

Via email

Dear Carol and Steve

2020/21 NHS Greater Huddersfield CCG Annual Assessment

NHS England has a statutory duty to undertake an annual assessment of each CCG's performance. The approach to the 2020/21 assessment has been simplified due to the continued impact of Covid-19 and the change in priorities this has required to enable the CCG to respond. This means that CCGs will not be given an overall performance rating. Instead, this letter provides a narrative assessment of CCG performance.

The 2020/21 narrative assessment is based on the NHS operational priorities set out in July and December 2020, focusing on the CCG's contribution to local delivery of the overall system plan for recovery, with a particular emphasis on the effectiveness of working relationships within local systems.

This letter summarises the key points of the discussion at the year-end review meeting for NHS Greater Huddersfield CCG (which took place as part of the Kirklees whole place review) and draws on any feedback we have received from stakeholders. It is focused around the following five priority areas.

1. Improve the quality of service

The CCG has taken a lead role in developing a joined-up approach to quality with Kirklees Council. This approach is best demonstrated in the single approach to quality in adult residential care. The CCG and Council have now aligned their quality surveillance and response systems. This is a very welcome development that clearly lays the foundation for a wider system level approach to quality that will need to be develop as part of the Kirklees ICP development plan.

There have also been significant system-wide developments such as within the maternity system and ambulance services. Social care and primary care have become better aligned, so that one practice is now aligned to one care home with a dedicated clinical lead that participates in weekly home rounds/check-ins. Also, the CCG has ensured delivery of the national training programme on Infection Prevention to all care homes.

The CCG continues to provide the 'Kirklees Emotional Health and Wellbeing Offer'. This is a collaboration of services, working with Calderdale, proving wellbeing sessions to staff and a menu of offers from the voluntary sector.

In April 2020 the CCG worked with primary care to establish the COVID Clinical Assessment Services (CCAS). These became 'hot' sites and enabled patients, with COVID symptoms, to be seen in a safe environment.

The Kirklees COVID Home Response Team (CoHoRT) was also established to provide a same-day service for housebound patients that were symptomatic that needed face-to-face support. The CCG was also successful in establishing a COVID Oximetry at home (CO@H) service for the over 65's.

The CCG has continued to work well with CHFT on plans for the reconfiguration of acute services across Calderdale and Huddersfield.

The CCG has contributed to a very positive partnership approach to leadership of the response to the pandemic, including by co-ordinating the vaccination programme across Kirklees which has brought together a wide range of partners to deliver a fantastic response at speed and at scale.

The CCG has taken the lead in developing effective and inclusive Primary Care Networks, providing a good balance of support and challenge to the emerging PCNs that has enabled all partners to engage.

2. Reduce health inequalities

The CCG has worked with partners to develop a Kirklees-wide approach to tackling health inequalities, working more closely the Public Health team to embed population health management.

It has supported the development of the Kirklees Inclusion Commission and the development and implementation of Kirklees inequalities dashboard. Further work is required to map health inequalities but there have been significant improvements in addressing inequalities in the workplace and in relation to health checks and health planning for people with a learning disability.

3. Involve and consult the public

The CCG maintains a 'Your health, your say network' database for all residents to feed into concerns and comments. A patient reference group network has also been established which brings together members of the GP practice patient reference groups with the CCG to enable them to learn more about commissioning plans and practices and discuss proposals and engage in decision making.

Public events were maintained during COVID, via online meeting technology

4. Comply with financial duties

The CCG has delivered a better than break-even position for 2020/21 and has delivered against the mental health standard. The CCGs administration costs are also within the running cost allocation.

The CCG has invested significantly in areas of greatest need to support COVID efforts, such as primary care.

5. Leadership and governance

The chair of the Kirklees Health and Wellbeing Board has confirmed that the CCG has continued to be an extremely active and positive player in all aspects of the Kirklees health and care system. The senior leaders of the CCG provide visible and effective leadership both in established formal arenas and those that have emerged in response to Covid. This has been backed up by the management and staff team.

The CCG has also played a key role in the development of a single integrated health and care leadership board. This board first met in summer 2020 and is overseeing the development of our ICP arrangements on behalf of the Health and Wellbeing Board.

Greater Huddersfield has played a full leadership role in the evolution of the West Yorkshire ICS, and actively engaged with all the forums that have contributed to a thriving ICS, including the Joint Committee of CCGs.

The CCG had good internal controls. The Governance statement evidences effective leadership and governance and has received a 'High assurance' rating from the Head of Internal Audit for its governance and risk management arrangements.

I am pleased to be able to congratulate you on a very successful year during which the CCG has played a critical leadership role in responding to the pandemic, while continuing to maintain essential services and strengthen partnership working across Kirklees.

The approval of the merger to create a single CCG for the whole of Kirklees was a significant success for the leadership of the CCG, leaving Kirklees in a stronger position in preparation for the anticipated establishment of statutory ICS arrangements in 2022. I would particularly like to thank Steve Ollerton for his great contribution as the clinical chair of Greater Huddersfield CCG and for his key leadership role in securing the new arrangements.

I look forward to working with you and continuing to support your CCG through this transitional year, in improving healthcare for your local population and system. Please let me know if there is anything in this letter that you would like to discuss further.

Yours sincerely,

Anthony Kealy
Locality Director
West Yorkshire and Harrogate

NHS England & NHS Improvement
North East and Yorkshire
Room 6E12
Quarry House
Leeds
LS2 7UE

Carol McKenna, Chief Officer
Dr Khalid Naeem Clinical Chair
NHS North Kirklees CCG

02 August 2021

Via email

Dear Carol and Khalid

2020/21 NHS North Kirklees CCG Annual Assessment

NHS England has a statutory duty to undertake an annual assessment of each CCG's performance. The approach to the 2020/21 assessment has been simplified due to the continued impact of Covid-19 and the change in priorities this has required to enable the CCG to respond. This means that CCGs will not be given an overall performance rating. Instead, this letter provides a narrative assessment of CCG performance.

The 2020/21 narrative assessment is based on the NHS operational priorities set out in July and December 2020, focusing on the CCG's contribution to local delivery of the overall system plan for recovery, with a particular emphasis on the effectiveness of working relationships within local systems.

This letter summarises the key points of the discussion at the year-end review meeting for NHS Greater Huddersfield CCG (which took place as part of the Kirklees whole place review) and draws on any feedback we have received from stakeholders. It is focused around the following five priority areas.

1. Improve the quality of service

The CCG has taken a lead role in developing a joined-up approach to quality with Kirklees Council. This approach is best demonstrated in the single approach to quality in adult residential care. The CCG and Council have now aligned their quality surveillance and response systems. This is a very welcome development that clearly lays the foundation for a wider system level approach to quality that will need to be develop as part of the Kirklees ICP development plan.

There have also been significant system-wide developments such as within the maternity system and ambulance services. Social care and primary care have become better aligned, so that one practice is now aligned to one care home with a dedicated clinical lead that participates in weekly home rounds/check-ins. Also, the CCG has ensured delivery of the national training programme on Infection Prevention to all care homes.

The CCG continues to provide the 'Kirklees Emotional Health and Wellbeing Offer'. This is a collaboration of services, working with Calderdale, proving wellbeing sessions to staff and a menu of offers from the voluntary sector.

In April 2020 the CCG worked with primary care to establish the COVID Clinical Assessment Services (CCAS). These became 'hot' sites and enabled patients, with COVID symptoms, to be seen in a safe environment.

The Kirklees COVID Home Response Team (CoHoRT) was also established to provide a same-day service for housebound patients that were symptomatic that needed face-to-face support. The CCG was also successful in establishing a COVID Oximetry at home (CO@H) service for the over 65's.

The CCG has contributed to a very positive partnership approach to leadership of the response to the pandemic, including by co-ordinating the vaccination programme across Kirklees which has brought together a wide range of partners to deliver a fantastic response at speed and at scale.

The CCG has taken the lead in developing effective and inclusive Primary Care Networks, providing a good balance of support and challenge to the emerging PCNs that has enabled all partners to engage.

2. Reduce health inequalities

The CCG has worked with partners to develop a Kirklees-wide approach to tackling health inequalities, working more closely the Public Health team to embed population health management.

It has supported the development of the Kirklees Inclusion Commission and the development and implementation of Kirklees inequalities dashboard. Further work is required to map health inequalities but there have been significant improvements in addressing inequalities in the workplace and in relation to health checks and health planning for people with a learning disability.

3. Involve and consult the public

The CCG maintains a 'Your health, your say network' database for all residents to feed into concerns and comments. A patient reference group network has also been established which brings together members of the GP practice patient reference groups with the CCG to enable them to learn more about commissioning plans and practices and discuss proposals and engage in decision making.

Public events were maintained during COVID, via online meeting technology

4. Comply with financial duties

The CCG has delivered a better than break-even position for 2020/21 and has delivered against the mental health standard. The CCGs administration costs are also within the running cost allocation.

The CCG has invested significantly in areas of greatest need to support COVID efforts, such as primary care.

5. Leadership and governance

The chair of the Kirklees Health and Wellbeing Board has confirmed that the CCG has continued to be an extremely active and positive player in all aspects of the Kirklees health and care system. The senior leaders of the CCG provide visible and effective leadership both in established formal arenas and those that have emerged in response to Covid. This has been backed up by the management and staff team.

The CCG has also played a key role in the development of a single integrated health and care leadership board. This board first met in summer 2020 and is overseeing the development of our ICP arrangements on behalf of the Health and Wellbeing Board.

North Kirklees has played a full leadership role in the evolution of the West Yorkshire ICS, and actively engaged with all the forums that have contributed to a thriving ICS, including the Joint Committee of CCGs.

The CCG had good internal controls. The Governance statement evidences effective leadership and governance and has received a 'High assurance' rating from the Head of Internal Audit for its governance and risk management arrangements.

I am pleased to be able to congratulate you on a very successful year during which the CCG has played a critical leadership role in responding to the pandemic, while

continuing to maintain essential services and strengthen partnership working across Kirklees.

The approval of the merger to create a single CCG for the whole of Kirklees was a significant success for the leadership of the CCG, leaving Kirklees in a stronger position in preparation for the anticipated establishment of statutory ICS arrangements in 2022.

I look forward to working with you and continuing to support your CCG through this transitional year, in improving healthcare for your local population and system. Please let me know if there is anything in this letter that you would like to discuss further.

Yours sincerely,

Anthony Kealy
Locality Director
West Yorkshire and Harrogate

Name of Meeting	Kirklees CCG Governing Body	**Meeting Date**	11th August 2021
Title of Report	Finance and Contracting Update	**Agenda Item No.**	11
Report Author	Robert Willis Acting Head of Finance Martin Pursey Head of Contracting and Procurement	**Public / Private Item**	Public
Clinical Lead	Dr Khalid Naeem	**Responsible Officer**	Alison Needham – Interim Chief Finance Officer

Executive Summary

The paper provides the Governing Body with: -

- an update in respect to the Financial Position of the CCG as of June 2021 (month 3).
- detailed information in respect of investments and the risk of slippage and pipeline investment funding pressures.
- information in respect of the anticipated timescales and risks for the H2 planning round and future planning requirements.
- an update on the 2021/22 contract position as at Month 2, highlighting issues where appropriate.

Previous Considerations

Name of meeting	Finance Performance and Contracting Committee	**Meeting Date**	28th July 2021
Name of meeting		**Meeting Date**	

Recommendations

The Governing Body are asked to –

- Note the content of this report in respect of the financial position at month 3.
- Note the key messages in respect of the Month 2 (May 2021/22) contracts position.

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

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	
Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	
Resources / Financial Implications (including Staffing/Workforce considerations)	As outlined within the paper
Sustainability Implications	

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

Strategic Objectives (which of the CCG objectives does this relate to?)	Building a sustainable organisation based on the aspirations of our members Reduce avoidable variation in healthcare and patient experience	**Risk (include risk number and a brief description of the risk)**	
Legal / CCG Constitutional Implications		**Conflicts of Interest (include detail of any identified / potential conflicts)**	

1. Introduction

1.1 This paper is to provide the Governing Body with an update in respect of the financial position for the CCG as of June 2021 (month 3) and an update of the key contracting messages as of May 2021 (month 2).

1.2 The paper includes detailed analysis and information in respect of financial investment plans and highlights to the committee the potential risk of slippage.

1.3 The paper provides an early indication of the H2 planning timescales and the potential financial risks for the committee to consider.

1.4 The paper provides the Governing Body on the 2021/22 contract position as at Month 2, highlighting issues where appropriate.

2. Financial Overview

2.1 The CCG financial plan for 2021/22 is being reported NHS England/Improvement (NHSEI) in two halves, H1 (April to September) and H2 (October to March). Only H1 has been agreed and set; these accounts consider only the forecast out-turn against the first six months of the year at this stage. Work on H2 for the last half of the year, is expected to commence in the coming quarter.

2.2 As with 2020/21 there is a continuation of the revised financial regime for the year due to Covid-19. For the first six months of the year the CCG has received an allocation via the West Yorkshire & Harrogate Integrated Care System (ICS). As with last year this moves away from a population-based allocation approach. In addition, the CCG has received system development funding (SDF) which comes with a list of investment requirements which the CCG is expected to make. The CCG has in line with business rules provided for a 0.5% contingency of £1.695m.

2.3 The CCG can access additional top-ups to cover costs relating to the Hospital Discharge Programme (HDP) and for the Elective Recovery Fund (ERF). The eligibility for these is based on set criteria from NHSE/I. The CCG continues to be a pilot site for the Urgent Community Response (UCR).

3. Key messages - Finance

3.1 The key financial headlines for the CCG as at month 3 are as follows: -

- For financial year H1 2021/22 (April to September) the CCG is forecasting to achieve its control total of break-even which has been agreed with the West Yorkshire & Harrogate Integrated Care System (ICS) and NHSE/I
- Whilst the CCG is forecasting to achieve its required control total of breakeven at the end of H1. This is however dependent on the receipt of additional top-up allocations

for HDP of £1.489m and ERF of £1.171m. The CCG anticipates no risk to receipt of these funds

- The CCG had an opening planned financial gap of £3.210m, but this has been reduced in part by the full release of the £1.695m contingency so that the remaining gap at month 3 is £1.462m (see table 3 below). This gap is the subject to an ongoing review of plans to identify further mitigations to reduce this further where possible
- The paper provides an update of any potential slippage in planned investments and potential requests for the funding in relation to additional investments which were not included in the original plan. These are explained in more detail in section 6 of this report.
- There are a range of potential financial risks and mitigations which are highlighted in section 7 of this report
- As in previous years there is an agreed risk share in place across the ICS and an additional risk share is being developed across Kirklees Place which is explained in more detail in section 7 of this report.
- Although specific guidance has not been issued in respect of H2, early indications are that the financial settlement will include increased efficiency targets for the latter stages of the year. This is discussed in more detail in section 8 of this report.

4. Financial Allocations

4.1 At month three, the CCG has received allocations totalling £349.434m, which includes new allocations received in month of £1.639m. These new allocations are to fund additional service developments and pilot schemes. The CCG anticipates an allocation of £0.371m at month four for which investments have been included in the plan, and future top-ups for HDP of £1.489m and ERF of £1.171m for which expenditure is forecast to be incurred above plan allocations.

4.2 The allocations received by the CCG as at month 3 are summarised in table 1 below: -

Table 1: Allocations - Month 3

	Period	M1-M6 Plan	M1-M6 Actual	Movement
Allocations Received (M3)		**£m**	**£m**	**£m**
ICS Allocations (Received)	**M1-6**	347.795	349.434	1.639
ICS Allocations Pending (Not Received)	**M1-6**	0.371	0.000	(0.371)
Total Allocations Received and Pending (M3)	**M1-6**	**348.166**	**349.434**	**1.268**
Allocations (Top-ups) Anticipated (M3)		**£m**	**£m**	**£m**
Hospital Discharge Programme Top-up	**M1-6**		1.489	1.489
Elective Recovery Fund Top-up	**M1-6**		1.171	1.171
Total Allocations (Top-ups) Anticipated (M3)	**M1-6**	**0.000**	**2.660**	**2.660**
Total Allocations (M3)	**M1-6**	**348.166**	**352.094**	**3.928**
Total Forecast Expenditure (M3)	**M1-6**	**(348.166)**	**(352.094)**	**(3.928)**
H1 Target Break-even	**M1-6**	**0.000**	**0.000**	**0.000**

4.3 Further detail in respect of the additional allocations received in month 3 are shown in table 2 below: -

Table 2: Allocations in detail - Month 3

Allocation Description	M3 £m
Allocations Received in M3	
H1 Ageing Well SDF to places 21/22	0.988
LD TCP funding for MH TCP (M1-6) [WY] to Bradford CCG	(0.672)
LD TCP funding for MH TCP (M1-6) [CKWB]	0.175
NHS111 Month 1-4 2021/22	0.273
Primary Care SDF - COVID support 21/22	0.875
Total Allocations Received in M3	**1.639**
Pending Allocations	
Primary Care: GP IT Infrastructure and Resilience (revenue)	0.023
Ageing Well: Urgent Community Response - Accelerator Sites	0.348
Total pending allocations, not received	**0.371**
Top-up Allocations Anticipated	
Hospital Discharge Programme Top-up	1.489
Elective Recovery Fund Top-up	1.171
Total anticipated top-up allocations, not received	**2.660**

4.4 The CCG is expecting to receive pending planned allocations of £0.023m for GPIT and £0.348m for Urgent Community Response (UCR) at month 4.

4.5 The CCG has received a share in H1 allocation of £0.988m for the national Ageing Well Programme, which is part of the SDF national allocation process received via the ICS. The proposed expenditure for this allocation is outlined in section 6 of this report.

4.6 The CCG was allocated in the plan funds relating to the Mental Health Transforming Community Programme of £0.672m, of which should have been directed to the lead commissioner for this service, Bradford & Craven CCG, these funds have now been transferred.

4.7 The CCG has received a further allocation for NHS 111 pass-through costs which appear to be a duplicate allocation which is currently being investigated to determine if this will need to be returned.

5. Kirklees Financial Position at month 3

5.1 At month 3, the CCGs expenditure at H1 is forecast to be £352.094m, which exceeds planned expenditure by £2.660m. This pressure will be alleviated by the anticipated future top-ups for HDP of £1.489m and ERF of £1.171m.

5.2 The year-to date adverse variance of £1.774m is similarly for the same reason in that costs of £0.929m for HDP and of £0.845m and for ERF have been included in expenditure for the period but top-ups have not yet been received.

5.3 The following table sets out the H1 plan and H1 forecast out-turns and the year-to-date plan and actual expenditure in respect of expenditure at month 3.

Table 3: CCG Summary Expenditure - Month 3

Expenditure M1-6 (H1)	H1 Year to Date Budget £m	H1 Actual Spend £m	Year to Date Variance £m	H1 Budget £m	H1 Forecast Outturn £m	Out-turn Variance £m
Mental Health	20.334	20.348	0.014	40.667	40.696	0.029
Acute	86.165	87.033	0.868	172.057	173.274	1.217
Prescribing	18.381	18.915	0.534	36.763	37.299	0.536
Primary Care - Co-Commissioning	17.148	17.148	0.000	34.296	34.296	0.000
Primary Care - Other	3.384	3.272	(0.112)	6.768	6.540	(0.228)
Continuing Care	8.083	9.011	0.928	16.166	17.655	1.489
Community	14.137	14.160	0.022	28.275	28.273	(0.002)
Reserves	(0.749)	(0.749)	0.000	(1.498)	(1.462)	0.037
Other Programme Services	5.891	5.410	(0.481)	11.782	11.365	(0.417)
Running Costs	2.078	2.078	0.000	4.157	4.157	0.000
Total Expenditure	**174.853**	**176.626**	**1.774**	**349.434**	**352.094**	**2.660**

5.4 The significant variances to planned expenditure are highlighted as follows: -

- **Acute** – the adverse variance of £1.217m is primarily due to the inclusion of forecast costs for ERF of £1.171m, for which a top-up request has been notified to NHSE/I
- **Prescribing** – the adverse variance is due to a prior year financial costs of £0.536m, which were not included in the CCGs previous years accounts
- **Continuing Healthcare** – the adverse variance of £1.489m is due to the inclusion of forecast costs for HDP of £1.489m for which a top-up request has been notified to NHSE/I
- **Other Programme Services** – the favourable variance of £0.417m is because of prior year benefits which have been used to offset the prior year impact in prescribing.

5.5 As presented to the Governing Body the CCG had a financial gap in its initial financial plan of £3.210m but held a contingency of £1.695m. The combination of these items, together with some minor movements has resulted in the CCG showing a financial gap at month three of £1.462m (shown on the reserves line of table 3 above). This effectively means that the contingency for H1 has been fully utilised. It is anticipated as the CCG moves through the financial year and work continues to review costs and pressures anticipated, this gap will reduce significantly.

5.6 The financial risks and financial opportunities of the CCG are illustrated in more detail in section 7 of this report.

6. Investments

6.1 The Governing Body approved the financial plan for April to September 2021 (at the meeting on the 9th June 2021).

6.2 Total annual investments of £17.697m were approved in the financial plan and additional allocations have resulted in additional investment requirements of £1.975m against the Ageing Well Programme and £0.875m to give Primary Care Covid support. A correction was made to transfer out of the CCG investments for Mental Health transforming community (MH TCP) of £0.994m. As a result of these changes the total annual anticipated investments are now valued at £19.553m.

6.3 The investments shown in table 4 have been RAG-rated to provide a financial view of the risk of there being slippage or overspends against the original plan. This is intended to support the Governing Body to manage the overall financial position and the approval of investment decisions.

6.4 The RAG rating in some instances shows an amber rating at the side of values which show no financial slippage; however, this is due to a potential concern at this early stage that investments have not yet been approved through governance and /or there is no evidence yet of these funds being paid out to providers for services, particularly in areas of mental health expenditure where investment delays could affect delivery of the Mental Health Investment Standard.

6.5 The summary of investments is shown in table 4 below and include investments that will be funded from local (CCG) allocations and those that will be funded from a system development fund (SDF) allocation.

Table 4: Investments and slippage

Investments	Income Source	H1 £m	H2 £m	Total £m	Potential Slippage H1 £m	Potential Slippage H2 £m	Potential Slippage Total £m	Finance RAG
Mental Health	Local and	2.962	2.962	5.924	-	-	-	green/ amber
Community	Local	2.409	2.080	4.489	(0.479)	(0.328)	(0.807)	amber
Urgent Care Response	SDF	0.696	0.696	1.392	-	-	-	green
111 - First	SDF	0.819	0.819	1.638	-	-	-	green
Lung Health	SDF	0.713	0.713	1.426	-	-	-	green
Primary Care - Extended Access	SDF	1.332	1.332	2.664	-	-	-	green
Maternity - Birth	SDF	0.036	0.036	0.072	-	-	-	green
GPIT	SDF	0.046	0.046	0.092	-	-	-	green
Total: Original Plan		**9.013**	**8.684**	**17.697**	**(0.479)**	**(0.328)**	**(0.807)**	
Ageing Well	SDF	0.988	0.987	1.975	(0.618)	(0.154)	(0.772)	green/ amber
Primary Care - Covid Support Funding	SDF	0.875	-	0.875	-	-	-	green
Mental Health - TCP	Local	(0.497)	(0.497)	(0.994)	-	-	-	green
Revised Total		**10.379**	**9.174**	**19.553**	**(1.097)**	**(0.482)**	**(1.579)**	
Pipeline Schemes		1.353	0.654	2.007	-	-	-	

6.6 The plan presented to the Governing Body plan noted 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.

6.7 There is potential year to date slippage shown against community investments of £0.807m, which is shown more detail in table 5 below: -

Table 5: Community investment potential slippage

Community Investments	Income Source	H1 £m	H2 £m	Total £m	Potential Slippage H1 £m	Potential Slippage H2 £m	Potential Slippage Total £m
Phlebotomy	Local	0.217	0.198	0.415	-	-	-
Enhanced Discharge Arrangements	Local	0.552	0.444	0.996	0.010	0.018	0.028
End of Life Care	Local	0.200	0.200	0.400	-	-	-
Equitable Funding FY Impact	Local	0.281	0.281	0.562	-	-	-
Health Inequalities	Local	0.375	0.375	0.750	-	-	-
Care Home - Ageing Well	Local	0.451	0.451	0.902	(0.254)	(0.253)	(0.507)
Other community	Local	0.333	0.131	0.464	(0.235)	(0.093)	(0.328)
Total: Community		**2.409**	**2.080**	**4.489**	**(0.479)**	**(0.328)**	**(0.807)**

6.8 The following points explain the key areas of investment risk / slippage which currently has an estimated value of £0.807m and is highlighted in table 4 and table 5 above.

- **Enhanced Health in Care Homes** – A business case was agreed for Enhanced Health in Care Homes to start on 1st April 2021. This decision, and the commitment of this funding of £0.902m, was made at risk in advance of the Ageing Well guidance and funding confirmation for 2021/22. There is an underspend against the plan of £0.507m due to additional Ageing Well funding being made available to the CCG after the approval of the CCG financial plan. Ageing Well funding is described later in this section of the report.
- **Other smaller community** slippages of numerous community schemes with an estimated value of £0.3m.

6.9 The CCG has received a number of additional investments post the planning process and these are being classified as a pipeline scheme, until approval has been reached. To note assumptions have been made in relation to their overall costs and these are likely to change as detailed business cases are developed. These currently have been estimated value of £2.007m and are shown in table 6.

Table 6: Potential Pipeline Investments

Pipeline Investments	Income Source	H1 £m	H2 £m	Total £m
Integrated urgent care hub in ED CHFT	**Local**	-	0.214	0.214
Integrated urgent care hub in ED MYHT	**Local**	0.250	0.250	0.500
CHFT Senior traige in ED	**Local**	0.085	0.085	0.170
EOL & CYP palliative care match funding	**Local**	0.020	0.020	0.040
Microsuction ear wax	**Local**	0.027	-	0.027
Reconfiguration of urgent care walk in centre	**Local**	0.085	0.085	0.170
Shared Care pathway (£2 per head)	**Local**	0.886	-	0.886
Total: Pipeline Schemes		**1.353**	**0.654**	**2.007**

6.10 The CCG is expecting to receive pilot funding of £1.392m for UCR and £1.975 for Ageing Well in 2021/22 making a combined total of £3.367m. H1 allocations have been received. The Ageing Well allocation is a share of the ICS national funding available of £11.840m.

6.11 Updates have been presented to the CCGs Senior Management Team and the Ageing Well Board showing a potential under commitment of £0.772m although this is likely to change as individual business cases are developed.

7. Financial Risks and Mitigations

7.1 The CCG is aware of a range of several short- and long-term financial risks and potential mitigations in order to deliver its in year financial position and to manage its recurrent underlying financial position. These are shown in table 7 below: -

Table 7: Risks and mitigations

Risks	Mitigations
Financial Gap c£1.5m at month 3 subject to ongoing review for potential mitigations	Additional SDF will assist investment funding
Pay Award currently unknown	Efficiency Group will identify QIPP schemes
QIPP schemes to be identified	Long-term inpact of investments on recurrent expenditure
H2 allocation currently unknown	Non-recurrent mitigations
Non-recurrent expenditure difficult to confirm	Delayed investments
ICS risk share arrangments	Slippage of investments
Local risk share arrangments	
Potential underlying recurrent deficit of £3m to £4m	
Gap in business rules surplus requirement of £4.1m	

7.2 The establishment of a CCG Efficiency Group will be a key element in the CCGs requirement to address through savings the estimated future financial gap of £3m - £4m.

7.3 In 2020/21 the ICS, and all its organisations including Greater Huddersfield CCG and North Kirklees CCG, agreed a set of financial principles to underpin a wider financial risk share

agreement. Those principles and that risk share agreement continues into 2021/22. Each NHS organisation is responsible for managing its own financial risk, where that is no longer possible then the risk should be managed by the local place (Kirklees), and where that is no longer possible then it is managed across the West Yorkshire ICS footprint.

7.4 To support that wider West Yorkshire agreement and to enable us to respond quickly to the demands of the pandemic work is on-going to develop how financial risk will be managed as a local place. This will enable NHS organisations in place to commit expenditure, where it is right to do so for the NHS and our population and needs to happen quickly, without necessarily having to always determine in advance which local NHS organisation will ultimately provide the funding. Details of this risk share will be brought back to the committee in the future.

8. Financial Planning 21/22 Update

8.1 As explained in this paper, the budget set for the CCG is for the first six months to 30 September 2021 only, called H1.

8.2 H2 covering October to 31 March 2022 the CCG is still awaiting national guidance before this can be drafted. However, there are early indications that the funding settlement could be more challenging in H2 because of a higher waste reduction target; potential lower Covid-19 funding; lower ERF funding and lower HDP funding.

8.3 The H2 settlement is anticipated to be published at the end of September with detailed plans to be worked up and submitted between September and November.

8.4 The detailed planning round for next financial year, 2022/23 is expected to take place in January to March of 2022.

9. Contracting Key Messages

9.1 Acute and Independent Sector providers

Revised arrangements for NHS contracting and payment during the COVID-19 pandemic remain in place until September 2021. Therefore, no contracts are in place with NHS providers and contracted NHS acute providers are paid on a nationally set block amount.

Work continues with both main acute providers in relation to Elective Recovery with further insourcing and outsourcing opportunities being explored on both footprints. Increased demand continues to be experienced at A&E departments causing pressures in the system on both acute footprints.

New contracts were put in place with Spire Elland and BMI Huddersfield via the Framework for Increasing Capacity in Independent Sector providers. The contract position with BMI Huddersfield indicates that they have under-delivered in terms of activity but over-delivered

in cost compared to plan whilst Spire Elland continues to under-deliver on both fronts due to pre-op capacity pressures.

9.2 **South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)**

Revised arrangements for NHS contracting and payment during the COVID-19 pandemic will remain in place until end of September 2021. Therefore, no contracts are 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 a 0.5% price uplift for NHS providers. 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).

9.3 **Yorkshire Ambulance Service (999)**

Initial performance information for Month 2 for Kirklees CCG shows that the 999-service responded to 5,769 calls. Of this number, 54.8% were conveyed to the Emergency Department, 23.7% were 'See, Treat, Refer' responses, 12.8% were conveyed to a non-emergency setting and 8.6% were 'Hear and Treat' responses. YAS overall responded to 33,971 calls across West Yorkshire in Month 2.

9.4 **Care Closer to Home (CCTH)**

Operational pressure continues to be experienced in District Nursing Services with a number of District Nurses from each team currently isolating because of sickness, test and trace activity and school bubble issues. OPEL plans are in place and the baseline position has increased to OPEL 3. Additional pressure continues due to the increased demand for urgent 0–2-hour calls and response times are at risk and are being monitored. This continues to suggest a shift in system activity impacting on community nursing, which will have implications for clinical capacity and skill mix in the future if this continues.

Of the 14 core key performance indicators reported in Month 2, 11 met the target and 3 missed the target (two were within 10%). Of the KPIs specific to the North Kirklees PCN footprint, 3 missed the target (2 within 10%). There is an expectation that performance will continue to be affected because of COVID-19.

9.5 **Posture and Mobility Service (Ross Care)**

Referrals into the service have more or less returned to pre-COVID levels. Total new referrals reached 243 in May. For practices on the Greater Huddersfield PCN footprint there were 71 adult referrals with 30 of these being re-referrals and 17 paediatric referrals with 9 being re-referrals. For practices on the North Kirklees PCN footprint there were 69 adult referrals with 39 being re-referrals, and there were 16 paediatric referrals with 14 being re-referrals.

9.6 **Integrated Urgent Care (IUC, formerly NHS 111) and West Yorkshire Urgent Care (WYUC)**

IUC overall in Month 2 showed 167,275 answered calls in May, which was 3.1% above the Annual Business Plan baseline volume. Calls answered in May was 8.1% above the volume in April, and higher than any month over the past year. Validated overall WYUC activity shows 27,743 cases for Month 2, an increase of 30.4% from Month 2 of 2020/21.

9.7 **Procurements**

CCG	**Service description**	**Status**	**Contract start date**
Kirklees – GH PCN Footprint	Anti-Coagulation	Market Test completed, service under review	To be confirmed
Kirklees (on behalf of Calderdale and Wakefield Health and Social Care)	Designated Beds – COVID-19 (9 beds, raising to 12 if required)	Procurement completed; contract awarded to Croft Care Homes	01-Jul-21 (3-month contract only)
Kirklees	Autism and ASD Assessments	Procurement ongoing, evaluation of 6 responses underway	To be agreed
Kirklees	Community Ophthalmology Service	Procurement underway; new providers only. Evaluation of 1 response underway	01.04.2021
Kirklees	Domiciliary Care (Dynamic	Procurement led by KMC, bids evaluated and awarded on receipt	Contracts awarded when applications
Kirklees – NK PCN Footprint	Broughton House Medical Practice	Primary Care Commissioning Committee approval to go out to tender. Procurement expected to commence w/c 19 July 2021.	01.04.2022

10. Recommendations

10.1 The Governing Body are asked to:

- Note the content of this report in respect of the financial position at month 3.
- Note the key messages in respect of the Month 2 (May 2021/22) contracts position.

Name of Meeting	Governing Body	**Meeting Date**	11 August 2021
Title of Report	Quality and Safety Report and Quality Dashboard	**Agenda Item No.**	12
Report Author	Sam Parkinson, Project Support Officer Debbie Winder, Head of Quality	**Public / Private Item**	Public
Clinical Lead	Dr Razwan Ali	**Responsible Officer**	Chief Quality and Nursing Officer

Executive Summary

This report provides the Governing Body with an update on progress against recent quality and patient safety activities.

The report also includes high level information taken from the Quality Dashboard for July 2021, providing a quality and safety update for our main providers plus the following information:

- Provider Quality Accounts/Priorities
- Care homes/soft signs training
- Anti-microbial prescribing
- Medical Examiner
- Mediscan and Care Quality Commission (CQC) inspection report
- Learning Disabilities Mortality Review (LeDeR) programme Annual Report
- Curo Health Limited Care Quality Commission (CQC) inspection report

Previous Considerations

Name of meeting	Quality Committee	**Meeting Date**	28.7.2021
Name of meeting		**Meeting Date**	

Recommendations

It is recommended the Governing Body:

Receives this update on Quality and Safety information to provide assurance regarding its main providers, plus the following information:

- Provider Quality Accounts/Priorities
- Care homes/soft signs training
- Anti-microbial prescribing
- Medical Examiner
- Mediscan and Care Quality Commission (CQC) inspection report
- Learning Disabilities Mortality Review (LeDeR) programme Annual Report
- Curo Health Limited Care Quality Commission inspection report

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?)	Commission services that will deliver high quality, personalised and equitable care for all and reduce health inequalities for the Kirklees population now and into the future.	**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 1919 – Curo CQC rating 1920 – Mediscan registration suspension by CQC
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 10 of the report.

3. Quality Accounts/Priorities

3.1 A Quality Account is a written report which NHS healthcare service providers are required to publish on the NHS website by 30th June each year, summarising the quality of their services during the previous financial year. When published the account fulfils providers obligation to submit the report to the Secretary of State. Quality Accounts allow NHS services to report on quality, show improvements in the services they deliver to local communities and stakeholders as well as identification of quality priorities for the coming year.

3.2 The quality of the services is measured by looking at patient safety, the effectiveness of treatments patients receive, and patient feedback about the care provided.

3.3 The CCG is invited to review and comment on provider quality accounts prior to their submission. Part of that process includes responsibility to ensure that the emergent quality priorities are reflective of discussions held at providers internal Quality Boards.

3.4 This year the CCG quality team have amalgamated and reviewed all providers quality accounts to identify similarities or themes within provider's quality priorities which could provide opportunities for a system approach to quality improvement.

3.5 Whilst more detailed analysis is required and the processes for progressing this are developing, evident themes identified as quality priorities by providers are:

- Complaints (improvement in response times, reduction in overall numbers, reduction in numbers citing staff attitude)
- Patient Experience-improving uptake of Friends and family test plus participation in National Inpatient surveys
- Learning from incidents
- Co-production and personalised care
- Reduce waiting times (varying services)
- Improvements in internal quality management metrics and processes
- Reduction in the numbers of HCAI (including Covid-19).

3.6 We will be considering, with providers, how we work together on joint quality priorities as we further develop our place quality arrangements. Further updates on the progress of this will be provided in future reports.

4. Care Homes/Soft Signs Training update

4.1 The Academic Health Science Network (AHSN 2021) suggest that within environments where routine clinical monitoring of physical observations isn't undertaken, family members, care and nursing staff can spot early signs of deterioration using "soft signs" which do not require any initial formal measurement. For example, changes in behaviour, appetite, mobility, feeling hot and/or clammy, looking pale, appearing more tired/withdrawn can indicate an evolving clinical condition requiring intervention, and there is some evidence to suggest that it is possible to identify physical deterioration before hard physiological signs are present with the AHSN referencing one study by Boockark et al finding that "Nursing assistants' documentation of signs of illness preceded formal observations chart documentation by an average of 5 days."

4.2 Guidance produced originally in July 2020 by the Department of Health and Social Care (DHSC), Public Health England (PHE) and NHS England (NHSE) to support Admission and care of residents in a care home during COVID-19[1] stated that "Providers should also be aware of additional support available to them, such as diagnostic tools RESTORE2 and NEWS2, along with NHS clinical support", such as, GP weekly check-ins and access to equipment such as pulse oximeters to assist with the prompt recognition and escalation of

[1] https://www.gov.uk/government/publications/coronavirus-covid-19-admission-and-care-of-people-in-care-homes/coronavirus-covid-19-admission-and-care-of-people-in-care-homes#caring-for-residents-depending-on-their-covid-19-status-and-particular-needs

deterioration. The British Geriatric Society[2] and the Learning Disabilities Mortality Review (LeDeR) programme (2019 Annual report) also recommended use of the tools.

4.3 Within Kirklees it was recognised by the Enhanced Health in Care Homes task and finish group that the Locala Care Home Support Team had already commenced work with care homes focusing on recognising soft signs and the use of the SBAR (situation, background, assessment, and recommendation) communication tool to concisely document, communicate and escalate concerns. As the pandemic was developing, the time wasn't felt to be right to take the next step and introduce NEWS2 tool in full. It was therefore decided that we would firstly embed soft signs and the use of the SBAR tool using the available training videos produced by Wessex AHSN and West of England AHSN in collaboration with West Hampshire CCG (RESTORE2) and Health Education England.

4.4 From April 2021 soft signs training has been offered by CCG Quality Managers into care homes across Kirklees to support working with the tools already shared by Locala. The aim is to support care staff in recognising the importance of soft signs and to ensure early escalation of deterioration in a resident's health. Prompt escalation should lead to appropriate treatment being initiated as soon as possible and prevent unnecessary hospital transfers and admissions.

4.5 To date 14 care homes have accepted and received the training. Feedback has been positive, and, in some cases, further sessions have been provided to capture more staff.

The use of the SBAR tool has been promoted within primary care with the recommendation that baseline observations of residents (when well) are agreed via the weekly check-ins to ensure this information is available to populate the background section of the tool when required.

4.6 As a result of feedback and further guidance the presentation has been reviewed and approved at the start of July 2021 by CCG and Locala colleagues within the care home support team and Urgent Community Response (UCR). Due to the number of homes across Kirklees Locala colleagues have volunteered to deliver some of the future sessions which are starting to be booked in with the aim of offering the training to all care homes.

4.7 Via the Enhanced Health in Care Homes group we will continue to review the position across Kirklees considering feedback from care staff and primary care as we look to move forward with the full implementation of RESTORE2.

[2]COVID-19: Managing the COVID-19 pandemic in care homes" (BGS 25/3/2020)

5. Anti-microbial prescribing

5.1 Kirklees CCG has supported the implementation of the antimicrobial stewardship 5-year action plan for antimicrobial resistance (AMR) by supporting GP practices by raising awareness of guidelines. The CCG Medicines Optimisation team have led AMR quality audits, winter programmes such as promoting on becoming an antimicrobial guardian and using self-care leaflets such as “treat your infection” and posters to help reduce patient expectations on the prescribing of antibiotics. Other AMR resources available to primary care have included using PrescQIPP to monitor usage, computer prompts to increase the use of leaflet, practitioners using back-up/delayed prescription for antibiotics, referring to the posters to introduce antibiotics, utilising practice level Lowering Antimicrobial Prescribing (LAMP) reports and the recent development of a quick reference guideline for the appropriate antibiotics to use.

5.2 Two indicators are regularly monitored via the Quality Dashboard received into Quality Committee - Broad Spectrum Antibiotics and Total Antibiotic Prescribing Items – and the recent figures for the latter indicator have shown a reduction across Kirklees. Although there has been a rise in the Broad Spectrum Antibiotics, this remains within the target set by NHS England.

5.3 There is still a considerate amount of work to be done to help facilitate and empower primary care clinicians to help reduce antibiotic prescribing. Ongoing monitoring and auditing of the data will continue throughout the year and further updates provided.

6. Medical Examiner

6.1 The Medical Examiner role was established nationally in 2019 to avoid failings identified following the reviews into Shipman, Gosport War Memorial Hospital, Morecombe Bay and Mid Staffordshire.

6.2 The Medical Examiner function is funded nationally and provides independent, proportionate scrutiny of causes of death in cases not investigated by a coroner. It includes the opportunity for the bereaved to ask any questions or concerns they may have about the care of a patient before they died. Medical Examiners agree proposed cause of death with the attending doctor to ensure accuracy of death certificate which is designed to;

- enhance safeguards for the public and providers;

- provide consistent scrutiny of non-coronial deaths;
- reduce the number of cases referred inappropriately to the coroner;
- improve quality and accuracy of medical certificates;
- support local learning and improvement by identifying issues in real time and passing them on through appropriate internal structures.

6.3 The initial phase applied to acute settings, however a letter published in early June 2021 mandated this role be extended to all non-coronial deaths in community settings across the healthcare system to ensure all deaths are scrutinised by the end of March 2022.

6.4 The National Medical Examiner advocates that medical examiner offices take an incremental approach to build capacity with appropriate skills as the scope is extended, with additional resource to recruit and train medical examiner roles provided. Regional medical examiners will help guide medical examiner offices and health providers through this advanced implementation.

6.5 Established medical examiner offices will need to work with GP practices and medical directors at specialist, mental health and community trusts to plan and agree how they will facilitate medical examiner scrutiny of deaths of their patients in addition to expansion of the medical examiner workforce. Acute Trusts have been advised to consider recruitment processes to encourage representation across medical specialties, including General Practice.

6.6 The CCG Quality team is working with acute providers to support progression of the Medical Examiner programme into other settings, including the need for robust processes to gain notes and information, support robust dissemination of learning-including evaluation methodologies and gain assurance on systems for onward learning which complement existing processes, e.g. Structured Judgement Case reviews and Mortality reviews.

7. Mediscan and Care Quality Commission (CQC) action

7.1 Mediscan Diagnostic Services Limited is commissioned by Kirklees CCG to provide Non-Obstetric Ultrasound Services (NOUS). The company is based in Manchester and provides diagnostic services in Greater Manchester and several locations in England, including Kirklees and Calderdale. In Kirklees CCG, Mediscan is one of several providers available via the Electronic Referral System (ERS).

7.2 On 23 June 2021 the CQC suspended registration of Mediscan as a service provider in respect of its regulated activities, including diagnostic and screening procedures, under Section 32 of the Health and Social Care Act 2008. The CQC sent notification of the suspension to Kirklees CCG on 24 June 2021. The CQC report on the outcome of its review, which led to the suspension, was published on 19 July 2021.

7.3 The key areas of concern raised by the CQC relate to:

- Safe care and treatment: including equipment and premises were not always visibly clean and monitoring processes were not robust; infection control policies were not clear and concern that the Infection Prevention and Control (IPC) team had insufficient training to manage IPC across all sites.
- Safeguarding: regarding systems and processes, training, and staff knowledge.
- Governance: including the lack of effective governance systems and processes, poor incident reporting system and shared learning, lack of formal quality assurance programme, examples of not following professional guidance, lack of assurance of IPC governance, record storage and security.
- Staffing: inadequate induction processes, poor recruitment processes, poor staff records, insufficient checks for agency staff, unclear disciplinary processes, poor appraisal processes.
- Post inspection action plan: lack of evidence of improvements made in practice against actions signed off as completed.

7.4 The CCG is considering a range of actions to help address the issues highlighted. A single item Quality Surveillance Group (QSG) meeting was convened by NHS England/Improvement (Greater Manchester), to consider the risks and required actions and future surveillance regarding Mediscan. Kirklees CCG is also liaising with other CCGs affected to support a consistent and comprehensive approach to actions taken.

7.5 The full CQC report can be found at the following link: Mediscan CQC inspection report

8. Learning Disabilities Mortality Review (LeDeR) Programme Annual Report

8.1 In July 2021 the CCG's annual report of the Learning Disabilities Mortality Review (LeDeR) Programme was presented to the Quality Committee, where it was approved for publication

on to the CCG Website – an NHS England (NHSE) requirement articulated in the new national policy for the LeDeR Programme published in March 2021.

8.2 The annual report provides an overview of the programme delivery between 1st April 2020 and 31st March 2021 and includes information on the current LeDeR program and the delivery in Kirklees as well as key learning from the reviews. It also presents an overview of the work of Learning Disability Commissioning Leads to transform care for people with a Learning Disability who live in the area.

8.3 Key highlights from the report included:

- The recognition that behind every LeDeR review is a human story, so this year the report included 4 patient stories from the LeDeR cases.
- This year more detailed analysis of the local findings was included such as gender and age details, causes of death and co-morbidities alongside the grading of case for each case and any learning themes (recognising examples of both good practice and areas for improvement).
- The continued challenges to delivery of the programme caused by a backlog cases waiting a reviewer and due to the Pandemic. In July 2020 NHSE required all cases waiting a LeDeR review were required to catch-up and complete reviews on all cases by December 2020. This was achieved with the support and thanks to staff in the CCG, the support of staff from our providers and from social care.
- An overview of the key findings from a national report analysing of the deaths of 206 people with a Learning Disability (LD) who died of Covid that was undertaken and the actions taken by the CCG LD Commissioner and Primary Care Leads to address the 4 overarching themes that had been identified in the national report.
- An overview of the other work of the CCG Learning Disability (LD) commissioner and the CCG Transforming Care Partnership Board Lead have continued to deliver actions to address inequalities for people with LD, the overall goal of the LeDeR programme.

8.4 An overview of the marked changes to the future of the programme required under the new NHSE LeDeR Policy, to be fully implemented by April 2022, was also received, that will also then include the commencement of reviews for people with Autism as part of the programme later in the year.

Implications for the key changes in Kirklees:

- A dedicated Reviewer resource that will be delivered on an Integrated Care System (ICS) basis. The CCG Local Area contact for the programme is working with the other CCG's to deliver a team of dedicated reviewers on an ICS basis to undertake all reviews.

- The future programme will be seen as a 'quality improvement' process to be embedded – local place-based panels to address learning: This will need a local panel of key people from commissioning to quality, to identify actions to address learning.

- Work to address learning from LeDeR cases will need to be embedded into Quality Monitoring processes.

- Future LeDeR annual reports will be delivered on an annual basis; but local place-based work will need some inclusion.

8.5 The joint annual report has now been published on the CCG website in an accessible version.

An Easy Read version of the report is in development for those people with a Learning Disability and will also be published when completed.

9. Curo Health Limited Care Quality Commission inspection

9.1 The Care Quality Commission (CQC) undertook an announced inspection of CURO Health Limited on the 25 May 2021. Following this inspection, the CQC report was published on the 5 July 2021. The CQC rated Curo Health Limited as "inadequate" overall and "inadequate" for the key domains of safe, effective and well-led.

9.2 In the report, the following areas were highlighted for improvement by the provider:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Establish clear systems and processes to keep patients safe and safeguarded from abuse.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training.
- Professional development, supervision and appraisal necessary to enable them to carry out their duties

- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.

9.3 The CQC placed CURO Health Limited in special measures and issued a Warning Notice for failing to comply with Regulation 17(1), Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Services placed in special measures will be inspected by CQC again within a six-month period. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, CQC indicated that they will take action in line with their enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

9.4 In relation to the key failures of systems and processes identified, the provider is required to make improvements in the following to comply with the Regulations:

- Safeguarding procedures, reporting concerns and training
- Recruitment processes and induction programmes
- Effective systems for regular appraisals and recording of staff training
- Effective systems and processes to:
    - receive, review and act on Patient Safety Alerts, recalls and rapid response reports from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS)
    - underpin quality and safety improvement
- Effective systems and processes for:
    - incident reporting, response, and learning
    - blood test reviews and cervical screening
    - risk management relating to the health, safety and wellbeing of service users
- Effective communication system with staff for safety and quality outcomes, including updated clinical guidance, audits, alerts, incidents
- Referral guidelines into the Microsuction service

9.5 The CCG's Quality and Primary Care Teams are providing a focussed and clearly defined offer of support to Curo Health Limited. CCG staff are having regular contact and structed meetings with the provider to review the actions put in place to address the required

changes to improve service delivery. Progress against these actions, together with any concerns, will be escalated to the CCG's contracting team.

9.6 A copy of the full inspection report can be found at the following link: Curo Health Limited CQC inspection report

10. Quality Dashboard – Provider information

10.1 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 28.7.21. The following points were noted:

10.2 Calderdale and Huddersfield NHS Foundation Trust (CHFT):

10.2.1 Central Alert System (CAS) Alerts - the Trust continues to show as an outlier with regards to CAS and National Patient Safety Alerts (NPSA). A revised process is in place and early improvements have been recognised. Detailed information continues to be shared with Commissioners to provide assurances on the ongoing progress and actions taken regarding individual alerts. The Trust is confident that improvements will be seen in the coming months.

10.2.2 Serious Incidents/Never Events - in June 2021 the Trust reported a Never Event which has been reported to the national reporting system and the investigation has commenced. Commissioners should expect to see the completed report at the end of August 2021.

10.2.3 Complaints - although the data is in arrears, positive assurances have been received from the Trust regarding the complaint's investigation and handling process. A number of new staff have joined the Patient Advice and Liaison and Complaints team which is helping to drive and embed the refreshed 'learning from' approach. Commissioners have received assurance that improvements within this indicator will be seen in the next few months.

10.3 Mid Yorkshire Hospital NHS Trust (MYHT):

10.3.1 Serious Incidents/Never Events - a Never Event was reported in April 2021, classed as wrong side implant. Immediate actions were taken including strict adherence to the implant safety timeout and daily safety huddles. A full investigation into the incident was initiated in line with the Never Event guidance and process. The Division of Surgery has also

implemented a Theatre Quality Assurance Process which is monitored through the MYHT Quality Committee. The Trust lead for Never Events is compiling a wider review of any common themes and learning from the recent Never Events, particularly highlighting human factors elements.

10.3.2 Oncology - MYHT continue to mitigate the risk to the continuity of and quality of care within Oncology services due to a reduction in the consultant workforce which impacts on the number of oncology outpatient clinics and the ability to cover the acute oncology inpatient rota. Local and wider system actions continue. However, mitigation and sustainability rely heavily on significant partnership work across the West Yorkshire and Harrogate system, particularly with CHFT and Leeds Teaching Hospitals Trust (LTHT). Challenges with medical workforce remain, particularly for breast and lung oncology. Wider operational and strategic planning is ongoing to make the service sustainable in the long term.

10.4 South West Yorkshire Partnership Foundation Trust (SWYPFT):

10.4.1 System demands - Consistent with the general health and care system, mental health services are experiencing unprecedented demands and SWYPFT has experienced a significant increase in demand for inpatient care. To meet the challenges, the CCG has received assurances that a range of quality and safety measures have been implemented, including local escalation and safety plans, safety huddles, additional staffing hours and increased senior leadership presence to support delivery of care.

10.4.2 The West Yorkshire Crisis Line – Night Owls was launched in July 2021 to cover the hours of 8pm – 8 am, Monday to Sunday. It is a confidential support line for children, young people, their parents and carers who live in Bradford, Leeds, Calderdale, Kirklees and Wakefield. The pilot is funded until March 2022. Implementation is expected to reduce the number of children and young people attending A&E

10.5 Locala:

10.5.1 Performance - performance against the indicator, ‘Patients who are still at home 91 days after first contact with function’ dipped back into amber during March, April, and May. Locala reviewed performance and the outcome suggests that the monthly changes in performance are normal variation within expected limits rather than a “special cause” for any increases or decreases in the performance reported.

10.5.2 Audit and improvement - improvement work including a review of the observations policy has commenced following a clinical audit completed on the use of the National Early Warning Score (NEWS).

10.5.3 Medicines Management - the first cohort of Health Care Assistants trained to administer insulin have started to administer insulin in the community.

11. Implications

11.1 Quality and Safety Implications

11.1.1 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.

11.2 Resources / Finance Implications

11.2.1 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.

12. Recommendations

12.1 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:

- Provider Quality Accounts/Priorities
- Care homes/soft signs training
- Anti-microbial prescribing
- Medical Examiner
- Mediscan and CQC action
- LeDeR programme Annual Report
- Curo Health Limited CQC inspection report

Name of Meeting	Governing Body Meeting	**Meeting Date**	11 Aug 2021
Title of Report	Performance Report against Key Performance Indicators for May 2021.	**Agenda Item No.**	13
Report Author	Natalie Ackroyd Senior Strategic Planning, Performance and Transformation Manager	**Public / Private Item**	Public
Clinical Lead	Dr Khaled Naeem Dr Omar Akhtar	**Responsible Officer**	Vicky Dutchburn Head of Strategic Planning, Performance and Delivery

Executive Summary
This report details performance at month 2 for 2021/22 against ALL NHS Constitutional Standards set out in appendix Ai for Kirklees CCG. Standards not achieving the national thresholds within the Constitutional Standards 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 Considerations

Name of meeting	Finance, Performance and Contracting Committee	**Meeting Date**	28.07.21
Name of meeting		**Meeting Date**	

Recommendations

The Governing Body is asked to: -

- NOTE NHS Kirklees CCG, Calderdale and Huddersfield Foundation Trust and Mid Yorkshire Hospitals Trust performance against the key outcomes and measures for 2021/22; and

- AGREE additional actions required to address areas of over/under performance.

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

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	Not required
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)	Any proposed changes or actions required to improve performance will be assessed for any financial implications
Sustainability Implications	Not required

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

Strategic Objectives (which of the CCG objectives does this relate to?)	Commission services that will deliver high quality, personalised and equitable care for all and reduce health inequalities for the	**Risk (include risk number and a brief description of the risk)**	PR1.3 Risk that patients acquire infections while in receipt of commissioned health services due to poor

	Kirklees population now and into the future.		quality service delivery and inappropriate prescribing of antibiotics, resulting in harm to patients PR2.3 Risk that the CCG implements health improvement plans without being able to demonstrate the benefits of these, due to not measuring improvement, resulting in inappropriate commissioning decisions
Legal / CCG Constitutional Implications	None Identified	**Conflicts of Interest (include detail of any identified / potential conflicts)**	None identified

Monthly Performance Report against Key Performance Indicators for 2021/22

1. Purpose

1.1 To inform the Kirklees CCG Governing Body the performance against the 2021/22 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 Oversight Framework

2. Performance Summary

2.1 Appendix Ai sets out the summary positions of Kirklees CCG, Calderdale and Huddersfield Foundation Trust and Mid Yorkshire Hospital Trust performance against the National Constitutional Standards for 2021/22 based on the latest reporting period and the year-end position. **These measures will be monitored on a monthly basis and reported bi-monthly to the Finance, Performance and Contracting Committee.**

Appendices Bi 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 KCCG performance against the key 2021/22 headline outcomes/measures, detailing the actual activity against plan for the latest reporting period and the year to date position. These measures will be reported on a quarterly basis.

The summary incorporates the existing NHS Risk Management “traffic light” system to performance monitor/manage progress being made to achieve delivery of the outcomes and measures:-

Green - target being achieved/no risk to delivery;

Amber - below/above target, minor concern, remedial action needs Investigation; and

Red - serious deviation from target, major concern, and corrective action plan required.

3. Performance Issues Highlighted

Issues highlighted within the Performance Report are shown in the following table, the monthly planned activity has also been included to illustrate both performance against the national standard and performance against the forecast activity:-

Please note only measures which do not achieve standard are reported here, the full list of measures and performance scores are contained in the Appendices attached to this report.

Outcome/Measure	Target	Kirklees CCG	CHFT	MYHT
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 wks from referral * (EXCL - CHFT)	92%	75.7%	N/A	66.1%
Patients on incomplete pathways waiting more than 52 weeks *	0	2276	3430	1252
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral *	99%	87.0%	82.1%	98.2%
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department (CHFT only) *	95%	N/A	86.6%	N/A
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	85%	86.5%	90.1%	76.2%
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90.%	72.7%	88.9%	93.8%
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	90%	80.0%	100%	90.0%
All handovers between ambulance and A&E must take place within 15 minutes	95%	N/A	68.1%	64.1%

Outcome/Measure	Target	Kirklees CCG	CHFT	MYHT
All crews should be ready to accept new calls within a further 15 minutes	95%	N/A	39.4%	41.0%
Number of MRSA reported infections	0	0	0	1
Number of C_Diff reported infections	0	6	4	10

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.

4. Constitutional Standards

4.1 18 Weeks Referral to Treatment Times (RTT)

Please note that the performance for NHS Kirklees CCG in relation to RTT no longer includes CHFT as they are participating in the elective care pilot. Performance for Kirklees CCG is 75.7% for May '21 for all providers excluding CHFT.

Provider	<18 weeks	> 18 weeks	Total	Percentage
Aspen- Claremont Hospital	163	83	246	66.3%
BMI (all)	638	455	1093	58.4%
Bradford Teaching Hospitals Foundation Trust	431	227	658	65.5%
Connect Health Limited	532	2	534	99.6%
Leeds Teaching Hospitals Trust	1117	479	1596	70.0%
Locala	1845	120	1965	93.9%
Manchester University NHS Foundation Trust	49	40	89	55.1%
MYHT	6512	2220	8732	74.6%
Sheffield children's & teaching	235	66	301	78.1%
Spamedical Eye Hospital (Wakefield)	296	7	303	97.7%
Spire Elland	475	119	594	80.0%
The One Health Group LTD	173	43	216	80.1%
Any other provider	1324	519	1843	71.8%
All providers excluding CHFT	12864	4138	17002	75.7%

The table below shows the total number of incomplete pathways for all providers (including CHFT) in May '21.

Treatment Function	Total number of incomplete pathways May '21	Average waiting time
General Surgery Service	4,319	12.4
Urology Service	1,795	11.2
Trauma and Orthopaedic Service	4,585	11.4
Ear Nose and Throat Service	4,010	17.9
Ophthalmology Service	3,481	9.4
Oral Surgery Service	2	
Neurosurgical Service	341	11.0
Plastic Surgery Service	792	12.8
Cardiothoracic Surgery Service	7	
General Internal Medicine Service	72	8.8
Gastroenterology Service	2,179	12.3
Cardiology Service	1,071	9.1
Dermatology Service	1,339	5.1
Respiratory Medicine Service	774	9.0
Neurology Service	1,112	12.3
Rheumatology Service	728	9.3
Elderly Medicine Service	70	7.6
Gynaecology Service	2,549	10.8
Other - Medical Services	2,026	8.8
Other - Mental Health Services	1	
Other - Paediatric Services	987	6.6
Other - Surgical Services	1,690	9.2
Other - Other Services	778	5.3
Total	34,708	10.5

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. The table below shows the total number of incomplete pathways for CHFT in May '21.

CHFT Treatment Function	Total number of incomplete pathways May '21	Average (median) waiting time (in weeks)
General Surgery Service	6,283	12.7
Urology Service	1,701	13.5
Trauma and Orthopaedic Service	2,808	18.6
Ear Nose and Throat Service	5,409	22.9
Ophthalmology Service	3,556	11.9
Oral Surgery Service	1,661	19.2
Neurosurgical Service		
Plastic Surgery Service	518	15.7
Cardiothoracic Surgery Service		
General Internal Medicine Service	167	8.0
Gastroenterology Service	2,453	15.6
Cardiology Service	1,495	9.4
Dermatology Service	1,024	4.7
Respiratory Medicine Service	1,075	10.1
Neurology Service	2,062	16.3
Rheumatology Service	1,205	10.3
Elderly Medicine Service	129	9.5
Gynaecology Service	2,694	11.3
Other - Medical Services	1,324	8.2
Other - Mental Health Services		
Other - Paediatric Services	1,195	6.0
Other - Surgical Services	447	39.1
Other - Other Services	192	9.2
Total	37,398	13.0

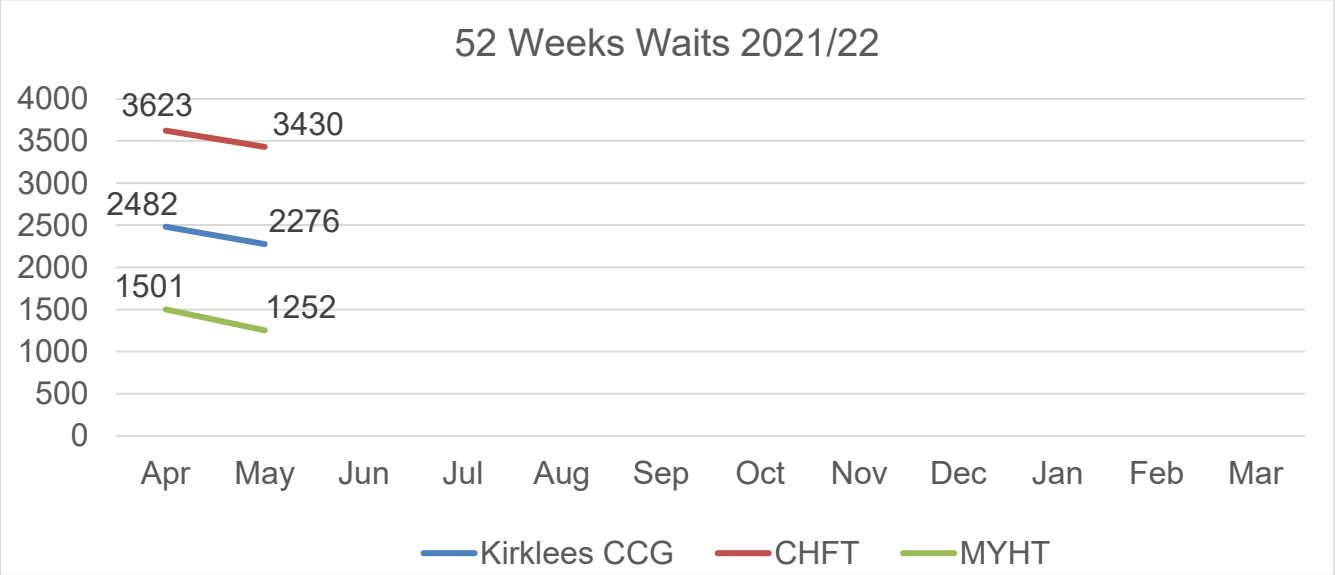
MYHT Treatment Function	Total number of incomplete pathways May '21	Total within 18 weeks	% within 18 weeks	Average waiting time
General Surgery Service	1,552	992	63.9%	12.6
Urology Service	2,133	1,664	78.0%	7.2
Trauma and Orthopaedic Service	2,612	1,562	59.8%	13.0
Ear Nose and Throat Service	3,028	2,175	71.8%	8.1
Ophthalmology Service	3,339	2,819	84.4%	8.5
Oral Surgery Service	2,146	1,366	63.7%	11.6
Neurosurgical Service				
Plastic Surgery Service	1,354	837	61.8%	11.1
Cardiothoracic Surgery Service				
General Internal Medicine Service	21	19	90.5%	4.0
Gastroenterology Service	2,924	2,224	76.1%	10.0
Cardiology Service	654	589	90.1%	6.3
Dermatology Service	1,296	1,114	86.0%	5.7
Respiratory Medicine Service	635	528	83.1%	7.9
Neurology Service	602	462	76.7%	5.4
Rheumatology Service	386	287	74.4%	7.6
Elderly Medicine Service	96	89	92.7%	5.1
Gynaecology Service	2,591	1,819	70.2%	9.3
Other - Medical Services	3,825	2,707	70.8%	9.8
Other - Mental Health Services				
Other - Paediatric Services	1,279	1,200	93.8%	6.5
Other - Surgical Services	3,304	2,487	75.3%	7.6
Other - Other Services	332	292	88.0%	5.8
Total	34,109	25,232	74.0%	9.0

Specialities below the 92% target are highlighted in red for information.

4.2 Number of Patients waiting more than 52 weeks

There were 2276 reported breaches in May ‘21, with 4758 individual cases recorded since April ‘21. 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. In May ‘21 356 of the 2276 cases were completed, resulting in 1920 cases being carried over to next month.

The chart below shows the cumulative number of 52 week waits in Month for Kirklees CCG, CHFT and MYHT.



4.3 Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral

Kirklees CCG achieved 87.0% in May ‘21 (an increase of 3.7% from April ‘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 is 85.2%

CHFT achieved 82.1% in May ’21 and MYHT achieved 98.2% of patients waiting less than 6 weeks from referral

The tables below show the breach percentages for each diagnostic test by Trust, with a target of 99%:

CHFT Diagnostic test name	Total waiting list	Waiting +6 weeks	% waiting +6 weeks	Overall performance
Magnetic Resonance Imaging	953	2	0.2%	99.8%
Computed Tomography	879	0	0.0%	100.0%
Non-obstetric Ultrasound	2,394	5	0.2%	99.8%
DEXA Scan	527	11	2.1%	97.9%
Audiology - Audiology Assessments	121	0	0.0%	100.0%
Cardiology - Echocardiography	690	5	0.7%	99.3%
Neurophysiology - Peripheral Neurophysiology	286	2	0.7%	99.3%
Respiratory physiology - Sleep Studies	33	0	0.0%	100.0%
Urodynamics - Pressures & Flows	19	3	15.8%	84.2%
Colonoscopy	899	516	57.4%	42.6%
Flexi Sigmoidoscopy	390	231	59.2%	40.8%
Cystoscopy	196	97	49.5%	50.5%
Gastroscopy	985	627	63.7%	36.3%
Total	8,372	1,499	17.9%	82.1%

MYHT Diagnostic test name	Total waiting list	Waiting +6 weeks	% waiting +6 weeks	Overall performance
Magnetic Resonance Imaging	1,967	80	4.1%	95.9%
Computed Tomography	1,068	26	2.4%	97.6%
Non-obstetric Ultrasound	3,602	30	0.8%	99.2%
DEXA Scan	466	0	0.0%	100.0%
Audiology - Audiology Assessments	339	0	0.0%	100.0%

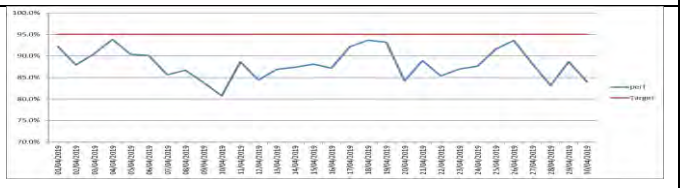
MYHT Diagnostic test name	Total waiting list	Waiting +6 weeks	% waiting +6 weeks	Overall performance
Cardiology - Echocardiography	674	0	0.0%	100.0%
Neurophysiology - Peripheral Neurophysiology	419	0	0.0%	100.0%
Respiratory physiology - Sleep Studies	124	0	0.0%	100.0%
Colonoscopy	405	16	4.0%	96.0%
Flexi Sigmoidoscopy	134	3	2.2%	97.8%
Cystoscopy	90	10	11.1%	88.9%
Gastroscopy	280	7	2.5%	97.5%
Total	9,568	172	1.8%	98.2%

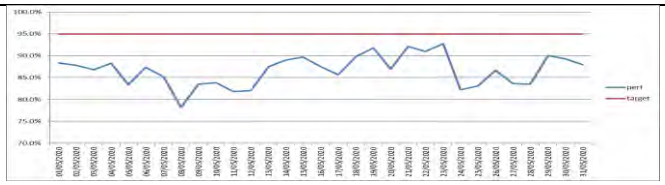
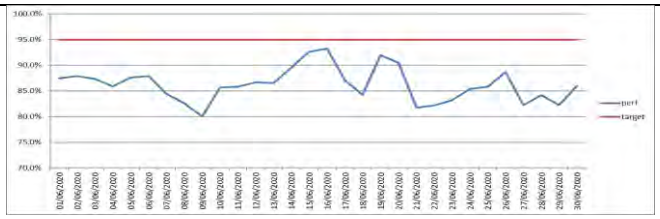
4.4 Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department - Please note this is provider activity for all attendances regardless of residence.

4.4.1 Calderdale Hospital Foundation Trust

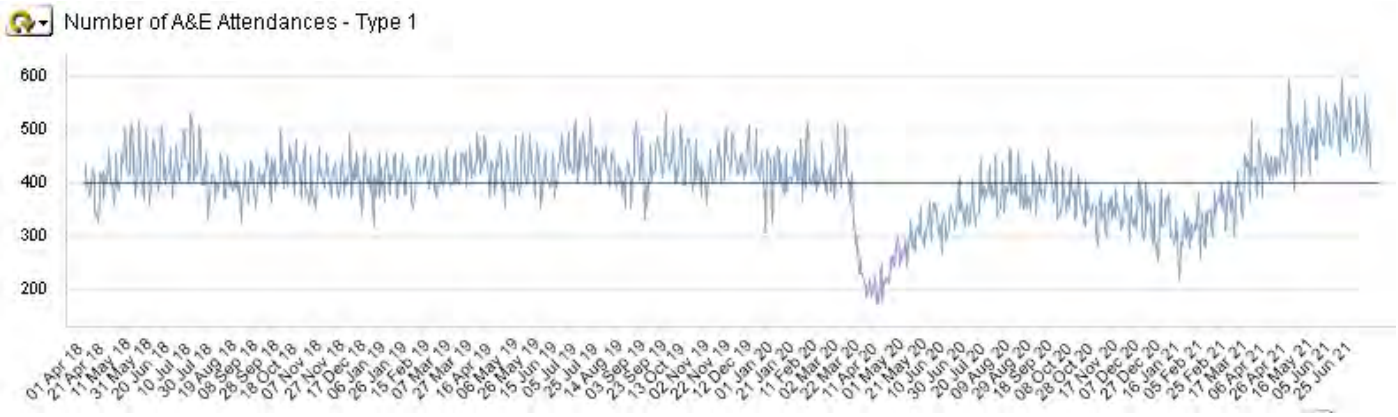
Performance against the 4 hour Emergency Care Standard for June '21 was 86.2**%**. Performance in May '21 was 86.6**%** for both sites. For the year to date there were 44,490 attendances with 5813 breaches with an outturn of 86.9%

The information below shows the month on month performance at CHFT:

Month	CRH	HRI	CHFT Total	Daily Attends/ Breaches	
April					
Attendances	7256	7060	14316	477	
Breaches	756	955	1711	57	
May					
Attendances	7656	7266	14922	481	

Breaches	856	1139	1995	64	
June					
Attendances	7786	7466	15252	508	
Breaches	1057	1050	2107	70	

The extract below shows the number of attendances at CHFT from the 1st April 2018 to late June 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 508 in June 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 June '21 and shows an overall increase in attendances above the average recorded for 2019.

4.4.2 Mid Yorkshire Hospital Trust

Mid Yorkshire Hospital Trust are part of the Urgent Emergency Care (UEC) pilot and the reporting standards and targets have not yet been defined, and once confirmed will be included in this report.

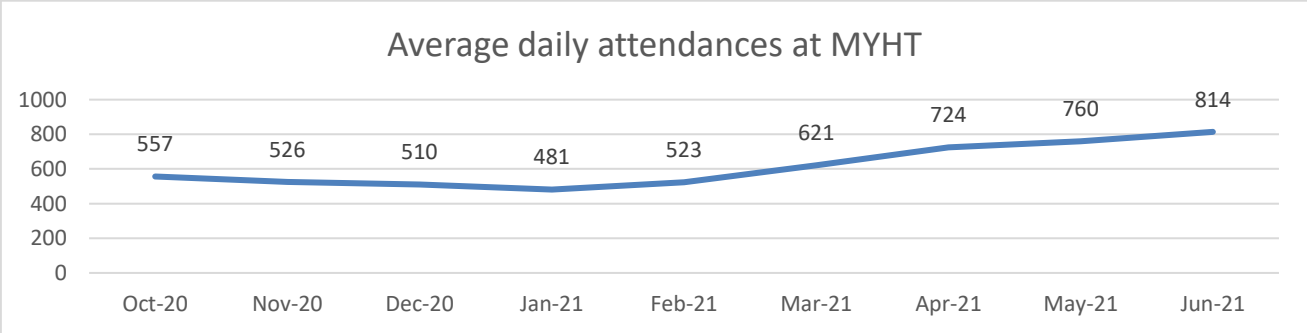
The Pilot's Proposed Standards from an Extract from Systems Executive Group

- Mid Yorks is one of 14 Trusts supporting the UEC pilot.

- The pilot period is expected to last a total of 14 weeks – end August (approx).
- The pilot commenced on the 22nd May 2019 with a focus on:
- Time to meaningful assessment (15 minutes)
- Total time in ED (12 hours)
- Mean time in ED (Measure to be specified)
- In order to support good patient flow, the Trust has added a local measure:
- 1 hour to bed from Decision to Admit

Although 4 measures are described above there is currently no reportable data in relation to them available from MYHT.

It is worth noting that the average daily attendances at MYHT have also seen increases since the most recent low in January 2021. There have also been 4 days where attendances have exceeded 900, 7th June – 921, 14th June – 927, 21st June – 907 and 13th July 906.



4.5 Cancer Performance

Kirklees CCG March 21	Target Baseline	Selected Month %	Selected Month RAGS	Latest YTD %	Latest YTD RAGS
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	98.1%	Green	97.4%	Green
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms	93%	97.7%	Green	94.9%	Green

Kirklees CCG March 21	Target Baseline	Selected Month %	Selected Month RAGS	Latest YTD %	Latest YTD RAGS
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	96%	98.3%	Green	97.7%	Green
Maximum 31-day wait for subsequent treatment where that treatment is surgery	94%	96.2%	Green	94.8%	Green
Maximum 31-day wait for subsequent treatment where that treatment is anti-cancer drug regime	98%	98.6%	Green	99.3%	Green
Maximum 31-day wait for subsequent treatment where that treatment is episode of radiotherapy	94%	100%	Green	99.2%	Green
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	85%	86.5%	Green	86.4%	Green
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	72.7%	Red	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%	80.0%	Red	80.0%	Red

The below table shows each trust performance against all cancer measures.

Trust Performance	Target Baseline	CHFT %	CHFT YTD %	MYHT %	MYHT YTD%
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	99.0%	98.6%	98.6%	97.9%
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms	93%	98.0%	98.2%	100%	94.5%
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	96%	99.4%	99.4%	100%	98.4%
Maximum 31-day wait for subsequent treatment where that treatment is surgery	94%	100%	98.6%	97.6%	97.6%
Maximum 31-day wait for subsequent treatment where that treatment is anti-cancer drug regime	98%	100%	100%	98.8%	99.4%
Maximum 31-day wait for subsequent treatment where that treatment is episode of radiotherapy	94%	No open pathways	No open pathways	No open pathways	No open pathways
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	85%	90.1%	91.3%	76.2%	77.8%
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	88.9%	75.5%	93.8%	83.3%
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	90%	100%	100%	90.0%	91.3%

4.6 Cancer Performance Breach Numbers

Kirklees CCG	Referrals	Breaches
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	1451	27
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms	133	3
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	172	3
Maximum 31-day wait for subsequent treatment where that treatment is surgery	53	2
Maximum 31-day wait for subsequent treatment where that treatment is anti-cancer drug regime	70	1
Maximum 31-day wait for subsequent treatment where that treatment is episode of radiotherapy	61	0
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	104	14
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment	11	3
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	5	1

Trust	CHFT Referrals	CHFT Breaches	MYHT Referrals	MYHT Breaches
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	1545	16	2407	33
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms	153	3	143	0
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	168	1	203	0
Maximum 31-day wait for subsequent treatment where that treatment is surgery	34	0	41	1
Maximum 31-day wait for subsequent treatment where that treatment is anti-cancer drug regime	53	0	86	1
Maximum 31-day wait for subsequent treatment where that treatment is episode of radiotherapy	0	0	0	0
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	106.5	10.5	136.5	32.5
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment	9	4	8	0.5
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	1	0	20	2

4.7 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 June '21.

Handover	Under 15 mins	Over 15 mins	Total	Percent
CRH	649	261	910	71.3%
HRI	615	332	947	64.9%
Total	**1,264**	**593**	**1,857**	**68.1%**
DDH	230	17	247	93.1%
Pind	1,771	1,104	2,875	61.6%
Total	**2,001**	**1,121**	**3,122**	**64.1%**

CHFT has seen a slight increase in the number of handovers taking under 15 minutes from 67.1% in April ‘21 to 68.1% in June ’21. The yearly position for 2020/21 for Handovers sees 67.9% of all handovers at CHFT taking under 15 minutes

MYHT has seen a decrease from April ’21 to June ’21, (dropping from 68.5% to 64.1%). For the yearly position 66.1% of all handovers took less than 15 minutes. Dewsbury District Hospital has performed well on handovers with 93.1% of all handovers taking less than 15 minutes

4.8 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 June ‘21

Crew clear	Under 15 mins	Over 15 mins	Total	Percent
CRH	359	551	910	39.5%
HRI	373	574	947	39.4%
Total	**732**	**1,125**	**1,857**	**39.4%**
DDH	94	153	247	38.1%
Pind	1,185	1,690	2,875	41.2%
Total	**1,279**	**1,843**	**3,122**	**41.0%**

Crew Clears under 15 minutes have declined at CHFT from April ’21 to June ’21 at both sites, while for MYHT crew clears under 15 minutes has risen from 34.0% to 41.0%

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.

5. Number of MRSA and C-Diff blood stream infections

Kirklees CCG -There were 0 number of reported MRSA cases in May ‘21 totalling 0 infections reported year to date. CHFT reported 0 MRSA cases for May ‘21, however have a year to date figure of 3 cases. MYHT reported 1 case in May ’21, with a total of 3 year to date cases This is reported through Quality & Safety committee.

Kirklees CCG has a reported 6 C-Diff infections in May ’21 with a year to date total of 22. CHFT has reported 4 cases in May ’21 and 31 at a year to date. MYHT have recorded 10 C-Diff infections in May ’21 with 41 at a year to date total. This reported through Quality & Safety committee.

6. 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.

6.1 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

Referal to treatment

May ‘21 saw an improvement in performance to 74.0% compared to 71.9% in April ‘21. 1,252 patients breached 52 weeks in May (1,102 in the Division of Surgery, 19 Division of Medicine and 131 Division of Families), this is a drop from 1,501 the previous month. Waiting list size increased from 33,509 to 34,110 in May ‘21. Benchmarking data for April ‘21 shows that we still remain above the national average of 64.2% and currently rank 59 out of 159 Trusts.

Diagnostics

Performance continues to improve month on month but remains just below target at 98.2% in May ‘21. The latest benchmarking data for April ‘21 also shows that we are performing well above the national average of 76%, placing us 113th out of 345 trusts.

Cancer Waiting Times

Cancer 62 days (GP referral) is currently not meeting their target in May ‘21 and saw a drop in performance to 76.6% compared to 79.3% the previous month. Benchmarking data from April ‘21 shows that we still remain slightly above the national average of 75.4%, and rank 64th out of 141 reporting providers. For Cancer 2 week wait from urgent GP referral the Trust ranks 28th out of 143 providers

TRUST BOARD SCORECARD - 2021/22

The Mid Yorkshire Hospitals NHS Trust

RESPONSIVE

Indicator	Director Lead	Period	Target	Target Type	-5	-4	-3	-2	-1	Latest Actual	FYTD	Trend	Divisional Highlight: Surgery	Medicine	Families	C Support	Adult	Community
Referral to Treatment (RTT): incomplete <18 weeks	COO	May-21	92%	Nat.	74.6%	73.2%	71.8%	71.0%	71.9%	74.0%	74.0%							
Referral to Treatment (RTT): 92% incomplete pathways <18 weeks at specialty level	COO	May-21	17	Loc.	2	1	0	1	2	1	1							
Referral to Treatment (RTT): incomplete >52 week waits at month end	COO	May-21	0	Nat.	1208	1498	1820	1765	1501	1252	1252							
Diagnostic waiting times: <6 weeks from referral for test	COO	May-21	≥99%	Nat.	93.51%	94.43%	96.36%	96.85%	97.61%	98.20%	97.94%							
Cancer: 2 weeks from urgent GP referral to 1st outpatient	COO	May-21	≥93%	Nat.	98.0%	95.0%	96.7%	97.2%	97.1%	98.7%	97.9%							
Cancer: 2 weeks from urgent GP referral for breast symptoms to 1st outpatient	COO	May-21	≥93%	Nat.	97.8%	88.3%	100.0%	99.0%	89.8%	100.0%	94.5%							
Cancer: 31 days from diagnosis to first definitive treatment	COO	May-21	≥96%	Nat.	98.3%	97.9%	97.2%	97.9%	97.1%	100.0%	98.4%							
Cancer: 31 days to subsequent treatment - surgery	COO	May-21	≥94%	Nat.	94.9%	97.2%	96.6%	97.6%	97.6%	97.6%	97.6%							
Cancer: 31 days to subsequent treatment - drug	COO	May-21	≥98%	Nat.	100.0%	98.9%	100.0%	100.0%	100.0%	98.7%	99.4%							
Cancer: 62 days from urgent GP referral to first definitive treatment	COO	May-21	≥85%	Nat.	81.8%	68.1%	72.1%	76.0%	79.3%	76.6%	77.9%							
Cancer: 62 days from referral from NHS screening service to first definitive treatment	COO	May-21	≥90%	Nat.	61.5%	100.0%	70.0%	75.0%	75.0%	92.9%	82.4%							
Last minute cancelled operations (non-clinical reasons) not re-booked within 28 days	COO	May-21	0	Nat.	1	0	0	0	0	0	0							
Urgent operations cancelled for a second time	COO	May-21	0	Nat.	0	0	0	0	0	0	0							

TRUST BOARD SCORECARD - 2021/22

The Mid Yorkshire Hospitals NHS Trust

EFFECTIVE

Indicator	Director Lead	Period	Target	Target Type	-5	-4	-3	-2	-1	Latest Actual	FYTD	Trend	Divisional Highlight: Surgery	Medicine	Families	C Support	Adult	Community
Bed occupancy Trust Total (reported via daily COVID return)	COO	May-21	<85%	Loc.	88.9%	94.0%	92.2%	90.4%	89.5%	93.4%	91.5%							
Bed occupancy (Total exc WICU)	COO	May-21	<85%	Loc.	89.7%	94.9%	93.3%	90.3%	89.1%	93.2%	91.7%							
Bed occupancy (Pinderfields)	COO	May-21	<85%	Loc.	90.4%	94.6%	93.7%	90.0%	88.1%	92.2%	90.2%							
Bed occupancy (Dewsbury)	COO	May-21	<85%	Loc.	87.2%	96.1%	91.4%	91.4%	93.0%	96.9%	95.0%							
Bed occupancy (WICU)	COO	May-21	≥85%	Loc.	59.8%	70.5%	64.3%	93.4%	97.8%	98.8%	98.3%							
Stroke care: SSNAP overall level	COO	Q3 20/21	A	Loc.	A	A	B	B	A	B	n/a							

RESPONSIVE

Indicator	Director Lead	Period	Target	Target Type	-5	-4	-3	-2	-1	Latest Actual	FYTD	Trend	Divisional Highlight: Surgery	Medicine	Families	C Support	Adult	Community
Ambulance handovers 15-30 minutes from arrival	COO	May-21	329	Loc.	396	437	329	462	458	502	960							
Ambulance handovers 30-60 minutes from arrival	COO	May-21	0	Nat.	155	227	128	196	104	169	273							
Ambulance handovers >60 minutes from arrival	COO	May-21	0	Nat.	46	59	29	21	5	16	21							
Delayed transfers of care: trust level	COO	Apr-21	≤3.5%	Loc.	-	-	-	-	-	-	-							
Delayed transfers of care: acute/ sub acute beds	COO	Apr-21	≤3.5%	Nat.	-	-	-	-	-	-	-							
Delayed transfers of care: community beds	DO-CS	Apr-21	≤7.5%	Nat.	-	-	-	-	-	-	-							

EXCEPTION REPORT

Cancer: 2 week wait from urgent GP referral - May'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)?
2 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: Mean, Control Limit, Performance

Rules: Single point outside of Control Limits (above or below); 7 points in a row, above or below the Mean; Trend of 7 points in a row, either ascending or descending

BENCHMARKING - Cancer 2 Week Waits (England Healthcare Providers)

MYHT — National Av — Target

Indicator	Target		May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Monthly Trend (rolling 13 month)
Cancer 2WW - 2 week wait from urgent GP referral for suspected cancer	≥93%	England %	94.2%	92.5%	90.4%	87.8%	86.1%	87.9%	87.0%	87.5%	83.4%	90.1%	91.2%	85.4%		
		MYHT %	93.0%	92.8%	88.8%	96.1%	92.4%	97.7%	98.0%	98.0%	95.0%	96.7%	97.2%	97.1%	88.7%	
		MYHT Rank	107	105	16	14	74	22	20	19	36	55	43	28		
		No. of reporting organisations	147	145	145	143	142	143	142	144	143	142	142	143		
		No. achieved ≥93%	117	104	88	79	67	77	70	77	53	91	95	56		

EXCEPTION REPORT

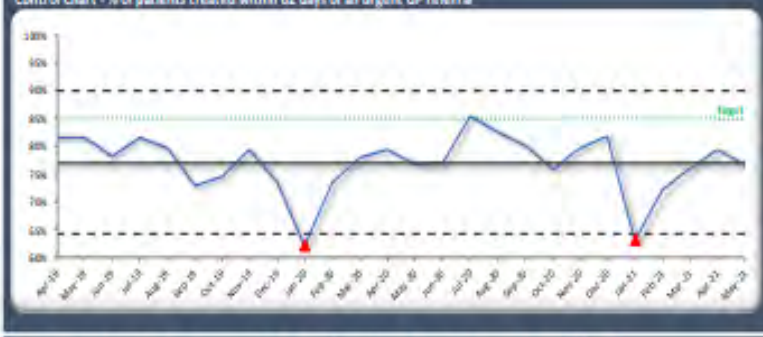
Cancer: 62 days from urgent GP referral to first definitive treatment - May'21 unvalidated

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: Mean, Control Limit, Performance

Rules: Single point outside of Control Limits (above or below); 7 points in a row, above or below the Mean; Trend of 7 points in a row, either ascending or descending

BENCHMARKING - Cancer 62 Day (England Healthcare Providers)

MYHT — National Av — Target

Indicator	Target		May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Monthly Trend (rolling 13 months)
Cancer 62 days (from GP Referral) - 62 Days from Urgent GP Referral to First Definitive Treatment	≥85%	England %	69.9%	75.2%	78.4%	77.9%	74.7%	74.5%	75.5%	75.2%	71.2%	69.7%	73.9%	75.4%		
		MYHT %	76.7%	76.9%	85.3%	82.6%	80.2%	75.8%	79.6%	81.8%	63.1%	72.1%	76.0%	79.3%	76.6%	
		MYHT Rank	50	79	48	58	50	77	53	48	111	70	71	64		
		No. of reporting organisations	147	147	146	147	145	145	144	143	142	145	141	142		
		No. achieved ≥85%	25	33	51	47	34	33	30	37	21	23	29	35		

EXCEPTION REPORT

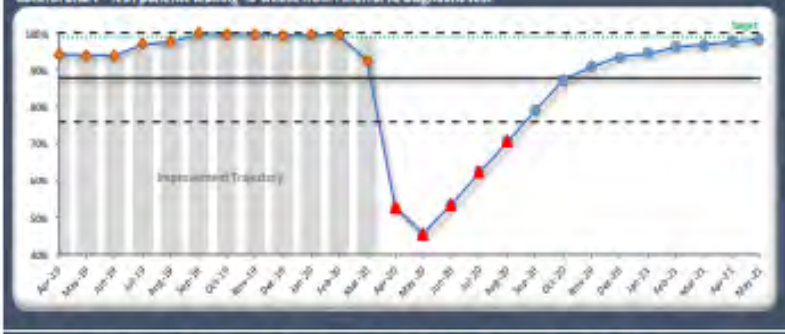
Objective Status: ✗

Diagnostic waiting times: <6 weeks from referral to diagnostic test

99% of patients waiting less than 6 weeks for a diagnostic test

Lead Director:	Trudie Davies
Operational Lead:	Alison Grundy
Committee:	Planned Care Improvement Group

Control Chart - % of patients waiting <6 weeks from referral to diagnostic test



Is there special cause variation?

Outlier: A single point outside of the Control Limits (above or below)?

5 extreme value(s)

Shift: 7 points in a row, above or below the Mean?

3 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)

MYHT — National Av — Target

Indicator	Target		May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Monthly Trend (rolling 13 months)
		England %	41.5%	52.2%	60.4%	62.0%	67.0%	70.8%	72.5%	70.8%	68.7%	71.5%	75.7%	76.0%		
Diagnostics Waits - Patients waiting less than 6 weeks for a diagnostic test	≥99%	**MYHT %**	**45.5%**	**53.5%**	**62.3%**	**70.6%**	**79.1%**	**87.4%**	**90.9%**	**93.5%**	**94.4%**	**96.4%**	**96.9%**	**97.6%**	**98.2%**	
		MYHT Rank	**133**	**177**	**198**	**183**	**160**	**149**	**147**	**121**	**114**	**106**	**111**	**113**		
		No. of reporting organisations	313	328	335	338	335	338	340	336	339	339	341	345		
		No. achieved ≥99%	48	70	89	85	83	88	90	83	83	91	86	97		

EXCEPTION REPORT

Objective Status: ✗

18 Week Referral to Treatment (RTT) - Incomplete Pathways

92% of patients treated within 18 weeks of referral (Incomplete Pathway)

Lead Director:	Trudie Davies
Operational Lead:	Keely Robson
Committee:	Planned Care Improvement Group

Control Chart - % of patients waiting <18 weeks for treatment at month end

Is there special cause variation?

Outlier: A single point outside of the Control Limits (above or below)?

16 extreme value(s)

Shift: 7 points in a row, above or below the Mean?

2 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

MYHT — National Av — Target

Indicator	Target		May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Monthly Trend (rolling 13 months)
		England %	52.0%	52.0%	47.1%	53.7%	60.8%	65.5%	68.1%	67.8%	66.1%	64.4%	64.1%	64.2%		
18 weeks RTT (incomplete) - Referral to Treatment waiting times for incomplete pathways	≥92%	**MYHT %**	**50.6%**	**49.0%**	**39.9%**	**46.7%**	**57.4%**	**67.4%**	**71.8%**	**74.6%**	**73.2%**	**71.8%**	**73.0%**	**71.9%**	**74.0%**	
		MYHT Rank	**104**	**112**	**140**	**141**	**116**	**84**	**76**	**61**	**57**	**55**	**52**	**59**		
		No. of reporting organisations	161	162	162	163	163	162	162	162	162	160	160	159		
		No. achieved ≥92%	11	10	12	16	19	22	22	19	17	18	17	17		

6.2 Calderdale & Huddersfield Foundation Trust

Narrative extracted from the integrated Performance report

Emergency Care Standard 4 hours

There has been a significant and continued increase in demand for both our emergency departments which is creating pressure at the front door and on admissions into the organisation. Although there has been an increase in the number of >4 hour breaches, this has not increased in line with the increase in attendances.

We have continued with a number of actions in month, 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. The data to support these meetings has now been developed on a dashboard in KP+.
- We are continuing to trial the national 111 appointments programme with slots open from 7am to allow for evening calls to be allocated onto the next morning where appropriate. This may prevent walk-in patients attending later in the evening as the majority of 111 calls/walk in patients are coming through in the afternoon and evening. This is being trialled for 6 weeks to monitor success.
- Work is progressing with setting up the 12-month Tytocare trial. All devices are now in the department and training is scheduled to be completed within the next two weeks enabling go-live to take place in June.
- Work continues on developing our directory of services and we are now being supported in this by NHS Digital. Meetings are scheduled with CCG partners and NHS digital to progress this.
- Engagement continues with colleagues across the organisation to ensure there is broad understanding of the new ED standards and what they mean operationally.

System wide rapid improvement programme to establish potential of increased co-located urgent care provision to manage AED demand.

Responsive - Key measures

	20/21	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	YTD	Performance Range		
																Green	Amber	Red
Accident & Emergency																		
Emergency Care Standard 4 hours	88.81%	95.24%	94.76%	93.72%	90.65%	88.93%	81.25%	81.42%	86.82%	87.82%	86.48%	87.83%	88.22%	**86.70%**	**87.42%**	>=95%		<95%
Emergency Care Standard 4 hours inc Type 2 & Type 3	89.57%	95.52%	95.11%	94.10%	91.13%	90.04%	82.44%	82.67%	87.69%	88.63%	87.43%	88.63%	88.90%	**87.32%**	**88.07%**	>=95%		<95%
A&E Ambulance Handovers 15-30 mins (Validated)	4477	254	253	395	411	406	491	463	515	444	255	335	392	**450**	**842**	0		>=1
A&E Ambulance Handovers 30-60 mins (Validated)	188	0	1	3	8	7	45	40	36	12	15	18	26	**46**	**72**	0		>=1
A&E Ambulance 60+ mins	58	0	0	0	3	2	17	25	3	3	1	4	2	**5**	**7**	0		>=1
A&E Trolley Waits (From decision to admission)	36	0	0	0	0	0	15	21	0	0	0	0	0	**0**	**0**	0		>=1
Patient Flow																		
Delayed Transfers of Care	0.19%	0.21%	0.17%	0.22%	0.47%	0.21%	0.30%	0.09%	0.20%	0.02%	0.00%	0.00%	0.00%	**0.00%**	**0.00%**	<=3.5%	3.6% - 4.9%	>=5%
Coronary Care Delayed Discharges	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	Reinstate from 24.5.21	**not available**		No target		
Green Cross Patients (Snapshot at month end)	67	48	49	52	47	51	60	53	61	59	58	67	51	**55**	**55**	<=40	41 - 45	>=45
Advice & Guidance responded within 48 hours	79.70%	84.30%	81.40%	78.90%	77.40%	82.30%	79.40%	72.90%	83.20%	76.00%	82.90%	80.60%	81.90%	**not available**	**81.90%**	>=80%	71% - 79%	<=70%
Stroke																		
% Stroke patients spending 90% of their stay on a stroke unit	81.47%	91.23%	74.14%	81.16%	82.98%	83.33%	83.87%	81.40%	83.67%	83.33%	71.19%	73.21%	89.83%	**84.91%**	**87.50%**	>=90%	89% - 86%	<=85%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	65.30%	71.93%	67.24%	54.41%	58.33%	50.94%	49.18%	55.90%	65.30%	56.06%	25.42%	38.60%	61.02%	**49.06%**	**55.36%**	>=90%		<=85%
% Stroke patients Thrombolysed within 1 hour	73.20%	53.85%	83.33%	90.00%	85.71%	75.00%	57.14%	66.70%	66.70%	80.00%	57.14%	80.00%	55.56%	**83.33%**	**66.67%**	>=55%		<=50%
% Stroke patients scanned within 1 hour of hospital arrival	47.09%	50.88%	57.63%	40.85%	48.98%	44.23%	61.29%	32.20%	51.00%	53.73%	40.68%	36.84%	59.20%	**36.84%**	**48.31%**	>=48%		<=45%
Cancellations																		
% Last Minute Cancellations to Elective Surgery	0.21%	0.30%	0.00%	0.13%	0.36%	0.38%	0.30%	0.23%	0.00%	0.16%	0.07%	0.32%	0.41%	**0.34%**	**0.38%**	<=0.6%		>=0.8%
Breach of Patient Charter (Sitreps booked within 28 days of cancellation)	20	0	0	0	0	0	0	1	2	0	0	0	0	**0**	**0**	0		>=2
No of Urgent Operations cancelled for a second time	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**	0		>=2
18 week Pathways (RTT)																		
18 weeks Pathways >=26 weeks open	8,483	3,542	4,531	6,264	8,133	8,446	6,632	6,294	6,885	7,425	7,844	8,483	9,412	**10,335**	**10,335**	0		>=1
RTT Waits over 52 weeks Threshold > zero	3,890	76	176	331	509	777	1,063	1,523	1,989	2,683	3,526	3,890	3,623	**3,430**	**3,430**	0		>=1
% Diagnostic Waiting List Within 6 Weeks	73.76%	34.60%	46.98%	51.96%	46.14%	50.73%	60.36%	65.43%	61.05%	57.45%	67.65%	73.76%	77.07%	**82.10%**	**82.10%**	>=99%		<=98%
Cancer																		
Two Week Wait From Referral to Date First Seen	98.74%	99.02%	98.52%	98.92%	99.65%	97.85%	99.04%	98.50%	98.91%	98.55%	98.80%	98.76%	98.26%	**99.02%**	**98.63%**	>=93%	86% - 92%	<=85%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	97.86%	100.00%	97.70%	95.87%	100.00%	99.27%	100.00%	94.78%	98.70%	97.35%	96.45%	97.34%	98.28%	**98.00%**	**98.15%**	>=93%		<=92%
31 Days From Diagnosis to First Treatment	98.08%	97.35%	98.26%	97.83%	97.71%	100.00%	98.67%	96.23%	96.71%	96.82%	98.55%	99.22%	99.45%	**99.32%**	**99.39%**	>=96%		<=95%
31 Day Subsequent Surgery Treatment	90.99%	96.00%	69.57%	86.84%	91.30%	100.00%	96.30%	96.30%	86.21%	73.91%	92.31%	100.00%	97.14%	**100.00%**	**98.53%**	>=94%		<=93%
31 day wait for second or subsequent treatment drug treatments	99.15%	100.00%	97.87%	97.83%	100.00%	100.00%	100.00%	100.00%	100.00%	96.55%	100.00%	98.04%	100.00%	**100.00%**	**100.00%**	>=98%		<=97%
38 Day Referral to Tertiary	54.64%	45.45%	40.00%	65.00%	47.06%	39.13%	58.33%	35.71%	50.00%	43.75%	61.54%	91.67%	60.00%	**80.00%**	**70.00%**	>=85%		<=84%
62 Day GP Referral to Treatment	91.47%	91.41%	85.59%	91.72%	91.16%	93.03%	89.67%	94.76%	90.00%	90.10%	87.58%	95.65%	93.07%	**88.46%**	**90.89%**	>=85%	81% - 84%	<=80%
62 Day Referral From Screening to Treatment	63.98%	37.50%	0.00%	0.00%	33.33%	0.00%	83.33%	81.82%	85.19%	83.33%	73.91%	100.00%	72.22%	**55.56%**	**66.67%**	>=90%		<=89%
104 Referral to Treatment - Number of breaches - Patients Treated	18	2	3	1.5	0.5	2.5	1	0.5	1	2	2	2	1	**1**	**2**	0		>=1
104 Referral to Treatment - Number of breaches - Patients Still waiting	4	7	11	11	7	5	3	1	2	5	4	4	2	**3**	**3**	0		>=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	79.84%	85.89%	73.70%	80.21%	83.19%	82.94%	82.52%	80.91%	81.48%	71.76%	82.50%	80.21%	72.68%	**67.10%**	**70.06%**	>=75%		<=70%

7 Recommendations

The Kirklees Clinical Commissioning Group Governing Body is asked to:-

- **NOTE** NHS Kirklees CCG, Calderdale and Huddersfield Foundation Trust and Mid Yorkshire Hospitals Trust performance against the key outcomes and measures for 2021/22; and

- **AGREE** additional actions required to address areas of over/under performance.

8. Appendices

Appendix Ai (Kirklees CCG) - This appendix contains performance against **all** NHS Constitutional measures.

NHS Constitution Rights and Pledges 2020/21 - CCG Level

Reporting Period: May-21

NHS Kirklees CCG

	Measure	Target / Baseline	Kirklees CCG Period Actual	Period RAG	YTD	YTD RAG	CHFT Period Actual	Period RAG	YTD	YTD RAG	MYHT 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%	75.7%		75.1%		-	-	-	-	66.1%		69.0%	
	Patients on incomplete pathways waiting more than 52 weeks	0	2276		4758		3430		7053		1252		2753	
Diagnostic Test Waiting Times	Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	99%	87.0%		85.2%		82.1%		79.6%		98.2%		97.9%	
A&E Waits	Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department	95%	-	-	-	-	86.6%		87.3%		-	-	-	-
	No waits from decision to admit to admission (trolley waits) of more than 12 hours	0	-	-	-	-	0		0		0		0	
Cancer Waits - 2 week wait	Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	98.1%		97.4%		99.0%		98.6%		98.6%		97.9%	
	Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer not initially suspected)	93%	97.7%		94.9%		98.0%		98.2%		100.0%		94.5%	
Cancer Waits - 31 days	Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	96%	98.3%		97.7%		99.4%		99.4%		100.0%		98.4%	
	Maximum 31-day wait for subsequent treatment where that treatment is surgery	94%	96.2%		94.8%		100.0%		98.6%		97.6%		97.6%	
	Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	98%	98.6%		99.3%		100.0%		100.0%		98.8%		99.4%	
	Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	100.0%		99.2%		No data	No data	No data	No data	No data	No data	No data	No data
Cancer Waits - 62 days	Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	85%	86.5%		86.4%		90.1%		91.3%		76.2%		77.8%	
	Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	72.7%		67.9%		88.9%		75.5%		93.8%		83.3%	
	Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	tba	80.0%	tba	80.0%	tba	100.0%	tba	100.0%	tba	90.0%	tba	91.3%	tba
Ambulance Calls	All handovers between ambulance and A&E must take place within 15 minutes	95%	-	-	-	-	68.1%		67.9%		64.1%		66.1%	
	All crews should be ready to accept new calls within a further 15 minutes	95%	-	-	-	-	39.4%		40.6%		41.0%		38.1%	
Mixed Sex Accomodation	Minimise breaches - **reporting suspended COVID 19**	0	0		0		0		0		0		0	
MRSA	Number of MRSA reported infections	0	0		0		0		3		1		3	
C_Diff	Number of C_Diff reported infections	0	6		22		4		31		10		41	
Cancelled Operations	All patients who have operations cancelled, on or after the day of admission , for non-clinical reasons to be offered another binding date within 28 days, or the patients treatment to be funded at the time and hospital of the patients choice **reporting suspended COVID 19**	0	Q1 tbc		#REF!		Q1 tbc		#REF!		Q1 tbc		#REF!	
Mental Health	Care Programme Approach (CPA): The proportion of people under adult mental illness specialties on CPA who were followed up within 7 days of discharge from psychiatric inpatient care during the period	95%	Q1 tbc		#REF!		Q1 tbc		#REF!		Q1 tbc		#REF!	

Name of Meeting	Governing Body	**Meeting Date**	11.08.2021
Title of Report	Workforce Report	**Agenda Item No.**	14
Report Author	Tazeem Hanif HR Business Partner	**Public / Private Item**	Public
Clinical Lead	Dr Khalid Naeem Clinical Chair	**Responsible Officer**	Carol McKenna Chief Officer

Executive Summary
This paper presents an overview of the CCG's workforce as part of the annual update from the period of 1 April to 30 June 2021. It also provides the Governing Body with detailed information and assurance on matters pertaining to the CCG's workforce. The paper includes the following workforce metrics: • Workforce composition • Staff turnover • Sickness absence • Workforce headlines relating to the CCG's workforce

Previous Considerations

Name of meeting	Senior Management Team	**Meeting Date**	22.07.2021

Recommendations
It is recommended that the Governing Body **RECEIVE** and **NOTE** the content of the CCG's workforce report update.

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

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	Not applicable
Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	All information in this report is presented in such a way that individuals cannot be identified from the data, in line with information governance requirements.

Resources / Financial Implications (including Staffing/Workforce considerations)	The report provides the Governing Body with an overview of staff resource available to the CCG.
Sustainability Implications	Not applicable

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

Strategic Objectives (which of the CCG objectives does this relate to?)	Ensure best value from all available resources, including by supporting colleagues to fulfil their potential. Support integration within the NHS and between the NHS and local government and wider partners, achieving a smooth transition to a West Yorkshire & Harrogate Integrated Care System and a Kirklees Integrated Care Partnership.	**Risk (include risk number and a brief description of the risk)**	None identified
Legal / CCG Constitutional Implications	This paper provides the Governing Body with assurance that the CCG is operating in line with legal requirements, best practice and within agreed CCG policies and procedures.	**Conflicts of Interest (include detail of any identified / potential conflicts)**	No conflicts of interest have been identified

1. Introduction

1.1 This paper presents an overview of the CCG's workforce data as part of the annual update between the periods of 01 April to 30 June 2021. It also provides the Governing Body with detailed information and assurance on matters pertaining to the CCG's workforce.

1.2 The quarterly workforce reports are presented to the CCG's Senior Management Team (SMT) by Human Resources (HR). The information provided enables SMT to identify any patterns or trends to enable the identification of any actions that need to be taken at an operational level. It also provides a vehicle for advising SMT about any key developments in employment law, best practice or other matters that may affect the CCG's workforce.

1.3 The Governing Body report complements the reporting to SMT, providing assurance in relation to the effective management of the CCG's workforce. The recommendation to Governing Body is that it receives and notes the content of the CCG workforce report update.

1.4 Please note that this document is in an accessible format except for data within tables 1-5. The information can be supplied in accessible format on request.

2. Workforce Composition

2.1 The workforce composition of Kirklees CCG employed staff as of 30 June 2021 was 189 equating to 175.80 full time equivalent (FTE). The CCG also has arrangements in place to share staff resource with other local CCGs, particularly, NHS Calderdale and NHS Wakefield CCG.

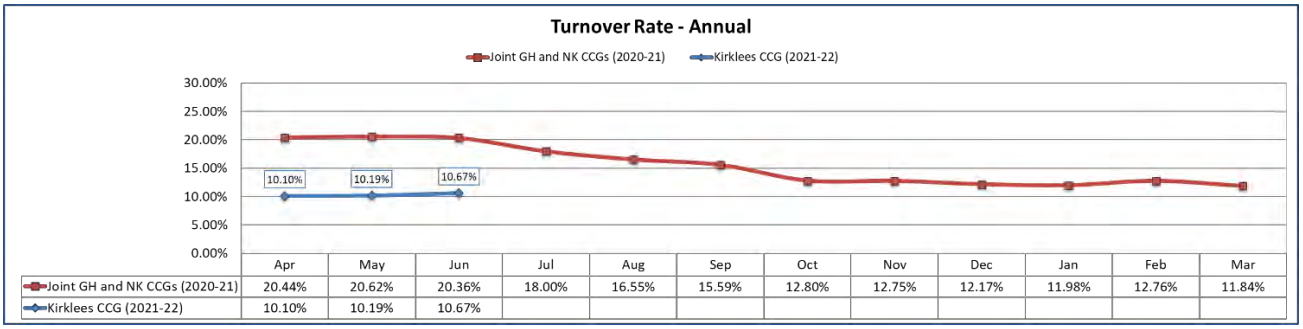
3. Staff Turnover

3.1 Staff turnover refers to the proportion of employees who leave an organisation over a set period and is expressed as a percentage of the total workforce average. The CCG calculates turnover on a rolling annual basis. The formula which is used to calculate annual employee turnover is:

$$\frac{\text{Leavers over a rolling 12 months}}{\text{Average total number employed over a rolling 12 months}} \times 100$$

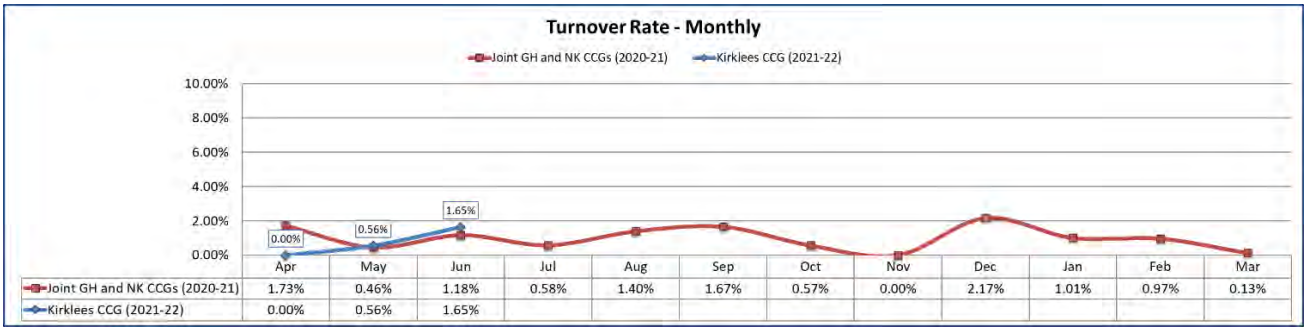
3.2 The data set out in Table 1 and 2 includes the CCG's rolling annual and monthly staff turnover rates from 01 April to 30 June 2021 and a comparison with turnover for the previous financial year.

Table 1 – CCG Rolling Annual Staff Turnover



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Joint GH and NK CCGs (2020-21)	20.44%	20.62%	20.36%	18.00%	16.55%	15.59%	12.80%	12.75%	12.17%	11.98%	12.76%	11.84%
Kirklees CCG (2021-22)	10.10%	10.19%	10.67%									

Table 2 – CCG Monthly Staff Turnover



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Joint GH and NK CCGs (2020-21)	1.73%	0.46%	1.18%	0.58%	1.40%	1.67%	0.57%	0.00%	2.17%	1.01%	0.97%	0.13%
Kirklees CCG (2021-22)	0.00%	0.56%	1.65%									

3.3 It is important to note that the small number of employees means that any leavers have a significant impact on the overall percentages. Rolling annual turnover reflects the total number of leavers over the past 12 months, as a percentage of the workforce. The turnover rate for Kirklees CCG represented 4 leavers in quarter 1 of 2021 compared to 6 leavers in 2020 (Greater Huddersfield and North Kirklees CCGs). Where individuals have left the organisation, this has been a combination of the following reasons: -

- Voluntary resignation for reasons of promotion
- Voluntary resignation for reasons of work life balance
- Voluntary resignation for reasons of a better reward package

3.4 All line managers are provided with a leaver's pack that includes a manager's checklist as guidance and although the completion of exit interviews is optional; conversations are taking place with line managers in understanding the reasons for leaving. If there are any areas of concern or risk related – these are discussed between the HR lead and the relevant service lead for that area in terms of organisational learning.

3.5 Governing Body members are advised that a level of turnover is to be expected in any organisation, in particular in view of the CCG's position in the wider system, where it is often beneficial for individuals to take up new roles in other health and social care organisations.

4. Sickness Absence

4.1 Sickness absence figures are calculated based on a percentage of total time available, using the following calculation:

$$\frac{\text{Total absence (hours or days) in the period x100}}{\text{Possible total (hours or days) in the period}}$$

4.2 The overall sickness absence percentages can be found in tables 3, 4 and 5 which is the overall sickness absence including both short and long-term sickness. Long term sickness is defined as any single instance of sickness absence, which lasts for 28 days or more.

4.3 Sickness benchmarking information is available nationally from NHS Digital as a comparator against other NHS organisations. However, any available national data does not break sickness down to short or long term and therefore the comparisons are difficult to make.

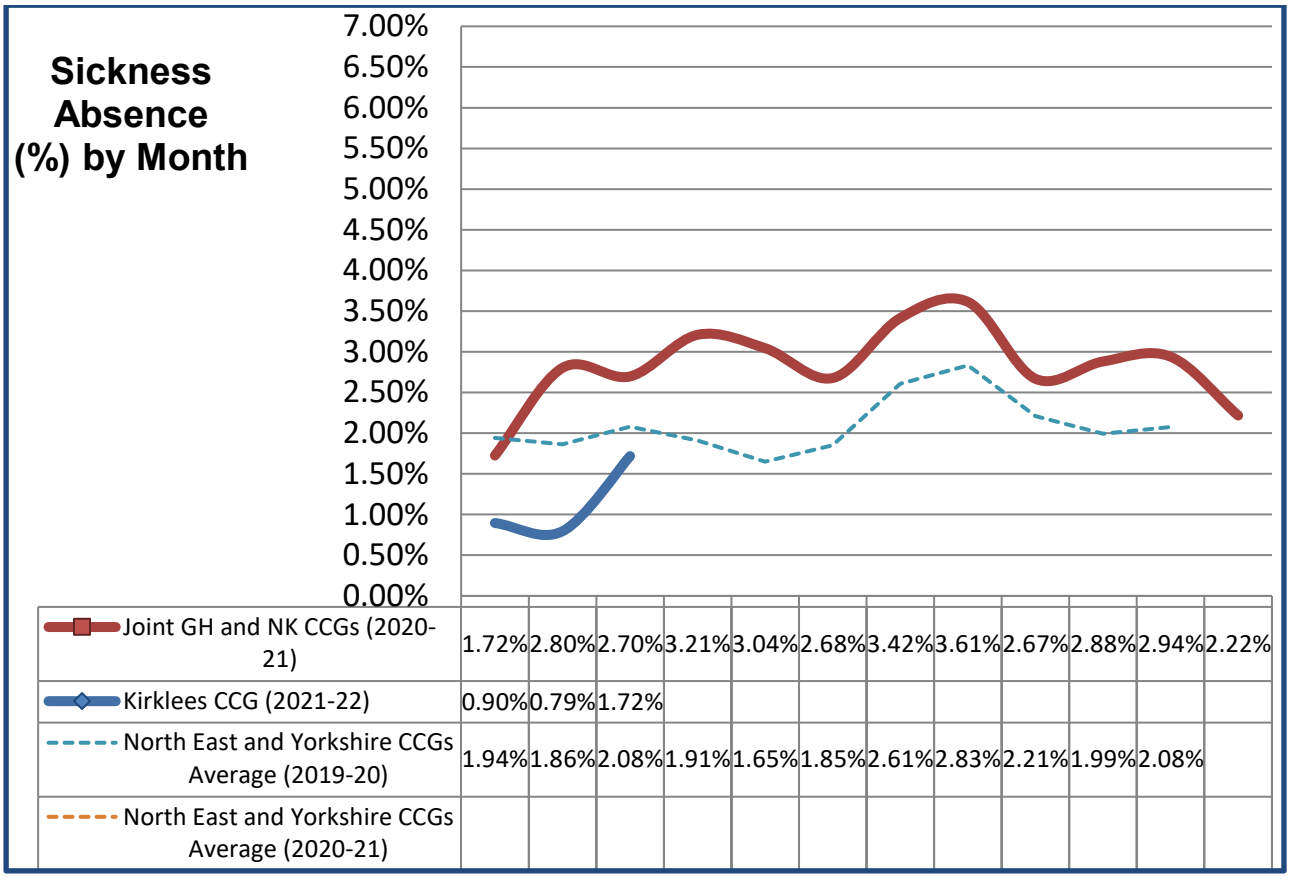
4.4 Sickness in the CCG for quarter 1 shows that sickness for short term increased in May and June and dropped significantly for long term absence. There are no themes in relation to the reasons for short- or long-term sickness, which are deemed to be of organisational concern. For quarter one cold and coughs is the top reason for absence followed by anxiety and stress and nervous system disorders. Human Resources (HR) team continues to work with line managers to ensure that appropriate support is provided to individuals, in accordance with the Managing Sickness Absence Policy.

4.5 Sickness absence levels are discussed at SMT and the Human Resources (HR) team works with line managers to ensure that appropriate support is provided to individuals. The updated Sickness Absence policy includes a clearer process for identifying when individual sickness levels need further exploration. Line managers are now able to review real-time sickness absence information for their teams, so that any patterns or concerns can be identified more quickly through the Electronic Staff Records (ESR).

4.6 Compliance via ESR on return to work sickness meetings is regularly checked and HR actively chases line managers to ensure that these meetings are taking place and any risks being managed. For the first quarter the return to work compliance rate was 100%.

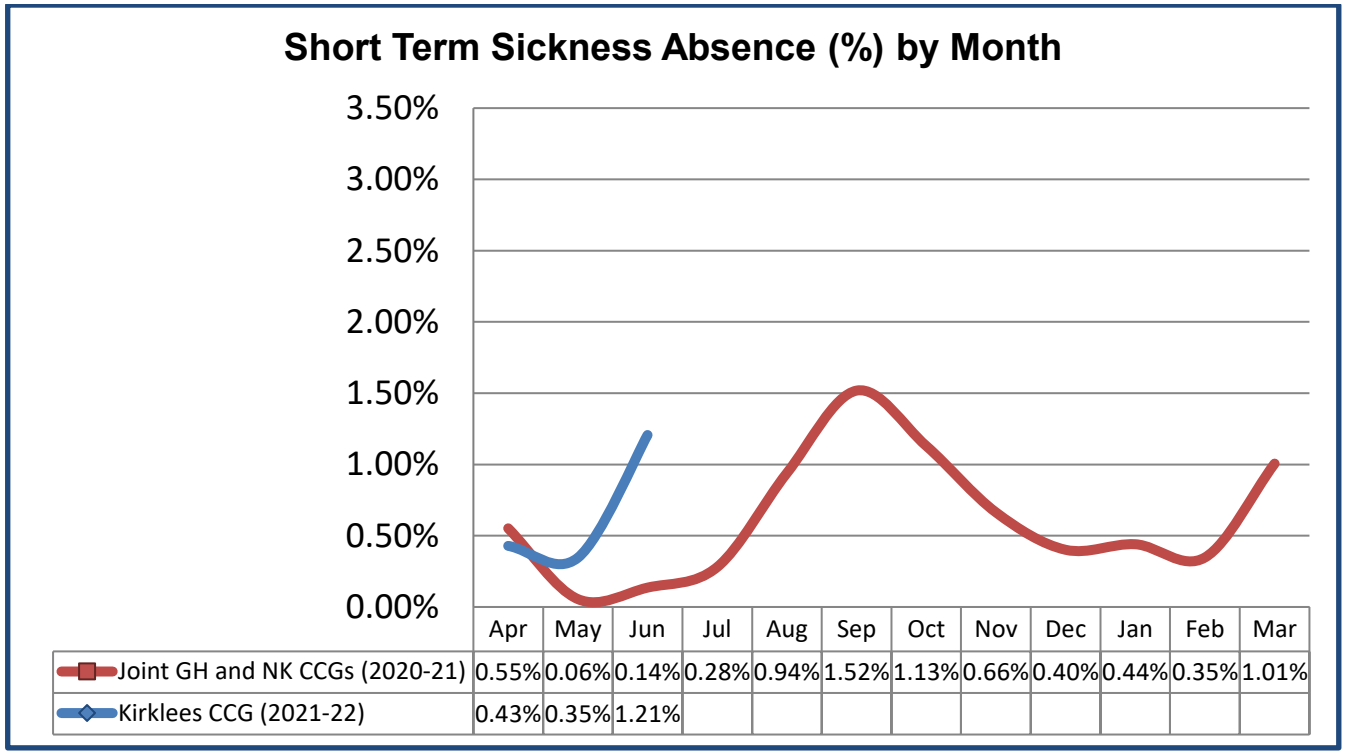
4.7 The CCG has several support mechanisms in place such the Employee Assistance Programme, additional Mental Health First Aiders, and access to Occupational Health advice. Staff feedback through recent surveys and sickness management meetings has been positive about the benefits of these services in supporting them to remain at work and to return to work more quickly. Where an individual requires additional support – this will be identified, or they will seek specialist support/referral via their GP.

Table 3 – Overall Sickness Absence



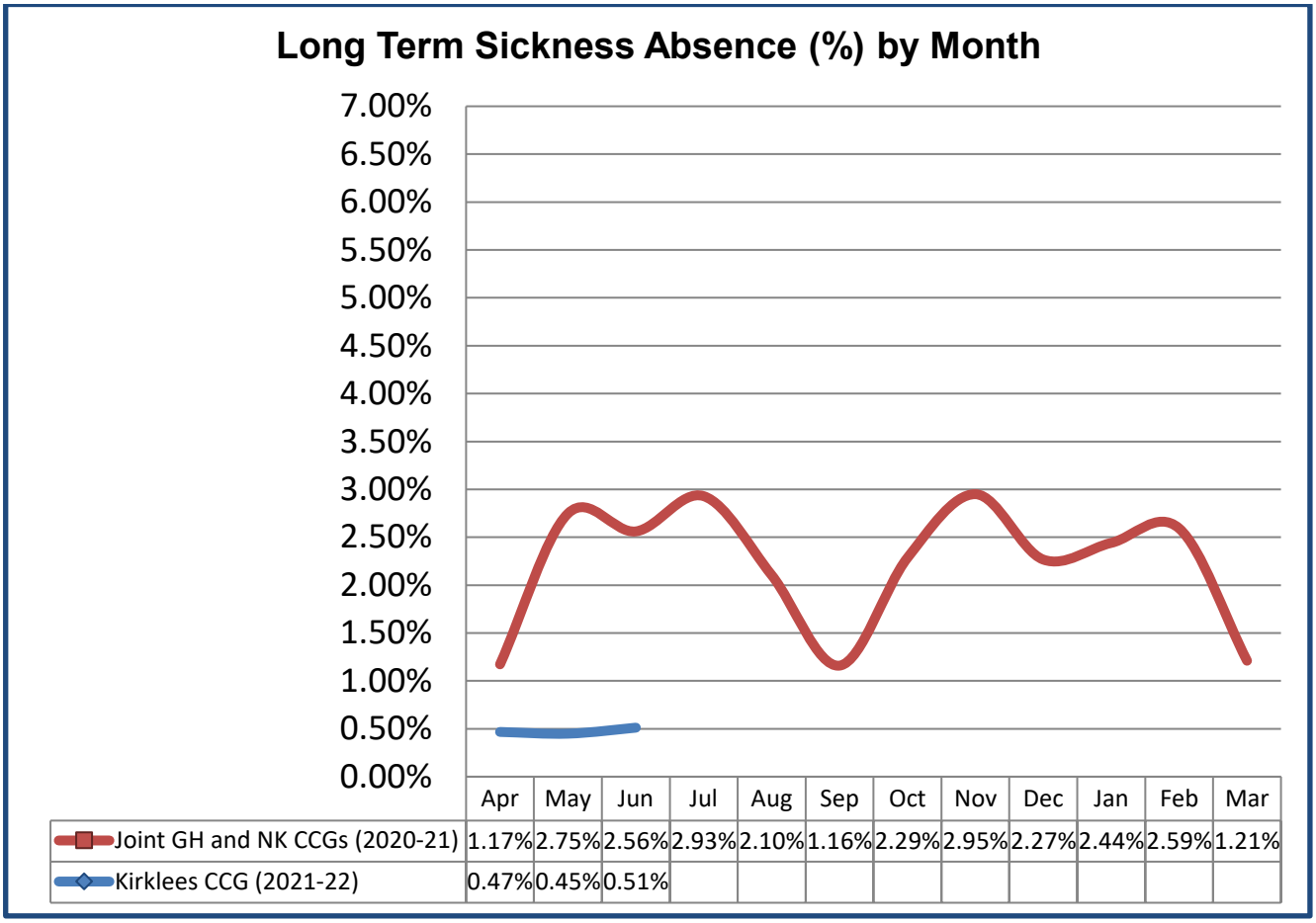
Joint GH and NK CCGs (2020-21)	1.72%	2.80%	2.70%	3.21%	3.04%	2.68%	3.42%	3.61%	2.67%	2.88%	2.94%	2.22%
Kirklees CCG (2021-22)	0.90%	0.79%	1.72%									
North East and Yorkshire CCGs Average (2019-20)	1.94%	1.86%	2.08%	1.91%	1.65%	1.85%	2.61%	2.83%	2.21%	1.99%	2.08%	
North East and Yorkshire CCGs Average (2020-21)												

Table 4 – Short Term Sickness Absence



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Joint GH and NK CCGs (2020-21)	0.55%	0.06%	0.14%	0.28%	0.94%	1.52%	1.13%	0.66%	0.40%	0.44%	0.35%	1.01%
Kirklees CCG (2021-22)	0.43%	0.35%	1.21%									

Table 5 – Long Term Sickness Absence



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Joint GH and NK CCGs (2020-21)	1.17%	2.75%	2.56%	2.93%	2.10%	1.16%	2.29%	2.95%	2.27%	2.44%	2.59%	1.21%
Kirklees CCG (2021-22)	0.47%	0.45%	0.51%									

5. Workforce Headlines

This section provides a summary of other key activities, which have taken place in relation to the workforce.

5.1 Employee relations

The CCG has low levels of employee relations issues. The HR team continues to provide advice on individual situations and/or where risks may arise on certain cases. The policies promote the informal resolution of any issues where appropriate, and HR colleagues provide professional advice and support to line managers and individuals on an informal level in line with this approach.

5.2 HR policy review

The suite of all 25 HR policies were reviewed in 2021 and approved by the Remuneration Committee. These have now been made available to staff in an accessible format including a summary of changes made to key policies.

5.3 Equality and Diversity Data

The CCG is committed to the benefits of equality and diversity in all areas of its work. The CCG takes a number of actions to promote equality and diversity amongst its workforce and this is particularly important in the context of a small organisation, made up of long-serving staff, and with limited recruitment, which means that opportunities to fundamentally change the demographic make-up of the workforce are limited and take place over time.

The CCG has signed up to the Integrated Care System (ICS) BAME Review action plan mirroring its focus on areas such as recruitment and selection, succession planning, talent, retention, and culture. This aligns to the CCG workforce equality action plans derived from the analysis and reporting of the Workplace Race Equality Standard (WRES), Workplace Disability Equality Standard (WDES), internal facing goal of the Equality Delivery System and the staff survey. The action plan describes the CCG actions to improve the representation, experience, and outcomes for CCG staff as a whole and particularly those staff from protected groups.

The WRES and WDES report and data for 2020-21 will be presented to SMT in autumn supported by an action plan for approval.

5.4 Statutory Mandatory Training and Appraisals

The current statutory mandatory training dashboards provided to SMT show that overall compliance remains relatively high averaging at 89% with an expectation that compliance needs to be 95%.

Staff excluded from reporting figures are those who are on long term sick leave or maternity leave. New members of staff are required to complete all their statutory and mandatory training within 2 months of joining the CCG. Heads of Service are actively encouraging staff to review their compliance through various staff communication methods and team meetings.

Line managers are aware of the need to confirm to the Learning and Development team of any additional modules that need to be assigned to the post on ESR in line with the statutory and mandatory training matrix for staff. This includes modules that have differing levels of learning for example Conflict of Interest, Safeguarding or other modules and apply to any members of staff appointed to the new roles that would require higher level of training.

The statutory and mandatory training matrix is reviewed annually by the subject matter experts involved in the delivery of modules and this has recently been approved by SMT for 2021-22.

The Unconscious Bias training commissioned externally by the CCG, was rolled out in December 2020, and ran until 24 February 2021. A small number of staff were not able to attend, however arrangements are being made for them to attend a session later in August delivered by the Equality and Diversity team.

We are currently in the appraisal season which ends 31 August 2021 and appraisal meetings are currently taking place.

5.5 Supporting Working Carers

The CCG has been working in partnership with several organisations to build awareness of the growing need to identify and support working carers with the aim of promoting:

- A carer-friendly workplace.
- Enabling staff to continue working while caring for someone.
- Preventing the loss of valuable talent for the CCG.
- Understanding carers' needs and issues in the workplace.
- Developing carer-friendly policies and creating a supportive work environment.
- Implementing staff awareness and line manager training.
- Helping carers to identify themselves as carers and to understand what support is available locally.

A comprehensive project plan was developed to support this work which included a phased approach of implementation and an update to SMT on the following key deliverables –

- Staff awareness raised at staff workshops.
- CCG now operating a Carer Passport scheme, as part of the CCG's approach to supporting staff who look after family or friends who have a disability, illness or who need support in later life. This is an important ongoing tool for conversations to take place between an employee and their line manager.
- ESR recording guidance developed so staff can confirm in ESR that they are a working carer. To date 3 individuals have completed a carers Passport and have identified themselves in ESR as a carer.
- Manager's guidance developed with training identified to support them.
- Communication sent out to staff to join the Wakefield CCG Carers' Network.
- Changes to the HR policy made to allow for carers provision for a week's paid leave. The policy has been agreed by SMT, Trade Unions and approved by the Remuneration Committee.
- Appraisal document, induction checklist updated to reflect carers support
- Disclaimer added to NHS Jobs re CCG as carer friendly organisation.
- The CCG has a carers' champion in place for advice and support.

5.6 Health and Wellbeing

In partnership with the 5 West Yorkshire CCGs – Kirklees CCG will be sending out a wellbeing gift to all directly employed staff in August to thank them for all their hard work and dedication through this challenging time. This will be sent out via HALSA Wellbeing who deliver wellbeing solutions to restore and protect the mind and body. They have created a bespoke wellbeing gift which has been categorised into 4 key areas: Feel Well, Think Well, Sleep Well, Eat Well.

5.7 **Social Partnership Forum**

The CCG Partnership Forum is held quarterly with the purpose of facilitating and promoting partnership working between all CCGs and Trade Unions across the Calderdale and Kirklees footprint. The meeting provides a platform to enable meaningful consultation, negotiation, and communication. Trade Union representation at meetings is regularly attended by Unison, RCN, PDA and Unite and the CCGs continue to work in partnership with them.

Items of discussion to date in this quarter have focused on horizon scanning, the ICS and CCGs, Greater Huddersfield and North Kirklees CCGs' merger, Calderdale CCG accommodation update, Trade Union regional and national updates and Trade Union time recording activity.

5.8 **ICS Transition**

On a regional West Yorkshire level, the CCGs are working closely together to ensure staff are fully briefed on communications and that these are consistent across the regional patch. To date the employment commitment, design framework documents and a set of FAQs have been published and shared with staff.

6. Next Steps

6.1 The Senior Management Team will continue to manage and monitor all data and matters relating to the workforce.

7. Recommendations

7.1 It is recommended that the Governing Body:

- **RECEIVE** and **NOTE** the content of the CCG's workforce report update.

Name of Meeting	Governing Body	**Meeting Date**	11 August 2021
Title of Report	High Level Risk Report: Cycle 2 2021/22 (June – August 2021)	**Agenda Item No.**	15
Report Author	Nick Lamper, Governance Manager (Corporate Governance and Risk)	**Public / Private Item**	Public
Clinical Lead	Dr Khalid Naeem	**Responsible Officer**	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 2 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 are set out in the report.

Previous Considerations

Name of meeting	Quality Committee	**Meeting Date**	28 July 2021
Name of meeting	Fin, Perf and Cont Cttee	**Meeting Date**	28 July 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.

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

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	Any quality and safety implications relating to individual risks are outlined in the Risk Register extract (Appendix 1).
Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	Any risks relating to engagement are outlined in the Risk Register extract (Appendix 1).
Resources / Financial Implications (including Staffing/Workforce considerations)	Any resource implications relating to individual risks are outlined in the Risk Register extract (Appendix 1).
Sustainability Implications	Any sustainability implications relating to individual risks are outlined in the Risk Register extract (Appendix 1).

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

Strategic Objectives (which of the CCG objectives does this relate to?)	Potentially all.	**Risk (include risk number and a brief description of the risk)**	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.
Legal / CCG Constitutional Implications	Any legal implications relating to individual risks are outlined in the Risk Register extract (Appendix 1).	**Conflicts of Interest (include detail of any identified / potential conflicts)**	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 2 of 2021/22) which commenced on 11 June and ends after the Governing Body meeting.

1.2 The key changes to the Risk Register during the current risk cycle (new and closed risks) are set out, and details of all High Level risks (scoring 15 and above) currently captured on the CCG's Risk Register are provided (Appendix 1).

1.3 An overview of the CCG's risk exposure is provided via the Risk on a Page Report (Appendix 2).

2. Detail

2.1 There are currently 41 risks on the CCG Risk Register. Two of these risks are marked for closure, leaving a total of 39 open risks (four more than in the previous risk cycle).

2.2 The process for the update and review of the Risk Register has been as follows:-

- Following update of the 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 15 July 2021.
- All Finance and Corporate risks were reviewed by the Finance, Performance and Contracting Committee on 28 July 2021.
- All Quality risks were reviewed by the Quality Committee on 28 July 2021.

2.3 The committees reflected on possible additions/amendments which would be required in the next cycle (due to begin on 13 August).

2.4 ***New Risks***

2.4.1 There are six new risks identified in this risk cycle.

Risk Number	Risk Wording	Risk Score
1919	There is a risk to patient safety and experience due to specific concerns about clinical governance, leadership and management processes in the organisation: resulting in Curo Health Ltd being rated by the CQC as 'inadequate' overall, and inadequate in domains of 'safe', 'effective' and 'well-led'. There is a risk that Curo Health Limited may be prevented from continuing to operate services resulting in a lack of patient access to services provided by Curo Health Limited to the population of North Kirklees, due to them not being able to provide sufficient assurance to CQC within the timescales set by CQC to implement and embed adequate processes that are safe and meet the requirements of Regulation 17.	15

Risk Number	Risk Wording	Risk Score
1920	There is a risk to patient safety and experience due the CQC suspending Mediscan's registration. This presents a risk of delay for a diagnostic scan and subsequent treatment for patients referred to the service, who were booked or waiting for an appointment with Mediscan. There is an unknown risk of exposure to potential harm for patients previously seen by the service.	12
1901	There is a risk that the CCG is unable to commission domiciliary care for new service users, including users who require a fast track approach to service provision, due to an increase in requests for domiciliary care and a lack of capacity in NHS contracted providers in some areas of Kirklees. The lack of capacity has the potential to cause delays in hospital discharges and to reduce patient choice.	12
1922	There is a risk that the CCG may not be delivering against its statutory duties to the children, young people, families and carers across Kirklees as a consequence of the current working arrangements, due to lack of governance and operational processes in place for the Children's Continuing Care service.	8
1869	There is a risk that the health and wellbeing of CCG staff will be adversely affected, due to the transition from Kirklees CCG to WY&H ICS and Kirklees ICP – e.g. uncertainty about the future; managing change whilst working remotely; potential changes to senior leadership models, resulting in increased staff turnover; increasing work pressures; loss of continuity within Kirklees place; detrimental impact on delivery of current workload.	6
1868	There is a risk that transition to the West Yorkshire and Harrogate Integrated Care System and the Kirklees Integrated Care Partnership from 1 April 2022 may impact on "business as usual", due to: Competing capacity pressures & management of change, resulting in: Need to mitigate any adverse consequences.	6

2.4.2 It should be noted that Risk 1922 (the risk that the CCG may not be delivering against its statutory duties to the children, young people, families and carers across Kirklees as a consequence of the current working arrangements, due to lack of governance and operational processes in place for the Children's Continuing Care Service) was added to the risk register after the report was produced for the Quality and Finance, Performance and Contracting Committees, and was therefore not included in the committees' considerations. The risk is set out in full in Appendix 1.

2.4.3 Governing Body is also advised that a further risk which has recently been added to the Calderdale risk register will be added to the Kirklees register at the beginning of the new cycle, this being:-

- There is a risk that CHFT Maternity services will not be able to deliver the nationally mandated changes to the new-born BCG delivery from administration prior to discharge to 28 days due to commencement of the SCID screening programme;

there is no additional associated funding to support this. This could lead to an increase in TB rates in Kirklees.

2.5 ***Risks Marked for Closure***

2.5.1 There are two risks marked for closure this risk cycle.

Risk Number	Risk Wording	Risk Score	Reason for Closure
1855	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, 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.	2	Reached tolerance.
1811	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.	2	Reached tolerance.

2.6 ***High Level Risks***

2.6.1 There are no open risks rated as Critical (scoring 20 or 25), the same as at the last risk cycle.

2.6.2 There are two open risks rated as Serious (scoring 15 or 16), the same as at the last risk cycle.

Risk Number	Risk Wording	Risk Score	Risk Movement
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	Static – 1 Archive(s).
1919	There is a risk to patient safety and experience due to specific concerns about clinical governance, leadership and management processes in the organisation: resulting in Curo Health Ltd being rated by the CQC as 'inadequate' overall, and inadequate in domains of 'safe', 'effective' and 'well-led'. There is a risk that Curo Health Limited may be prevented from continuing to operate services resulting in a lack of patient access to services provided by Curo Health Limited to the population of North Kirklees, due to them not being able to provide sufficient assurance to CQC within the timescales set by CQC to implement and embed adequate processes that are safe and meet the requirements of Regulation 17.	15	New.

3. Next Steps

3.1 Subsequent to the Governing Body meeting, the risks will be carried forward to the next risk review cycle which starts on 13 August 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 2 August 2021
- Appendix 2: Risk on a Page Report Cycle 2 2021/22

Kirklees Clinical Commissioning Group High Level Risk Log for Governing Body - 11 August 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
New Risks																	
1919	16/07/2021	Quality	15	(I5xL3)	4	(I2xL2)	Susan Savage	Debbie Winder	There is a risk to patient safety and experience due to specific concerns about clinical governance, leadership and management processes in the organisation: resulting in Curo Health Ltd being rated by the CQC as 'inadequate' overall, and inadequate in domains of 'safe', 'effective' and 'well-led'. There is a risk that Curo Health Limited may be prevented from continuing to operate services resulting in a lack of patient access to services provided by Curo Health Limited to the population of North Kirklees, due to them not being able to provide sufficient assurance to CQC within the timescales set by CQC to implement and embed adequate processes that are safe and meet the requirements of Regulation 17.	1) CCG oversight and provision of expert quality advice regarding Curo Health's CQC action plan 2) Feedback to monthly contract meeting from Curo Health's weekly operational meetings, which have been established to implement the action plan. 3) Action plan progress meetings with CCG Quality Team members starting 20/7/21	No additional management support in Curo Health to implement the CQC improvements required	1) The CCG has received a draft of the action plan that is to be submitted to CQC within one month of publication of the CQC report 2) Routine reports on progress to the Quality Committee and Finance, Performance and Contracting Committee 3) Escalation of any lack of progress against the action plan to SMT and Primary Care Operational Group 4) Escalation in line with the CCG Primary Care Quality and Surveillance Process	None at this point	Lack of progress update against the action plan			New - Open
1920	16/07/2021	Quality	12	(I4xL3)	4	(I2xL2)	Susan Savage	Debbie Winder	There is a risk to patient safety and experience due the CQC suspending Mediscan's registration. This presents a risk of delay for a diagnostic scan and subsequent treatment for patients referred to the service, who were booked or waiting for an appointment with Mediscan There is an unknown risk of exposure to potential harm for patients previously seen by the service.	• CCG suspension of the contract • Removal of option to refer to service on ESR referrals portal across KCCG and CCCG • General practices informed that service temporarily unavailable and alternative providers given • Joint risk management across KCCG and CCCG • Identification of patients whose appointments have been cancelled or waiting for appointments and onward referral to another provider of their choice and prioritised according to clinical need • Further QSG meetings to monitor • CQC suspension	• Risk of historic patient harm unknown • Consideration of identification of patients previously seen by the service and potential retrospective audit to be scoped	• CCG monitoring of any identification of any incidents or harm raised by practices • CCG attending regional QSG to maintain updates about any further risk identification and monitoring of the provider organisation • Reporting to Quality Committee	• National oversight via NHSE/I, regional Quality Surveillance Group (QSG)	• Insufficient information available to date on outcome for previous patients of the service			New - Open
1901	25/06/2021	Quality	12	(I3x14)	4	(I2xL2)	Viv Nicholson	Penny Woodhead	There is a risk that the CCG is unable to commission domiciliary care for new service users, including users who require a fast track approach to service provision, due to an increase in requests for domiciliary care and a lack of capacity in NHS contracted providers in some areas of Kirklees. The lack of capacity has the potential to cause delays in hospital discharges and to reduce patient choice.	Maire Curie ,who currently do provide a brokerage function with NHS DPS providers for health for fast track clients, will, with the support of the Senior members of the CHC team will extend their role to broker services registered under the LA DPS. A CHC duty function is also available for providers and patients/families and key stakeholders. Interim Ops Head for CHC is engaged with acute trust discharge planning. A robust process is in place where spot purchase contracts are required.	Although the number of NHS contracted providers has increased in the last year these are not in all geographical areas for Kirklees creating inconsistency in appropriate local placements and the local authority accredited services are also under pressure, so this approach may not provide the solution In some areas CQC registered providers are in place, but some of these have chosen not to apply for either a Local Authority or NHS contract meaning that we cannot access their services via the current arrangements. This position is unlikely to change in the short term	The current arrangements between the CHC team and contracting team ensures that a formal process will be followed with non NHS contracted providers Established weekly monitoring of care provision is already in place within CHC	CQC registration checks and a short accreditation process will be completed for each provider where an NHS contract does not already exist Contracts are for individual service users and are time limited to a maximum of 4 weeks.	None at present but needs monitoring and escalation to CCG Exec lead where any serious concerns cannot be mitigated/resolved			New - Open
1922	21/07/2021	Quality	8	(I4xL2)	1	(I1xL1)	Stacey Gibson	Penny Woodhead	There is a risk that the CCG may not be delivering against its statutory duties to the children, young people, families and carer's across Kirklees as a consequence of the current working arrangements. Due to lack of governance and operational processes in place for the Children's Continuing Care service	In order to manage the risk a full service review has been undertaken and all gaps have been identified where improvements are needed. There is an action plan in place with leads and timeframes to put measures in place to ensure the CCG has the assurance required going forwards. A draft Kirklees Children and Young People's Continuing Care Operational Protocol has been created and processes to implement this are underway in line with National Policy. To address the clinical and administrative risks involved -Transition CCC into wider CHC management structure – both clinical and business.	Allocation of a senior manager to oversee and coordinate that the proposed action plan that will result in the CCG mitigating it's identified risks.	Regular reporting into the SMT on progress of implementation of the measures to ensure Kirklees Children and Young People's Continuing Care systems and processes are in place. Outlined in the recommendations agreed with the SMT 8th July 21	In order to obtain positive assurance there will be a number of audits conducted at regular intervals as progress is made on implementing the recommendations set out to manage the risks. These audits will provide assurance that the service had fully implemented the appropriate governance, systems and processes. This will be carried out alongside a performance framework which set out key measures that will define the success of the service which will be in line with the National CYP Continuing Care Framework.	Currently there is no mechanism in place to provide assurance which is the reason for the proposed schedule of work into CYP Continuing Healthcare			New - Open
1869	15/06/2021	Finance	6	(I3xL2)	4	(I2xL2)	Rachel Carter	Carol McKenna	There is a risk that the health and wellbeing of CCG staff will be adversely affected. Due to the transition from Kirklees CCG to WY&H ICS & Kirklees ICP - e.g. uncertainty about the future; managing change whilst working remotely; potential changes to senior leadership models. Resulting in increased staff turnover; increasing work pressures; loss of continuity within Kirklees place; detrimental impact on delivery of current workload.	Initial executive paper outlined an employment commitment to those directly affected by proposed legislative change. Intended to give employment stability & minimise uncertainty. Further guidance issued 16th June - included commitment to change characterised by care for our people. Regular staff briefings & transparent information sharing. Consistent messaging across WY&H places. Specific workstream at ICS. CCG HR support stable with embedded team. Routine meetings with staff-side ongoing. Kirklees Integrated Workforce Strategy has as strategic objective re. supporting (Kirklees) workforce to work together differently & in more integrated ways - provides impetus for development opportunities. Commitment (Kirklees and WY&H) to compassionate change management.	FAQs to be developed. Some lack of continuity in strategic HR support due to illness - being kept under review. Staff-side engagement to be kept under review (place & ICS) as guidance/position emerges. Employment commitment does not include colleagues in senior leadership/board-level roles.	No indication of increasing concerns from (e.g.) staff-side; staff briefing questions; staff forum; pulse surveys.	Assurance currently absence of negative assurance - to be kept under review as more information becomes available.	To be kept under review		Ensure best value from all available resources, including by supporting colleagues to fulfil their potential. Support integration within the NHS and between the NHS and local government and wider partners, achieving a smooth transition to a West Yorkshire & Harrogate Integrated Care System and a Kirklees Integrated Care Partnership.	New - Open
1868	15/06/2021	Finance	6	(I2xL3)	4	(I2xL2)	Rachel Carter	Carol McKenna	There is a risk that transition to the West Yorkshire & Harrogate Integrated Care System and the Kirklees Integrated Care Partnership from 1 April 2022 may impact on "business as usual". Due to: Competing capacity pressures & management of change. Resulting in: Need to mitigate any adverse consequences.	WY&H ICS well-advanced & influencing national thinking; Kirklees place partnership well-established & delivering within strong & mature system. WY&H building on strong collaboration including existing groups and mechanisms - e.g. System Leadership & Executive; WY&H Partnership Board. WY&H made up of its places & strongly-embedded principle of subsidiarity - engaging widely in co-production of ICS design. Kirklees place building on strong track record of integration & existing groups & mechanisms - e.g. Health & Wellbeing Strategy; Health & Wellbeing Plan; Integrated Leadership Board; Integrated Workforce Strategy Group.	Continue to check Kirklees influence in key conversations. Awaiting clarity re. provider collaboratives at ICS & place level - may affect Kirklees disproportionately because of complexity of acute provision. Keep under review as national guidance and WY&H design emerges.	CCG remains as statutory body until 31 March 2022 therefore existing committee structure & Governing Body in place for formal assurance & decision-taking. Shadow-thinking being explored with Kirklees Leadership Board to test future aspirations and challenges for collaborative decision-making and mutual accountability. Initial conversations taking place with health locality leaders.	Example scenario agreed for 1 July Leadership Board to (i) test principles for future decision-making; and (ii) canvass wider partnership views to inform specific (material & long-term) investment decision.	To keep under review as guidance etc. emerges.		Support integration within the NHS and between the NHS and local government and wider partners, achieving a smooth transition to a West Yorkshire & Harrogate Integrated Care System and a Kirklees Integrated Care Partnership.	New - Open

Risks Marked for Closure

1855	13/05/2021	Quality	2	(I2xL1)	2	(I2xL1)	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. 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. We have developed a minimum publication standard, checklist and editor guidance to support the development of accessible documents. Governance team have developed accessible template and guidance for CCG meeting papers. All staff publishing documents on the site are required to undergo training. 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. 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. 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			Closed - Reached tolerance
1811	08/04/2021	Quality	2	(I2xL1)	2	(I2xL1)	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. Inclusion of new staff into the 28 day team	SWs not always providing availability Recruitment challenges given wider NHS position and Covid impact. Mitigation - If social workers are unable to attend a DST the CHC assessor are able to complete this without there representation. As part of the continuing healthcare process CHC assessors complete a consent and authority to act form, this incorporates a capacity assessment for each patient at each part of the process and an authority to act form (these are completed at the checklist stage, and again at the DST), this identifies to the patients and or their representatives how we share and who we share information with. These can be shared with social workers when the paperwork is sent through, they are either signed by the patient where they have capacity and where they don't, they are signed by either a POA or by the assessing clinician in the patients best interest. Please note the reasons for completing this documentation will be explained at the time it is done by the lead nurse completing the assessment.	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 use to alert to the risk of breaches.	Fortnightly meetings with ASC Heads of Service for assurance. Feedback given on receipt of every Checklist without availability. NHSE/I have set up projections throughout 21/22 for each quarter, benchmarking from last years Q4 position. In Q4 20/21 Kirklees CCG achieved 79% on the 28 day standard and the target is 80%	Messages passing to the whole of the CHC and ASC teams can be problematic, but picked up regularly on fortnightly calls with ASC HoS.			Closed - Reached tolerance

Open High Level Risks

1846	04/05/2021	Quality	16	(I4xL4)	4	(I2xL2)	Natalie Ackroyd	Vicky Dutchburn	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.	Contract, Quality & performance meetings established held 12/2/21 and the provider has clear actions that must be delivered The situation is being monitored closely at twice weekly contract, Quality surveillance & performance meetings by CKB senior commissioners, Quality & contract management. NHS E representatives in attendance at Quality surveillance meetings. CQC representatives updated & invited as required to Quality surveillance meetings Individuals will not begin transition plans until required assurance is in place and can be evidenced Each responsible commissioner is reviewing all details and agreed checklist, care plans including risk & crisis plans need to be signed off for their clients The Provider to develop & submit a remedial action plan as per the contracting requirements A risk matrix has been developed by the commissioners and the Provider action plan has been mapped against it and RAG rated accordingly.	All Individual transitional planning arrangements have not been signed off by the relevant CCG/LA . If the provider is unable to make the improvements required it may be necessary to seek an alternative provider The provider has now returned their remedial action plan as per the contracting requirements	Twice weekly contract, Quality surveillance & performance meetings established NHS E & CQC representatives invited as required Monthly updates are provided to TCP partnership Board with regards to this new service Any concerns are reported through this board or if required are escalated to Kirklees CCG as the lead commissioner on this project. Risks included on the corporate risk register 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 The provider has been asked for a remedial action plan as per the contracting requirements Progress will be monitored twice weekly Provider action plan has been mapped and RAG rated against the commissioners risk matrix.	None to note			Static - 1 Archive(s)
1919	16/07/2021	Quality	15	(I5xL3)	4	(I2xL2)	Susan Savage	Debbie Winder	There is a risk to patient safety and experience due to specific concerns about clinical governance, leadership and management processes in the organisation: resulting in Curo Health Ltd being rated by the CQC as 'inadequate' overall, and inadequate in domains of 'safe', 'effective' and 'well-led'. There is a risk that Curo Health Limited may be prevented from continuing to operate services resulting in a lack of patient access to services provided by Curo Health Limited to the population of North Kirklees, due to them not being able to provide sufficient assurance to CQC within the timescales set by CQC to implement and embed adequate processes that are safe and meet the requirements of Regulation 17.	1) CCG oversight and provision of expert quality advice regarding Curo Health's CQC action plan 2) Feedback to monthly contract meeting from Curo Health's weekly operational meetings, which have been established to implement the action plan. 3) Action plan progress meetings with CCG Quality Team members starting 20/7/21	No additional management support in Curo Health to implement the CQC improvements required	1) The CCG has received a draft of the action plan that is to be submitted to CQC within one month of publication of the CQC report 2) Routine reports on progress to the Quality Committee and Finance, Performance and Contracting Committee 3) Escalation of any lack of progress against the action plan to SMT and Primary Care Operational Group 4) Escalation in line with the CCG Primary Care Quality and Surveillance Process	None at this point	Lack of progress update against the action plan			New - Open

Appendix 2

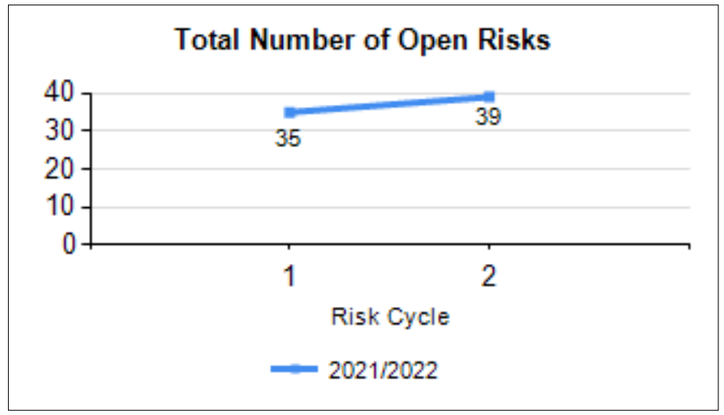
Risk Cycle 2: June – August 2021

Kirklees Clinical Commissioning Group Risk on a Page Report for Governing Body – 11 August 2021

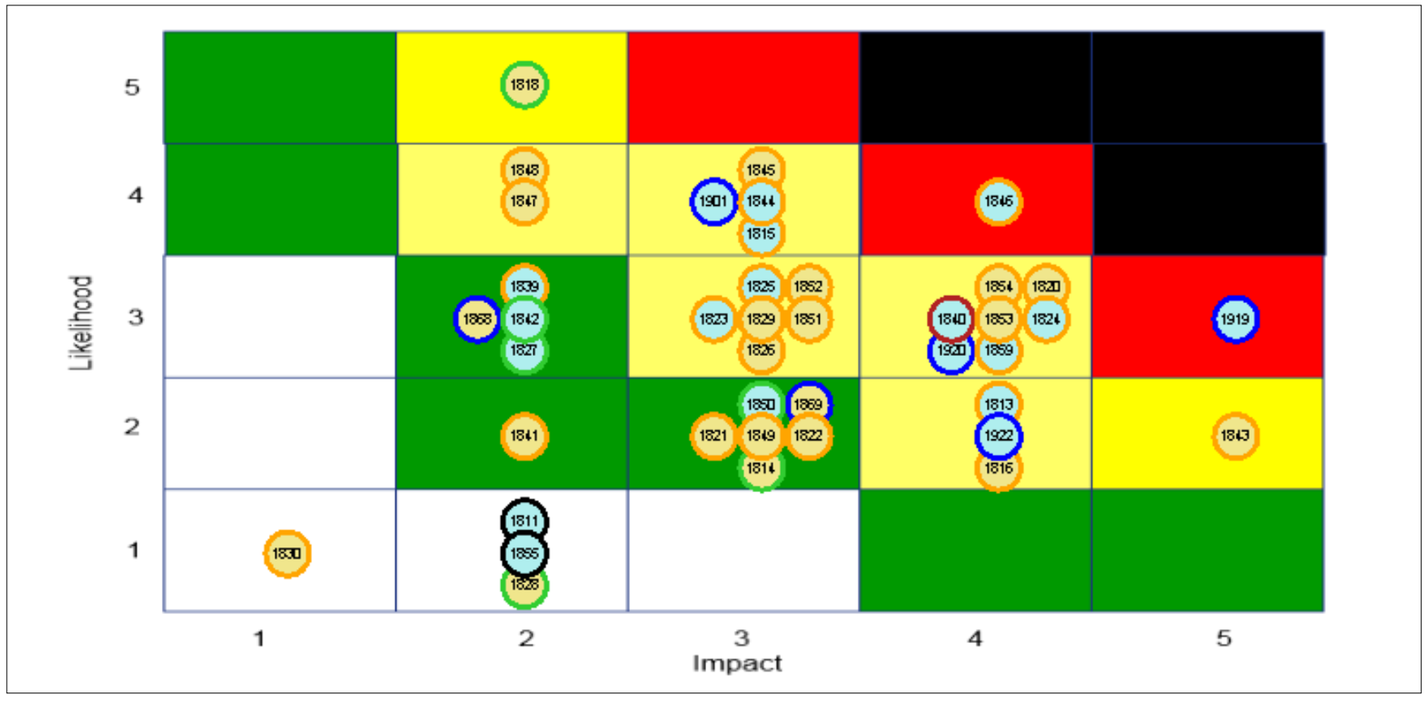
NHS Kirklees Clinical Commissioning Group

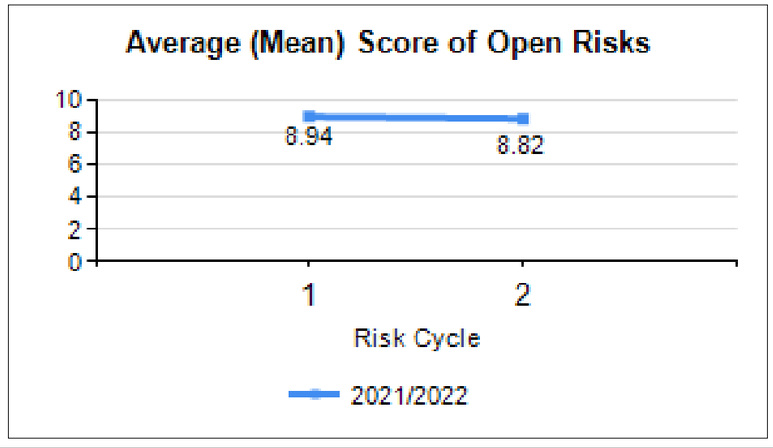
Total Risks	41 (39 open risks)
Fin, Perf & Cont	22 (22 open risks)
Quality	19 (17 open risks)

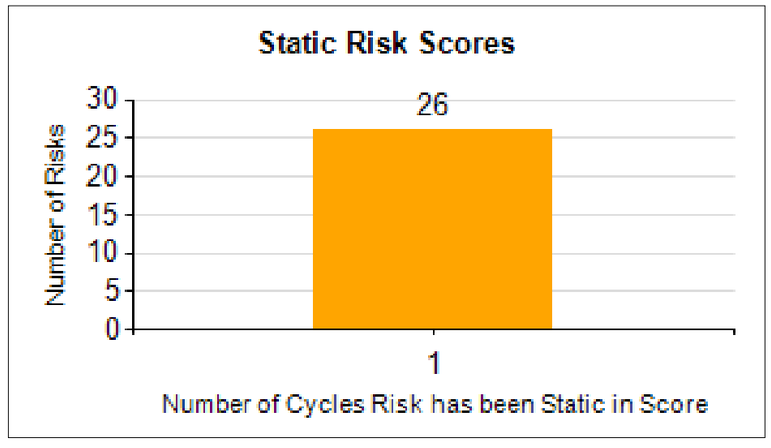
Movement of Risks		Risk Score Increasing	1
New	6	Risk Score Static	26
Marked for Closure	2	Risk Score Decreasing	6



Risk Overview







Static Risk Descriptions in this Cycle

There are 10/39 (26%) open risks with a static description this cycle.

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

NHS KIRKLEES CCG GOVERNING BODY WORK PLAN – APRIL 2021 TO MARCH 2022

No.	Agenda Item	Apr 21	Jun 21	Aug 21	Oct 21	Dec 21	Feb 22	Comments
Quality and Safety								
1	Quality and Safety Report	x	x	x	x	x	x	-
2	Equality and Diversity/Public Sector Equality Duty Report	-	-	-	-	-	x	-
3	Patient Story	x	x	x	x	x	x	-
4	Statement of Involvement	-	-	-	-	-	-	At AGM.
5	Safeguarding (Adults and Children) Annual Report	-	-	-	x	-	-	-
Finance, Performance and Contracting								
6	Finance and Contracting Report	x	x	x	x	x	x	-
7	Performance Report	x	x	x	x	x	x	-
8	QIPP Report	-	-	-	x	x	x	-
9	Financial Plans/Budgets	-	-	-	x	-	-	-
Commissioning/Transformation/Strategic Plans								
10	Right Care, Right Time, Right Place	-	-	-	-	-	-	As required.
11	Kirklees Joint Strategic Assessment Update	-	-	-	-	-	-	TBD
12	Better Care Fund Update	-	-	-	-	-	-	TBD
13	Health and Well-Being Plan Update	-	-	-	-	-	-	TBD
14	Operational Plan	-	-	-	-	-	x	-
15	Place-based Working Update	-	-	-	-	-	-	As required.
16	Service Redesign/Review	-	-	-	-	-	-	As required.

No.	Agenda Item	Apr 21	Jun 21	Aug 21	Oct 21	Dec 21	Feb 22	Comments
Primary Care								
17	Primary Care/Localities Update	-	-	-	-	-	-	As required.
Audit, Corporate and Governance								
18	Chief Officer and Chair's Report	x	x	x	x	x	x	-
19	Risk Register	-	x	x	x	x	x	-
20	Governing Body Assurance Framework	-	-	-	-	-	-	TBD.
21	Workforce Report (including summary of staff surveys)	-	-	x	-	-	x	-
22	Green Plan	-	-	-	-	-	-	TBD.
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 25th March 2021

Present:	Councillor Viv Kendrick (Chair) Councillor Mark Thompson Mel Meggs Carol McKenna Dr Steve Ollerton Richard Parry Rachel Spencer-Henshall Helen Hunter Karen Jackson
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 Diane McKerracher, Chair, Locala Phil Longworth, Senior Manager, Integrated Support, Kirklees Council Tom Brailsford, Service Director, Resources, Improvement and Partnership Rob Webster, Lead Chief Executive West Yorkshire and Harrogate ICS Natalie Poole, Mid Yorkshire Hospital NHS Trust Owen Richardson, Intelligence Lead, Public Health Mike Houghton-Evans, outgoing Chair of Kirklees Adult Safeguarding Board Robert McCulloch- Graham, new Chair of Kirklees Adult Safeguarding Board Alex Chaplin, Strategy and Policy Officer, Integration
Apologies:	Councillor Musarrat Khan Councillor Carole Pattison Councillor Kath Pinnock Dr Khalid Naeem Jacqui Gedman Kathryn Giles

1 Membership of the Board/Apologies

Apologies were received from the following Board members: Cllr Musarrat Khan, Cllr Carole Pattison, Cllr Kath Pinnock, Jacqui Gedman and Kathryn Giles.

2 Minutes of previous meeting

That the minutes of the meeting held on the 26 November 2020 be approved as a correct record.

3 Interests

No interests were declared.

4 Admission of the Public

All agenda items were considered in public session.

5 Deputations/Petitions

No deputations or petitions were received.

6 Covid-19 Update

Rachel Spencer-Henshall, Strategic Director, Corporate Strategy, Commissioning and Public Health provided the Board with an update on Covid-19 in Kirklees advising that the information is accurate as of the 25 March 2021.

In summary, the Board was informed that:

- The Kirklees weekly cases were 10% higher than the previous week
- Kirklees is now ranked 16th out of 149 (upper tier) local authorities, with a rate of 107 per 100,000
- Although the rates are significantly lower than they were and there has been progress in the rates reducing, the reduction has slowed and started to slightly increase
- Bradford and Wakefield are currently in the top 10 highest rates
- Schools returning will have an impact on the number of cases because of the implementation of lateral flow testing within schools. The test will proactively highlight individuals who have Covid but do not display any symptoms. This is important in breaking the chain of transmission

The Board was informed that data is available on the Kirklees website which gives a breakdown of cases on a ward-by-ward basis and on middle super output areas which is smaller than wards. The information also shows the distribution of cases across the district and it highlights that there are pockets of cases that reflects a more endemic transmission that has been seen throughout the year.

The Board was advised that because there are now smaller numbers, it is easier to see where there are increasing numbers and often this can be down to an outbreak within a workplace or something that detects a higher number of cases.

There is a local contact tracing system which enables people to be contacted, these are the individuals that the national team has not been able to contact. The local team will visit them to see if there is anything they need while they are self-isolating. Work in the communities is also being undertaken with partners to try and understand what is causing the increase in numbers and making sure that the key message, hands, face, space is still being put out.

RESOLVED

That Rachel Spencer-Henshall be thanked for providing an update on the current position of Covid-19 in Kirklees.

7 Kirklees Joint Strategic Assessment Overview 2020/21 and Director of Public Health Annual Report 2021

Rachel Spencer-Henshall, and Owen Richardson, Intelligence Lead, Public Health updated the Board on the Kirklees Joint Strategic Assessment Overview 2020/21 and the Director of Public Health Annual Report 2021.

Director of Public Health Annual Report 2021

The Board was informed that the annual report focuses on health inequalities across the life course, particularly given the experiences of the last 12 months. The purpose of the report is to understand the nature and the scale of the health inequalities experienced by communities in Kirklees using a life stages approach that explores inequalities from birth to end of life. The aim is to explore the differences in outcomes experienced by different groups in the local population and how this can be highlighted and addressed as a priority.

The reason for this approach is that often inequalities experienced in younger years will have an impact going through the life course, therefore intervening as early as possible is crucial in order to change that trajectory in terms of those inequalities.

At previous Board meetings there has been discussions about the wider determinants of health, and it is recognised that this cannot be solved through healthcare alone. The aim is to target, support and work collectively on the wider determinants of health as this will be the difference between success and failure. Being in the local authority for public health creates an opportunity to make a difference, although the changes might not be evident for generations to come however, putting in the work now will make a difference long term.

The Board was informed that the annual report was written in a way to articulate what health inequalities are, and how these can be measured. The Board was asked its view on whether there should be a set of inequality indicators by which the Board can monitor on a regular basis what is being done to address inequality. This is how the Kirklees Joint Strategic Assessment has been framed this year not just to look at life expectancy but healthy life expectancy and making sure those key inequality measures are built in to make sure the system is doing what it needs to do.

The report talks about the factors that influence inequalities, again picking up on the wider determinants of health and the importance of intervening at different stages. By taking a life stages approach it is possible to give the Board and partners different things they can focus on and areas where collective action can be taken.

The report also gives a reflection on how Covid has impacted on health inequalities and how it has brought those inequalities into the forefront of people's minds and hopefully provided a catalyst for action in a way that may not have done before.

From a council perspective, and the partnership shares this ambition, an Inclusion Commission is about to be established that might help drive some of this work. The Partnership Executive has looked at how health inequalities and inequalities more broadly can be a priority.

Health inequalities and the conditions that lead to them are not inevitable giving a real opportunity for change with the collective power and influence, particularly putting local residents at the heart of this and by co-producing solutions with them will genuinely make a difference. Population Health Management is a way of being able to look at how to tackle those inequalities and, measure the impact of that activity.

The Board was given examples of the content of the report which focused on the life course stages including:

- 0-2, year-olds - new beginnings the factors that make good outcomes for this age group
- 18-34, year-olds - early adulthood is a significant transitionary period and people tend to have a lot of life changes at this point. Moving to live independently is such a significant change that if people can be supported to increase their changes in terms of outcomes, then it is an ideal time to intervene
- there are inequalities in terms of disability with fewer than half of disabled adults in Kirklees qualified to level two or above and disabled people are more likely to live in a low-income household. There is evidence that there are inequalities experienced by disabled people in Kirklees and in response a place partnership approach has been adopted. This approach is where groups of ward members came together to look at how they can tackle mental health on a ward level and that is a good example of population health management. This is taking a problem, looking at the intelligence as to why that is a problem and working collectively with fellow ward members and with the public to design solutions.
- 60-79, year-olds with this age group it is important to mention Covid as age has been the biggest risk factor and nearly half of the clinically most vulnerable people in Kirklees have been in this age group. This age group also tends to have multiple co-mobidities.

The Board commented that a set of inequality indicators that would enable it to monitor the work on health inequalities on a regular would be extremely beneficial. It would also be helpful to think about how these indicators might link to the inequalities work being undertaken by individual partner organisations. A suggestion was made that organisations work together to draw up what the set of indicators.

<u>Joint Strategic Assessment (JSA) Overview</u>
Owen Richardson, Intelligence Lead, Public Health presented the latest version of the JSA overview advising the Board that there is synergy between the information presented in the Director and Public Health Annual Report and the Kirklees JSA.

The overview utilises the content of the Kirklees Director of Public Health's Annual Report to highlight needs, assets, and health inequalities across seven life stages, however it does not yet reflect the impact of Covid on the KJSA.

The overview section of the KJSA uses the same seven life stages that are in the DPH report taking the same common threads, population, inequalities, Covid-19 and population health management.

At each life stage, case studies are provided to demonstrate how taking a Population Health Management (PHM) approach can help to reduce inequalities.

The navigation menu enables the ease of movement to any of the life stages and there are sub menus within each life stage to select the topic ie population, inequalities, Covid-19 and population health management.

The Board was provided with a summary of the information in the KJSA.

RESOLVED

That Rachel Spencer-Henshall and Owen Richardson be thanked for providing an update on the Director of Public Health Annual Report 2021 and the Kirklees Joint Strategic Assessment Overview 2020/21

8 Update on Kirklees Inclusion Commission and development of the Kirklees joint health and wellbeing strategy

Update on Kirklees Inclusion Commission

Rachel Spencer-Henshall and Phil Longworth provided the Board with an update on the Kirklees Inclusion Commission and development of the Kirklees Joint Health and Wellbeing Strategy.

The Board was informed that in October 2020, Cabinet approved, and Council endorsed, the formation of a member-led Commission that will work closely with partners and communities to make recommendations and instigate action, focused on a better understanding of the issues faced, and take forward clear actions to advance equality in Kirklees.

The Commission's key objectives will be to:

- Hear the voices of those with lived experience of inequalities and those in positions of power locally
- Hear progress reports at the quarterly meetings and make recommendations for action
- Hold the system to account
- Influence at a local, regional, and national level to address issues outside of the Local Authority's direct control.

The Board was informed that the intention was to start this work earlier, however with the third lockdown the system has been working hard in tackling Covid, supporting the vaccination programmes and dealing with winter. The work of the

commission has therefore been pushed back to the summer, however in the meantime a shadow inclusion commission has been set up which starts on Monday. The idea is they can do a piece of work to set up the terms of reference for the formal commission and consider the engagement methodology to be used to make the commission more effective.

The five deep dives that were proposed for the formal commission were:

- Health
- Housing
- Education, employment, and skills
- Poverty
- People

The Board was informed that within each of the deep dives, consideration will be given to the impact on the following characteristics: age, disability, gender reassignment, health, race including colour, nationality, ethnic or national origin, religion or belief, sex, sexual orientation and socio-economic status and/or class.

There will be a communication plan to support this, as well as keeping the partnership updated both the Partnership Executive for Kirklees and the Health and Care Executive on a regular basis.

Kirklees Joint Health and Wellbeing Strategy

Phil Longworth, Senior Manager Integrated Support provided an update on the Kirklees Joint Health and Wellbeing Strategy. The Board was reminded that it has a statutory duty to ensure that there is a Joint Health and Wellbeing Strategy and as the current strategy is coming to an end consideration will need to be given to developing a new strategy.

At the Health and Wellbeing Board meeting in September 2020, the Board discussed the need to develop a new Joint Health and Wellbeing Strategy and update the place-based plan. Since then, there has been a number of significant changes that will impact on this work, most notably:

- Greater Huddersfield CCG and North Kirklees CCG have agreed to formally merge on 1st April 2021 to form Kirklees CCG.
- The Government published the White Paper 'Working together to improve health and social care for all' on the 11th February 2021. The government's plan is that the legislative proposals outlined in this White Paper will begin to be implemented in 2022. The new statutory Integrated Care Systems will take on many of the functions of CCGs, consequently it is expected that CCGs will be dissolved in March 2022.

  The information being presented aims to explore with the Board the approach to be undertaken which has identified three main tasks:

  1) Ensuring that there is a joint Health and Wellbeing Strategy in place that reflects the ambitions about how to improve the health and wellbeing for people

2) Developing a Health and Wellbeing Plan that describes what the health and care system in particular can do to contribute to achieving the aims set out in the joint health and wellbeing strategy
3) Integrated Care Partnership, which are the partnership arrangements which will evolve significantly over the next 12 months

The Board was informed that it is important to continue to build on the good work that is already being done in many areas which include:

- Design the new Kirklees system
- Inequalities
- Integrated Care Partnership model and governance
- Enablers and care functions
- Step up contribution in shaping the ICS

RESOLVED

The Board:

a) Welcomes the establishment of the Kirklees Inclusion Commission and would encourage all partners to actively participate in the work of the Commission
b) Will provide comment on the proposed approach to responding to the White Paper
c) Approves the timetable for producing a new Joint Health and Wellbeing Strategy

9 Proposed revisions to the terms of reference for the Health & Wellbeing Board

Phil Longworth presented proposed revisions to the terms of reference for the Health and Wellbeing Board. The Board was advised that the national, regional, and local context that the Board is operating within has undergone significant changes over the past 12-18 months, including:

- Response to the Covid-19 pandemic.
- The West Yorkshire Health and Care Partnership is established as the 'Integrated Care System' and the new Partnership Board has been meeting formally since June 2019
- Further development of the West Yorkshire Joint Committee of Clinical Commissioning Groups, the West Yorkshire Association of Acute Trusts, and the West Yorkshire Mental Health Services Collaborative
- Greater Huddersfield CCG and North Kirklees CCG have agreed to formally merge on 1st April to form Kirklees CCG
- The nine Primary Care Networks in Kirklees are now well established.
- The Kirklees Integrated Commissioning Board and the Kirklees Integrated Provider Board have evolved into the Kirklees Integrated Health and Care Leadership Board.
- The Children and Young People's Partnership has been re-established and developed a new Children and Young People's Plan and the Health and Wellbeing Board has taken on formal oversight of this work

The Board was advised that the current membership, as set out in the Terms of Reference was amended in May 2019 for the first time since the Board was

established in April 2013 and reflected the requirement as set out in the Health and Social Care Act 2012.

The changes to membership have reflected the shift to a much more collaborative culture which is at the core of both the Kirklees Health and Wellbeing Plan and the NHS Long Term Plan.

Health and Wellbeing Boards will remain in place and will continue to have an important responsibility at place level to bring local partners together, as well as developing the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, which both HWBs and ICSs will have to have regard to.

Amending the membership of the Board to:

- reflect the creation of a single CCG for Kirklees. The 3 representatives in 2021/22 will be the Clinical Chair, Accountable Officer and the Lay Member: Patient & Public Involvement.
- include a nominated representative of the Kirklees Integrated Health and Care Leadership Board to replace the representative from the now defunct Integrated Provider Board.

- Include representation of the Primary Care Networks in recognition of their role in establishing the new model of integrated care and as system and clinical leaders
- Reflecting the Board's role in providing oversight of the Children and Young People's Partnership and the Children and Young People's Plan and recognising the Director of Children's Services role as including representing the Children & Young Peoples Partnership

RESOLVED

That the proposed revisions to the Terms of Reference and membership of the Health and Wellbeing Board be approved by the Board.

10 Kirklees Safeguarding Adults Board Annual Report 2019 - 2020

Mike Houghton-Evans, Independent Chair, Kirklees Safeguarding Adults Board (KSAB), presented the Kirklees Safeguarding Adults Board Annual Report for 2019-2020.

The Board was informed that the approach over the last 12 months has been to embed the recommendations that came from the peer challenge into the work programme of KSAB. Mr Houghton-Evans stated that it is heartening how the practitioner forums have been used and developed which is the main mechanism for getting strategy through to frontline service and it's proved to be very effective.

An example of this is that the strategy and procedure for self-neglect was signed off and it was only through engaging effectively with frontline practitioners that it became apparent that it needed amending and it has been amended and it is now more effective and well received.

The Panel was informed that the main focus has been Covid-19, and KSAB has developed its own risk register and core members meet regularly to review and

update the risk register. The risk register has not highlighted anything that wasn't already known, however it just brought them into closer focus.

Mr Houghton-Evans explained that there has been a lot of discussions about inequalities and that has become much more obvious during the last few months. KSAB is committed and will continue to be an outward facing board recognising that the boards objectives cannot be achieved on its own and should be considered as a group of system leaders and as such want to collaborate with other bodies that look after the health wellbeing and safety of the communities in Kirklees. This includes the Health and Wellbeing Board, Children's Safeguarding Board, and the Community Safety Partnership Safer Kirklees.

The Board was informed that the challenge event has just been completed. The event is where every year the chair of KSAB meets with every board member separately with Helen Hunter, Healthwatch and Penny Renwick, independent lay member of the board to have a conversation with the board members about what the issue are.

A summary of the key findings from the conversations with board members are:

- Some organisations are very effective in demonstrating that they are in touch with the impact of their services on their patients or service users
- Some organisations are more effective at demonstrating that they have the procedures in place, and while they have the documentation, the systems for measuring the impact of their services are not strong enough
- KSAB may want to keep an eye of the 'new normal' which is a term used to described that there are some benefits to way in which KSAB has been engaging with the public and would want to keep and that will create a new normal

From KSAB's perspective over the next 12 months the aim is to hear more real-life stories and not just look at the numbers and Healthwatch will assist with this work.

Mr Houghton-Evans announced that he would be retiring, and the new Independent Chair of the Kirklees Adult Safeguarding Board would be Mr Rob McCulloch-Graham.

The Board thanked Mr Houghton-Evans for all the work he had done over the years and wished him well for the future.

RESOLVED

That the Kirklees Safeguarding Adults Board Annual Report 2019/20 be formally received by the Health and Wellbeing Board.

11 The Kirklees Safeguarding Children Partnership Assurance Report

Tom Brailsford, Service Director, Resource Improvement and Partnership presented the Kirklees Safeguarding Children Annual Assurance Report on behalf of the statutory partners.

The Board was informed that the report was produced by Sheila Lock Independent Advisor to the Safeguarding Children Partnership and sets out the multi-agency work in the preceding year and articulates the priorities going forward.

The Board was advised that there is a requirement on local partnerships as prescribed under Working Together 2018 to produce an Annual Assurance statement of safeguarding activity. This is the first annual assurance report since changes to the new arrangements from the Safeguarding Children's Board to the Safeguarding Children's Partnership which covers the first year of operation as a partnership.

As part of the philosophy, there is a choice of three statutory partners to include and work with, within the new arrangement and this has been kept as wide and as integrated as possible.

As expected there has been an impact throughout Covid-19, however, as a partnership, there has been a continued ability to carry out the full range of expected functions and it is important to say thank you to all the partners across children's services who've been able to carry on keeping children, young people, and families safe throughout the pandemic.

The response has been excellent and with the structures that are in place and the meetings in some cases have been more frequent, there has been a real effort across the partnership to keep children and young people safe.

One of the key issues to pull out from the report is that throughout the last year, a review was undertaken by the DfE and Leeds in terms of the improvement notice and the six tests that they had put in place that Children Services needed to meet. Following that review process, the improvement notice was lifted because the six tests had been met. One of the tests was strong and supportive partnerships, again this provides further assurance that safeguarding children's partnership is doing what it needs to do.

Currently there are a number of things being undertaken including:

- further developing the model of independent scrutiny and what that looks like
- had a number of practice learning reviews this year which is worth highlighting in terms of good practice. These reviews have been about serious youth violence, child sex abuse, Cahms issues and contextual safeguarding. Which in essence is getting frontline practitioners to come together to talk about learning from reviews.

Moving forward for the coming year there are four priorities:

1. domestic abuse and children in households while domestic abuse is a feature
2. Child criminal exploitation and abuse
3. Children and young people's mental health including the response to adverse child experiences
4. Widening the Scrutiny function to look at including children, young people, and families in scrutinising services

RESOLVED

That

a) the content of the Kirklees Safeguarding Children Partnership Assurance report be noted by the Board

b) the Health and Wellbeing Board note the joint agency priorities going forward and to highlight any particular contributions that the Safeguarding Partnership should make on the Joint Health and Well Being strategy

West Yorkshire and Harrogate Health and Care Partnership

West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

Minutes of the meeting held in public on Tuesday 6th April 2021

Held virtually by Microsoft Teams

Members	Initials	Role and organisation
Marie Burnham	**MB**	Independent Lay Chair
Ruby Bhatti	**RB**	Lay member
Stephen Hardy	**SH**	Lay member
John Mallalieu	**JM**	Lay member
Dr James Thomas	**JT**	Chair, NHS Bradford District and Craven CCG
Helen Hirst	**HH**	Chief Officer, Bradford District and Craven CCG
Dr Steven Cleasby	**SC**	Chair, NHS Calderdale CCG
Robin Tuddenham	**RT**	Chief Officer, NHS Calderdale CCG
Dr Khalid Naeem	**KN**	Chair, NHS Kirklees CCG
Carol McKenna	**CMc**	Chief Officer, NHS Kirklees CCG
Dr Jason Broch	**JB**	Chair, NHS Leeds CCG
Tim Ryley	**TR**	Chief Officer, NHS Leeds CCG
Dr Adam Sheppard	**AS**	Chair, NHS Wakefield CCG
Jonathan Webb	**JWb**	Chief Finance Officer, NHS Wakefield CCG (deputy for Jo Webster)
Associate members		
Dr Charles Parker	**CP**	Chair, NHS North Yorkshire CCG
Apologies		
Jo Webster	**JW**	Chief Officer, NHS Wakefield CCG
Amanda Bloor	**AB**	Chief Executive, NHS North Yorkshire CCG
Matthew Groom	**MG**	Assistant Director, Specialised Commissioning, NHS England
In attendance		
Esther Ashman	**EA**	Programme Director, Commissioning Futures
Karen Coleman	**KC**	Communications and Engagement Lead
Stephen Gregg	**SG**	Governance Lead, Joint Committee of CCGs (minutes)
Ian Holmes	**IH**	Director, WY&H HCP
Anthony Kealy	**AKe**	Locality Director WY&H, NHS England & NHS Improvement
Item 17/21		
Andy Weir	**AW**	Senior Responsible Officer, Assessment and Treatment Units (ATU)
Tom Jackson	**TJ**	ATU Clinical Lead, SWYFT
Patrick Scott	**PS**	Chief Operating Officer, Bradford District Care Trust, Provider ATU Lead
Jo Butterfield	**JB**	WY&H Programme Manager, Mental Health & Learning Disabilities
Jamie Wike	**JWi**	Chief Operating Officer, NHS Barnsley CCG

Items 18 and 18a/21		
Dr Steve Ollerton	**SO**	Healthy Hearts Project Sponsor, NHS Kirklees CCG
Pete Waddingham	**PW**	Yorkshire and the Humber Academic Health Science Network

Item No.		Action
11/21	**Welcome, introductions and apologies**	
	The Chair welcomed everyone to the meeting, including Dr Khalid Naeem and Carol McKenna to their first meeting as representatives of the newly-merged Kirklees CCG. The Chair proposed a formal vote of thanks to Dr Steve Ollerton for his contribution to the Committee as Chair of Greater Huddersfield CCG. The Chair noted that levels of COVID-19 had reduced significantly since the last meeting and that lockdown restrictions were starting to be lifted. On behalf of the Committee, she thanked colleagues who had been working on the COVID response, including those involved in the West Yorkshire Vaccination Programme.	
12/21	**Declarations of Interest**	
	MB asked Committee members to declare any interests that might conflict with the business on today's agenda. None were declared.	
13/21	**Questions and deputations**	
	The Chair advised that as the meeting was being held virtually, members of the public were able to watch the livestream of the meeting and had been invited to send questions in advance. None had been received:	
14/21	**Minutes of the meeting in public – 12th January 2021**	
	The Committee reviewed the minutes of the last meeting.	
	The Joint Committee: Approved the minutes of the meeting on 12 January 2021.	
15/21	**Actions and matters arising – 12th January 2021**	
	SG presented an updated the action log.	
	The Joint Committee: Noted the action log.	
16/21	**Joint Committee membership and voting**	
	Stephen Gregg advised that on 1st April 2021, NHS Greater Huddersfield CCG and North Kirklees CCGs had merged to form NHS Kirklees CCG. Kirklees CCG was now a party to the MoU and a member of the Joint Committee.	
	The Joint Committee: a) **Noted** that Kirklees CCG was now a party to the MoU and a member of the Joint Committee	
17/21	**Assessment and Treatment Units (ATUs) for people with a learning disability**	
	Helen Hirst introduced the report, highlighting the benefits of developing a single approach across West Yorkshire. The report focussed on the commissioning arrangements.	

Item No.		Action
	Andy Weir outlined the detailed work that had been undertaken, including extensive engagement with service users, carers and staff and work in Leeds to ensure connectivity into the single system and centre of excellence. Commissioners and providers had worked together collaboratively to develop the proposed approach and Bradford Care Trust had been identified as the lead provider for the new care model. The model also included ATU provision commissioned by Barnsley CCG. 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. Jamie Wike, Chief Operating Officer for Barnsley CCG, confirmed that Barnsley fully supported the proposals.	
	The Joint Committee: a) **Approved** the oversight framework, collaborative commissioning and risk / benefits approach detailed in this report for Year 1. b) **Requested** the CCG Accountable Officers to nominate a lead CCG/ commissioner to hold the contract on behalf of the CCGs. c) **Endorsed** the approach to further develop the collaborative commissioning model and agree a financial investment mechanism for year 2 onwards. d) **Supported** the staged implementation of the new model with effect from Quarter 2 onward.	
18/21	**West Yorkshire and Harrogate Healthy Hearts - Project delivery timescales**	
	Steve Ollerton presented the report. Delivery of the Healthy Hearts had been due to end on 31 March 2021. As a result of the impact of COVID-19, phase three of the project had experienced significant delays. It was therefore proposed that the delivery timeframe be extended by a further 12 months.	
	The Joint Committee: a) **Agreed** 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 Healthy Hearts project. b) **Approved** the use of £80,000 of membership fees to enable full delivery.	
18a/21	**West Yorkshire and Harrogate Healthy Hearts - Diabetes Treatment Guidance**	
	Steve Ollerton presented the report, which highlighted that Cardiovascular disease (CVD) was a major complication and the most common cause of death in adults with type 2 diabetes The paper presented standardised and simplified treatment guidance for Type 2 Diabetes patients with CVD or at high risk of CVD. The guidance supported phase three of West Yorkshire and Harrogate (WY&H) Healthy Hearts and had been developed for use in primary care, following extensive stakeholder engagement. It had been approved by the WY&H Area Prescribing Committee and Improving Planned Care Board. SC welcomed the guidance, noting that some primary care clinicians might need support in implementing it. SO confirmed that support would be available.	
	The Joint Committee: Agreed the Diabetes Treatment Guidance to enable adoption across West Yorkshire and Harrogate.	

Item No.		Action
19/21	**White Paper: Integration and Innovation**	
	Carol McKenna presented a report on the White Paper "Integration and Innovation: Working together to improve integration and innovation for all", which set out proposals for health legislation, 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. CMc outlined the work that was underway in West Yorkshire and Harrogate including the ICS operating model, Integrated Care Partnerships (ICP) in place, workforce, financial arrangements, clinical and professional leadership and citizen involvement. SH highlighted the importance of strong clinical leadership and citizen voice in the new arrangements. JT outlined the work underway to support clinical and professional leadership and HH noted that the ICP development framework recognised the critical role of citizen voice. The Chair highlighted the extent of collaborative working across West Yorkshire and Harrogate and that the partnership was well placed to transition to the new arrangements. AS endorsed this and said that the system was making good progress. A further update would be brought to a future meeting,	**SG**
	The Joint Committee: Noted the update on the White Paper and the associated implications for CCGs alongside the planned future employment arrangements	
20/21	**Risk management**	
	Stephen Gregg 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 9 risks scored at 12 or above after mitigation, including two new risks.	
	The Joint Committee **Reviewed** the risks to delivery of the Joint Committee workplan and **noted** the actions being taken to mitigate the risks.	
	Any other business	
	There was none.	

Next Joint Committee in public – Tuesday 6 July 2021, 11am – 1pm.

Minutes of Audit Committee
Meeting held at 9.00 am on 21 April 2021
Held as a VIRTUAL meeting

Members		
Martin Wright	(MW)	Lay Member: Audit and Governance (Chair of meeting)
Hilary Thompson	(HT)	Lay Member: Finance and Remuneration
Dr Deven Vani	(DV)	Secondary Care Advisor
In Attendance		
James Boyle	(JB)	External Audit, KPMG
Ian Currell	(ICu)	Chief Finance Officer
Rosie Dickinson	(RD)	Local Counter Fraud Specialist
Laura Ellis	(LE)	Head of Corporate Governance
Jonathan Hodgson	(JH)	Internal Audit Manager
Danielle Hodson	(DH)	Assistant Internal Audit Manager
Nick Lamper	(NL)	Governance Manager (minute 11)
Martin Pursey	(MP)	Head of Contracting & Procurement
Rob Willis	(RW)	Head of Financial Reporting and Accounting (minutes 1 – 13)
Apologies		
Tim Cutler	(TC)	External Audit, KPMG

01 Welcome, Apologies and Declarations of Interest

MW welcomed those present to the meeting, including DV who was attending for the first time. Full introductions were made. Apologies were as set out above.

Conflicts of Interest

No declarations of interest were made.

02 Vision and Values

The Kirklees CCG vision and values had been circulated and were noted.

03 Accuracy of Minutes from 20 January 2021, Matters Arising and Action Log

Minutes of NHS Greater Huddersfield CCG Audit Committee

The minutes of the meeting held on 20 January 2021 were **APPROVED** as a correct record, subject to the addition of James Boyle in the attendance table.

Minutes of NHS North Kirklees CCG Audit Committee

The minutes of the meeting held on 20 January 2021 were **APPROVED** as a correct record, subject to the addition of James Boyle in the attendance table.

Action Log

The committees reviewed the combined action log from the GH and NK Audit Committees.

66 - 2020/21 Losses and Special Payments – RW to include dates in table 4 in future reports to show how long each credit had been outstanding. Update 21/04/21: To be included in July report. **OPEN**

68 - Q3 2020/21 Tenders, Tender Waivers and Contracts Register – MP to inform upcoming contracts that had been chased for some time, that the Audit Committees had requested updates. Update 21/04/21: This was now included in the escalation process and would be included in the extract going forwards. **CLOSED**

74 - Registers of Interests and Registers of Gifts and Hospitality – Quarter 3 2020/21 - NL to ensure that MP has an entry on both GH and NK Registers of Interest. Update 21/04/21: No longer applicable as a new register has been started for Kirklees CCG. **CLOSED**

Matters Arising

There were no matters arising.

04 Audit Committee Terms of Reference

LE presented the Terms of Reference (ToR) for the Kirklees CCG Audit Committee, which had been approved by the Governing Body and NHS England, and invited comments from Committee members. She assured the Committee that specific items of business were set out within the work plan, and would support the ToR.

JH stated that reference to the NHS Internal Audit Standards on page 20 of the document should be amended to the Public Sector Internal Audit Standards. LE noted this for the next time the ToR were reviewed.

The Audit Committee **NOTED** the detail in the Kirklees CCG Audit Committee Terms of Reference.

05 External Audit Technical Update

JB presented the External Audit Technical Update, confirming that there were no required actions for CCGs in this update. ICu urged members to read the review of University Hospitals of Leicester NHS Trust - Financial Reporting, Governance and Sustainability, as it highlighted the areas of concern which had been identified with the operations of the financial reporting and governance processes at the Trust.

JB went on to present the Audit Plan for 2020/21, reminding the Committees that the plans represented the risk assessment, planned audit, and value for money for the current year. JB explained that the financial statement risk in relation to the Agreement of Secondary Healthcare Expenditure was no longer considered to be a significant risk, due to the centralised and block funding nature of the financial regimes underpinning the CCG's secondary healthcare expenditure.

In relation to the significant risk raised in the value for money risk assessment, future work would focus on this area.

Finally, JB highlighted the report summarising the key findings on which the reasonable assurance opinion on the Mental Health Investment Standard ("MHIS") Statement of Compliance at GH and NK CCGs had been based. Improvements on the previous year had been evident in the report. JB stated that it had not yet been confirmed whether the MHIS would be paused for 2020/21.

ICu added that the MHIS had been a huge piece of work, but that it had created the benefit of extra spend on MH. JB stated that KPMG had been engaging with NHSE on the MHIS, and anticipated changes in the guidance for future years.

DV highlighted that it was hugely challenging to separate MH use or not when prescribing drugs.

The Audit Committee **NOTED** the Technical Update, Health Sector Update, Risk Assessment Update, and the Report of Findings (Mental Health Investment Standard).

06 Internal Audit Progress Report and Draft Head of Internal Audit Opinion

DH presented the Progress Report, which provided an update on Internal Audit activity since the previous meeting of the GH and NK Audit Committees.

DH informed the Committee that all of the "must do" audit fieldwork had now been completed and draft reports had been issued.

No further changes had been made to the 2020/21 audit plans which had been approved at the January Audit Committees.

All of the KPIs outlined on page 93 of the report had been achieved.

DH stated that the Key Financial Systems audit had successfully been completed remotely, and had resulted in a 'significant' opinion being issued with minor recommendations for each CCG.

The Conflicts of Interest audit had also resulted in a 'significant' opinion, with the two minor recommendations having since been completed. MW enquired what extra would have been required to achieve a 'high' opinion, as the recommendations had been very minor. JH stated that the opinion was ultimately subjective, but had been based on guidelines and benchmarking. This particular opinion had been a borderline decision. LE confirmed that it had been a very robust audit, with the recommendations rectified as soon as they had been raised.

Following a question, JH stated that Internal Audit were looking at remote working as a way forward, but that meeting face to face did add value in some circumstances. He anticipated a hybrid model to be developed. LE added that the CCG would prefer a hybrid approach to the audit, as some aspects had taken longer virtually.

JH stated that further changes were due to be made to the Head of Internal Audit Opinion due to work yet to be completed or confirmed, and that he would share the final version with Committee members prior to the draft submission.

ACTION: JH to share the final versions of the Head of Internal Audit Opinions with Committee members prior to the draft submission.

ICu confirmed that he was happy with the overall opinions, and considered it a success that all reports in the last year had resulted in either a high or significant opinion. He suggested that this good result be reflected in the narrative of the opinions, and JH confirmed that he would work with the Head of Internal Audit and the template to see where this could be reflected.

The Audit Committee:
1. **RECEIVED** the Internal Audit Progress Report.
2. **APPROVED** removal of completed audit recommendations on the tracker.
3. **RECEIVED** the draft Opinions and noted their contents.

07 Counter Fraud – Progress Report, Annual Counter Fraud Work Plan for 2021/22, and Anti-Fraud, Bribery and Corruption Policy

RD presented the report, which summarised the counter fraud activity undertaken at both CCGs since the last meeting.

The report provided an overview of the counter fraud work which had been completed in line with the four areas of work set out by the NHS Counter Fraud Authority:
- Strategic Governance,
- Inform and Involve,
- Prevent and Deter and
- Hold to Account.

The changes to the Counter Fraud standards for NHS commissioners had been published in January 2021. RD explained that the work plan had been designed on the old standards, therefore the self-assessments due to be submitted in May 2021 were inevitably going to contain some reds. The Counter Fraud Agency had confirmed that they were not expecting full compliance from organisations. A draft of the self-assessment would be tabled at the 26 May 2021 Annual Report and Accounts walk-through meeting.

RD reported that the Local Security Management Specialist had provided an update to the Chief Finance Officer regarding the Violence Prevention and Reduction Standards which had been published in December 2020.

In terms of days used against plan, RD confirmed that NK had exceeded by 5 days due to investigative work, reflected as ‘hold to account’ on page 158 of the papers.

RD went on to outline the Counter Fraud plan for 2021/22, which represented a reduction of 5 days compared with the total Counter Fraud provision for 2020/21 at NK and GH CCGs. The reduction came from cost efficiencies generated by the merger.

Lastly, RD shared the Anti-Fraud, Bribery and Corruption Policy, which was a merger of the GH and NK policies, and had also been updated to include the new NHS Requirements which replaced the NHS Counter Fraud Authority document, "Standards for Commissioners" in January 2021.

The Audit Committee:

1. **APPROVED** the Counter Fraud Work Plan for 2021/22.
2. **NOTED** the Counter Fraud Progress Report.
3. **APPROVED** the Kirklees Anti-Fraud, Bribery and Corruption Policy.

08 2020/21 Losses and Special Payments

RW presented a report which set out details of 2020/21 aged debts greater than 120 days and informed the Committees that in the current financial year there had been no special payments, and no additional requests for write-off of aged debts.

RW highlighted tables 1 and 2 which showed invoices which were more than 120 days old and being actively pursued for collection by the finance team. For GH this totalled £6k (previously £445k), and for NK it stood at £58k (previously £282k).

Good progress had been made in relation to reversing the losses outlined in section 5 of the report.

The Audit Committee:

1. **NOTED** that there were no special payments in the period to 31 March 2021.
2. **NOTED** the aged debts over 120 days and stranded credit notes which were being actively pursued for collection.
3. **NOTED** the reversal in full of provisions for losses in the current year to 31 March 2021.

09 Annual Accounts Update

RW presented a report which set out the details relating to technical adjustments which had been transacted in the current financial year in the annual accounts of the two former CCGs in relation to Community Stock, GP Federation VAT Provisions, and Part Completed Spells.

The Committee thanked RW for his detailed explanation of these changes, and supported the actions taken in each case.

In addition, the paper highlighted some key timescales in respect of the annual accounts process which was currently underway. The Committee noted that the first year end submission of the draft accounts was due on 27 April 2021. In a change to the normal process, the accounts would be signed off by the Governing Body at their meeting on 9 June 2021, with the final submission date being 15 June 2021.

The Audit Committee would meet informally on 26 May 2021 to receive the ISA 260, the head of internal audit opinion, and walk through the annual report and accounts in order to provide assurance to the Governing Body and recommend them for their approval. All Governing Body members would be invited to that meeting.

The Audit Committee:
NOTED the change in accounting treatments of stock during the financial year.
NOTED the release of the GP Federation VAT Provisions in year.
NOTED the payment of part completed spells in year.
NOTED key timescales for year-end accounts and annual report submissions.

10 Q4 2020/21 Tenders, Tender Waivers and Contracts Register

MP presented a report providing details of waivers approved and completed since the previous report to the Committees along with a forward view of any notified intended or potential waivers.

The report outlined current, completed and proposed tenders along with key dates against each of the actions, as well as an update on the Contract Register providing information and the status of contracts held by the CCGs and a summary of current actions. The Contract Register appended to the report was a "working" document as at 31 March 2021.

MP informed the Committee that the Targeted Lung Health Check Project had been approved by the Governing Body at their meeting on 14 April 2021.

He also highlighted that the contract assimilation work was anticipated to have been completed, and the Contract Register was likely to have around 400 contracts.

The Committee **RECEIVED** and **NOTED** the update, appendices and progress to date.

NL joined the meeting.

11 Registers of Interests and Registers of Gifts and Hospitality – Quarter 4 2020/21

NL presented a report setting out the final position in respect of the Greater Huddersfield CCG and North Kirklees CCG Registers of Interests and Registers of Gifts and Hospitality, as at Quarter 4 2020/21.

NL outlined the significant amount of work that had taken place, and was ongoing, in relation to the establishment, population and maintenance of the registers for the new organisation. All Governing Body members and staff had now been approached directly with a request to make their declarations via the portal, guidance on doing so had been issued and support made available where this was needed. NL reported that there had been a steady stream of responses, with around 100 received to date. Further chasing of any remaining responses would commence the following week. Practices would be next to be approached.

NL also drew attention to the 'significant' opinion issued by Internal Audit on the recently completed Conflicts of Interest audit, and the two resulting recommendations which had both been acted upon.

The Audit Committee:

1. **NOTED** the final position in respect of the Greater Huddersfield CCG and North Kirklees CCG Registers of Interests and Registers of Gifts and Hospitality;
2. **NOTED** the work taking place to compile the registers for the new Kirklees CCG; and
3. Did not **IDENTIFY** any areas for further action.

NL left the meeting.

12 Integrated Governance Report – Q4 2020/21

LE presented the Integrated Governance Report which set out the final position in respect of Quarter 4, 2020-21 for GH and NK CCGs. The report provided assurance that key functions were working effectively and efficiently in line with all relevant legislation and guidance. A revised report for the Kirklees CCG would continue to be submitted to the Committee on a quarterly basis for assurance.

LE informed the Committee that after significant effort and reprioritisation of workloads including by other neighbouring CCGs, the Data Security and Protection Toolkit assessments for NHS Greater Huddersfield CCG and NHS North Kirklees CCG had been submitted on 25 March 2021. Both CCGs had self-assessed as meeting all of the DSPT mandatory standards with an overall published grade of 'Standards met'. She thanked everyone involved with the Toolkit.

LE highlighted the outcome of an audit into unsupported software, and the SIRO had confirmed that the risks of using the unsupported software were being managed.

The Committee was assured that the Health and Safety mandatory training for Governing Body members was in hand, and no further action was currently required.

Finally, LE flagged that during Quarter 4, the CCGs had received notice from Wakefield CCG that they would not be continuing to provide the shared EPRR service from 1 April 2021. Detailed discussions had taken place with Wakefield CCG, and also with Calderdale CCG, to determine the most appropriate way forward. It had been concluded that the new Kirklees CCG would deliver its own EPRR function, including on-call arrangements. Shared arrangements with Wakefield CCG would cease on 30 April 2021, and with Calderdale CCG on 13 May 2021.

The Committee **REVIEWED** the Integrated Governance Report for assurance and **DISCUSSED** its content. The Committee also **CONSIDERED** the content for future reports.

13 Annual Report and Accounts Process

LE presented a report which briefed members of the Committee on the process being followed by the CCG in respect of the Annual Reports and Accounts for the predecessor CCGs.

The Committee **NOTED** and was **ASSURED** on the process being followed

by the CCG to prepare and submit the Annual Reports and Annual Accounts for the predecessor CCGs.

RW left the meeting.

14 CCG Policies

LE informed the Committees that 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. A number of governance related policies had been delegated to the Audit Committee for approval.

JH flagged that there was a reference to the 'Statement of Internal Control' in the Integrated Risk Management Framework, and this would require amendment to the 'Annual Governance Statement'.

The Audit Committee **APPROVED** the following policies:

- Integrated Risk Management Framework
- Information Governance Policy and Procedure Handbooks
- Health & Safety Policy
- Fire Safety Policy
- Freedom of Information and Environmental Information Regulations Policy
- Incident Management Policy and Procedure

15 Review of Committee Minutes

The following minutes were submitted for assurance:-

- GH Primary Care Commissioning Committee – 16 December 2020 / 24 February 2021
- NK Primary Care Commissioning Committee – 11 November 2020 / 13 January 2021
- Quality Committees (in common) – 25 November 2020 / 27 January 2021
- Finance, Performance and Contracting Committees (in common) – 25 November 2020
- Quality Committees/Finance, Performance and Contracting Committees 'Sandwich' meeting – 25 November 2020

The Committee **RECEIVED** and **NOTED** the minutes set out above.

16 Workplan

The Committee reviewed the draft workplan for the new Kirklees CCG Audit Committee. It was noted that the ticks required realignment in the Committee Review of Risks, Controls and Assurances section. No other amendments to the work plan were suggested.

The Committee **RECEIVED** and **NOTED** the work plan.

17 Review of Meeting

The meeting was reviewed, with all agreeing it had been well chaired and informative.

18 Any Other Business

No items were raised.

19 Date and Time of Next Meeting

It was **CONFIRMED** that the next formal meeting of the Committee would be held at 9.00 am on Wednesday 21 July 2021.

An informal walkthrough of the Annual Report and Accounts had been scheduled for 2.30 pm on Wednesday 26 May 2021.

The meeting concluded at 11.03 am.

Minutes of Audit Committee
Meeting held at 2.30 pm on 26 May 2021
Held as a VIRTUAL meeting

Members		
Martin Wright	(MW)	Lay Member: Audit and Governance (Chair of meeting)
Hilary Thompson	(HT)	Lay Member: Finance and Remuneration
In Attendance		
James Boyle	(JB)	External Audit, KPMG
Ian Currell	(ICu)	Chief Finance Officer
Rosie Dickinson	(RD)	Local Counter Fraud Specialist
Laura Ellis	(LE)	Head of Corporate Governance
Jonathan Hodgson	(JH)	Internal Audit Manager
Helen Kemp-Taylor	(HKT)	Head of Internal Audit (minutes 21 – 23)
Alison Needham	(AN)	Head of Finance
Mahmood Yaqoob	(MY)	Other Primary Care Professional Member (minutes 20 – 24)
Apologies		
Martin Pursey	(MP)	Head of Contracting & Procurement

20 Welcome, Apologies and Declarations of Interest

MW welcomed those present to the meeting. Apologies were as set out above.

Conflicts of Interest

No declarations of interest were made.

21 External Audit Draft ISA 260, Draft Financial Statements Opinions, and Draft Management Representation Letters

JB presented the External Audit Year End Report in respect of both Greater Huddersfield and North Kirklees CCGs, comprising the Draft ISA 260s, Draft Financial Statements Opinions, and Draft Management Representation Letters.

He explained that the value for money work had now finished and so the audit was complete, and it was intended to issue an unqualified audit opinion on the accounts. JB acknowledged that both CCGs had received a relatively clean report, after what had been an unprecedented year. He offered thanks to the Finance team for all their work.

In terms of value for money, the auditors had concluded that the CCGs had adequate arrangements to secure economy, efficiency and effectiveness in its use of resources. At the last meeting, JB had flagged a significant risk relating to a potential lack of sufficient and/or appropriate governance arrangements in place to oversee the delivery of the CCGs' 2020-21 objectives and merger process. The Committee was informed that work undertaken in relation to this risk had not identified any significant weaknesses, and there was sufficient and appropriate

governance arrangements in place to oversee the delivery of the CCGs' 2020/21 objectives and merger process.

HKT joined the meeting.

AN confirmed that the CCGs had experienced a very robust audit this year.

ICu confirmed that he was happy with the draft Management Representation Letters, and it followed the standard format with no required additions.

ICu thanked everyone involved with the Annual Report and Accounts, including Internal and External Audit.

The Audit Committee were **ASSURED** by the external audit findings.

22 Internal Audit Draft 2021/22 Operational Plan, and Draft Head of Internal Audit Opinions

JH presented the Internal Audit Draft Operational Plan for 2021/22, which set out the proposed audits and days required for discussion and approval.

JH highlighted that the audit requirements for the Data Security and Protection Toolkit had significantly increased for this year.

HT pointed out that several items had been allocated to ICu, who was leaving the CCG, but it was confirmed that arrangements were being made to cover the Chief Finance Officer responsibilities.

ICu added that the plan had been discussed at SMT. A closure report for the merger would be brought to the next meeting, but a clean bill of health had been issued. Furthermore, External Audit would be starting the ledger transition process early and so extra days had been put into the Internal Audit plan for this.

JH confirmed that the operational audit plan would be kept under review during the year with any required changes, as a result of changes to CCG plans or risks, being discussed and agreed with management and the Audit Committee.

MW noted that there was a good spread of proposed audits across the CCG, which were forward looking and balanced over the year.

HKT then went on to inform the Committee that the Draft Head of Internal Audit Overall Opinions for both GH and NK CCGs was that significant assurance could be given that there was a generally sound system of internal control, designed to meet the organisation's objectives, and that controls were generally being applied consistently. However, some weaknesses in the design and/or inconsistent application of controls may put the achievement of particular objectives at risk.

HKT stated that for both CCGs no limited or low assurance opinions had been issued, with 3 given high assurance, and 3 significant assurance. This was a positive set of results for both GH and NK CCGs, and was reflective of a robust and sound system of internal control.

MW described the outcome as a good set of results, reflecting the confidence he had felt in the CCG's systems.

The Audit Committee **APPROVED** the Internal Audit Operational Plan for 2021/22. The Audit Committee **RECEIVED** and were **ASSURED** by the Head of Internal Audit Opinions for GH and NK CCGs.

23 Annual Reports 2020/21 Page Turn and Recommendation to Governing Body

LE presented the draft Annual Reports for 2020/21. She explained that the documents were in a more developed state than previously received by the Committee at the walkthrough stage, as the Committee's role this year was to recommend approval of the documents to the Governing Body.

Minor presentational changes were suggested by members. Members were encouraged to share any remaining typographical errors with LE outside the meeting.

The Audit Committee **REVIEWED** the draft Annual Reports and **RECOMMENDED** their approval to the Governing Body.

HKT left the meeting.

24 Annual Accounts 2020/21 Page Turn and Recommendation to Governing Body

ICu presented the Annual Accounts, and stated that the draft accounts had been submitted on 27 April 2021 in accordance with NHS England deadlines. External Audit had commenced their onsite audit on 26 April 2021, working remotely due to current social distancing requirements. Once this was completed the final audited version of the accounts would be taken to the Governing Body on 9 June 2021 for approval. The deadline for submitting audited accounts to NHS England was 15 June 2021.

MY left the meeting.

ICu confirmed that no local amendments had been made to the accounting policies. All other information was as in the pro forma, with no other changes made.

Minor presentational changes would be made as suggested, prior to submission to Governing Body.

The committee thanked everyone involved with producing the annual report and accounts.

The Audit Committee **REVIEWED** the draft Annual Accounts and **RECOMMENDED** their approval to the Governing Body.

25 Review of Committee Minutes

The following minutes were submitted for assurance:-

- Finance, Performance and Contracting Committees (in common) – 27 January 2021
- Quality Committees/Finance, Performance and Contracting Committees 'Sandwich' meeting – 27 January 2021

The Committee **RECEIVED** and **NOTED** the minutes set out above.

26 Date and Time of Next Meeting

It was **CONFIRMED** that the next formal meeting of the Committee would be held at 9.00 am on Wednesday 21 July 2021.

The meeting concluded at 3.53 pm.

Minutes of Primary Care Commissioning Committee
Meeting held at 9.00 am on 28 April 2021
Held as a VIRTUAL meeting

Members		
Beth Hewitt	(BH)	Lay Member: Patient and Public Involvement (Chair of meeting)
Ian Currell	(ICu)	Chief Finance Officer
Dr Ibrar Ali	(IA)	Independent Medical Advisor
Dr Abid Iqbal	(AI)	Independent Medical Advisor
Carol McKenna	(CM)	Chief Officer
Hilary Thompson	(HT)	Lay Member: Finance and Remuneration
Penny Woodhead	(PW)	Chief Quality and Nursing Officer (minutes 1 - 7)
Martin Wright	(MW)	Lay Member: Audit and Governance
In Attendance		
Dr Dil Ashraf	(DA)	Chair, Council of Members
Dr N Chandra	(NC)	Local Medical Committee Representative
Joanne Davies	(JD)	Senior Manager Practice Support and Development
Laura Ellis	(LE)	Head of Corporate Governance
Jan Giles	(JG)	Senior Manager Practice Support and Development
Lindsay Greenhalgh	(LG)	Head of Medicines Management
Danielle Hodson	(DH)	Assistant Internal Audit Manager (minute 9)
Dr Bert Jindal	(BJ)	Local Medical Committee Representative
Diane Lane	(DL)	Practice Support and Development Manager (minutes 7 - 10)
John Laville	(JL)	Patient Representative
Dr Khalid Naeem	(KN)	CCG Clinical Chair
Chris Nicholls	(CN)	Primary Care Support Manager
Dr Steve Ollerton	(SO)	GP Member
Martin Pursey	(MP)	Head of Contracting and Procurement
Catherine Wormstone	(CW)	Head of Primary Care Strategy and Commissioning
Rob Willis	(RW)	Head Of Financial Reporting and Accounting (minutes 1 - 9)
Mahmood Yaqoob	(MY)	Other Primary Care Professional Practice Member
Apologies		
Dr Yasar Mahmood	(YM)	GP Member

01 Welcome, Apologies and Declarations of Interest

BH welcomed those present to the meeting. Apologies were as set out above.

Conflicts of Interest

No specific declarations of interest were made, although it was recognised that all individuals working in general practice in Kirklees had a direct financial interest in aspects of the finance and contracting updates. The updates were for information and assurance only, with no specific conflicts arising, and therefore no further actions were needed to manage the conflict.

02 Vision and Values

The Kirklees CCG vision and values had been circulated and were noted.

03 Accuracy of Previous Minutes, Matters Arising and Action Log

Minutes of NHS Greater Huddersfield CCG Primary Care Commissioning Committee

The minutes of the meeting held on 24 February 2021 were **APPROVED** as a correct record, subject to the following amendment:
Minute 60: COVID-19 and Vaccination Update – 5th paragraph to be amended to read "SO called for action over pop-up clinics, as the CCG had been discussing them for several weeks now. He also suggested that there should be a point when primary care **were advised to focus their staff's efforts on delivering primary care rather than sending them to Cathedral House**, with other options continuing to be available for vaccinations such as the John Smiths Stadium and Community Pharmacy."

Minutes of NHS North Kirklees CCG Primary Care Commissioning Committee

The minutes of the meeting held on 10 March 2021 were **APPROVED** as a correct record.

Action Log

The committee reviewed the combined action log from the GH and NK Primary Care Commissioning Committees.

39a - Review of the opening arrangements for Keldregate - branch surgery of B8528 – The Grange Group Practice during the COVID-19 pandemic – IPC team to be asked to visit the premises prior to the next review, and provide feedback. Update 28/04/21: As the practice had not yet reopened, the IPC had not been in to review the premises. It was agreed that this would be actioned when the practice was looking to reopen, but that the action would be closed until then. **CLOSED**

39b - Review of the opening arrangements for Keldregate - branch surgery of B8528 – The Grange Group Practice during the COVID-19 pandemic – HH to check if any feedback had been received by Healthwatch from patients regarding Keldregate. Update 28/04/21: It was confirmed that key themes would be picked up during the engagement process regarding Keldregate issues. **CLOSED**

58 – Contracting Update - MP/JL to check whether The Big Word supported three-way consultations. Update 28/04/21: MP confirmed that the current contractual arrangements did not support three-way consultations, but that there were options to consider this in the future including using Microsoft Teams or Skype with the same rates as those for face to face consultations, or using The Big Word's own video platform. **CLOSED**

60a – COVID-19 and Vaccination Update - CW to check with each Clinical Director which cohort they were currently calling for vaccination, to ensure a

consistent approach was being followed. Update 28/04/21: CW stated that this was a fast changing situation, and that a process was in place for regular communication and guidance sharing with the Clinical Directors, in order to ensure a consistent approach. **CLOSED**

60b – COVID-19 and Vaccination Update - It was agreed that the Committee would receive an update on the impact of community champions on vaccine uptake at the next meeting. Update 28/04/21: A verbal update was provided on this issue. **CLOSED**

Matters Arising

It had been highlighted during the recent Committee review process that the meeting may benefit from having patient or staff stories shared each time, in order to maintain a strong connection with the population served by the CCG. PW confirmed that this would commence at the June meeting.

04 Questions from Members of the Public

There were no questions from the public.

05 Primary Care Commissioning Committee Terms of Reference

LE presented the Terms of Reference (ToR) for the Kirklees CCG Primary Care Commissioning Committee, which had been approved by the Governing Body and NHS England. The ToR had been produced using the NHS England Model terms of reference for delegated commissioning arrangements. LE invited questions from Committee members.

The Primary Care Commissioning Committee **NOTED** the detail in the Kirklees CCG Primary Care Commissioning Committee Terms of Reference.

06 Operational Group Terms of Reference

JG presented the Terms of Reference (ToR) for the newly established Kirklees CCG Primary Care Operational Group. She stated that the purpose of the group was to manage the functions delegated from NHS England and Improvement and to make recommendations to the Primary Care Commissioning Committee to ensure that the CCG fulfilled its duties in respect of primary medical care.

BJ and NC expressed concerns regarding the lack of LMC involvement in the Operational Group. CW stated that this had been considered at length previously, and it had been concluded that LMC representation on the Operational Group was not indicated due to the CCG's other multiple connections to the LMC. Furthermore, the LMC had two representatives on the Primary Care Commissioning Committee (PCCC), and this had not been reduced to one through the merger process, as had occurred in other CCGs, hence giving the LMC a strong voice at the PCCC. Finally, it was pointed out that the Operational Group was not a decision making body, and any recommendations arising from the group would be tabled at the PCCC for decision. It was agreed that the LMC's comments would be noted, but that the CCG was not looking to change the membership of the Operational Group.

PW pointed out that the acronym RASCI needed to be explained in full in the ToR. In addition, references to PPE needed to be amended following the CCG merger.

The Primary Care Commissioning Committee:
1. **RECEIVED** the report.
2. **APPROVED** the Terms of Reference for the Kirklees Primary Care Operational Group (PCOG).
3. **PROVIDED** recommendations about the Terms of Reference so that the group had an effective framework for delivering its responsibilities.

07 Primary Care Budgets/Financial Update

RW presented a report updating the Committee on the Primary care year-end budgets and out-turn positions for the two former CCGs at Month 12.

RW reported that Greater Huddersfield CCG had received budgets for primary care for the year of £45.153m (previously £44.961m), which was an increase of £0.192m since month 10. North Kirklees CCG had received budgets for primary care for the year of £36.365m (previously £36.176m), an increase of £0.189m since month 10.

The CCGs had received additional allocations listed in table 1 as “Primary Care Investments” which were expanded on further in Table 2.

RW explained that at month 12, GH CCG had out-turn expenditure of £44.724m, which was a favourable variance against budget of (£0.427m) representing a favourable movement since month 10 of (£0.125m). Similarly, NK CCG had out-turn expenditure of £35.929m, which was a favourable variance against budget of (£0.435m) representing a favourable movement since month 10 of (£0.148m).

In terms of COVID-19 budgets, GH CCG had a budget of £1.665m and forecast expenditure of £1.496m, whereas NK CCG had a budget of £1.999m and forecast expenditure of £2.013m, as shown in tables 4 and 5.

DL joined the meeting.

RW went on to highlight the Late Premises Review for the benefit of the Committee, explaining that it was the responsibility of the CCG to obtain assurance that rent reviews with NHSE and the District Valuations were all up to date or in progress. RW advised that there were 50 premises listed which were awaiting a review, and a further 34 not shown which were due for a review in the current financial year. The pandemic would have been a significant factor in the delay of a number of these reviews. The financial implication of the late reviews was not quantified in the paper, but RW explained that once completed, any costs would be backdated to the start of primary care co-commissioning delegation, which was 2016 for GH CCG, and 2017 for NK CCG.

SO called for an up to date list of what each practice cost in terms of rent per 100 population. CW stated that although this would be interesting to look at, the current focus needed to be on clearing the backlog, especially as costs were unlikely to deviate from the District Valuer’s valuations. She also highlighted other current work, including the NHSE data collection exercise and PCN estates

review, which together with the rent reviews would give a whole picture of the primary care estates situation.

The outcome of the rent reviews would be brought back to a future meeting, and it was confirmed that Estates was included on the Committee work plan.

BJ added that valuation of estates was a complex issue, with wide variance on the cost per square metre in practices.

HT asked whether there was any scope for joint working with the voluntary sector or Local Authority on the backlog.

PW left the meeting.

SO suggested that a Governing Body Development Session focussing on estates may be beneficial, as 10% of the primary care budget was spent on estates.

ICu stated that the rent reviews had to date been driven by proactive practices, and the CCG needed to be more proactive, including identifying some management resource to help take the issue forward.

JL referred to the £25k per PCN to target health inequalities, and asked how patients would benefit from this money. He was informed that the PCNs would use the money once projects had been approved by the CCG.

RW shared a slide regarding Primary Care Uplifts for 2021-22. The mandated payment of the PMS and APMS up-lift would be made in Q1 of 2021/22 backdated to 1 April 2021. The PMS rate was equivalent to the GMS rate. Four practices were to be treated differently due to not being eligible for the uplift. CW confirmed that as APMS contracts came up for renewal, it was anticipated that they would be given the same rate as other contracts.

At this point DA declared an indirect professional interest, as Clinical Director of the PCN within which one of the practices was situated, and it was agreed that he would not participate further in the item.

It was clarified that NHSE had originally made an error when publishing the rate as £3.82, and this had since been corrected.

ICu stated that he felt the figures reflected a good uplift, with significant investment in primary care.

Finally, RW stated that the newly formed Kirklees CCG had been informed of indicative allocations, and financial, activity, and workforce planning was currently taking place. The budgets were being collated as part of a wider ICS footprint across the West Yorkshire and Harrogate ICS. The first submission of the plan for 2021-22 was due on 6 May 2021, with a second and final submission on 3 June 2021.

The Primary Care Commissioning Committee:
NOTED the contents of the final budgets and out-turn expenditure for the two former CCGs.
NOTED the late primary care rent reviews which were overdue.

NOTED the planning process and timescales.

DA rejoined the meeting

08 Contracting Update

MP introduced the paper, which provided an update to the Committee in respect of a number of contracting issues that it was felt that the Committee should be aware of.

MP stated that most material changes to the Policy and Guidance Manual (PGM) would be brought to the Committee as separate reports, and that the Contracting Report would continue to flag routine issues.

The Primary Care Commissioning Committee:

RECEIVED and **NOTED** the content of the Contracting Update.

DH joined the meeting.

09 Internal Audit Report – Primary Care

DH presented the findings of an internal audit of delegated primary medical care commissioning arrangements, with the purpose being to provide information to CCGs that they were discharging NHS England's statutory primary medical care functions effectively.

The report provided high assurance for both GH and NK CCGs on the commissioning and procurement of services, and recommended one minor action in relation to maintaining best practice in review of policies and procedures.

MW confirmed that this was a good outcome, and that independent assurance confirmed that appropriate systems and procedures were in place and working effectively.

A question was raised regarding Policy and Guidance Manual (PGM) training, and CW confirmed that online modules were available. She also offered to pick this up on an individual basis if members felt they needed support on the PGM.

The Primary Care Commissioning Committee:

DISCUSSED and **AGREED** the Internal Audit report and draft action plan prior to the issuing of the final report.

RW and DH left the meeting.

10 Introduction to the Primary Care Dashboard

DL introduced the paper, which provided an overview of the Primary Care Dashboard which was originally developed in 2017 by GH CCG and adopted by NK CCG in 2019.

A template of the dashboard had been included in the paper pack, without any live data. DL explained that the dashboard was divided into the 5 domains of the NHS Outcomes Framework, and divided into two main data tabs, one including quality and performance indicators, and the other contractually required indicators.

DL informed the Committee that both former CCGs had comprehensive Data Sharing Agreements in place, and these were in the process of being reviewed in the light of the creation of the new Kirklees CCG.

SO asked whether the CCG could make people agree to share their data, rather than waiting for all 64 practices to send in confirmation returns. CW stated that the CCG was receiving advice on this. SO also stressed that Informal Quality Assurance (IQA) visits were essential, once issues with a practice had been flagged via the dashboard. He questioned whether financial or contractual penalties could be imposed as a result of poor performance.

It was confirmed that dashboard data was shared with PCN Clinical Directors in order for them to offer support to specific practices. Further to this, practices were encouraged through the IQA visit to work collaboratively within their PCN. DA stated that he did not feel it was the role of the Clinical Director to police practice performance, but to highlight and discuss concerns.

Following a question around Patient Participation Groups (PPGs), BH stated that a stock take was currently underway to ascertain which practices had active PPGs in place.

CM queried why an agreement was required to share practice data, and called for a pragmatic approach to sharing data for the dashboard.

ACTION: LE as CCG Data Protection Officer to meet with DL and Caroline Squires, IG Manager, to consider a pragmatic approach to practice data sharing.

AI highlighted a lag in some of the data contained within the dashboard. He also supported the IQA process being supportive primarily rather than punitive, and flagged that serious concerns could be brought back to the Committee where necessary.

DL stated that where there was a lag in data, trends could still be observed over time. Further to this, the dashboard was useful in highlighting small issues such as locum GPs not coding properly. In addition, the Practice Support team had knowledge and experience of each practice, and therefore did not rely solely on the dashboard data. DL confirmed that a piece of work was being undertaken to ensure that the 9 Kirklees essential domains tracked across to the dashboard. The Committee would receive further information on this at the next meeting.

The Primary Care Commissioning Committee:

RECEIVED, **DISCUSSED** and **APPROVED** the dashboard.

DL left the meeting.

11 Temporary Branch Closures

JD introduced the paper, which updated the Committee on the temporary branch closures in place across the CCG.

JD stated that a continuation of the three closures was being requested, due to the premises being unsuitable for use due to COVID 19 restrictions and guidance still in place at the time. Kirklees CCG expected that all branch surgeries would re-open on 21 June 2021, if the key dates of the government's roadmap were achieved.

JD stressed that there had been no patient complaints regarding the branch surgery closures, and that there was phone and GP online availability in the affected practices.

SO pointed out that other surgeries were continuing to operate with similar issues to those in the affected branches. He called for the CCG to consider the future of branch surgeries in general, and questioned whether they were a good use of public money, especially if patients hadn't been adversely affected by the temporary closures.

ICu highlighted that the Infection Prevention and Control team could be visiting these branch surgeries now to advise on any obstacles, optimising the state of the buildings and reducing any further delays.

The question of communication with patients was raised, for when the branch surgeries would be reopening.

JL stated that he had heard examples of patients continuing to be unaware that practices were open and seeing patients again. He felt the message needed to be very clear. DA questioned this, and stated that the practices in his PCN were operating above pre-COVID-19 capacity.

CW recognised the great work being undertaken in practices, although not all were operating in the same manner and where this was the case, the CCG would be responding.

The Primary Care Commissioning Committee:
1) **REVIEWED** the updates for the continued temporary closure of the following branch sites:
- Keldregate – branch surgery of B85028 – The Grange Group Practice
- Bond Street – branch surgery of B85015 - Wellington House Surgery
- York House - branch surgery of B85655 - Cherry Tree Surgery.

2) **SUPPORTED** the continuation of the temporary branch closure of Keldregate – branch surgery of B85028 – The Grange Group Practice due to the limitations of the Keldregate premises during the Covid-19 pandemic.
3) **SUPPORTED** the continuation of the temporary branch closure of Bond Street – branch surgery of B85015 – Wellington House Surgery due to the limitations of the Bond Street premises during the Covid-19 pandemic.
4) **SUPPORTED** the continuation of the temporary branch closure of York House – branch surgery of B85655 Cherry Tree Surgery due to the limitations of the York House premises during the Covid-19 pandemic.
5) **Agreed** that all Kirklees branch surgeries would be expected to open from 21 June 2021, if key dates were achieved on the government's roadmap out of lockdown.

12 Committee Work Plan

LE shared the Committee work plan for information and invited comments.

The Primary Care Commissioning Committee:

RECEIVED and **NOTED** the Committee Work Plan.

13 Notification of Urgent Decisions

LE introduced the paper which outlined the urgent decision processes which had been put in place as a result of the COVID-19 pandemic.

She reported that since the last meeting of the Committee, the urgent decisions process had been used on three occasions in Greater Huddersfield, and two occasions for North Kirklees. This had been for the following reason:

- Additional Roles 2019/20 Underspend Proposal (GH CCG only)
- Primary Care Income Protection – COVID-19 2021/22 (GH and NK CCGs)
- Phase 2 of the COVID Vaccination Programme and role of the PCN Local Vaccination Sites (LVS) in Kirklees (GH and NK CCGs)

In relation to Phase 2 of the COVID Vaccination Programme and role of the PCN Local Vaccination Sites (LVS) in Kirklees, CW informed the meeting that since the urgent decision meeting in March 21, Dewsbury and Thornhill PCN had opted to continue with progressing to Phase 2 of the vaccination programme.

The urgent decisions process would remain available, although meetings were no longer being routinely scheduled. Notification of any decisions taken would continue to be reported to the Committee, and would also be published on the CCG's website.

The Primary Care Commissioning Committee:
NOTED the urgent decisions taken under the urgent decision procedure.

14 Date and Time of Next Meeting

The next meeting of the Kirklees Primary Care Commissioning Committee had been scheduled for 9am on Wednesday 23 June 2021, via Microsoft Teams.

The Primary Care Commissioning Committee 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 11.28 am.

Minutes of Primary Care Commissioning Committee
Meeting held at 9.00 am on 23 June 2021
Held as a VIRTUAL meeting

Members		
Beth Hewitt	(BH)	Lay Member: Patient and Public Involvement (Chair of meeting)
Ian Currell	(ICu)	Chief Finance Officer
Dr Ibrar Ali	(IA)	Independent Medical Advisor
Dr Abid Iqbal	(AI)	Independent Medical Advisor
Carol McKenna	(CM)	Chief Officer
Hilary Thompson	(HT)	Lay Member: Finance and Remuneration
Penny Woodhead	(PW)	Chief Quality and Nursing Officer
Martin Wright	(MW)	Lay Member: Audit and Governance
In Attendance		
Dr Dil Ashraf	(DA)	Chair, Council of Members
Dr N Chandra	(NC)	Local Medical Committee Representative
Joanne Davies	(JD)	Senior Manager Practice Support and Development
Jan Giles	(JG)	Senior Manager Practice Support and Development
Dr Bert Jindal	(BJ)	Local Medical Committee Representative
John Laville	(JL)	Patient Representative
Dr Yasar Mahmood	(YM)	GP Member
Chris Nicholls	(CN)	Primary Care Support Manager
Dr Steve Ollerton	(SO)	GP Member
Ore Okosi	(OO)	Senior Manager from Attain
Martin Pursey	(MP)	Head of Contracting and Procurement
Catherine Wormstone	(CW)	Head of Primary Care Strategy and Commissioning
Rob Willis	(RW)	Head of Financial Reporting and Accounting
Mahmood Yaqoob	(MY)	Other Primary Care Professional Practice Member
Apologies		
Laura Ellis	(LE)	Head of Corporate Governance

15 Welcome, Apologies and Declarations of Interest

BH welcomed those present to the meeting. Apologies were as set out above.

Conflicts of Interest

The following Conflicts of Interest were noted:-

Item 7 – Contracting Update. SO declared a direct financial interest in this item as it included notification of a change to the MAST PCNs nominated payee from Skelmanthorpe Family Doctors to Kirkburton Health Centre.

Item 8 – Estates Update. Whilst it was agreed that there was no specific conflict of interest from agreeing the premises development process YM declared a direct

financial interest in one of the schemes listed in the report (Dr Mahmood & Partners/Ravensthorpe Health Centre).

Item 9 – Special Allocation Scheme. All practice representatives (DA, NC, YM, MY) declared an interest in this item but there was no specific conflict arising from agreeing the future process.

Item 10 – Practice Request to switch off On-Line Consultation Out of Hours – all those working in general practice had a direct financial interest in this item (DA, NC, YM, MY). It was agreed to allow a conflicted discussion followed by a non-conflicted discussion and decision during which time conflicted members would retire to the virtual public gallery. BJ had a direct non-financial interest and was present to represent the view of practices through the LMC; as BJ did not personally have a financial interest he would be able to fully participate in the discussion.

16 Vision and Values

The Kirklees CCG vision and values had been circulated and were noted.

17 Accuracy of Previous Minutes, Matters Arising and Action Log

Minutes of NHS Greater Huddersfield CCG Primary Care Commissioning Committee

The minutes of the meeting held on 28 April 2021 were **APPROVED** as a correct record.

Action Log

Action 10 – Data Sharing – CW confirmed that discussion had taken place; it was agreed to leave the item on the Action Log until the outcome of the discussion was known.
OPEN

Matters Arising

SO referred to the previous agreement to close a small number of branch sites on a temporary basis until 21 June 2021 and asked how this would be affected by recent changes to the Government's Covid-19 Road Map. CW confirmed that this would be covered in the Branch Closure Update further on the agenda.

18 Questions from Members of the Public

There were no questions from the public.

19 Patient Story

PW introduced the Patient Story which had been produced by the Personalisation and Unpaid Carers team at West Yorkshire & Harrogate Health and Care Partnership and featured a local GP and focussed on the role of general practice in identifying and supporting unpaid carers.
(https://www.youtube.com/watch?v=SXqKIAY5FTQ&feature=youtu.be)

The video had recently been shared at an event run by Carers Count with practices across Kirklees.

DA outlined the impact on primary care due to the stress faced by unpaid carers, especially with the reduction in support such as respite and day care services due to Covid-19. CW reflected on earlier discussions relating to the support offered by the CCG to provide support to general practice through Kirklees Essentials and the Frailty Scheme which enabled practices to proactively support unpaid carers.

SO stressed the importance of ensuring that Carers' Registers are kept up-to-date.

Discussion took place on practical steps to identify future patient stories and any suggestions can be submitted directly to PW.

DA asked that the CCG engage with the Local Authority to actively promote benefits advice on a PCN footprint.

20 Primary Care Budgets / Finance Report

RW presented a report updating the Committee on primary care budgets for the first 6 months on the financial year 2021-22.

RW drew attention to the budgets for the first half of 2021/22 and explained how expenditure plans had been drawn up against allocations. The overall CCG budget was approved by Governing Body on 9 June 2021. As forecasts at month 2 were broadly in line with budget these were not reported as part of the paper but will form part of future financial updates.

RW drew attention to Table 1 and the overall primary care budget of £39,876m and delegated Primary Care Co-Commissioning Budget of £34,269m for the first 6 months of the financial year. The non-delegated part of the budget will include uplifts of 0.5% (NHS inflation) to be approved by FPC in July 2021.

RW drew attention to Table 2 which contained further detail of the Primary Care Delegated Co-Commissioning Budget and agreed to provide more detailed information to the August meeting, particularly around additional roles reimbursement funding and innovation and investment funds. Further work was planned as the budget of £34,296m is £1.0m over allocation (for the first half of the financial year).

RW drew attention to the detail in Table 3: Commissioned Scheme Budgets and Table 4: Local Enhanced Service Budgets and provided clarity on several specific cost centre items.

IC highlighted the work taking place throughout the year to look at primary care funding above the core allocation and stressed that the overstated budget would not result in a cut in services. IC also clarified that an additional £1m funding was available over and above the allocation to support commissioning for primary care.

The Primary Care Commissioning Committee:

1. **NOTED** the content of the H1 2021-22 budgets at Month 2.

2. **NOTED** the expectation of further information in respect of the potential overstatement of the H1 Co-Commissioning Budget.
3. **NOTED** the expectation of a planning timetable and process for H2 2021-22.

21 Contracting Update

MP introduced the paper, which provided an update to the Committee on a number of contracting issues that it was felt that the Committee should be aware of.

MP specifically highlighted the progress report for those practices who have submitted Incorporation requests. The CCG were also looking at ways of encouraging practices to return contracting paperwork relating to variations / standard contracts for community services.

CW drew attention to the low number of returns relating to the Frailty Scheme and encouraged practices to return the paperwork if they had not already done so. DA highlighted that conversations had taken place at practice level on the amount of work associated with the scheme and this may account for the low return.

Two new Enhanced Services had also been announced for Weight Management and Long Covid.

The Primary Care Commissioning Committee:

RECEIVED and **NOTED** the content of the Contracting Update.

22 Estates Update

OO presented the Estates update which focused on current GP practice premises developments and schemes at the proposal stage and the key considerations for the process being established around premises scheme developments and the necessary due diligence requirements to ensure equity, prioritisation and support to practices through the process to enable the best possible chance of securing funding.

IC provided a commitment to ensure that PCCC received a regular Estates update and thanked OO for his hard work to date. On reflection, the CCG want to move to a more proactive approach by identifying areas of greatest need in conjunction with PCNs. One of the barriers to a proactive approach is the unpredictable nature of the funding cycle.

JL referred to discussion that had taken place at the last meeting on the implications of remote working on the need for physical buildings and noted that all the proposals in the update involved increasing capacity. OO reported that discussion and engagement was taking place on whether digital working would lead to capacity release as part of the PCN development work in North Kirklees. Discussion had also taken place at a system wide estates group on footprint requirements and the need to factor in this element which will form part of the ‘check and challenge’ approach with practices.

DA clarified that virtual patient consultations did still require access and space within NHS premises and also highlighted the space implications arising from the

appointment of additional roles. BJ reinforced this point and felt that there was a need to increase capacity to cope anticipated additional workload.

CW acknowledged the learning from Covid-19 and the implications from additional roles but stated that this would not affect every practice and stressed the need to look at the issue from a Kirklees place perspective, rather than individual practice perspective. BJ referred to the previous 6 facet survey and agreed the need to identify key priorities.

HT asked for clarity on wider estates work including work with other partners to identify suitable void space. OO confirmed he had been invited to take part in the Kirklees-wide estates group.

BH referred to the Work Programme and highlighted that a further estates update was scheduled for December and asked whether the Committee would benefit from an earlier update. CW confirmed that it would be useful for the Committee to receive a further update in October. OO confirmed he was working with JG on an Options Paper on how best to support PCNs in Greater Huddersfield on their Estates Strategy.

The Primary Care Commissioning Committee:

NOTED the key aspects of the interim primary care estates development process currently under development documented in the paper and **COMMENTED** as appropriate
NOTED the estates update on current and proposed GP premises developments across Kirklees.

At this point 10.00 a.m. a 5 minute break was held.

23 Process for Special Allocation Scheme

JG presented the paper and outlined the requirements set out in the NHS England Primary Medical Care Policy and Guidance Manual regarding the commissioning of a Special Allocation Service (previously referred to as Safe Haven or the Violent Patient Scheme). The service provides primary care services to patients who were unable to maintain a registration with general practice due to incidents or threats of violence.

There were currently 41 patients registered with Local Care Direct (the SAS provider). JG outlined recent changes to the Policy and Guidance manual across 5 main areas:

1. Establishing a Special Allocation Scheme Liaison Team
   Continuation of the former CCGs arrangements and would comprise the Head of Primary Care Commissioning and the 2 senior Primary Care Managers acting as a point of contact for patients

2. Hearing Patient appeals
   Patients had the right of appeal about their placement on to the SAS and the CCG was required to have a Panel to hear appeals. The Guidance Manual provides details of how the Panel should be constituted and JG reported that the Panel also includes LMC representation, Healthwatch representation and a

patient representative (if requested). The proposal was to continue with the arrangements already in place for the predecessor CCGs.

3. Hearing SAS provider appeals
   JG reported that this was a new element and very rarely took place and provided for an appeals mechanism where the SAS provider did not feel the placement of a patient was correct and wished to appeal. The paper proposed constituting a Panel in the same way as the patient appeals panel.

4. Requesting Commissioner Instigates Allocations
   JG reported that this was a new element and was not expected to occur frequently and would occur when a patient did not have an existing GP registration. This requires the involvement of NHSE/I and would involve a panel decision.

5. Reviewing patients registered with SAS for over 2 years
   JG reported that this was also a new item and the Guidance Manual required a review of every patient who had been registered with the service for more than 2 years (16 patients had been with SAS for more than 2 years). The Panel would be constituted in the same way as the patient appeals panel and also include a representative from the SAS provider.

HT asked if patients who had been with the scheme for over 2 years had the choice to stay with the SAS scheme and JG confirmed that patients eligible to move to a mainstream GP could not opt to stay with the SAS provider.

DA asked if patients leaving the SAS service were prevented from returning to their original GP. JG confirmed that the Policy Manual does state that this should be avoided but if a patient is in an area where there is only 1 practice providing a service they would be allocated back to their original GP. NC referred to a previous agreement with the LMC that practices must be notified of patients being allocated back to practices.

NC asked a specific question in relation to this cohort of patients and the covid-19 vaccination programme and JG confirmed that Viaduct PCN had accepted the patients for that purpose and the rationale for that decision.

IA sought assurance that SAS patients received the full range of NHS services, particularly screening and long-term condition reviews for chronic disease. JG confirmed that the provider had given assurance that the full range of service was provided but there was evidence that patients choose not to participate (especially covid-19 vaccinations).

The Primary Care Commissioning Committee:

RECEIVED the report.
NOTED the requirements directed by the Primary Care Policy and Guidance Manual (November 2017 and updated February 2021) to the Special Allocation Scheme (formerly Violent Patient / Safe Haven service).
APPROVED the proposed approach to

i. Establishing a Special Allocation Scheme Liaison Team
ii. Hearing Patient appeals
iii. Hearing SAS provider appeals

iv. Requesting Commissioner Instigated Allocations
v. Reviewing patients registered with SAS for over 2 years

NOTED the next steps outlined in the report.

24 Practices Requesting to Switch off Online Consultation Out of Hours

all those working in general practice had a direct financial interest in this item (DA, NC, YM, MY). It was agreed to allow a conflicted discussion followed by a non-conflicted discussion and decision during which time conflicted members would retire to the virtual public gallery. BJ had a direct non-financial interest and was present to represent the view of practices through the LMC; as BJ did not personally have a financial interest he was able to fully participate in the discussion.

CW outlined the background to this issue and the current demands on general practice and reiterated a number of key messages; primary care was open and had been open throughout the pandemic; recent data showed increasing demand for appointments and all practices were being asked to map their appointments to a national menu; current data showed that 61% of appointments were delivered face to face. There had been a marginal increase in GP and nurse workforce and the additional demands placed on practices including delivery of the vaccination programme were acknowledged.

JG presented the paper which followed a request from a small number of practices receiving a high number of online consultations to switch off online consultation from 6.30pm on Friday until 8.00am on Monday and Bank Holidays.

In considering the proposal JG highlighted that patients report being ‘very’ or ‘fairly’ satisfied with online consultation and that was supported by feedback from the two providers (eConsult and Engage Health). A significant number of patients with mental health problems had stated they felt able to raise issues through online consultation that they would not have raised face to face or over the telephone.

JG referred to concerns raised by practices as detailed in section 2.2.6.2 of the Report and highlighted:

- the risk to patients at weekends where they were altering responses to less serious ones so that the algorithm did not flag as needing to call NHS 111.
- wasted resources as some consultations submitted on Friday and Saturday concerned symptoms that had resolved, or patients had accessed alternative services
- a backlog of requests building up on a Monday morning
- patients with mental health issues stating they were not suicidal on the form but using the ‘further information box’ to state they had suicidal thoughts and wanted to end their lives. Practices were encouraged to raise patient safety issues with the system providers so that templates can be amended, if required.

JG commented that whilst other CCGs nationally had supported switching off online consultations, agreement at a West Yorkshire level was being sought.

JG outlined a proposal to switch off online consultations outside core hours against a set of agreed criteria; the Head of Primary Care would have delegated

authority to consider requests subject to an initial 3 month time limit. Any agreement would be reported to the Senior Management Team, Independent Medical Advisors, LMC and the Primary Care Operational Group.

A conflicted discussion took place. SO referred to the table of criteria and asked how a decision would be made given the lack of a specific threshold. JG reported that practices faced different pressures and referred to the availability of free text boxes for practices to provide specific details of their request. SO proposed switching on the online system on a Sunday evening and sought clarity on the website message for patients if the system was not available.

DA commented that the approvals process would need to be able to respond to acute workforce issues and outlined messaging during training that this represented additional work but in reality, is a shifting of work from other areas. YM asked why there was such a great disparity between practice in North Kirklees and stressed that whilst patients did like the system it did represent additional workload and may require an analysis of future workflow. YM echoed earlier comments regarding 'acute' workload crises and asked for clarification on the role of the WY digital team.

NG encouraged the CCG to raise primary care workforce issues more widely through media channels and again stressed the 48 hour response deadline (within working hours – rather than from when the form was submitted).

JL highlighted that the system from a patient perspective was good and well used and followed the national direction of travel in terms of digital but recognised that up to now primary care had managed capacity based on the number of available appointment slots – whereas online consultations were not capacity constrained and encouraged practices to look at how capacity could be increased earlier in the week to meet demand. DA suggested, in the absence of the CCG funding GP Assistant roles, limiting capacity.

DA, NC, YM, MY left the meeting at this point.

BJ summarised the debate and outlined variation in how the system was used. The issue has been discussed at BMA nationally and BJ felt that the proposals in the paper were unduly bureaucratic in that it should be for practices to self-determine how they manage workflow outside hours.

CW reported that the software companies themselves look for guidance from the CCG on whether the system can be switched off.

IA drew attention to the discrepancy in usage and asked for further work to be undertaken to understand the reasons behind this along with further information on the number of requests submitted out of hours, especially weekends and bank holidays.

AI referred to the procurement of the service at GH and discussions with providers and provided assurance that medical indemnity providers had rigorously assessed the software algorithms; further work is being undertaken to look at the disparity in figures, especially at NK and this will be considered at the next Operational Group meeting. Evidence also supports the fact that e-consultation does help to manage

patient demand by planning and spreading workload. AI welcomed a documented process to ensure equity so that practices were not just choosing to switch the system off.

CMc welcomed the Operational Group looking at the disparity across Kirklees and outlined the variability amongst practices and highlighted the time limited nature of the approval. CMc referred to the proposed criteria and the need for a variable threshold based on individual circumstances and was not supportive of switching on the system on a Sunday evening.

HT asked the Committee to consider the implications for other health care partners as a result of the proposal and suggested readjusting staffing levels to cope with demand.

MW referred to the NHS E/I guidance which allowed for a practice to make their own decision regarding turning off the system and practices should inform the CCG before making the decision which implied this was a practice decision. JG confirmed that practices cannot directly switch the system off and the providers had to have CCG approval.

The Primary Care Commissioning Committee:

CONSIDERED the issues raised in relation to online consultations.
AGREED that requests to switch off online consultations out of hours will be considered on an individual practice basis
AGREED a set of criteria against which requests can be considered
DELEGATED authority to the Head of Primary Care Strategy and Commissioning to approve requests from practices to switch off access to online consultations out of hours in line with the agreed criteria. Any agreement would be reported to the CCG Senior Management Team, Independent Medical Advisers, Local Medical Committee and Primary Care Operational Group
AGREED that consent to switch off online consultation out of hours will be subject to:

i. Approval being time limited to an initial three month period
ii. Approval will depend on agreement from the practice to work with the Est Yorkshire Digital Team to identify and implement ways to best mage the flow of online consultations.

AGREED that, where approved, consent be given to switch off online consultations between 6.30pm on Fridays and 8am on Mondays and on Bank Holidays.

The Committee noted earlier comments from BJ who was not supportive of the proposal and reinforced the BMA position.

DA, NC, YM, MY returned to the meeting at this point.

25 Committee Work Plan

CW shared the Committee work plan for information and invited comments.

The Primary Care Commissioning Committee:

RECEIVED and **NOTED** the Committee Work Plan

AGREED that a further Estates Report be scheduled for October 2021.

26 Date and Time of Next Meeting

The next meeting of the Kirklees Primary Care Commissioning Committee had been scheduled for 9am on Wednesday 25 August 2021, via Microsoft Teams.

An additional meeting had been scheduled provisionally for 9.00 am, 14 July 2021, via Microsoft Teams.

The Primary Care Commissioning Committee 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 11.00 am.

Minutes of the NHS Kirklees CCG

Quality Committees

held on Wednesday 26 May 2021, 9am – 10.45am

via MS Teams

Quality Committee Members Present:

Dr Razwan Ali	RA	GP Practice Representative and Chair
Dr Muhammad Dadibhai	MD	GP Practice Representative
Dr Iqbal Khan	IK	GP Practice Representative
Penny Woodhead	PW	Chief Quality and Nursing Officer
Carol McKenna	CM	Chief Officer
Beth Hewitt	BH	Lay Member, PPI

In attendance:

Laura Ellis	LE	Head of Corporate Governance
Gemma Hinchliffe	GH	Quality Manager
Louise Horsley	LH	Quality Manager
Susan Savage	SSa	Quality Manager
Catherine Wormstone	CW	Head of Primary Care Strategy and Commissioning
Pat Heaton	PH	Medicines Management Advisor and Practice Pharmacist
Clare Robinson	CR	Head of Nursing and Safeguarding
Denise Philip	DP	Named Nurse, Safeguarding Children
Juline Broadie	JB	Governance Manager, Customer Information and Complaints

Minutes:

Sam Parkinson	SP	Project Support Officer, Quality (minute taker)

001 Apologies and Declarations of Interest

There were no apologies received. Absence was noted from Dr Deven Vani.

As this was the first Committee meeting of NHS Kirklees CCG, introductions took place.

Declarations of Interest – Committee members were reminded of their obligation to declare any interest they had on issues arising at committee meetings which might conflict with the business of the CCGs. Following a review of agenda items, it was agreed that there could be a potential generic conflict of interest with regards to Item 9 – Primary Care Quality Report. Razwan noted the information included within the report in relation to a specific surgery. Susan confirmed that the purpose of this was to enable a discussion to agree how to manage the quality elements of the service specification and was not to discuss any contracting elements. It was **AGREED** that this would be kept under review during the meeting and that any arising interests would be managed as and when they arose.

002 Visions and Values

The Chair read out the visions and values and Members of the Committee were asked to reflect on these as the meeting progressed.

003 Minutes

The minutes of the meeting held on 31 March 2021 were reviewed for accuracy and **APPROVED** as an accurate record.

Action Log

078 - Quality and Safety Report/Quality Dashboard - SWYPFT Information Governance breaches to be raised with the Trust to understand further actions

being taken – it was agreed that a full update would be provided during Item 9 – Quality and Safety Report and Quality Dashboard. It was agreed that this action could therefore be **closed**.

078 - Quality and Safety Report/Quality Dashboard - Locala's draft Quality Strategy to be circulated to Committee members for information - circulated for comment 7.4.21. Comments collated and sent to Locala. **Action closed**.

Matters Arising

There were no Matters Arising.

004 Quality Committee Terms of Reference

Laura presented the Terms of Reference and explained that these had been reviewed and amended following the merger of the 2 predecessor CCGs and they were therefore received for information. Razwan noted that they did not currently include a designated clinician as vice chair. It was therefore **AGREED** that Muhammad Dadibhai would be the vice chair and Laura agreed to amend the Terms of Reference to reflect this.

ACTION: Laura to amend Terms of Reference to add Muhammad Dadibhai as vice chair.

The Committee **RECEIVED** and **NOTED** the Terms of Reference.

005 Policies Approval

Laura presented the documents and explained that as part of the merger process, each of the predecessor CCG's policies had been reviewed to ensure

the policies remain up-to-date, are relevant to the new CCG and also meet the Accessible Information Standard.

A number of policies have been delegated to the Quality Committee from the Governing Body and the following were presented for approval:

- Incident Management Policy and Procedure (ratified by Audit Committee 21.04.21)
- Complaints Framework
- Safeguarding Children and Adults at Risk Policy
- Serious Incident Policy
- Mental Capacity Policy and Deprivation of Liberties Safeguards

Pat Heaton joined the meeting.

A further 2 policies would be presented to the Committee for approval in July.

Beth noted that a section of the Incident Management Policy had been highlighted in yellow. Laura explained that as the policy referred to in this section had now been approved and therefore a link to the policy would be added.

The Committee **APPROVED** the policies presented.

006 NICE Technology Appraisals

Pat Heaton presented the report which outlined the Technology Appraisals (TAs) published by NICE in March and April 2021. Pat confirmed that 3 of the TAs published during this time period were for consideration by the CCG:

- TA681 – Baricitinib for treating moderate to severe atopic dermatitis

- TA682 - Erenumab for preventing migraines
- TA694 - Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia

Iqbal Khan joined the meeting

Pat explained the prescribing criteria process for each and that each appraisal would be discussed at the Area Prescribing Committee and hospital committees to be assigned a RAG rating to determine who would initiate prescribing.

The Committee **AGREED** to **SUPPORT** the adoption of the NICE Technology Appraisals discussed.

Pat Heaton left the meeting

007 Quality and Safety Report, Quality Dashboard and Mid Yorkshire Hospital NHS Trust Reports

Louise presented the quality and safety report and highlighted the following:

Changes to Parliamentary Health Service Ombudsman (PHSO) processes – the pandemic continues to have a significant impact on the PHSO's workforce and their service. Therefore changes have been made to the complaints processes and the PHSO will continue to liaise with CCGs about these changes.

West Yorkshire Urgent Care/Local Care Direct Care Quality Commission (CQC) inspection report – the outcome of a recent CQC inspection of the service was provided, together with any areas of concern identified. The CQC found no breaches of legislation and overall the CQC was assured with the actions already taken or recommended as a result of the inspection.

National Quality Board (NQB) Position Statement – Managing Risks and Improving Quality through Integrated Care Systems – information has been published to support Integrated Care Systems (ICS) in embedding quality in

their design, planning and decision-making and provided key requirements for 2021/22.

The report also provided an overview of provider Serious Incidents during Quarters 3 and 4 2020-21 as well as the results of the provider National NHS Staff Survey.

The Quality Dashboard was also presented and key highlights included:

Calderdale and Huddersfield NHS Foundation Trust (CHFT) – Central Alerting System (CAS) alerts and Delay of Surgical Repair of Fractured Neck of Femur (#NoF) within 36 hours of admission – the actions being taken to aid improvement for both indicators were presented and noted.

CHFT maternity – CHFT is reviewing its maternity dashboard and a Local Maternity System (LMS) dashboard is being developed. The Trust has rated itself as compliant with the recommendations from the Ockenden Report and is now in the process of submitting evidence to support this.

South West Yorkshire Partnership Foundation Trust (SWYPFT) – Information Governance breaches – although the breaches remain above the agreed target, a sustained improvement has been seen. The spikes in figures have been reviewed with explanations for each and Gemma Hinchliffe – CCG Quality Manager – has had sight of the action plan developed. Following further discussion, the Committee **AGREED** that this indicator could now be moved back to Routine Surveillance given the assurances provided.

Complaints closed within 40 days – a pilot of a new set of key performance measures on timeframes for handling complaints has recently been approved. The findings of this pilot will be published in August 2021.

Locala – electronic prescribing is now fully in place and no further hand held pads will be ordered.

The Mid Yorkshire Hospital NHS Trust (MYHT) – Oncology – a number of actions have been taken to address the pressures in oncology, which remain a challenge.

Pressure Ulcers – the number of pressure ulcers in the Division of Medicine remain above the local target and there is ongoing improvement work on relevant wards and within community teams.

Information was also received and noted in relation to recent concerns and actions ongoing regarding two independent providers.

Penny noted the NQB position statement and advised that the principles within the document are also applicable to the Integrated Care Partnerships and this is being used to inform the thinking regarding quality governance in Kirklees. Penny also highlighted the large amount of information and assurance obtained by the CCG's Quality Managers, which has been obtained due to the Quality Manager's now attending the provider's internal quality committee meetings. Penny added that this arrangement is not routinely in place across West Yorkshire as yet and therefore this was a positive step. Razwan agreed and felt it provided a further insight into the work being undertaken as well as providing early intelligence on any emerging concerns.

Penny advised that the Directors of Nursing at both Locala and SWYPFT were soon to be leaving their posts at their respective organisations.

Razwan provided feedback from a meeting where concerns had been raised in relation to staffing over the weekend at West Yorkshire Urgent Care/Local Care Direct and the potential issues this may cause. Louise requested that any

issues were incident reported to enable the provider to address them and fed back to the Care Quality Commission where this was felt necessary.

Razwan highlighted the information in relation to the increase in the number of emergency c-sections at CHFT and felt this should be monitored. Louise advised that the Head of Quality, Debbie Winder, attended maternity meetings with the Trust as well as the LMS and agreed to feed this back to Debbie outside the meeting. Any further information would be brought back to the next meeting.

Both Razwan and Iqbal acknowledged the increase in mental health issues both in relation to SWYPFT and primary care. Penny advised that work is being carried out with SWYPFT to understand this, particularly with cases in children, and suggested that an update on this was brought back to the meeting once a further understanding has been developed. As mental health lead for the CCG, Iqbal offered to be part of this work.

The Committee **RECEIVED** and **NOTED** the report and quality dashboard.

Jane O'Donnell joined the meeting

Denise Phillip joined the meeting

008 Primary Care Quality Report

Susan presented the report which provided an update on the processes in place to provide assurance of the quality and safety of services commissioned in primary care. The report also asked for approval to take a service specification for a specific practice through the Urgent Decision making process outside of the committee meeting due to timescales. Susan explained that the current provider's contract with Kirklees CCG to provide primary care services at the registered practice is due to end on 31 March 2022; therefore a decision regarding future options was required and a patient engagement exercise is currently underway. If a decision was made with regards to procurement, then

this would need to be made prior to the next Committee meeting and would therefore need to be taken through the Urgent Decision Making process. The service specification would be the same as previously seen and approved by the Committee in relation to another practice. Razwan asked for further background information in order to make an informed decision. Catherine provided further clarity and suggested that further information in relation to list size could be provided outside the meeting. Beth added that this was also being discussed at the Patient Engagement Group. The Committee **AGREED** that the decision regarding the service specification and procurement could be taken through the Urgent Decision Making process as requested.

Carol asked for further clarity with regards to the different stages in the practice quality assurance process and confirmation of which practices were in which stage of each process. Following further discussion, it was **AGREED** that this information would be circulated to the Committee prior to the next meeting and made clearer in future reports.

ACTION: Catherine to circulate information detailing where practices are in relation to the practice quality assurance process outside the meeting.

Jane O'Donnell left the meeting

Iqbal noted the information regarding concerns at a practice within the same Primary Care Network (PCN) as his practice, and offered to provide support if required. Catherine confirmed she would discuss this further outside the meeting. Catherine also confirmed that any decisions made with regards to closing the practice list to patients would be discussed at the Primary Care Commissioning Committee meeting, in consultation with neighbouring practices.

Beth highlighted the information in relation to dementia reviews and asked if any assurance could be provided regarding actions being taken to address any issues identified. Susan confirmed that this had been discussed at the Primary

Care Operational Group meeting who would be looking to ascertain the exact issues to be able to inform a plan of action.

Penny noted section 9 of the report in relation to the PCN Health Inequalities Project and asked the Committee to consider what information it would like to receive for any future updates.

Susan provided information regarding the covid vaccination programme and highlighted the successes, including the number of “pop up” clinics being established.

The Committee was also advised on the recent CQC inspection of Curo Health Ltd, which was a planned, announced inspection, and feedback is awaited.

The Quality Committees **RECEIVED** and **NOTED** the report.

009 Infection, Prevention and Control update

The report provided included updates on the year-end position in relation to healthcare associated infections (HCAI), together with current activity of the Infection Prevention and Control (IPC) Team as a result of the pandemic. Penny explained that this was a detailed report and due to the report author being unable to present the report, asked for any queries to be emailed through to be collated to send to the report author.

Penny advised that the IPC Team remained in a place of Covid response and highlighted that proactive work remains a challenge due the ongoing pandemic. It was noted that the number of HCAIs had not changed much during the last year, which was not the expected outcome given the increased IPC measures in

place. Penny added that the IPC improvement plan would require refreshing to reflect PLACE arrangements.

Work is ongoing in relation to care home activity, with Quality Managers providing support to care homes through further training and visits. The Head of Quality is working with the Head of Health Protection to develop a plan as part of the IPC development for Kirklees.

The Committee **RECEIVED** and **NOTED** the report.

010 Joint Safeguarding Children and Adults update

Clare presented the report which provided an update of the Safeguarding Children and Adults work and activities between November 2020 and April 2021. Clare confirmed that the CCG was fulfilling its statutory duties with regards to safeguarding. Clare provided an update on the West Yorkshire and Harrogate partnership work and advised that work has been undertaken to develop a consistent approach to identifying required safeguarding standards for all health providers. The aim is to create one document to be used by all CCGs and Partnership Commissioners and Clare confirmed that this document is close to implementation.

Penny drew attention to the ICON campaign which aims to enhance parental support to manage normal infant crying and prevent abusive head trauma to babies. Funding has been sourced via NHS England and Penny hoped further funding could be obtained to support future initiatives.

The Committee **RECEIVED** the report and **NOTED** the assurances provided.

Clare Robinson & Denise Phillip left the meeting

Juline Broadie joined the meeting

011 Complaints and PALS annual report 2020/21

Juline Broadie presented the report which provided details on the numbers and nature of complaints during 2020/21 for the predecessor CCGs, as well as identifying any lessons learned. Juline explained that the nature of the complaints had changed throughout the year, mainly relating to issues connected to the global pandemic. Key headlines were provided in the report and it was noted that although there had been a reduction in the number of formal complaints received, there had been a rise in the number of informal PALS enquiries.

Lessons learned with details of how the CCG's approach has changed as a result was provided and Juline confirmed that activity levels appeared to be returning to the normal levels expected.

The Committee **RECEIVED** the report and **NOTED** the detail, prior to the report being submitted to Governing Body.

Juline Broadie left the meeting

012 Quality and Safety Committee Work plan 2021-22

The draft work plan for 2021-22 was **RECEIVED** and **AGREED**.

013 Items for attention of Governing Body

The Committee **AGREED** to refer the following items to the Governing Body:

- A condensed version of the quality and safety report and information from the quality dashboard

The Complaints and PALS Annual Report would be submitted to Governing Body as a stand-alone report and it was **AGREED** that the policies approved at the meeting would be detailed in the Chief Officer's Report.

014 Minutes to receive

The following minutes were received for scrutiny and information:

Patient Engagement Assurance Group (PEAG) 23.11.20
Patient Experience Group (PEG) 7.7.20
Practice Quality and Contracting Group 10.2.21
Primary Care Operational Group 21.4.21
Joint Medicines Strategy Group 17.3.21
Kirklees Health Protection Board 25.3.21
West Yorkshire IUC/999 Clinical Quality Group 4.11.20

015 Any Other Business

There were no items under Any Other Business.

016 Date and time of next meeting

It was **CONFIRMED** that the next meeting is scheduled for Wednesday 28 July 2021 at 9am via MS Teams.

Minutes of Finance, Performance and Contracting Committee and Quality Committee – Sandwich Meeting
Meeting held at 11.00 am on 26 May 2021
Held as a VIRTUAL meeting

Members		
Hilary Thompson	(HT)	Lay Member: Finance and Remuneration (FPC Chair)
Dr Razwan Ali	(RA)	GP Member and Vice Clinical Chair (QC Chair)
Ian Currell	(IC)	Chief Finance Officer
Dr Omar Akhtar	(OA)	GP Member (deputy for Dr Nadeem Ghafoor)
Dr Muhammad Dadibhai	(MD)	GP Member
Beth Hewitt	(BH)	Lay Member: Patient and Public Involvement
Dr Iqbal Khan	(IK)	GP Member
Carol McKenna	(CM)	Chief Officer
Dr Khalid Naeem	(KN)	Clinical Chair
Dr Gareth Price	(GP)	GP Member
Penny Woodhead	(PW)	Chief Quality and Nursing Officer
Martin Wright	(MW)	Lay Member: Audit and Governance
In Attendance		
Vicky Dutchburn	(VD)	Head of Strategic Planning, Performance and Delivery
Laura Ellis	(LE)	Head of Corporate Governance
Yvonne Hoorman	(YH)	Principal Contracts Manager
Nick Lamper	(NL)	Governance Manager
Alison Needham	(AN)	Head of Finance
Helen Robinson	(HR)	Governance Officer (minute taker)
Catherine Wormstone	(CW)	Head of Primary Care Strategy and Commissioning
Apologies		
Martin Pursey	(MP)	Head of Contracting & Procurement
Dr Nadeem Ghafoor	(NG)	GP Member

01 Welcome, Apologies and Declarations of Interest

HT welcomed those present to the meeting. Apologies were as set out above.

Conflicts of Interest

No declarations of interest were made.

02 Vision and Values

The Kirklees CCG vision and values had been circulated and were noted.

03 Accuracy of Previous Minutes, Matters Arising and Action Log

Minutes of NHS Greater Huddersfield CCG Quality Committee and Finance, Performance and Contracting Committee (Sandwich) Meeting

Minutes
The minutes of the meeting held on 31 March 2021 were **APPROVED** as a correct record.

Matters Arising
There were no matters arising.

Minutes of NHS North Kirklees CCG Quality Committee and Finance, Performance and Contracting Committee (Sandwich) Meeting

Minutes
The minutes of the meeting held on 31 March 2021 were **APPROVED** as a correct record.

Matters Arising
There were no matters arising.

Action Log

There were no outstanding actions on the action log.

04 Risk Registers

NL presented a report providing details of all Quality risks and Finance, Performance and Contracting risks on the Corporate Risk Registers as at 17 May 2021, following review by the Senior Management Team.

As this was the first risk cycle for the new CCG, all risks were shown as 'new', although the majority had been reviewed and transferred from the predecessor CCGs. Detail was shared within the report on the process followed as part of merger. The total numbers of corporate risks falling for consideration by the respective committees were set out in the report, along with the numbers of critical and serious risks.

NL stated that he was confident no risks had become lost in the transition between the old and new registers. However, some further refinement was needed for some of the transferred risks. Over the next cycle, NL intended to carry out targeted work around scores with risk owners and senior reviewers.

RA asked whether there was an intention to allocate Governing Body clinicians to each risk on the register, but LE clarified that Governing Body members had been aligned to the strategic risks on the Governing Body Assurance Framework rather than the Risk Register, due to the Risk Register being more operational. However, a process was in place to make Governing Body clinicians aware of any high level risks.

PW highlighted risk 1846, the 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. PW advised that the Quality Committee had held a discussion regarding this issue, and that the private Governing Body meeting would receive an update on 9 June 2021. The situation had moved on since the risk had been added to the register, and so an update would be required before

the report was presented to the Governing Body. Enhanced quality surveillance was taking place, with only two patients now remaining in the facility and no further admissions being made until assurances and action plans had been received. PW confirmed that there was currently no risk to individuals.

PW also expressed the intention to hold a deep dive into the Eating Disorders Service at a future Quality Committee meeting.

MW commented on the ease of having one Risk Register to report on now, instead of the two reported to Committee previously. He also stated that risk management and governance was audited on an annual basis, and had received the highest level of assurance on the last audit so he was assured that risks were being managed appropriately.

The Committees:

- **REVIEWED** the Finance, Performance and Contracting risks and the Quality risks (including whether any risks for the CCGs emerging from the Clinical Quality and Contract Management Boards were adequately reflected on the corporate risk registers);
- **CONSIDERED** the need for any additional actions required to manage risks and any amendments required to the Risk Register ahead of reporting to Governing Body; and
- **CONFIRMED** that they were assured in respect of the effective management of the risks and the controls and assurances in place.

05 Items for the attention of the Governing Bodies

No items were highlighted for escalation to the Governing Bodies.

06 Minutes for Information

The Committees **RECEIVED** and **NOTED** the minutes/notes of the following meetings:

- Practice, Quality and Contracting Group: 27 January / 10 February / 23 March 2021
- Kirklees Integrated Health and Care Leadership Board: 4 March and 1 April 2021
- Joint Acute Strategic Oversight Board: February / March 2021

The meeting concluded at 11.15 am.

Minutes of Finance, Performance and Contracting Committee
Meeting held at 11.15 am on 26 May 2021
Held as a VIRTUAL meeting

Members		
Hilary Thompson	(HT)	Lay Member: Finance and Remuneration (FPC Chair)
Ian Currell	(IC)	Chief Finance Officer
Dr Omar Akhtar	(OA)	GP Member (deputy for Dr Nadeem Ghafoor)
Carol McKenna	(CM)	Chief Officer
Dr Khalid Naeem	(KN)	Clinical Chair
Dr Gareth Price	(GP)	GP Member
Martin Wright	(MW)	Lay Member: Audit and Governance
In Attendance		
Marie Bedford	(MB)	Transformation Programme Manager (minutes 05 – 12)
Dr Muhammad Dadibhai	(MD)	GP Member
Vicky Dutchburn	(VD)	Head of Strategic Planning, Performance and Delivery
Laura Ellis	(LE)	Head of Corporate Governance
Yvonne Hoorman	(YH)	Principal Contracts Manager
Brenda Powell	(BP)	Procurement Manager (minute 9)
Helen Robinson	(HR)	Governance Officer (minute taker)
Catherine Wormstone	(CW)	Head of Primary Care Strategy and Commissioning
Apologies		
Martin Pursey	(MP)	Head of Contracting & Procurement
Dr Nadeem Ghafoor	(NG)	GP Member

01 Welcome, Apologies and Declarations of Interest

HT welcomed those present to the meeting. Apologies were as set out above.

Conflicts of Interest

No declarations of interest were made.

02 Accuracy of Previous Minutes, Matters Arising and Action Log

Minutes of NHS Greater Huddersfield CCG Finance, Performance and Contracting Committee Meeting

Minutes
The minutes of the meeting held on 31 March 2021 were **APPROVED** as a correct record.

Matters Arising
There were no matters arising.

Minutes of NHS North Kirklees CCG Finance, Performance and Contracting Committee (Sandwich) Meeting

Minutes
The minutes of the meeting held on 31 March 2021 were **APPROVED** as a correct record.

Matters Arising
There were no matters arising.

Action Log

47 Contracting Report for Month 8, 2020/21 - MP to look at capacity and explore whether the MSK service could assist in clearing the Trauma and Orthopaedics backlog of 'urgent' referrals. Update 26/05/21: MP had circulated an update prior to the meeting, reporting the detail on the MSK month 12 position. **CLOSED.**

60 Approach to 2021/22 Contracts and uplifts - MP to circulate detail in respect of the Marie Curie contract change to committee members. Update 26/05/21: MP had circulated an update prior to the meeting, reporting that the contract hours were being reduced based on the activity for the new contract year. **CLOSED.**

03 Finance, Performance and Contracting Committee Terms of Reference

LE presented the Terms of Reference (ToR) for the Kirklees CCG Finance, Performance and Contracting Committee, which had been approved by the Governing Body. LE invited questions from Committee members.

The Finance, Performance and Contracting Committee **NOTED** the detail in the Kirklees CCG Finance, Performance and Contracting Committee Terms of Reference.

04 Performance Report against Key Performance Indicators for 2020/21

NA presented a report detailing performance at month 12 for 2020/21 against all NHS Constitutional Standards for Greater Huddersfield and North Kirklees CCGs. Standards not achieving the national thresholds within the Constitutional Standards were highlighted in the report with details of actions taken to improve/address the underperformance. The report also highlighted the current impact of COVID-19 and potential risks to performance.

NA led the committee through the detail of the report.

The Finance, Performance and Contracting Committee **NOTED** the CCGs' performance against the key outcomes and measures for 2020/21 and actions being taken to address areas of over/under performance.

MB joined the meeting.

05 Planning Overview

NA undertook a presentation which provided an overview of the planning process for 2021/22. She informed the Committee that draft plans had been submitted on 30 April 2021. Following this, two world café-style events had been held, with subject matter experts present, and any key lines of enquiry had been fedback.

The majority of the comments had related to the ICS. One piece of positive feedback received had been around the Kirklees approach to community.

The deadline for final submission of the plans was 28 May 2021.

The Finance, Performance and Contracting Committee **NOTED** the update and submission date for 2021/22.

06 Finance Report Month 12

AN presented a report updating the Committee in respect of the financial position of the CCGs as at March 2021 (month 12).

AN led the Committee through the detail of the report, highlighting that for financial year 2020/21 both CCGs had achieved their respective improved target surplus positions of £0.750m for North Kirklees and £0.751m for Greater Huddersfield.

AN summarised the significant movements in the out-turn variance between month 11 and month 12. She also stated that the CCG had been signed off having completed a successful merger, and a paper on this would be submitted to the next Audit Committee.

MW noted that the report reflected an excellent outcome for a very difficult year, and offered thanks on behalf of the Committee to all involved with the work.

ICu added that both CCGs having the surplus was a good outcome, as this would help the cumulative position for the new CCG. He felt that overall the organisations had funded the things they had wanted to, without being at the cost of other things, and had also been able to put a number of initiatives in place ahead of time.

The Finance, Performance and Contracting Committee **NOTED** the achievement pf the agreed target surplus of (£0.751m) in Greater Huddersfield and (£0.750m) in North Kirklees.

07 Financial Plan for H1 2021/22

AN undertook a presentation on CCG financial planning for 2021/22. She was asking the Committee to sign off the plan prior to it going to Governing Body on 9 June 2021.

She explained that the plan covered the period April to September (H1), and that the core allocation would be received through the ICS, with a separate service development fund coming directly to the CCG. She went on to outline financial headlines for H1, with a total allocation of £348m and a QIPP target of £3.2m.

CM highlighted that the plan represented a significant change in the financial regime, and acknowledged that this was perhaps not widely understood. AN had touched on this during a training session on Finance with Governing Body members that morning, but it was agreed that it would be good to communicate the message wider and explain the challenges and limitations.

ICu pointed out that moving from competition to collaboration had some advantages. However, how Kirklees place would decide how it would allocate money to primary and secondary care needed to be worked through, as no-one was yet sure how the money would flow.

The Finance, Performance and Contracting Committee **APPROVED**, **NOTED** and **RECOMMENDED** the financial plan to the Governing Body and **NOTED** the following -

- The changes to the financial framework and the plan covered periods April to September (H1).
- Growth assumptions aligned to national requirements, unless locally changed (prescribing and CHC).
- All allocations were listed to date – additional allocations would be received post plan submission.
- Expenditure assumptions included all known costs to date.
- To achieve the control total the CCG had included a QIPP value of £3.2m.
- The risk to the plan and the possible mitigations.
- Investments in place were subject in some areas to governance approval.
- The additional income for ageing well that would offset the potential financial gap in the position.

08 Contracting Report

YH presented the report to update the committee on the Month 12 (March) contract position, highlighting other issues where appropriate.

YH led the committee through the report, drawing attention to the six month local contracts which had been put in place with Independent Sector (IS) providers. IS providers were also undertaking elective work for both CHFT and MYHT, and although Month 1 monitoring reports were not yet available, IS providers had reported levels had been below plan due to pre-op capacity staffing pressures, patient cancellations and also difficulty accessing bank staff partly due to the Ramadan period. Both providers also continued to highlight low referral numbers coming through compared to the previous year.

YH also highlighted continuing operational pressures in the Care Closer to Home District Nursing service.

The Finance, Performance and Contracting Committee **NOTED** the contents of the report.

BP joined the meeting.

09 Kirklees CCG Procurement Policy

BP presented the revised Procurement Policy for Kirklees CCG, for approval by the committee under delegation from the Governing Body.

The policy brought together the previous individual CCG policies and included revisions required at the point of production, primarily those relating to the United Kingdom’s exit from the European Union.

BP stated that it was anticipated that material changes to the current NHS procurement rules would be received before the end of the financial year which may require a further revision of the policy during 2021/22.

The Finance, Performance and Contracting Committee:

- **CONSIDERED** the content of the revised Procurement Policy.
- **RECOGNISED** that a further revision may be necessary during 2021/22.
- **APPROVED** the Procurement Policy.

BP left the meeting.

10 Draft Committee Work Plan

The Finance, Performance and Contracting Committee **RECEIVED** and **NOTED** the work plan.

11 Items for the attention of the Governing Body

No items were highlighted for escalation to the Governing Body.

12 Any Other Business

There was no further business.

13 Date and Time of Next Meeting

The next meeting of the Kirklees CCG Finance, Performance and Contracting Committee had been scheduled for 10.45 am on Wednesday 28 July 2021, via Microsoft Teams.

The meeting concluded at 1.10 pm.