NHS
Kirklees
Clinical Commissioning Group

Governing Body
10.30 am – 1.30 pm, Wednesday 8 December 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	-
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.	10.30	KN	-
2. Vision and Values - The Vision and Values are attached for reference.	-	KN	004
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 13 October 2021, Matters Arising, Action Log - To approve the minutes/review matters arising/outstanding actions.	10.35	KN	005
5. Patient Story - To share a patient's experience of healthcare. **Contact:** Penny Woodhead, Chief Quality and Nursing Officer	10.40	PW	-
6. Questions from Members of the Public - The relevant guidance is attached for reference.	10.55	KN	022

ITEMS FOR DECISION/ASSURANCE/STRATEGIC UPDATES

ITEM	Time	By	Page
7. West Yorkshire Integrated Care Board – Draft Constitution - To consider the proposed constitution. **Contact:** Laura Ellis, Head of Corporate Governance	11.10	LE	023
8. Notification of Urgent Decision - Financial Plan and Activity Plan H2 2021/22 (notice attached; appendices available upon request). **Contact:** Laura Ellis, Head of Corporate Governance	11.25	LE	094

ROUTINE REPORTS

ITEM	Time	By	Page
9. Chair's and Chief Officer's Report - To receive the report. **Contact:** Carol McKenna, Chief Officer	11.30	CM	097

BREAK: 11.35 – 11.40

10. Finance and Contracting Update - To consider the report. **Contact:** Alison Needham, Acting Chief Finance Officer	11.40	AN	102
11. Quality and Safety Report and Quality Dashboard - To receive the update and consider any issues raised. **Contact:** Penny Woodhead, Chief Quality and Nursing Officer	11.55	PW	113
12. 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	12.10	NA	130
13. Workforce Report - To receive the update and consider any issues raised. **Contact:** Jenna McGuinness, HR Manager, NECS	12.20	JM	159
14. High Level Risk Report: Cycle 4 2021/22 (August – October 2021) - To review and be given assurance regarding the risk register and log. **Contact:** Nick Lamper, Governance Manager (Corporate Governance and Risk)	12.30	NL	170

ITEMS FOR INFORMATION

ITEM	Time	By	Page
15. Governing Body Work Plan - To review the work plan. **Contact:** Laura Ellis, Head of Corporate Governance	12.40	LE	179
16. Receipt of Minutes - To receive copies of minutes for information purposes:- - Audit Committee – 21 July 2021 - Quality Committee/Finance, Performance and Contracting Committee "sandwich" section – 28 July 2021 - Primary Care Commissioning Committee – 25 August 2021 - Quality Committee – 29 September 2021 - Quality Committee/Finance, Performance and Contracting Committee "sandwich" section – 29 September 2021 - Finance, Performance and Contracting Committee – 29 September 2021	12.45	KN	181
17. Any Other Business - To discuss any other business raised and not on the agenda.	-	KN	-
18. Date and Time of Next Meeting The next meeting of the Governing Body will be held at 10.30 am on Wednesday 9 February 2022 via video conferencing.	-	KN	-

The Governing Body is recommended to make the following resolution:

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

ITEM	Time	By	Page
19. Declarations of Interest (private session) - To declare any interests arising from matters under discussion.	13.00	KN	-
20. Accuracy of Minutes from 13 October 2021, Matters Arising, Action Logs (private session) - To approve the minutes/review matters arising/outstanding actions.	-	KN	239

ROUTINE REPORTS

ITEM	Time	By	Page
21. Private Quality and Safety Report - To receive the update and consider any issues raised. **Contact:** Penny Woodhead, Chief Quality and Nursing Officer	13.05	PW	242

ITEMS FOR INFORMATION

ITEM	Time	By	Page
22. Receipt of Minutes (private sessions) - To receive copies of minutes for information purposes:- - Audit Committee – 21 July 2021 - Primary Care Commissioning Committee – 25 August 2021	13.15	KN	263
23. Any Other Business - To discuss any other business raised and not on the agenda.	-	KN	-

Meeting close

NHS
Kirklees
Clinical Commissioning Group

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 13 October 2021
Held via video conferencing

Governing Body Members Present:

Dr Khalid Naeem	(KN)	GP Member for Batley and Birstall and Clinical Chair
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
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)
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 86)
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)
Richard Parry	(RP)	Strategic Director for Adults and Health, Kirklees Council
Martin Pursey	(MP)	Head of Contracting and Procurement
Rebecca Spavin	(RS)	Programme Lead: UCR (minute 78)
Catherine Wormstone	(CW)	Head of Primary Care Strategic Commissioning

Apologies:

Dr Razwan Ali	(RA)	GP Member for Tolson and Vice-Clinical Chair
Dr Omar Akhtar	(OA)	GP Member for Viaduct
Beth Hewitt	(BH)	Lay Member: Patient and Public Involvement
Dr Deven Vani	(DV)	Secondary Care Specialist
Emily Parry-Harries	(EPH)	Consultant in Public Health, Kirklees Council (substitute for Director of Public Health)
Rob Willis	(RW)	Head of Finance

Two members of the public joined the meeting, along with some members of staff from the CCG and partner organisations.

71 Welcome and Introductions

KN welcomed everyone to the meeting.

72 Vision and Values

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

73 Apologies and Declarations of Interest

Apologies were received as detailed above.

In respect of the minutes of previous meetings (minute 74 below), a number of individuals had been conflicted in respect of various items at the meetings. As the minutes were for approval only, it was expected to be able to manage this without needing to take any further action to manage the conflicts. If there were to be any discussion on areas in which individuals were conflicted, that would be managed accordingly.

In respect of the item on Kirklees Community Services (minute 77 below), all of those working in local practices would declare a direct financial interest in this item as potential providers of the service. The CCG Constitution included provision that, for decisions where the majority of practice representatives would be conflicted to the extent that they would need to be excluded from the meeting, the Conflicts of Interest Guardian would consult with the LMC and the Council of Members Chair to ensure appropriate clinical input. This consultation had been undertaken in the previous few days and had confirmed that, as there had been extensive clinical involvement throughout the governance path to this meeting, the item would be managed through a conflicted discussion, and then conflicted members would be asked to withdraw to the 'public gallery' for the non-conflicted discussion and decision. HT would take the chair for this item.

In respect of the item on Recurrent Budget Requirement for Kirklees UCR (minute 78 below), all of those working in local practices would declare a direct financial interest in this item as part of the provider alliance. The CCG Constitution included provision that, for decisions where the majority of practice representatives would be conflicted to the extent that they would need to be excluded from the meeting, the Conflicts of Interest Guardian would consult with the LMC and the Council of Members Chair to ensure appropriate clinical input. This consultation had been undertaken in the previous few days and had confirmed that, as there had been extensive clinical involvement throughout the governance path to this meeting, the item would be managed through a conflicted discussion, and then conflicted members would be asked to withdraw to the 'public gallery' for the non-conflicted discussion and decision. HT would take the chair for this item.

In respect of the Finance and Contracting Update (minute 84), it was recognised that there were elements of both finance and contracting in which those working in local practices had an interest. However, these were unlikely to be discussed in a level of detail that would require further action to be taken.

The Quality and Safety Report (minute 85) contained a section on the Curo CQC Report. Those working in NK practices (KN, MD, NG, YM and MY) were shareholders in Curo, and would therefore declare a significant direct financial interest in this part of the item. It was very significant, but a conflicted discussion had been allowed at the meetings of the committees before they had been asked to leave the meetings. This formed part of a larger report at Governing Body and, if the Governing Body wished to discuss this particular element, then conflicted members would only be able to make an initial comment and would then need to retire to the 'public gallery' and HT would take the chair. If there were no specific discussion, then there would be no need to exclude them.

74 Accuracy of Minutes from 11 August and 8 September 2021, Matters Arising, Action Logs

Minutes

The minutes of the meeting held on 11 August 2021 were **APPROVED** as a correct record, subject to the substitution of "principle" for "proposal" in the fourteenth paragraph of the preamble of minute 48.

The minutes of the AGM held on 8 September 2021 were **APPROVED** as a correct record.

The minutes of the additional meeting held on 8 September 2021 were **APPROVED** as a correct record.

Matters Arising

There were no matters arising.

Action Log

30 – Financial Plan H1 2021-22 – *AN to include details of the cumulative position in the Financial Plan H2 2021-22.* AN reported that the ICS allocation was not yet known, but this information would be included as it was worked through. **CLOSED**

45 – Patient Story – *PW/VD to consider the provision of Dementia Friendly training and how the information in the video could be best shared with providers.* VD reported that this had been discussed at the working group on dementia and

the mental health alliance and there would be a roll-out of training and refresher training both in Kirklees and on the wider West Yorkshire footprint. **CLOSED**

75 Patient Story

PW undertook a presentation featuring the experiences of BME colleagues in relation to how they had been perceived, and introduced a video on learning from the experience of BME cancer patients in relation to ensuring they were treated with dignity.

KN described the video as powerful, the content of which formed part of the CCG's ethos.

Referring to the experience relayed by a female, black Consultant Clinical Psychologist in the presentation, SO expressed surprise on the basis that throughout his career there had always been senior Asian and black consultants. CM wondered whether the experience may have been affected by a combination of gender and ethnicity. IK expressed his pride in the NHS and KN reiterated the importance of treating people with dignity.

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

76 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.

A member of the public asked when visits for directly-funded patients would return to being face-to-face, as well as expressing interest in the difference between funding for domiciliary and complex care, equity of funding, and the due diligence aspects of the process to move from current arrangements to the integrated care system with effect from April 2022.

In respect of a return to face-to-face visits, PW explained that these were being worked through with case managers taking account of staffing, caseloads and prioritisation, but arrangements would not be returning in the near future to those in place before the pandemic. Any specific questions raised on the other areas of interest following the meeting would be picked up by appropriate colleagues.

SO asked about the transition of Continuing Care to the new ICS/ICB arrangements and PW advised that the vast majority of current arrangements would remain in place.

77 Kirklees Community Services – Collaboration Approach

All of those working in local practices (KN, MD, RE, NG, IK, YM, SO, GP and MY) declared direct financial interests in this item as potential providers of the service. The CCG Constitution included provision that, for decisions where the majority of practice representatives would be conflicted to the extent that they would need to be excluded from the meeting, the Conflicts of Interest Guardian would consult with the LMC and the Council of Members Chair to ensure appropriate clinical input. This consultation had been undertaken in the previous few days and had confirmed that, as there had been extensive clinical involvement throughout the governance path to this meeting, the item would be managed through a conflicted discussion, and then conflicted members would be asked to withdraw to the 'public gallery' for the non-conflicted discussion and decision. HT took the chair for this item.

MP presented a report providing the background to the programme to recommission community services in Kirklees, the majority of which sat within the current Care Closer to Home contract with Locala. The report outlined proposed changes to legislation and NHS specific procurement rules intended to promote more collaboration between providers which should extend into agreeing future service configuration. It set out options for the CCG in the context of current and changed rules, with details of progress made to date through developing a collaborative approach to recommissioning these services, and proposed support for the continuation of this process through collaboration rather than embarking on a competitive procurement.

KN observed that there was no mention of changing specifications and the two options were presented due to the timing of the changing of the rules, which was expected to take effect from 1 April 2022.

RE thought that, if continuing with the present provider, in the event of any performance problems it would be important to ensure that robust systems were in place to reduce any harm to patients.

MP advised that KPIs and other performance measures formed part of the specification for the service and the performance management process aimed to ensure the service performed at that level.

IK believed that any future service would need to be looked at carefully before entering into any long-term contracts.

MP explained that the task group was where the detail was discussed and the specifications developed, and KN added that this was where any service provision issues should be raised.

KN, MD, RE, NG, IK, YM, SO, GP and MY withdrew to the 'public gallery'.

CM led the Governing Body in thanking MP, NG and colleagues for bringing partners together in the way they had done so, and noted that the proposals were in line with the direction of travel of the system, which would put the organisation in a good position for the new partnership arrangements.

PW referred to the risks around the timescales and resourcing and suggested it was important to acknowledge that it would take time to build the relationships and work through the detail, and it would be challenging to deliver within the timescales.

MW agreed that the proposals moved in the right direction and believed that this would be a good test of collaborative working. He acknowledged that there was some risk of challenge, taken in the context of the new, forthcoming regime; but saw the opportunity to refine and improve the service offer.

HT led the Governing Body through the recommendations set out in the report to establish that there was a clear consensus around the proposals.

The Governing Body:-

NOTED the various options available to the CCG in respect of re-commissioning Kirklees Community Services in the context of current and anticipated changed 'rules' and risks therein and the identification of a preferred option;
NOTED the progress made in respect of the programme to date;
NOTED and **SUPPORTED** the requirement for resource as indicated in the report;
NOTED and **SUPPORTED** the recommendation of the Quality Committee and Finance, Performance and Contracting Committee that the recommissioning of Kirklees Community Services be undertaken through a collaborative rather than a competitive procurement route; and
ACKNOWLEDGED that it would take time to build the relationships and work through the detail, and it would be challenging to deliver within the timescales.

KN, MD, RE, NG, IK, YM, SO, GP and MY returned to the meeting.

RS joined the meeting.

78 Recurrent Budget Requirement for Kirklees Urgent Community Response Service

All of those working in local practices (KN, MD, RE, NG, IK, YM, SO, GP and MY) declared direct financial interests in this item as part of the provider alliance. The CCG Constitution included provision that, for decisions where the majority of

practice representatives would be conflicted to the extent that they would need to be excluded from the meeting, the Conflicts of Interest Guardian would consult with the LMC and the Council of Members Chair to ensure appropriate clinical input. This consultation had been undertaken in the previous few days and had confirmed that, as there had been extensive clinical involvement throughout the governance path to this meeting, the item would be managed through a conflicted discussion, and then conflicted members would be asked to withdraw to the 'public gallery' for the non-conflicted discussion and decision. HT took the chair for this item.

RS presented a report outlining how the NHS 2021/22 priorities and operational planning guidance set out that two-hour community crisis response teams were expected to be providing consistent, national cover (8.00 am to 8.00 pm, seven days a week) by April 2022 across every ICS to prevent avoidable attendance and admissions.

As a national accelerator site for Urgent Care Response (UCR), Kirklees was expected to deliver a seven-day UCR service by 4 October 2021 at the latest.

The report and accompanying Urgent Community Response Business Case and Evaluation set out:-

- A summary of UCR activity during 10 months of the pilot service delivery;
- An evaluation of the impact and outcome for the UCR service; and
- The recurrent resources required to continue delivery of a Kirklees UCR service seven days a week from April 2022 onward in adherence to national policy.

RS thanked Finance and Performance colleagues and the provider alliance for their work on the project.

NG observed that the provider collaboration did not exclude anybody and believed that the pathway was sound and the providers held one another to account. Delivery and performance were in their infancy and could always be enhanced and improved. He thanked RS, the providers, the clinicians and the whole team for their input.

SO added his thanks and asked about the figures of £2.303m at section 2.31 of the report and £1.82m in the table at section 2.25. RS clarified that the lower figure related to the 2021/22 cost and the higher to the ongoing recurrent cost. As demand increased, she added, the unit cost would decrease. SO then asked upon what the figure of 4,725 was based in relation to planned activity and RS explained that this was demand modelling.

AN described the proposal as a “national must-do” and stated that, although Kirklees was two years ahead of elsewhere, there was still work to do. The price per head was always greater at the beginning but should come down and, although the projected cost was £1.3m more than had been expected, the Ageing Well monies would be coming through the following year. As services started to be more aligned with place, there would be more value for money and efficiencies could be sought by moving money around the system.

RE understood that a carer from a care home could ring the service and refer a patient, but the receptionist at his practice could not. He saw digital technology as the way forward and believed there were easy ways of integrating the service.

KN saw resilience and sustainability in the service and its potential to streamline processes.

KN, MD, RE, NG, IK, YM, SO, GP and MY withdrew to the ‘public gallery’.

PW was heartened to hear the practitioner feedback and would endeavour to develop a story for the Governing Body combining practitioner and service user feedback.

VD noted that the savings were system rather than cash-releasing and there was more work to be done to quantify them.

MW observed that the cost increase from £1m to £2.3m was significant, and asked where the risk would sit if it turned out to be even more than that.

AN advised that the Ageing Well budget would be received the following year and it would be important when making the move to place that, if there were a wish to expand, the source of funding for that were identified. In addition to finance, staffing would also be a limiting factor.

RP commented that there was an ever-increasing demand and in an ideal world money would move around the system following the patient; however, in reality hospital capacity just got used up to meet other demand.

HT led the Governing Body through the recommendations set out in the report to establish that there was a clear consensus around the proposals.

Pursuant to the recommendations of the Quality Committee and the Finance, Performance and Contracting Committee, the Governing Body:-

RECEIVED the business case for the recurrent funding for the Kirklees Urgent Community Response from 2023/23 onwards;
CONSIDERED the business case; and
APPROVED Option 3 set out in the report for the proposed recurrent Urgent Community Response budget (of £2,303k) and to direct award new contracts, via a waiver, for a period of 12 months to the Kirklees UCR Provider Alliance.

KN, MD, RE, NG, IK, YM, SO, GP and MY returned to the meeting.

RS left the meeting.

The meeting was adjourned for a break at 11.35 am and reconvened at 11.40 am.

79 Calderdale and Huddersfield Reconfiguration – Letter of Support

AN presented a report and undertook a presentation to provide an update on the business case for the reconfiguration of the Calderdale and Huddersfield Hospital sites. A timeline was set out in respect of the letter of support for the two parts of the reconfiguration, along with a review of the financial tests for the financial impact of the business case on the CCG. These were accompanied by an overview of the financial diligence and costs to YAS attributable to the reconfiguration of services.

CM observed that this information had been scrutinised in detail by the Quality Committee and the Finance, Performance and Contracting Committee at their "sandwich" meeting in September.

HT asked whether the letter was being prepared jointly with Calderdale CCG or independently and AN advised that the CCG(s) had been working jointly with Calderdale on the issue since March 2019.

KN asked the Governing Body members to confirm whether they were happy to support the proposal.

The Governing Body **APPROVED** the provision of a letter of support in relation to the Full Business Case for Huddersfield Royal Infirmary and the Outline Business Case for Calderdale Royal Hospital.

80 Joint Safeguarding Children and Adults Annual Report

PW presented the above report and led the Governing Body through its key messages. She drew members' attention to the risks related to CCG compliance with statutory/mandatory training and the importance of the liberty protection safeguards, the code of guidance for which was awaited.

The Governing Body **RECEIVED** the report, **NOTED** its content, and **CONFIRMED** that it was assured that the CCG was fulfilling its responsibilities as a statutory partner in safeguarding work and activity.

81 Integrated Care System – Development Update

RC presented a report to update and assure the Governing Body on the arrangements and progress in respect of the strategic objective to support integration within the NHS and between the NHS and local government and wider partners, achieving a smooth transition to a West Yorkshire Integrated Care System and a Kirklees Place-based Partnership. It included updates on the progression of the transition work, particularly in relation to transfer of functions, governance, people and financial governance.

SO highlighted the reference within section 2.7.1 of the report to CCG Governing Body lay, professional and GP members, and CM advised that a communication in respect of this had been sent out the previous day. With reference to section 2.13, she explained that Curo had been part of the design team but MHH had not, to date; RC confirmed that this had been due mainly to a change in staffing but MHH had been involved in the process and the Clinical Directors of all the PCNs were involved. CM added that Cathy Elliott, the Chair of Bradford District Care NHS Foundation Trust, had that morning been announced as Chair Designate of the ICB.

The Governing Body **NOTED** the continuing progress of the transition work being undertaken by the CCG and WY system and **CONFIRMED** it was assured on the progress to date and next steps to be undertaken.

82 Integrated Care Board Constitution – Development and Stakeholder Involvement

SJ presented a report outlining how the Health and Care Bill required that the relevant Clinical Commissioning Groups propose the constitution of the Integrated Care Board and, before making a proposal, consult any persons they consider it appropriate to consult. Subsequent guidance from NHSE had stated that CCGs would be legally responsible for the development of ICB constitutions, but it was expected that this process would be led by the designate ICS chair and CEO. It was required that system partners be engaged in the development of the constitution.

This report proposed the adoption of a ‘whole Partnership’ approach to developing the ICB constitution and involving stakeholders, whereby the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) would co-ordinate the work.

The Governing Body **APPROVED** the adoption of a 'whole Partnership' approach whereby West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) would co-ordinate:-

- the development of the draft integrated care board (ICB) constitution; and
- stakeholder involvement on the constitution.

The meeting was adjourned for a break at 12.10 pm and reconvened at 12.20 pm.

LG, RP and IK left the meeting.

83 Chair's and Chief Officer's Report

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

- COVID-19 Update

In terms of the vaccination programme, activity was currently focussed on the vaccination of 16-17 year-olds, with 47% having now received a first vaccination, and the school vaccination programme had been launched (for 12-15 year-olds), with a 44% uptake to date, even accounting for a slight delay in the reporting of the data.

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

84 Finance and Contracting Update

It was recognised that there were elements of both finance and contracting in which those working in local practices had an interest. However, these were unlikely to be discussed in a level of detail that would require further action to be taken.

AN presented a report providing an update in respect of the financial position of the CCG as of August 2021 (month 5). It included detailed analysis and information in respect of financial investment plans and highlighted the potential risk of slippage.

The report provided an early indication of financial risks and mitigations, particularly as H2 planning guidance and financial settlement had not yet been published, along with an update on the 2021/22 contract position as of July 2021 (month 4), highlighting issues where appropriate.

AN advised that, as the CCG moved into H2, reporting would be on the full year. She led the Governing Body through the detail of the report, including the investments and risks set out at sections 7 and 8 respectively.

MP outlined the key messages from the contracting section, explaining that H2 would retain the contracting arrangements from H1, but it was expected that these would revert to the pre-pandemic arrangements from April 2022.

NA joined the meeting.

The Governing Body **NOTED**:-

- The content of the report in respect of the financial position at August 2021 (month 5); and
- The key messages in respect of the July 2021 (month 4) contracts position.

85 Quality and Safety Report and Quality Dashboard

The report contained a section on the Curo CQC Report. Those working in NK practices (KN, MD, NG, YM and MY) were shareholders in Curo, and therefore declared a significant direct financial interest in this part of the item. It was very significant, but a conflicted discussion had been allowed at the meetings of the committees before they had been asked to leave the meetings. This formed part of a larger report at Governing Body and, if the Governing Body wished to discuss this particular element, then conflicted members would only be able to make an initial comment and would then need to retire to the 'public gallery' and HT would take the chair. If there were no specific discussion, then there would be no need to exclude them.

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 July 2021, providing a quality and safety update for the CCG's main providers plus the following information:-

- Becton Dickinson (BD) blood specimen; national shortage of collection bottles
- Neonatal BCG (Bacillus Calmette-Guérin Vaccine) for tuberculosis (TB)
- Curo
- Care Homes
- Update Medical examiner progress (in both acute Trusts)
- Care Quality Commission (CQC) assessments and ratings https://www.cqc.org.uk/news/providers/how-we-will-assess-quality-update-ratings-august-2021
- Patient Safety Specialists
- Special Educational Needs and Disabilities (SEND) annual report 20/21

PW led the Governing Body through the key points of the report, noting that there were increased quality and safety impacts in the system, as well as initiatives to improve quality and safety.

CW advised that the unrated report on the Curo inspection had now been published.

RE referred to risk in Primary Care and asked whether the Quality and Safety Report to Governing Body should contain a section on Primary Care. PW responded that the report which went to the Quality Committee contained such a section but this was then reported on to the Primary Care Commissioning Committee.

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

86 Performance Report against Key Performance Indicators for July 2021

NA presented a report detailing performance at Month 4 for 2021/22 against ALL NHS Constitutional Standards for Kirklees CCG.

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.

This 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. She remarked that standards had not been reduced, but there had been a relaxation of process. The focus was now on recovery rather than achieving targets.

PW referred to the 52-week wait figures but observed that the 104-week ones were not included. NA advised that there were some at CHFT but none at MYHT, the majority of which were out-of-area Calderdale residents but some were Huddersfield ones; most (but not all) of these had chosen to wait. She added that patients in this category should ideally be discharged and re-referred. She undertook to include this figure in the December report.

The Governing Body **NOTED** the performance of NHS Kirklees CCG, Calderdale and Huddersfield Foundation Trust and Mid Yorkshire Hospitals Trust 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.

87 High Level Risk Report: Cycle 3 2021/22 (August – October 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 3 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 advised that there had been a shift towards quality risk in this cycle but financial risk was likely to take a higher profile as the CCG moved into H2.

Referring to section 2.5.2 of the report he explained that Risk 1818 (availability of Appointment Slots at CHFT) had been a long-standing risk on the register of the former Greater Huddersfield CCG, albeit one which had been exacerbated by the pandemic. While it was now marked for closure as the target it referred to was no longer in operation, its underlying elements were reflected in current risks including 1844 (access to elective care services) and 1847 (achievement of local and national performance standards).

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).

88 Governing Body Work Plan

LE presented the Governing Body work plan for information, noting that there were only two Governing Body meetings left but there may be items of business to be considered in relation to the closure/transition to the new arrangements in addition to those currently included on the work plan.

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

89 Receipt of Minutes

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

- Kirklees Health and Wellbeing Board – 15 July 2021
- Primary Care Commissioning Committee – 14 July 2021
- Quality Committee – 28 July 2021
- Finance, Performance and Contracting Committee – 28 July 2021

90 Any Other Business

No items were raised.

91 Date and Time of Next Meeting

The next meeting of the Governing Body was scheduled for 10.30 am on Wednesday 8 December 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 12.45 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
ACTIONS RECENTLY CLOSED						
09/06/21	30	**Financial Plan H1 2021-22** AN to include details of the cumulative position in the Financial Plan H2 2021-22.	AN	October	13/10/21: AN reported that the ICS allocation was not yet known, but this information would be included as it was worked through.	**CLOSED**
11/08/21	45	**Patient Story** PW/VD to consider the provision of Dementia Friendly training and how the information in the video could be best shared with providers.	PW/VD	October	13/10/21: VD reported that this had been discussed at the working group on dementia and the mental health alliance and there would be a roll-out of training and refresher training both in Kirklees and on the wider West Yorkshire footprint.	**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	Governing Body	**Meeting Date**	8 December 2021
Title of Report	West Yorkshire Integrated Care Board – Draft Constitution	**Agenda Item No.**	7
Report Author	Stephen Gregg, Governance Lead, WY Health and Care Partnership Laura Ellis, CCG Head of Corporate Governance	**Public / Private Item**	Public
Clinical Lead	Dr Khalid Naeem	**Responsible Officer**	Carol McKenna, Chief Officer

Executive Summary
In October, the Governing Body was briefed on the requirement from the new Health and Care Bill for CCGs to propose the constitution of the Integrated Care Board (ICB) and before making a proposal, consult anyone CCGs consider it appropriate to consult. In West Yorkshire, the CCGs agreed that the West Yorkshire Health and Care Partnership should co-ordinate the development of the constitution and involvement with stakeholders. It is important to note that feedback from stakeholders is sought on the content of the draft constitution, not about whether ICBs should be established – as the latter will be required by law. Engagement has commenced, and the draft Constitution and supporting information is brought for the Governing Body's information, together with details of the process being followed and the next steps.

Previous Considerations

Name of meeting	Governing Body	**Meeting Date**	13 October 2021
Name of meeting	-	**Meeting Date**	-

Recommendations
It is recommended that the Governing Body note the process being followed to engage on the draft constitution. Comments on the draft constitution and supporting documents are invited by 5pm on 14th January 2022.

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	The draft constitution is currently going through engagement, and this report forms part of that process.
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?)	Support integration within the NHS and between the NHS and local government and wider partners, achieving a smooth transition to a West Yorkshire Integrated Care System and a Kirklees Place-based Partnership.	**Risk (include risk number and a brief description of the risk)**	1868 – risk of capacity issues affecting transition 1869 –health and wellbeing of staff during change
Legal / CCG Constitutional Implications	The Health and Social Care Bill requires CCGs to consult on the draft constitution for the ICB.	**Conflicts of Interest (include detail of any identified / potential conflicts)**	No specific conflicts arising from this report.

1. Introduction

1.1 The Health and Care Bill establishes Integrated Care Systems (ICSs). ICSs will be made up of a statutory NHS body – the Integrated Care Board (ICB) and a statutory joint committee - the Integrated Care Partnership (ICP). ICBs will be able to delegate significantly to place level and to provider collaboratives.

1.2 The ICB will be directly accountable for NHS spend and performance within the system. The ICP will be a wider and more inclusive group than the ICB and will develop an integrated care strategy to address the health, social care, and public health needs of their system. The membership and detailed functions of the ICP is up to local areas to decide.

1.3 Place-based arrangements between local authorities, the NHS and providers of health and care will be left to local areas to arrange. The statutory ICB will work to support places to integrate services and improve outcomes. Health and Wellbeing Boards will continue to have an important role in local places. NHS provider organisations will remain separate statutory bodies and retain their current structures and governance but will work collaboratively with partners.

1.4 A duty to co-operate will be introduced to promote collaboration across the healthcare, public health and social care system. ICSs, NHS England and NHS providers will be required to have regard to the 'Triple Aim' of better health and wellbeing for everyone, better care for all people, and sustainable use of NHS resources.

1.5 The Bill requires CCGs to propose the constitution of the ICB and before making a proposal, consult anyone they consider it appropriate to consult. In West Yorkshire, the CCGs have agreed that the West Yorkshire Health and Care Partnership should co-ordinate the development of the constitution and involvement with stakeholders. It is important to note that feedback from stakeholders is sought on the content of the draft constitution, not about whether ICBs should be established – as the latter will be required by law.

1.6 An ICS Governance Working Group, chaired by Tim Ryley, the Accountable Officer for Leeds CCG, has led the co-production of the ICB constitution. The Group includes partners from across the five places (Bradford District and Craven; Calderdale, Kirklees, Leeds and Wakefield) and sectors including NHS commissioners, provider collaboratives, local authorities, the voluntary, community AND social enterprise (VCSE) sector, Healthwatch and our Race Equality Network.

2. Detail

2.1 The ICB constitution

2.1.1 The draft constitution is attached at Appendix 1. Content which is prescribed by the national model is in black text, with local content in green. The constitution, and any subsequent changes to it, will need to be approved by NHS England. The constitution is a high-level document, designed to give flexibility to develop future arrangements. Much of the detail of the governance arrangements (for example Committee Terms of reference,

scheme of delegation, governance policies) will be included in an accompanying Governance Handbook, which will be published, but will not need to be agreed by NHS England. The key sections of the constitution are set out below.

2.2 Section 1 – Introduction

2.2.1 This section is based on the MoU that all Partners agreed in 2018 and which has underpinned our work as a Partnership. Effective governance is as much about ways of working, values and principles as arrangements and structures. It is critical that our ICB arrangements reflect and support the values and culture that we have established as a genuine partnership. We want to ensure that the ICB supports our focus on outcomes, reducing health inequalities and commitment to diversity and equality. Citizen voice will continue to be at the centre of decision-making.

2.2.2 Our Integrated Care Partnership (ICP), which will be chaired by a local authority elected member, will set the overall strategy for our ICS. The existing Partnership Board already largely fulfils the role of an ICP and means that we are well placed to transition to the new arrangements. In its five year plan the Partnership Board has set out our strategic direction and how we will work together to improve health and wellbeing and reduce health inequalities. The Partnership Board focuses on the wider connections between health and wider issues including socio-economic development, housing, employment and environment.

2.2.3 Our integrated care strategy will be built from the five place-based strategies which in turn will have been signed off by Health and Wellbeing Boards in each place and delivered through place-based partnership arrangements. Provider collaboratives will play a key role at both West Yorkshire and place level in delivering operational support, ‘at scale’ services and facilitating continuous development between partners.

2.3 Section 2 – Composition of the ICB Board

2.3.1 Our principles of subsidiarity mean that the ICB will primarily discharge its duties through delegation to place, alongside work that is delivered at WY level. Most decisions will be made at place level, in support of local Health and Wellbeing Board priorities. At system level, the ICB board will have a key role in executing the strategy set by the Integrated Care Partnership; its delivery in place and through provider collaboratives; and through engagement with partners at WY level.

2.3.2 Whilst aligning with nationally mandated roles, we propose to use our system language of places and providers, supported by system executive, clinical and professional leadership and overseen by independent lay members. The board is built on principles of inclusivity, independent challenge and citizen voice and reflects the scale and complexity of a diverse system which serves a population of 2.4. million.

2.3.3 The board will be one part of a complex, mature and inclusive decision-making framework, ensuring inclusivity, independent challenge and effectiveness across our system. The proposed composition is:

Proposed WY ICB Board	Minimum national requirement
Independent Lay perspective • Chair • 3 Lay members	• Chair • 2 Non-Executive directors
Healthwatch perspective • Healthwatch	• No minimum requirement
Place perspective • 5 Place members • Local authority	• No minimum place requirement • 1 local authority member
Provider perspectives • Acute provider • Mental health, learning disability and autism provider • Community provider • Primary medical services • Voluntary, community and social enterprise sector	One member drawn from • NHS trusts and foundation trusts • primary medical services (general practice) providers
System executive, clinical and professional • Chief Executive • Director of Finance • Director of Nursing • Medical Director • Director of Public Health	• Chief Executive • Director of Finance • Director of Nursing • Medical Director • No Public Health requirement
Total Board: 21	10

2.3.4 Other Participants who will inform decision-making include:

- The Chair of the Integrated Care Partnership
- Directors of the ICB
- A representative of the West Yorkshire Race Equality Network
- Subject matter experts as required
- Any other person that the Chair considers can contribute to the matter under discussion

2.4 Section 3 - Appointments process for the Board

2.4.1 This section outlines the proposed nomination and appointment process for all Board roles. The process will include a requirement to have regard to the Partnership's commitment to improve the diversity of its leadership. The minimum eligibility criteria for all roles are to meet the "fit and proper person test", be willing to uphold Nolan Principles and fulfil the requirements for experience, knowledge and skills set out in a role specification. All Board appointments are subject to the approval of the Chair.

2.5 **Section 4 – Arrangements for the exercise of our functions**

2.5.1 This section sets out the high-level arrangements for exercising the ICB's functions. The vast majority of ICB capacity and resources will remain in our places. To enable the delegation of key decisions and functions, places are developing governance models and committee structures to fit local circumstances, within the context of the principles set out in our constitution. Further detail about the proposed scope of the delegation is included in the draft high level scheme of delegation **(Annex 1)** and functions and decisions map **(Annex 2**).

2.5.2 In line with our approach of minimising detail in the constitution, we have not included details of the committees that the ICB may establish, except for the place-based committees to which the ICB will delegate many of its functions and those committees required by statute (Audit and Remuneration). A draft structure diagram is attached at **Annex 3.**

2.5.3 We have developed a set of governance standards which summarise the principles set out in our constitution and which we will apply across our system. The standards cover outcomes, values, transparency, citizen involvement, diversity, independent challenge and probity and are attached at **Annex 4.**

2.6 **Section 5 - Procedures for Making Decisions**

2.6.1 This section is linked to the Standing Orders attached at Appendix 2 to the constitution.

2.7 **Section 6 – Conflicts of interest and standards of business conduct**

2.7.1 This section sets out the principles of our approach to managing conflicts of interest. ICB policies for managing conflicts and standards of business conduct are currently under development.

2.8 **Section 7 – Accountability and transparency**

2.8.1 This section sets out our overarching principles for ensuring accountability and transparency. It covers:

- Arrangements for holding meetings in public and publishing papers.
- Arrangements for independent challenge, including complying with local authority overview and scrutiny requirements.

2.8.2 This section also includes our proposed approach to complying with the provider selection regime. Further details about this will be included in a separate policy.

2.9 **Section 8 - Terms and conditions of employees**

2.9.1 This section covers our proposed approach to determining the terms and conditions of employees, including the establishment of a Remuneration and Nomination Committee.

2.10 **Section 9 - Public involvement**

2.10.1 This section sets out our principles for involving people and communities and includes a link to the Partnership's communication and involvement framework.

2.11 **Appendix 2 - Standing orders**

2.11.1 The standing orders set out our arrangements for making decisions, which are based on governance good practice.

3. Next Steps

3.1 The West Yorkshire Health and Care Partnership is inviting feedback on the content of the draft constitution and the supporting documents. In particular, feedback is welcomed on:

a) the composition of the Board of the ICB.
b) the appointments process for members of the Board of the ICB.
c) the delegation of functions to place-based committees of the ICB, as set out in the high level scheme of reservation and delegation (Annex 2) and functions and decisions map (Annex 3).
d) the way the ICB will deal with conflicts of interest.
e) our principles for ensuring accountability and transparency.
f) how the ICB will comply with the requirements of the NHS Provider Selection Regime (subject to regulations).
g) the way the ICB intends to involve the public, patients, carers and stakeholders.

3.2 The timetable for involvement on the constitution is as follows:

Draft constitution published for comment Draft to NHS England.	8th November 2021
Involvement on constitution closes	14th January 2022
Collation of comments about the constitution	Nov to Jan 2022
Draft constitution amended to take account of comments.	Feb 2022
Final draft constitution presented to Partnership Board (3rd March) and Shadow ICB Board (TBA)	March 2022
Final version to NHS England.	11th March 2022
Constitution comes into being with creation of ICB	1st April 2022

4 Implications

As set out on cover page.

5 Recommendations

It is recommended that the Governing Body note the process being followed to engage on the draft constitution. Comments on the draft constitution and supporting documents are invited by 5pm on 14th January 2022.

6 Appendices

Appendix 1 – Draft ICB Constitution

Annex 1: A high-level scheme of reservation and delegation outlining key functions and decisions

Annex 2: A functions and decisions map - a ‘plan on a page’ of how decisions will be made

Annex 3: A governance structure diagram

Annex 4: Our ICS governance standards

Draft subject to the passage of the Health and Care Bill through Parliament, regulations and NHS England guidance

NHS West Yorkshire Integrated Care Board[1] Constitution: Draft V 0.2

Notes

This draft is based on the national model constitution. Text in black indicates a legal or policy requirement and should be retained unless agreed otherwise with NHS England. Text in green indicates a clause which is optional, or which requires local completion.

The constitution is a high-level document, subject to legislation, regulations, and guidance from NHS England. The detail of our arrangements is still under development and will be included in a separate Governance Handbook, which we will publish. To aid interpretation and understanding of the constitution, the following are attached:

- A high-level scheme of reservation and delegation outlining key functions and decisions (Annex 1)
- A functions and decisions map - a 'plan on a page' of how decisions will be made (Annex 2)
- A governance structure diagram (Annex 3)
- Our ICS governance standards (Annex 4).

These annexes **do not** form part of the constitution.

Version	Date	Changes
0.1	14.09.21	Outline draft circulated to ICS Governance Working Group
0.2	08.11.21	Comments and additional text from ICS Governance Working Group and ICS Senior Leadership forums, legal review.

[1] Naming conventions to be confirmed. Likely to be NHS West Yorkshire ICB.

Draft subject to the passage of the Health and Care Bill through Parliament, regulations and NHS England guidance

[Insert ICB logo]

NHS West Yorkshire Integrated Care Board

Part of the West Yorkshire and Harrogate Health and Care Partnership

CONSTITUTION

CONTENTS

1. Introduction

1.1 Background/ Foreword

1.1.1 NHS West Yorkshire Integrated Care Board is part of the West Yorkshire Health and Care Partnership. This constitution builds on the Memorandum of Understanding (MoU) that the Partnership agreed in 2018. That MoU set out our commitment to work together in partnership to realise our shared ambitions to reduce health inequalities, improve the health of the 2.4 million people who live in our area and improve the quality of their health and care services.

1.1.2 The Integrated Care Board (ICB) will work to deliver the strategy set by our Integrated Care Partnership (ICP). It will support the five place-based partnerships in West Yorkshire (Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield) as part of a well-established way of working to meet the diverse needs of our citizens and communities. These place-based partnerships, overseen by Health and Wellbeing Boards, and including councils, health and care providers, the voluntary community and social enterprise sector and Healthwatch, are key to achieving the ambitious improvements we want to see. In 2019 we set out our ambitions in our five year plan.

1.1.3 This constitution creates the framework for the ICB to delegate much decision-making authority and resources to our places. We recognise that there are also significant benefits in working together across a wider footprint and that local plans need to be complemented with a common vision and shared plan for West Yorkshire as a whole. We apply three tests to determine when to work at this level:

- to achieve a critical mass beyond local population level to achieve the best outcomes;
- to share best practice and reduce variation; and
- to achieve better outcomes for people overall by tackling 'wicked issues' (i.e., complex, intractable problems).

1.1.4 The West Yorkshire Health and Care Partnership ('the Partnership') includes eleven NHS providers[2], who come together in provider collaboratives to achieve better outcomes for people and ensure sustainable services in the future. These collaboratives are the West Yorkshire Association of Acute Trusts and the West Yorkshire Mental Health, Learning Disability and Autism Alliance. These collaboratives are formal entities who may be delegated formal responsibilities from the ICB, but also play a recognised formal and informal system leadership role to help deliver operational support, deliver 'at scale' services and facilitate continuous development between partners.

[2] Number to be confirmed in line with secondary legislation

1.1.5 The Partnership includes seven local government partners. The five Metropolitan Councils in West Yorkshire and North Yorkshire County Council lead on public health, adult social care and children's services, as well as statutory Health Overview and Scrutiny and the local Health and Wellbeing Boards. The Metropolitan Councils and Craven District Council lead on housing, licensing, planning, and environmental health which all influence the wider determinants of health. Together, they work with the NHS as commissioning and service delivery partners, as well as exercising formal powers to scrutinise NHS policy decisions.

1.1.6 The voluntary, community and social enterprise sector (VCSE) is an important part of our Partnership, working across all our places and programmes of work. Healthwatch ensure that citizen voice is at the centre of the Partnership. We are committed to meaningful conversations with people and value highly the feedback that people share with us. Effective public involvement, particularly with those with lived experience and who are seldom heard, ensures that we make the right decisions together about our health and care services. Our approach to public involvement is set out in section 9.

1.1.7 Our ultimate goal is to put people at the heart of everything we do so that together, we meet the diverse needs of all communities. People from Black, Asian and minority ethnic communities continue to face health inequalities, discrimination in the workplace and are more likely to develop and die as a result of serious diseases. Effective equality, diversity and inclusion (EDI) leads to improved health delivery and greater staff and patient experiences of the NHS. We want to ensure that our workforce is diverse and that people working and learning in ICBs can develop and thrive in a compassionate and inclusive environment and an organisational culture that promotes inclusion and embraces diversity. This will support and strengthen our response to tackling health inequalities through a whole systems approach.

1.1.8 This constitution sets out the role of the ICB in our partnership arrangements. It does not seek to introduce a hierarchical model; rather it supports a mutual accountability framework, based on principles of subsidiarity, to ensure we have collective ownership of delivery.

1.1.9 This constitution is based on the ethos that the ICB and our partnership is a servant of the people of West Yorkshire and of its member organisations. The ICB is a statutory body charged with specific legal duties and functions and there is no legal connection between the ICB constitution and the separate constitutions of other organisations in the ICS. The constitution does not replace or override the legal and regulatory frameworks that apply to our statutory NHS organisations and Councils. Instead it sits alongside and complements these frameworks, creating the foundations for closer and more formal collaboration.

1.1.10 The constitution is underpinned by the duty for NHS bodies and local authorities to co-operate and supports the triple aim that requires NHS bodies to consider the effects of their decisions on the health and wellbeing of the people of England, the quality of services and the sustainable and efficient use of resources.

1.1.11 Our approach to collaboration begins in each of the neighbourhoods which make up West Yorkshire, in which GP practices work together, with community and social care services in Primary Care Networks, to offer integrated health and care services for populations of 30-50,000 people. These integrated neighbourhood services focus on preventing ill health, supporting people to stay well, and providing them with high quality care and treatment when they need it.

1.1.12 Neighbourhood services sit within each of our five places. These places are the primary units for partnerships between NHS services, local authorities, charities and community groups, which work together to agree how to improve people's health and improve the quality of their health and care services.

1.1.13 The focus for these partnerships is moving increasing away from simply treating ill health to preventing it, to reducing health inequalities, and tackling the wider determinants of health, such as housing, employment, social inclusion and the physical environment.

1.1.14 The arrangements described in this constitution describe how we organise ourselves together to provide the best health and care, ensuring that decisions are always taken in the interest of the patients and populations we serve

1.1.15 We have worked together as the Partnership to develop a shared vision for health and care services across West Yorkshire:

- Places will be healthy - you will have the best start in life, so you can live and age well.
- If you have long term health conditions you will be supported to self-care through GPs and social care services working together. This will include peer support and via technology, such as telemedicine.
- If you have multiple health conditions, there will be a team supporting your physical, social and mental health needs. This will involve you, your family and carers, the NHS, social care and voluntary and community organisations.
- If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible
- Local hospitals will be supported by centres of excellence for services such as cancer and stroke

- All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example, community and hospital care working together.
- Communities and staff will be involved in the development and design of plans so that everyone truly owns their health care services.

1.1.16 We have agreed a set of guiding principles that shape everything we do through our Partnership:

- We will be ambitious for the people we serve and the staff we employ
- The Partnership belongs to its citizens and to commissioners and providers, councils and NHS. We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on health inequalities and people's health and wellbeing.
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and a potential source of conflict
- We will undertake shared analysis of problems and issues as the basis of taking action
- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible.

1.1.17 We commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire ;
- We support each other and work collaboratively;
- We act with honesty and integrity, and trust each other to do the same;
- We challenge constructively when we need to;
- We assume good intentions;
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery; and
- We will display the highest standards of inclusive behaviour and will be expected to adhere to expected competencies.

1.2 Name

1.2.1 The name of this Integrated Care Board is NHS West Yorkshire ICB[3] ("the ICB").

1.3 Area Covered by the Integrated Care Board

1.3.1 The area covered by the ICB is (insert appropriate description which must match that on the establishment order].

1.4 Statutory Framework

1.4.1 The ICB is established by order made by NHS England under powers in the 2006 Act.

1.4.2 The ICB is a statutory body with the general function of arranging for the provision of services for the purposes of the health service in England and is an NHS body for the purposes of the 2006 Act.

1.4.3 The main powers and duties of the ICB to commission certain health services are set out in sections 3 and 3A of the 2006 Act. These provisions are supplemented by other statutory powers and duties that apply to ICBs, as well as by regulations and directions (including, but not limited to, those made under the 2006 Act).

1.4.4 In accordance with section 14Z25(5) of, and paragraph 1 of Schedule 1B to, the 2006 Act the ICB must have a constitution, which must comply with the requirements set out in that Schedule. The ICB is required to publish its constitution (section 14Z29). This constitution is published at [Add web address]

1.4.5 The ICB must act in a way that is consistent with its statutory functions, both powers and duties. Many of these statutory functions are set out in the 2006 Act but there are also other specific pieces of legislation that apply to ICBs. Examples include, but are not limited to, the Equality Act 2010 and the Children Acts. Some of the statutory functions that apply to ICBs take the form of general statutory duties, which the ICB must comply with when exercising its functions. These duties include but are not limited to:

a) Having regard to and acting in a way that promotes the NHS Constitution (section 2 of the Health Act 1989 and section 14Z32 of the 2006 Act);
b) Exercising its functions effectively, efficiently and economically (section 14Z33 of the 2006 Act);

[3] Naming conventions to be confirmed.

c) Duties in relation children including safeguarding, promoting welfare etc (including the Children Acts 1989 and 2004, and the Children and Families Act 2014)
d) Adult safeguarding and carers (the Care Act 2014)
e) Equality, including the public-sector equality duty (under the Equality Act 2010) and the duty as to health inequalities (section 14Z35); and
f) Information law, (for instance, data protection laws, such as the EU General Data Protection Regulation 2016/679 and Data Protection Act 2018, and the Freedom of Information Act 2000).
g) Provisions of the Civil Contingencies Act 2004

1.4.6 The ICB is subject to an annual assessment of its performance by NHS England which is also required to publish a report containing a summary of the results of its assessment.

1.4.7 The performance assessment will assess how well the ICB has discharged its functions during that year and will, in particular, include an assessment of how well it has discharged its duties under—
a) section 14Z34 (improvement in quality of services),
b) section 14Z35 (reducing inequalities),
c) section 14Z38 (obtaining appropriate advice),
d) section 14Z43 (duty to have regard to effect of decisions)
e) section 14Z44 (public involvement and consultation),
f) sections 223GB to 223N (financial duties), and
g) section 116B(1) of the Local Government and Public Involvement in Health Act 2007 (duty to have regard to assessments and strategies).

1.4.8 NHS England has powers to obtain information from the ICB (section 14Z58 of the 2006 Act) and to intervene where it is satisfied that the ICB is failing, or has failed, to discharge any of its functions or that there is a significant risk that it will fail to do so (section 14Z59).

1.5 Status of this Constitution

1.5.1 The ICB was established on [date] by [*name and reference of establishment order*], which made provision for its constitution by reference to this document.

1.5.2 Changes to this constitution will not be implemented until, and are only effective from, the date of approval by NHS England.

1.6 Variation of this Constitution

1.6.1 In accordance with paragraph 14 of Schedule 1B to the 2006 Act this constitution may be varied in accordance with the procedure set out in this paragraph. The constitution can only be varied in two circumstances:

a) where the ICB applies to NHS England in accordance with NHS England's published procedure and that application is approved; and

b) where NHS England varies the constitution of its own initiative, (other than on application by the ICB).

1.6.2 The procedure for proposal and agreement of variations to the constitution is as follows:

a) The Chair and/or Chief Executive may periodically propose amendments to the constitution, which shall be submitted to the Board for approval. If the changes are material, there will be an engagement process with partners in the ICB. Proposed changes will be submitted to NHS England for approval.

b) Proposed amendments to this constitution will not be implemented until an application to NHS England for variation has been approved.

1.7 Related Documents

1.7.1 This Constitution is also supported by a number of documents which provide further details on how governance arrangements in the ICB will operate.

1.7.2 The following are appended to the constitution and form part of it for the purpose of clause 1.6 and the ICB's legal duty to have a constitution:

a) Standing orders– which set out the arrangements and procedures to be used for meetings and the selection and appointment processes for the ICB committees.

1.7.3 The following do not form part of the constitution but are required to be published.

a) The Scheme of Reservation and Delegation (SoRD)– sets out those decisions that are reserved to the Board of the ICB and those decisions that have been delegated in accordance with the powers of the ICB and which must be agreed in accordance with and be consistent with the constitution. The SoRD identifies where / who functions and decisions have been delegated to. (A draft high-level scheme of delegation is attached at Annex 1)

b) Functions and Decision map- a high level structural chart that sets out which key decisions are delegated and taken by which part or parts of the system. The Functions and Decision map also includes decision making responsibilities that are delegated to the ICB (for example, from NHS England). (A draft functions and decisions map is attached at Annex 2 and a draft governance structure at Annex 3)

c) **Standing Financial Instructions –** which set out the arrangements for managing the ICB's financial affairs.

d) **The ICS Governance Handbook[4]–** which includes:
- Terms of reference for all committees and sub-committees of the Board that exercise ICB functions.
- Delegation arrangements for all instances where ICB functions are delegated, in accordance with section 65Z5 of the 2006 Act, to another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body; or to a joint committee of the ICB and one or those organisations in accordance with section 65Z6 of the 2006 Act.
- Terms of reference of any joint committee of the ICB and another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body; or to a joint committee of the ICB and one or those organisations in accordance with section 65Z6 of the 2006 Act.
- [Add other key contents].

e) **Key policy documents[5] -** including:
- Standards of Business Conduct Policy
- Conflicts of interest policy and procedures
- Policy for public involvement and engagement

[4] The Governance Handbook will be published separately.

[5] Key policy documents are currently under development.

2. Composition of The Board of the ICB

2.1 This part of the constitution describes the membership of the Integrated Care Board. Further information about the criteria for the roles and how they are appointed is in Section 3.

2.2 Further information about the individuals who fulfil these roles can be found on our website [add link].

2.3 In accordance with paragraph 3 of Schedule 1B to the 2006 Act, the membership of the ICB (referred to in this constitution as "the Board" and members of the ICB are referred to as "Board Members") consists of:

a) a Chair
b) a Chief Executive
c) at least three Ordinary members.

2.4 The Ordinary Members include at least three members who will bring knowledge and a perspective from their sectors. These members (known as Partner Members) are identified and appointed in accordance with the procedures set out in Section 3 below**:**

- NHS trusts and foundation trusts who provide services within the ICB's area and are of a prescribed description
- the primary medical services (general practice) providers within the area of the ICB and are or a prescribed description
- the local authorities whose area coincides with or includes the whole or any part of the ICB's area.

While the Partner Members will bring knowledge and experience from their sector and will contribute the perspective of their sector to the decisions of the board, they are not to act as delegates of those sectors.

2.5 The ICB has five Partner Members.

2.6 As per NHS England Policy, the ICB has appointed the following additional Ordinary Members:

2.6.1.1 three executive members, namely:

- Director of Finance
- Medical Director
- Director of Nursing

2.6.1.2 Three independent non-executive members.

2.7 The ICB has also appointed the following further Ordinary Members: to the Board

a) A member representing Bradford, District and Craven place.

b) A member representing Calderdale place.
c) A member representing Kirklees place.
d) A member representing Leeds place.
e) A member representing Wakefield place.
f) A member representing Directors of Public Health.
g) A member representing Healthwatch.
h) A member representing the Voluntary, Community and Social Enterprise sector.

Regular Participants and Observers at Board Meetings

2.8 The Board may invite specified individuals to be Participants or Observers at its meetings in order to inform its decision-making and the discharge of its functions as it sees fit.

2.9 Participants will receive advanced copies of the notice, agenda and papers for Board meetings. They may be invited to attend any or all of the Board meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting but may not vote. The following may be invited as Participants:

- The Chair of the Integrated Care Partnership
- Directors of the ICB
- A representative of the West Yorkshire Race Equality Network
- Subject matter experts as required
- Any other person that the Chair considers can contribute to the matter under discussion.

2.10 Observers will receive advanced copies of the notice, agenda and papers for Board meetings. They may be invited to attend any or all of the Board meetings, or part(s) of a meeting by the Chair. Any such person may not address the meeting and may not vote.

3. Appointments Process for the Board[6]

3.1 Eligibility Criteria for Board Membership:

3.1.1 Each member of the ICB must:

a) Comply with the criteria of the "fit and proper person test"
b) Be willing to uphold the Seven Principles of Public Life (known as the Nolan Principles)
c) Fulfil the requirements relating to relevant experience, knowledge, skills and attributes set out in a role specification.
d) Commit to behave consistently as leaders and colleagues in ways which model and promote the shared values set out in paragraph 1.1.17.

3.2 Disqualification Criteria for Board Membership

3.2.1 A Member of Parliament, or member of the London Assembly.

3.2.2 A member of a local authority in England and Wales or of an equivalent body in Scotland or Northern Ireland.

3.2.3 A person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted—

a) in the United Kingdom of any offence, or
b) outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part, and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

3.2.4 A person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, sections 56A to 56K of the Bankruptcy (Scotland) Act 1985 or Schedule 2A to the Insolvency (Northern Ireland) Orde 1989 (which relate to bankruptcy restrictions orders and undertakings).

3.2.5 A person who, has been dismissed within the period of five years immediately preceding the date of the proposed appointment, otherwise than because of redundancy, from paid employment by any Health Service Body.

---

[6] The constitution and our detailed arrangements are subject to legislation, regulations and guidance from NHS England. To ensure that we are able to establish the ICB as a statutory organisation from 1st April, and to comply with national recruitment processes, we will be progressing appointments to ICB posts.

3.2.6 A person whose term of appointment as the chair, a member, a director or a governor of a health service body, has been terminated on the grounds:

a) that it was not in the interests of, or conducive to the good management of, the health service body or of the health service that the person should continue to hold that office
b) that the person failed, without reasonable cause, to attend any meeting of that health service body for three successive meetings,
c) that the person failed to declare a pecuniary interest or withdraw from consideration of any matter in respect of which that person had a pecuniary interest, or
d) of misbehaviour, misconduct or failure to carry out the person's duties;

3.2.7 A health care professional (within the meaning of section 14N of the 2006 Act) or other professional person who has at any time been subject to an investigation or proceedings, by any body which regulates or licenses the profession concerned ("the regulatory body"), in connection with the person's fitness to practise or any alleged fraud, the final outcome of which was—

a) the person's suspension from a register held by the regulatory body, where that suspension has not been terminated
b) the person's erasure from such a register, where the person has not been restored to the register
c) a decision by the regulatory body which had the effect of preventing the person from practising the profession in question, where that decision has not been superseded, or
d) a decision by the regulatory body which had the effect of imposing conditions on the person's practice of the profession in question, where those conditions have not been lifted.

3.2.8 A person who is subject to—

a) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002, or
b) an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual).

3.2.9 A person who has at any time been removed from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners for England and Wales, the Charity Commission, the Charity Commission for Northern Ireland or the High Court, on the grounds of misconduct or mismanagement in the administration of the charity for which the person was responsible, to which the person was privy, or which the person by their conduct contributed to or facilitated.

3.2.10 A person who has at any time been removed, or is suspended, from the management or control of any body under—

a) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990(f) (powers of the Court of Session to deal with the management of charities), or

b) section 34(5) or of the Charities and Trustee Investment (Scotland) Act 2005 (powers of the Court of Session to deal with the management of charities).

3.3 Chair

3.3.1 The ICB Chair is to be appointed by NHS England, with the approval of the Secretary of State.

3.3.2 In addition to criteria specified at 3.1, this member must fulfil the following additional eligibility criteria

a) The Chair will be independent.

b) Add any local criteria

3.3.3 In addition to criteria specified in 3.2, individuals will not be eligible if:

a) They hold a role in another health and care organisation within the ICB area.

b) Any of the disqualification criteria set out in 3.2 apply.

3.3.4 The term of office for the Chair will be 3 years and the total number of terms a Chair may serve is 3 terms.

3.4 Chief Executive

3.4.1 The Chief Executive will be appointed by the Chair of the ICB in accordance with any guidance issued by NHS England.

3.4.2 The appointment will be subject to approval of NHS England in accordance with any procedure published by NHS England

3.4.3 The Chief executive must fulfil the following additional eligibility criteria

a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 18(4)(b) of Schedule 1B to the 2006 Act

b) Specify any further local criteria

3.4.4 Individuals will not be eligible if

a) Any of the disqualification criteria set out in 3.2 apply

b) Subject to clause 3.4.3(a), they hold any other employment or executive role
c) Specify any further local exclusions

3.5 Partner Members - NHS Trusts and Foundation Trusts

3.5.1 This Partner Member *description to be inserted in accordance with the regulations, (not yet available)*: Those trusts are:

a) Airedale NHS Foundation Trust
b) Bradford District Care NHS Foundation Trust
c) Bradford Teaching Hospitals NHS Foundation Trust
d) Calderdale and Huddersfield NHS Foundation Trust
e) Harrogate and District NHS Foundation Trust1
f) Leeds and York Partnership NHS Foundation Trust
g) Leeds Community Healthcare NHS Trust
h) The Leeds Teaching Hospitals NHS Trust
i) The Mid Yorkshire Hospitals NHS Trust
j) South West Yorkshire Partnership NHS Foundation Trust
k) Yorkshire Ambulance Service NHS Trust

3.5.2 These members must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Be an Executive Director of one of the NHS Trusts or FTs within the ICB's area as listed at 3.5.1
b) Specify any other criteria as may be set out in any NHS England guidance
c) One shall bring the perspective of NHS Trusts or FTs providing acute services
d) One shall bring the perspective of NHS Trusts or FTs trusts providing mental health, learning disability and autism services.
e) One shall bring the perspective of NHS Trusts or FTs providing community services.
f) Specify any other criteria agreed locally by the ICB

3.5.3 Individuals will not be eligible if

a) Any of the disqualification criteria set out in 3.2 apply
b) add any exclusion criteria set out in NHS E guidance
c) Add any locally determined exclusion criteria

3.5.4 These members will be appointed by a process arranged by the Chief Executive and will be subject to the approval of the Chair. All appointments will be accordance with agreed ICB policies and national regulations and will take into account national guidance.

3.5.5 The appointment process will be as follows:

a) **Nominations** - NHS Trusts and Foundation Trusts listed at 3.5.1 that provide acute, mental health and community services within the ICB area and are of a description prescribed in the Regulations shall nominate eligible candidates to the Chief Executive, having regard to the ICB's commitment to improve the diversity of its leadership

a) **Appointment** – all eligible candidates shall be subject to an appointment process which will be convened by the Chief Executive and include a representative of each place. The process shall assess candidates against the eligibility criteria set out in para 3.1.1. It shall have regard to the ICB's commitment to improve the diversity of its leadership and to ensuring effective representation across places. Recruitment and selection processes will be designed to take account of equality, diversity and inclusion at each stage of the process. The appointment will be subject to the approval of the Chair.

3.5.6 The term of office for this Partner Member will be 3 years and the total number of terms they may serve is 3 terms.

3.5.7 Subject to satisfactory appraisal, the Chair may approve the re-appointment of the NHS trust and FT partner members up to the maximum number of terms permitted for their role.

3.6 Partner Member - Providers of Primary Medical Services.

3.6.1 This Partner Member is *description to be inserted in accordance with the regulations which are not yet available*].

3.6.2 This member must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Specify any other criteria set out by NHS England's guidance

b) General practitioners who provide primary medical services to a registered list of patients under a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract in the ICB area.

3.6.3 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply

b) Add any criteria set out in NHS E guidance

c) Add any locally determined criteria

3.6.4 This member will be appointed by a process arranged by the Chief Executive and will be subject to the approval of the Chair. All appointments will be accordance with agreed ICB policies and national regulations and will take into account national guidance.

3.6.5 The appointment process will be as follows:

b) **Nominations** shall be by the short listing of eligible candidates in response to an external advertisement. The shortlisting shall be carried out by a panel including a Clinical Director from each of the Primary Care Networks in each place and shall have regard to the ICB's commitment to improve the diversity of its leadership

c) **Appointment –** all eligible candidates shall be subject to an appointment process which will be convened by the Chief Executive and include a representative from each place. The process shall assess candidates against the eligibility criteria set out in para 3.1.1. and shall have regard to the ICB's commitment to improve the diversity of its leadership. Recruitment and selection processes will be designed to take account of equality, diversity and inclusion at each stage of the process. The appointment will be subject to the approval of the Chair.

3.6.6 The term of office for this Partner Member will be 3 years and the total number of terms they may serve is 3 terms.

3.6.7 Subject to satisfactory appraisal, the Chair may approve the re-appointment of the primary medical services partner member up to the maximum number of terms permitted for their role.

3.7 Partner Member - local authorities

3.7.1 This Partner Member *description to be inserted in accordance with the regulations, which are not yet available* from the local authorities whose areas coincide with, or include the whole or any part of, the ICB's area. Those local authorities are:

a) City of Bradford Metropolitan District Council
b) Calderdale Council
c) Craven District Council
d) Kirklees Council
e) Leeds City Council
f) North Yorkshire County Council
g) Wakefield Council

3.7.2 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Be the Chief Executive or relevant Executive level role of one of the bodies listed at 3.7.1
b) Specify any other criteria set out by NHS England's guidance
c) Be from a local authority at 3.7.1 which has statutory social care responsibility.

3.7.3 Individuals will not be eligible if

a) Any of the disqualification criteria set out in 3.2 apply
b) [Add any locally determined criteria
c) and any criteria set out in NHS E guidance]

3.7.4 This member will be appointed by a process arranged by the Chief Executive and will be subject to the approval of the Chair. All appointments will be accordance with agreed ICB policies and national regulations and will take into account national guidance

3.7.5 The appointment process will be as follows:

a) **Nominations** – the local authorities whose areas coincide with, or include the whole or any part of, the ICB's area shall nominate eligible candidates to the Chief Executive, having regard to the ICB's commitment to improving the diversity of its leadership.
d) **Appointment** – all eligible candidates shall be subject to an appointment process which will be convened by the Chief Executive and include a representative from each place. The process shall assess candidates against the eligibility criteria set out in para 3.1.1. and shall have regard to the ICB's commitment to improve the diversity of its leadership. Recruitment and selection processes will be designed to take account of equality, diversity and inclusion at each stage of the process. The appointment will be subject to the approval of the Chair.

3.7.6 The term of office for this Partner Member will be 3 years and the total number of terms they may serve is 3 terms.

3.7.7 Subject to satisfactory appraisal, the Chair may approve the re-appointment of the local authority partner up to the maximum number of terms permitted for their role.

3.8 Medical Director

3.8.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 18(4)(b) of Schedule 1B to the 2006 Act
b) Be a registered Medical Practitioner
c) Specify any other criteria set out by NHS England's guidance
d) Specify any other criteria agreed locally by the ICB

3.8.2 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply
b) Add any locally determined criteria

c) and any criteria set out in NHS E guidance

3.8.3 This member will be appointed by a process arranged by the Chief Executive and will be subject to the approval of the Chair. All appointments will be in accordance with agreed ICB policies and national regulations and will take into account national guidance.

3.8.4 The appointment process will be as follows:

a) **Nominations** – shall be by the short listing of eligible candidates in response to an external advertisement. The shortlisting shall be carried out by a panel convened by the Chief Executive.

b) **Appointment** - all eligible candidates shall be subject to an appointment process which will be convened by the Chief Executive. The process shall assess candidates against the eligibility criteria set out in para 3.1.1. and shall have regard to the ICB's commitment to improve the diversity of its leadership. Recruitment and selection processes will be designed to take account of equality, diversity and inclusion at each stage of the process. The appointment will be subject to the approval of the Chair.

3.9 Director of Nursing

3.9.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 18(4)(b) of Schedule 1B to the 2006 Act
b) Be a registered Nurse or Midwife
c) Specify any other criteria set out by NHS England's guidance
d) Specify any other criteria agreed locally by the ICB

3.9.2 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply
b) Add any locally determined criteria
c) and any criteria set out in NHS E guidance

3.9.3 This member will be appointed by a process arranged by the Chief Executive and will be subject to the approval of the Chair. All appointments will be accordance with agreed ICB policies and national regulations and will take into account national guidance.

3.9.4 The appointment process will be as follows:

a) **Nominations** – shall be by the short listing of eligible candidates in response to an external advertisement. The shortlisting shall be carried out by a panel convened by the Chief Executive.

b) **Appointment** - all eligible candidates shall be subject to an appointment process which will be convened by the Chief Executive. The process shall assess candidates against the eligibility criteria set out in para 3.1.1. and shall have regard to the ICB's commitment to improve the diversity of its leadership. Recruitment and selection processes will be designed to take account of equality, diversity and inclusion at each stage of the process. The appointment will be subject to the approval of the Chair.

3.10 Director of Finance

3.10.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 18(4)(b) of Schedule 1B to the 2006 Act

b) Specify any other criteria set out by NHS England's guidance

c) Be a qualified accountant.

3.10.2 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply

b) [Add any locally determined criteria

c) and any criteria set out in NHS E guidance]

3.10.3 This member will be appointed by a process arranged by the Chief Executive and will be subject to the approval of the Chair. All appointments will be accordance with agreed ICB policies and national regulations and will take into account national guidance.

3.10.4 The appointment process will be as follows:

a) **Nominations** – shall be by the short listing of eligible candidates in response to an external advertisement. The shortlisting shall be carried out by a panel convened by the Chief Executive.

b) **Appointment** - all eligible candidates shall be subject to an appointment process which will be convened by the Chief Executive. The process shall assess candidates against the eligibility criteria set out in para 3.1.1. and shall have regard to the ICB's commitment to improve the diversity of its leadership. Recruitment and selection processes will be designed to take account of equality, diversity and inclusion at each stage of the

process. The appointment will be subject to the approval of the Chair.

3.11 Three Independent Non-Executive Members

3.11.1 The ICB will appoint three independent Non-Executive Members. One of these members shall be appointed by the Chair as the senior independent member.

3.11.2 This member must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a) Will be independent and not hold positions or offices in other health and care organisations within the ICB area.

3.11.3 These members will be appointed by a process arranged by the Chief Executive and will be subject to the approval of the Chair. All appointments will be accordance with agreed ICB policies and national regulations and will take into account national guidance

3.11.4 These members will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Not be employee of the ICB or a person seconded to the ICB
b) Not hold a role in another health and care organisation in the ICS area
c) One shall have specific knowledge, skills and experience that makes them suitable for appointment to the Chair of the Audit Committee
d) Another should have specific knowledge, skills and experience that makes them suitable for appointment to the Chair of the Remuneration and Nomination Committee
e) Specify any other criteria set out by NHS England's guidance
f) Specify any other criteria agreed locally by the ICB

3.11.5 Individuals will not be eligible if

a) Any of the disqualification criteria set out in 3.2 apply
b) They hold a role in another health and care organisation within the ICB area
c) add any locally determined criteria
d) and any criteria set out in NHS E guidance

3.11.6 The appointment process will be as follows:

a) **Nominations** – shall be by the short listing of eligible candidates in response to an external advertisement. The shortlisting shall be carried out by a panel convened by the Chief Executive.

e) **Appointment** – all eligible candidates shall be subject to an appointment process which will be convened by the Chief Executive and include a representative from each place. The process shall assess candidates against the eligibility criteria set out in para 3.1.1. and shall have regard to the ICB's commitment to improve the diversity of its leadership. Recruitment and selection processes will be designed to take account of equality, diversity and inclusion at each stage of the process. The appointment will be subject to the approval of the Chair.

3.11.7 The term of office for an independent non-executive member will be 3 years and the total number of terms an individual may serve is 3 terms, after which they will no longer be eligible for re-appointment.

3.11.8 Initial appointments may be for a shorter period in order to avoid all non-executive members retiring at once. Thereafter, new appointees will ordinarily retire on the date that the individual they replaced was due to retire in order to provide continuity.

3.11.9 Subject to satisfactory appraisal, the Chair may approve the re-appointment of an independent non-executive member up to the maximum number of terms permitted for their role.

3.12 Other board members

3.13 Five Members – Place-based Partnerships

3.13.1 These Members will bring the perspective of the place-based partnerships in:

a) Bradford District and Craven
b) Calderdale
c) Kirklees
d) Leeds
e) Wakefield

3.13.2 This member must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a) Be a senior leader of a partner organisation in a place-based partnership.
b) Specify any other criteria agreed locally by the ICB

3.13.3 Individuals will not be eligible if

a) Any of the disqualification criteria set out in 3.2 apply
b) add any exclusion criteria set out in NHS E guidance
c) add any locally determined exclusion criteria

3.13.4 Initially, these members shall either be those senior leaders from each place who have been appointed as Place Directors through an agreed organisational change process or where a place does not have a Place Director role, shall be another nominated senior leader representative of the place.

3.13.5 Subsequently, when a vacancy arises, these members will be appointed by a process arranged by the Chief Executive and will be subject to the approval of the Chair. All appointments will be accordance with agreed ICB policies and national regulations and will take into account national guidance.

3.13.6 The appointment process will be as follows:

a) **Nominations** – each of the place-based partnerships set out at 3.13.1 shall nominate eligible candidates to the Chief Executive, having regard to the ICB's commitment to improving the diversity of its leadership.
b) **Appointment** – all eligible candidates shall be subject to an appointment process which will be convened by the Chief Executive. The process shall assess candidates against the eligibility criteria set out in para 3.1.1. and shall have regard to the ICB's commitment to improve the diversity of its leadership. Recruitment and selection processes will be designed to take account of equality, diversity and inclusion at each stage of the process. The appointment will be subject to the approval of the Chair.

3.14 Director of Public Health

3.14.1 This member will bring the perspective of Directors of Public Health from the local authorities with responsibilities for public health whose areas coincide with, or include the whole or any part of, the ICB's area. Those local authorities are:

a) City of Bradford Metropolitan District Council
b) Calderdale Council
c) Kirklees Council
d) Leeds City Council
e) North Yorkshire County Council
f) Wakefield Council

3.14.2 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Be the Director of Public Health of one of the bodies listed at 3.7.1
b) Specify any other criteria set out by NHS England's guidance
c) Specify any local criteria.

3.14.3 Individuals will not be eligible if

a) Any of the disqualification criteria set out in 3.2 apply
b) [Add any locally determined criteria

c) and any criteria set out in NHS E guidance]

3.14.4 This member will be appointed by a process arranged by the Chief Executive and will be subject to the approval of the Chair. All appointments will be accordance with agreed ICB policies and national regulations and will take into account national guidance.

3.14.5 The appointment process will be as follows:

a) **Nominations** – the local authorities whose areas coincide with, or include the whole or any part of, the ICB's area shall nominate eligible candidates to the Chief Executive, having regard to the ICB's commitment to improving the diversity of its leadership.
b) **Appointment** – all eligible candidates shall be subject to an appointment process which will be convened by the Chief Executive and include a representative of each place. The process shall assess candidates against the eligibility criteria set out in para 3.1.1. and shall have regard to the ICB's commitment to improve the diversity of its leadership. Recruitment and selection processes will be designed to take account of equality, diversity and inclusion at each stage of the process. The appointment will be subject to the approval of the Chair.

3.14.6 The term of office for this Member will be 3 years and the total number of terms they may serve is 3 terms.

3.14.7 Subject to satisfactory appraisal, the Chair may approve the re-appointment of the local authority partner up to the maximum number of terms permitted for their role.

3.15 Member - Voluntary, community and social enterprise sector

3.15.1 This Member will bring the perspective of organisations from the voluntary, community and social enterprise sector (VCSE) which provide health and care services in the ICB area.

3.15.2 This member must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a) Be a senior leader of a voluntary, community and social enterprise sector which provide health and care services in the ICB area.
b) Specify any other criteria agreed locally by the ICB

3.15.3 Individuals will not be eligible if

a) Any of the disqualification criteria set out in 3.2 apply
b) add any exclusion criteria set out in NHS E guidance
c) add any locally determined exclusion criteria

3.15.4 This member will be appointed by a process arranged by the Chief Executive and will be subject to the approval of the Chair. All appointments will be accordance with agreed ICB policies and national regulations and will take into account national guidance.

3.15.5 The appointment process will be as follows:

a) **Nominations** shall be by the short listing of eligible candidates in response to an external advertisement. The shortlisting shall be carried out by a panel including a VCSE representative from each of the places set out at 3.13.1 and shall have regard to the ICB's commitment to improve the diversity of its leadership

b) **Appointment –** all eligible candidates shall be subject to an appointment process which will be convened by the Chief Executive and include a representative from each place. The process shall assess candidates against the eligibility criteria set out in para 3.1.1. and shall have regard to the ICB's commitment to improve the diversity of its leadership. Recruitment and selection processes will be designed to take account of equality, diversity and inclusion at each stage of the process. The appointment will be subject to the approval of the Chair.

3.15.6 The term of office for this Member will be 3 years and the total number of terms they may serve is 3 terms.

3.15.7 Subject to satisfactory appraisal, the Chair may approve the re-appointment of the VCSE partner member up to the maximum number of terms permitted for their role.

3.16 Member - Healthwatch

3.16.1 This Member will bring the perspective of all Healthwatch organisations in the ICB area.

3.16.2 This member must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a) Be a senior leader of a Healthwatch organisation in the ICB area.
b) Specify any other criteria agreed locally by the ICB

3.16.3 Individuals will not be eligible if

a) Any of the disqualification criteria set out in 3.2 apply
b) add any exclusion criteria set out in NHS E guidance
c) add any locally determined exclusion criteria

3.16.4 This member will be appointed by a process arranged by the Chief Executive, subject to the approval of the Chair. All appointments will be

accordance with agreed ICB policies and national regulations and will take into account national guidance.

3.16.5 The appointment process will be as follows:

a) **Nominations** the Healthwatch organisations whose areas coincide with, or include the whole or any part of, the ICB's area shall nominate eligible candidates to the Chief Executive, having regard to the ICB's commitment to improving the diversity of its leadership.

b) **Appointment –** all eligible candidates shall be subject to an appointment process which will be convened by the Chief Executive and include a representative from each place. The process shall assess candidates against the eligibility criteria set out in para 3.1.1. and shall have regard to the ICB's commitment to improve the diversity of its leadership. The appointment will be subject to the approval of the Chair.

3.16.6 The term of office for this Member will be 3 years and the total number of terms they may serve is 3 terms.

3.16.7 Subject to satisfactory appraisal, the Chair may approve the re-appointment of the Healthwatch partner Member up to the maximum number of terms permitted for their role.

3.17 Board Members: Removal from Office.

3.17.1 Arrangements for the removal from office of Board members is subject to the term of appointment, and application of the relevant ICB policies and procedures.

3.17.2 With the exception of the Chair of the Board, members shall be removed from office if any of the following occurs:

a) If they no longer fulfil the requirements of their role or become ineligible for their role as set out in this constitution, regulations or guidance

b) If they fail to attend three consecutive meetings unless agreed with the Chair in extenuating circumstances

c) If they are deemed to not meet the expected standards of performance at their annual appraisal.

d) If they have behaved in a manner or exhibited conduct which has or is likely to be detrimental to the honour and interest of the ICB and is likely to bring the ICB into disrepute. This includes but it is not limited to failing to meet the ICB standards of business conduct; misrepresentation (either knowingly or fraudulently); defamation of any member of the ICB (being slander or libel); abuse of position; non-declaration of a known conflict of interest; seeking to manipulate a decision of the ICB in a manner that would ultimately be in favour of that member whether financially or otherwise: gross misconduct.

e) Are deemed to have failed to uphold the Nolan Principles of Public Life
f) Are subject to disciplinary proceedings by a regulator or professional body

3.17.3 Members may be suspended pending the outcome of an investigation arranged by the Chief Executive into whether any of the matters in 3.13.3 apply.

3.17.4 Executive Directors (including the Chief Executive) will cease to be Board members if their employment in their specified role ceases, regardless of the reason for termination of the employment.

3.17.5 The Chair of the ICB may be removed by NHS England, subject to the approval of the Secretary of State.

3.17.6 If NHS England is satisfied that the ICB is failing or has failed to discharge any of its functions or that there is a significant risk that the ICB will fail to do so, it may:

a) terminate the appointment of the ICB's chief executive; and
b) direct the chair of the ICB as to which individual to appoint as a replacement and on what terms.

3.18 Terms of Appointment of Board Members

3.18.1 With the exception of the Chair, Non-executive members and Chief executive, arrangements for remuneration and any allowances will be agreed by the Remuneration and Nomination Committee in line with the ICB remuneration policy and any other relevant policies published [say where] and any guidance issued by NHS England or other relevant body. Remuneration for Chairs, Non Executives and chief executives will be set by NHS England.

3.18.2 Other terms of appointment will be determined by the Remuneration and Nomination Committee.

3.18.3 Terms of appointment of the Chair will be determined by NHS England.

4. Arrangements for the Exercise of our Functions.

4.1 Good Governance

4.1.1 The ICB will, at all times, observe generally accepted principles of good governance. This includes the Nolan Principles of Public Life and any governance guidance issued by NHS England.

4.1.2 The ICB has agreed a Standards of Business Conduct policy which sets out the expected behaviours that members of the board and its committees will uphold whilst undertaking ICB business. It also includes a set of governance standards and principles that will guide decision making in the ICB. The ICB code of conduct, governance standards and behaviours are published in the Governance Handbook.

4.2 General

4.2.1 The ICB will:

a) comply with all relevant laws including but not limited to the 2006 Act and the duties prescribed within it and any relevant regulations;
b) comply with directions issued by the Secretary of State for Health and Social Care
c) comply with directions issued by NHS England;
d) have regard to statutory guidance including that issued by NHS England; and
e) take account, as appropriate, of other documents, advice and guidance issued by relevant authorities, including that issued by NHS England.
f) respond to reports and recommendations made by local Healthwatch organisations within the ICB area

4.2.2 The ICB will develop and implement the necessary systems and processes to comply with (a)-(e) above, documenting them as necessary in this constitution, its governance handbook and other relevant policies and procedures as appropriate.

4.3 Authority to Act

4.3.1 The ICB is accountable for exercising its statutory functions and may grant authority to act on its behalf to:

a) any of its members or employees
b) a committee or sub-committee of the ICB

4.3.2 Under section 65Z5 of the 2006 Act, the ICB may arrange with another ICB, an NHS trust, NHS foundation trust, NHS England, a local authority, combined authority or any other body prescribed in Regulations, for the

ICB's functions to be exercised by or jointly with that other body or for the functions of that other body to be exercised by or jointly with the ICB. Where the ICB and other body enters such arrangements, they may also arrange for the functions in question to be exercised by a joint committee of theirs and/or for the establishment of a pooled fund to fund those functions (section 65Z6). In addition, under section 75 of the 2006 Act, the ICB may enter partnership arrangements with a local authority under which the local authority exercises specified ICB functions or the ICB exercises specified local authority functions, or the ICB and local authority establish a pooled fund.

4.3.3 Where arrangements are made under section 65Z5 or section 75 of the 2006 Act the board must authorise the arrangement, which must be described as appropriate in the SoRD.

4.4 Scheme of Reservation and Delegation

4.4.1 The ICB has agreed a scheme of reservation and delegation (SoRD) which is published in full [add where] (Note: a high level SoRD is attached at Annex 1)

4.4.2 Only the Board may agree the SoRD and amendments to the SoRD may only be approved by the Board

4.4.3 The SoRD sets out:

a) those functions that are reserved to the board;
b) those functions that have been delegated to an individual or to committees and sub committees;
c) those functions delegated to another body or to be exercised jointly with another body, under section 65Z5 and 65Z6 of the 2006 Act

4.4.4 The ICB remains accountable for all of its functions, including those that it has delegated. All those with delegated authority are accountable to the Board for the exercise of their delegated functions.

4.5 Functions and Decision Map

4.5.1 The ICB has prepared a Functions and Decision Map which sets out at a high level its key functions and how it exercises them in accordance with the SoRD. (Note: A draft functions and decisions map is attached at Annex 2)

4.5.2 The Functions and Decision Map is published [add web address]

4.5.3 The map includes:

4.5.3.1 Key functions reserved to the Board of the ICB

4.5.3.2 Commissioning functions delegated to committees and individuals.

4.5.3.3 Commissioning functions delegated under section 65Z5 and 65Z6 of the 2006 Act to be exercised by, or with, another ICB, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body;

4.5.3.4 functions delegated to the ICB (for example, from NHS England).

4.6 Committees and Sub-Committees

4.6.1 The ICB may appoint committees and arrange for its functions to be exercised by such committees. Each committee may appoint sub-committees and arrange for the functions exercisable by the committee to be exercised by those sub-committees.

4.6.2 In line with the ICB's principles of subsidiarity, the ICB has established committees in each of its places (Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield. These committee have delegated authority from the Board to make decisions about ICB functions and resources at place level as set out in the SoRD. All committees and sub-committees are listed in the SoRD.

4.6.3 Each committee established by the ICB operates under terms of reference and membership agreed by the Board. All terms of reference are published in the Governance Handbook[7].

4.6.4 The Board remains accountable for all functions, including those that it has delegated to committees and subcommittees and therefore, appropriate reporting and assurance arrangements are in place and documented in terms of reference. All committees and sub committees that fulfil delegated functions of the ICB, will be required to:

a) operate within its terms of reference. For committees, these will be approved by the Board and for sub-committees these will be approved by the parent committee.

b) have due regard to and operate within the Constitution, standing orders, standing financial instructions and other financial procedures of the ICB.

c) submit their minutes to each formal Board meeting or, in the case of sub committees, to its parent committee.

d) publish their minutes on the ICB website once ratified.

[7] Under development.

e) draw to the attention of the Board or parent committee any significant risks.

f) undertake an annual self-assessment of their own performance. This self-assessment shall form the basis of the annual report from the committee or sub committee.

g) submit an annual report to the Board or parent Committee.

h) members will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct

i) demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity

4.6.5 Any committee or sub-committee established in accordance with clause 4.6 may consist of, or include, persons who are not ICB Members or employees.

4.6.6 All members of committees and sub-committees are required to act in accordance with this constitution, including the standing orders as well at the SFIs and any other relevant ICB policy.

4.6.7 The following committees will be maintained:

4.6.7.1 **Audit Committee:** This committee is accountable to the Board and provides an independent and objective view of the ICB's compliance with its statutory responsibilities. The committee is responsible for arranging appropriate internal and external audit.

The Audit Committee will be chaired by an independent non-executive member (other than the Chair of the ICB) who has the qualifications, expertise or experience to enable them to express credible opinions on finance and audit matters.

4.6.7.2 **Remuneration and Nomination Committee:** This committee is accountable to the Board for matters relating to remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the ICB.

The Remuneration and Nomination Committee will be chaired by an independent non-executive member other than the Chair or the Chair of Audit Committee.

4.6.8 The terms of reference for each of the above committees are published in the governance handbook.

4.6.9 The Board has also established a number of other committees to assist it with the discharge of its functions. These committees are set out in the SoRD and further information about these committees, including terms of reference, are published in the Governance Handbook.

4.7 Delegations made under section 65Z5 of the 2006 Act

4.7.1 As per 4.3.2 The ICB may arrange for any functions exercisable by it to be exercised by or jointly with any one or more other relevant bodies (another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body).

4.7.2 All delegations made under these arrangements are set out in the ICB Scheme of Reservation and Delegation and included in the Functions and Decision Map.

4.7.3 Each delegation made under section 65Z5 of the Act will be set out in a delegation arrangement which sets out the terms of the delegation. This may, for joint arrangements, include establishing and maintaining a pooled fund. The power to approve delegation arrangements made under this provision will be reserved to the Board.

4.7.4 The Board remains accountable for all the ICB's functions, including those that it has delegated and therefore, appropriate reporting and assurance mechanisms are in place as part of agreeing terms of a delegation and these are detailed in the delegation arrangements, summaries of which will be published in the governance handbook]

4.7.5 In addition to any formal joint working mechanisms, the ICB may enter into strategic or other transformation discussions with its partner organisations on an informal basis.

5. Procedures for Making Decisions

5.1 Standing Orders

5.1.1 The ICB has agreed a set of standing orders which describe the processes that are employed to undertake its business. They include procedures for:

- conducting the business of the ICB
- the procedures to be followed during meetings; and
- the process to delegate functions.

5.1.2 The Standing Orders apply to all committees and sub-committees of the ICB unless specified otherwise in terms of reference which have been agreed by the Board.

5.1.3 A full copy of the Standing Orders is included in Appendix 2 and forms part of this constitution.

5.2 Standing Financial Instructions (SFIs)[8]

5.2.1 The ICB has agreed a set of SFIs which include the delegated limits of financial authority set out in the SoRD.

5.2.2 A copy of the SFIs published specify where

[8] Standing Financial Instructions are under development.

6. Arrangements for Conflict of Interest Management and Standards of Business Conduct

6.1 Conflicts of Interest

[Subject to change in line with NHS England guidance]

6.1.1 As required by section 14Z30 of the 2006 Act, the ICB has made arrangements to manage any actual and potential conflicts of interest to ensure that decisions made by the ICB will be taken and seen to be taken without being unduly influenced by external or private interest and do not, (and do not risk appearing to) affect the integrity of the ICB's decision-making processes.

6.1.2 The ICB has agreed policies and procedures for the identification and management of conflicts of interest which are published on the website

6.1.3 All Board, committee and sub-committee members, and employees of the ICB, will comply with the ICB policy on conflicts of interest in line with their terms of office and/ or employment. This will include but not be limited to declaring all interests on a register that will be maintained by the ICB.

6.1.4 All delegation arrangements made by the ICB under Section 65Z5 of the 2006 Act will include a requirement for transparent identification and management of interests and any potential conflicts in accordance with suitable policies and procedures comparable with those of the ICB.

6.1.5 Where an individual, including any individual directly involved with the business or decision-making of the ICB and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the ICB considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this Constitution, the Conflicts of interest Policy and the Standards of Business Conduct Policy.

6.1.6 The ICB has appointed the Audit Chair to be the Conflicts of Interest Guardian. In collaboration with the ICB's governance lead, their role is to:

a) Act as a conduit for members of the public and members of the partnership who have any concerns with regards to conflicts of interest;
b) Be a safe point of contact for employees or workers to raise any concerns in relation to conflicts of interest;
c) Support the rigorous application of conflict of interest principles and policies;
d) Provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;

e) Provide advice on minimising the risks of conflicts of interest.

6.2 Principles

6.2.1 In discharging our functions, the ICB will abide by the following principles:

a) Recognising that the perception of wrongdoing, impaired judgement or undue influence can be as detrimental as any of them actually occurring. If in doubt, it is better to assume the existence of a conflict of interest and manage it appropriately rather than ignore it. For a conflict of interest to exist, financial gain is not necessary.

b) Doing business appropriately – conflicts of interest become much easier to identify, avoid and/or manage when the processes for needs assessments, consultation mechanisms, commissioning strategies and procurement procedures are right from the outset, because the rationale for all decision-making will be clear and transparent and should withstand scrutiny.

c) Being proactive, not reactive – the ICB will seek to identify and minimise the risk of conflicts of interest at the earliest possible opportunity for instance by considering potential conflicts of interest when appointing individuals to join the Board or other decision-making bodies, and by ensuring individuals receive proper induction and understand their obligations to declare conflicts of interest.

d) Being balanced, appropriate and proportionate to the circumstances and context – rules will be clear and robust but not overly prescriptive or restrictive. They should ensure that decision-making processes are transparent and fair whilst not being overly constraining, complex or cumbersome.

e) Being transparent – the ICB will document the approach and decisions taken at every stage in the decision-making process so that a clear audit trail is evident.

f) Creating an environment and culture where individuals feel supported and confident in declaring relevant information and raising any concerns.

6.3 Declaring and Registering Interests

6.3.1 The ICB maintains registers of the interests of:

a) Members of the ICB
b) Members of the Board's committees and sub-committees
c) Its employees

6.3.2 In accordance with section 14Z30(2) of the 2006 Act registers of interest are published on the ICB website /add where.

6.3.3 All relevant persons as per 6.1.3 and 6.1.5 must declare any conflict or potential conflict of interest relating to decisions to be made in the exercise of the ICB's commissioning functions.

6.3.4 Declarations should be made as soon as reasonably practicable after the person becomes aware of the conflict or potential conflict and in any event within 28 days. This could include interests an individual is pursuing. Interests will also be declared and discussed on appointment and during relevant discussion in meetings.

6.3.5 All declarations will be entered in the registers as per 6.3.1

6.3.6 The ICB will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually.

6.3.7 Interests (including gifts and hospitality) of decision-making staff will remain on the public register for a minimum of six months. In addition, the ICB will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The ICB's published register of interests states that historic interests are retained by the ICB for the specified timeframe and details of whom to contact to submit a request for this information.

6.3.8 Activities funded in whole or in part by third parties who may have an interest in ICB business such as sponsored events, posts and research will be managed in accordance with the ICB policy to ensure transparency and that any potential for conflicts of interest are well-managed.

6.4 Standards of Business Conduct

6.4.1 Board members, employees, committee and sub-committee members of the ICB will at all times comply with this Constitution and be aware of their responsibilities as outlined in it. They should:

a) act in good faith and in the interests of the ICB;
b) follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles);
c) comply with the ICB Standards of Business Conduct Policy, and any requirements set out in the policy for managing conflicts of interest.

6.4.2 Individuals contracted to work on behalf of the ICB or otherwise providing services or facilities to the ICB will be made aware of their obligation to declare conflicts or potential conflicts of interest. This requirement will be written into their contract for services and is also outlined in the ICB's Standards of Business Conduct policy.

7. Arrangements for ensuring Accountability and Transparency

7.0 The ICB will demonstrate its accountability to local people, stakeholders and NHS England in a number of ways, including by upholding the requirement for transparency in accordance with paragraph 11(2) of Schedule 1B to the 2006 Act.

7.1 Principles

7.1.1 We will

a) provide information that is clear and easy to understand, free of jargon and in plain language;
b) be timely, targeted and proportionate in how we communicate and engage;
c) foster good relationships and trust by being open, honest and accountable;
d) ask people what they think and listen to their views;
e) talk to our communities including those most likely to be affected by any change;
f) provide feedback about decisions and explain how public and stakeholder views have had an impact;
g) work in partnership with other organisations in West Yorkshire;
h) use resources well to make sure we get the most out of what we have;
i) review and evaluate our work, using learning to make improvements.

7.2 Meetings and publications

7.2.1 Board and committee meetings will be held in public except where a resolution is agreed to exclude the public on the grounds that it is believed to not be in the public interest.

7.2.2 Papers and minutes of all meetings held in public will be published.

7.2.3 Annual accounts will be externally audited and published.

7.2.4 A clear complaints process will be published.

7.2.5 The ICB will comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the ICB.

7.2.6 information will be provided to NHS England as required.

7.2.7 The constitution and governance handbook will be published as well as other key documents including but not limited to:

a) Conflicts of interest policy and procedures
b) Registers of interests
c) Standards of Business Conduct
d) add further documents

7.2.8 The ICB will publish, with our partner NHS trusts and NHS foundation trusts, a plan at the start of each financial year that sets out how the ICB proposes to exercise its functions during the next five years. The plan will explain how the ICB proposes to discharge its duties under:

- section 14Z34 (improvement in quality of services),
- section 14Z35 (reducing inequalities),
- section 14Z43 (have regard to effect of decisions)
- section 14Z44 (public involvement and consultation), and
- sections 223H and 223J (financial duties).

And

7.2.9 proposed steps to implement the joint local health and wellbeing strategies of the Health and Wellbeing Boards in Bradford District and Craven, Calderdale, Kirklees, Leeds, North Yorkshire and Wakefield.

7.3 Scrutiny and Decision Making

7.3.1 At least three independent non-executive members will be appointed to the board including the Chair; and all of the board and committee members will comply with the Nolan Principles of Public Life and meet the criteria described in the Fit and Proper Person Test.

7.3.2 Healthcare services will be arranged in a transparent way, and decisions around who provides services will be made in the best interests of patients, taxpayers and the population, in line with the rules set out in the NHS Provider Selection Regime.

7.3.3 The ICB will comply with the requirements of the NHS Provider Selection Regime[9] including:

a) evidencing that it has properly exercised the responsibilities conferred on it by the regime by:
   - publishing the intended selection approach in advance.
   - publishing the outcome of decisions made and the details of contracts awarded.

[9] Subject to regulations that are not yet published.

- keeping a record of decisions made under the regime, including evidence that all relevant issues and criteria have been considered and that the reasons for any decision are clearly justified.
- recording how conflicts of interest were managed

b) monitoring compliance with this regime via an annual internal audit processes the results of which will be published.

c) including in the annual report a summary of contracting activity as specified by the regime.

d) ensuring that appropriate internal governance mechanisms are in place to deal with representations made against provider selection decisions and that any such representations are considered fairly and impartially within the timescales prescribed.

7.3.4 The ICB will comply with local authority health overview and scrutiny requirements.

7.4 Annual Report

7.4.1 The ICB will publish an annual report in accordance with any guidance published by NHS England and which sets out how it has discharged its functions and fulfilled its duties in the previous financial year and in particular how it has discharged its duties under sections

- 14Z34 (improvement in quality of services),
- 14Z35 (reducing inequalities),
- 14z43 (have regard to the effect of decisions)
- 14Z44 (public involvement and consultation), and

7.4.2 The annual report will also review the extent to which the ICB has exercised its functions in accordance with the plans published under section

- 14Z50 (Integrated Care System plan), and
- 14Z54 (capital resource use plan), and

7.4.3 Review any steps the board has taken to implement any joint health and wellbeing strategy to which it was required to have regard under section 116B(1) of the Local Government and Public Involvement in Health Act 2007.

8. Arrangements for Determining the Terms and Conditions of Employees.

8.1 The ICB may appoint employees, pay them remuneration and allowances as it determines and appoint staff on such terms and conditions as it determines.

8.2 The Board has established a Remuneration and Nomination Committee which is chaired by a Non-Executive member other than the Chair or Audit Chair.

8.3 The membership of the Remuneration and Nomination Committee is determined by the Board. No employees may be a member of the Remuneration and Nomination Committee but the Board ensures that the Remuneration and Nomination Committee has access to appropriate advice by ensuring that human resource advisers are in attendance and that the committee has access to appropriate expertise.

8.4 The Board may appoint independent members or advisers to the Remuneration and Nomination Committee who are not members of the board.

8.5 The main purpose of the Remuneration and Nomination Committee is to exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the 2006 Act. The terms of reference agreed by the board are published say where.

8.6 The duties of the Remuneration and Nomination Committee include:

a) Setting the ICB pay policy (or equivalent) and standard terms and conditions
b) Making arrangements to pay employees such remuneration and allowances as it may determine
c) Setting remuneration and allowances for members of the board
d) Setting any allowances for members of committees or sub-committees of the ICB who are not members of the board
e) Ensuring that there is a formal, rigorous and transparent procedure for the recruitment and appointment of employees and members of the Integrated Care Board including effective succession planning.
f) Any other relevant duties.

8.7 The ICB may make arrangements for a person to be seconded to serve as a member of the ICB's staff.

9. Arrangements for Public Involvement

9.1 In line with section 14Z44(2) of the 2006 Act the ICB has made arrangements to secure that individuals to whom services which are, or are to be, provided pursuant to arrangements made by the ICB in the exercise of its functions, and their carers and representatives, are involved (whether by being consulted or provided with information or in other ways) in:

a) the planning of the commissioning arrangements by the Integrated Care Board
b) the development and consideration of proposals by the ICB
c) for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner

in which the services are delivered to the individuals (at the point when the service is received by them), or the range of health services available to them, and

d) decisions of the ICB affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

9.2 In line with section 14Z52 of the 2006 Act the ICB has made the following arrangements to consult its population on its system plan:

a) To ensure that the plan reflects the views of local people we will carry out engagement and involvement activities which may include surveys and focus groups.

b) This will sit alongside an engagement and consultation mapping report which will set out the work that has taken place in our local places and at West Yorkshire level.

9.3 The ICB has adopted the ten principles set out by NHS England for working with people and communities.

a) Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.

b) Start engagement early when developing plans and feed back to people and communities how it has influenced activities and decisions.

c) Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is working.

d) Build relationships with excluded groups – especially those affected by inequalities.

e) Work with Healthwatch and the voluntary, community and social enterprise sector as key partners.

f) Provide clear and accessible public information about vision, plans and progress to build understanding and trust.

g) Use community development approaches that empower people and communities, making connections to social action.

h) Use co-production, insight and engagement to achieve accountable health and care services.

i) Co-produce and redesign services and tackle system priorities in partnership with people and communities.

j) Learn from what works and build on the assets of all partners in the ICS – networks, relationships, activity in local places.

9.3.2 In addition the ICB has agreed the following communication and involvement principles. All such activity carried out by and on behalf of the ICB will be:

a) Accessible and inclusive – to all our audiences. For example, involving people at a time and place that is convenient to them, and establishing environments and methods that make it easy for people to be open with their input.

b) Informed by data – we will use insight and evidence to target and inform Involvement work to develop plans.

c) Clear and concise – allowing messages to be easily understood by all

d) Communications will be available in different formats - not everyone has the digital skills or confidence to access online information so information in other formats must be available if preferred. We will always communicate in Plain English. Acronyms will be clearly explained, we will reduce the use of jargon and we will write in clear and concise terms so that everyone can understand what we are saying.

e) Consistent and accountable – in line with our vision, messages, and purpose

f) Flexible – ensuring communications and involvement activity follows a variety of formats, tailored to and appropriate for each audience

g) Open, honest, and transparent – we will be clear from the start of the conversations what our plans are, what is and what isn't negotiable, the reasons why and ultimately, how decisions will be made

h) Targeted – making sure we get messages to the right people and in the right way

i) Timely – making sure people have enough time to respond and are kept updated

j) Two-way – we will listen and respond accordingly, letting people know the outcome of all conversations.

k) Value for money – we will use our available resources and skills creatively and effectively

9.3.3 These principles will be used when developing and maintaining arrangements for engaging with people and communities.

9.3.4 The ICB has agreed a set of arrangements for engaging with people and communities which are set out in the Communication and Involvement Framework (insert link)

Appendix 1: Definitions of Terms Used in This Constitution

2006 Act	National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022.
Area	The geographical area that the ICB has responsibility for, as defined in part 2 of this constitution
Board (ICB Board)	The decision-making body of the ICB at West Yorkshire level.
Committee	A committee created and appointed by the ICB Board.
Health and Wellbeing Board	A statutory committee of a local authority (at place level) which brings together leaders from the local health and care system. Responsible for producing a joint strategic needs assessment and a joint health and wellbeing strategy.
Health Overview and Scrutiny Committee	A statutory committee of a local authority that undertakes in-depth reviews of health and care issues for local people. There are overview and scrutiny committees at place and West Yorkshire level.
Health Service Body	Health service body as defined by section 9(4) of the NHS Act 2006 or (b) NHS Foundation Trusts.
Integrated Care Partnership (ICP)	The joint committee of the ICB's area established by the ICB and each responsible local authority whose area coincides with or falls wholly or partly within the ICB's area.
Integrated Care System (ICS)	The whole health and care system across West Yorkshire known as the West Yorkshire Health and Care Partnership. The ICS is made up of the NHS, councils, Healthwatch and the voluntary, community and social enterprise sector (VCSE) partners in each of our places (Bradford District and Craven; Calderdale, Kirklees, Leeds and Wakefield) and across West Yorkshire.
Partnership	The West Yorkshire Health & Care Partnership (the ICS).

Place-based Integrated Care Board Committee (Place ICB Committee)	The formal decision-making committee which brings together health, care, VSCE and Healthwatch partners to make decisions about ICB functions and resources at place level. Formally established by the ICB, with delegated authority to make decisions in accordance with the SoRD.
Place	The geographical level at which most of the work to join up health and care services happens. Our places are: Bradford District and Craven; Calderdale, Kirklees, Leeds, and Wakefield,
Place-Based Partnership	Collaborative arrangements formed by organisations responsible for arranging and delivering health and care services in our places. They involve the ICB local authorities and providers of health and care services, including the voluntary, community and social enterprise sector, people and communities.
Provider collaborative	NHS trusts working together to achieve better outcomes for people and ensure sustainable services in the future. Provider collaboratives work at both place and West Yorkshire level
Ordinary Member	The Board will have a Chair and a Chief Executive plus other members. All other members of the Board are referred to as Ordinary Members.
Sub-Committee	A committee created and appointed by and reporting to a committee.
	ICBs should add local definitions as required and should always include any local terms that refer to legally prescribed roles or functions.

Appendix 2: Standing Orders

1.1. Introduction

1.1 These Standing Orders have been drawn up to regulate the proceedings of NHS West Yorkshire Integrated Care Board so that the ICB can fulfil its obligations as set out largely in the 2006 Act (as amended). They form part of the ICB's Constitution.

1.2. Amendment and review

2.1 The Standing Orders are effective from xx

2.2 Standing Orders will be reviewed on an annual basis or sooner if required.

2.3 Amendments to these Standing Orders will be made as per clause 1.6 in this constitution.

2.4 All changes to these Standing Orders will require an application to NHS England for variation to the ICB constitution and will not be implemented until the constitution has been approved.

1.3. Interpretation, application and compliance

3.1 Except as otherwise provided, words and expressions used in these Standing Orders shall have the same meaning as those in the main body of the ICB Constitution and as per the definitions in Appendix 1.

3.2 These standing orders apply to all meetings of the Board, including its committees and sub-committees unless otherwise stated. All references to Board are inclusive of committees and sub-committees unless otherwise stated.

3.3 All members of the Board, members of committees and sub-committees and all employees, should be aware of the Standing Orders and comply with them. Failure to comply may be regarded as a disciplinary matter.

3.4 In the case of conflicting interpretation of the Standing Orders, the Chair, supported with advice from [add title for senior governance adviser,] will provide a settled view which shall be final.

3.5 All members of the Board, its committees and sub-committees and all employees have a duty to disclose any non-compliance with these Standing Orders to the Chief Executive as soon as possible.

3.6 If, for any reason, these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Board for action or ratification and the Audit Committee for review.

1.4. Meetings of the Integrated Care Board

4.1 Calling Board Meetings

4.1.1 Meetings of the Board of the ICB shall be held at regular intervals at such times and places as the ICB may determine.

4.1.2 In normal circumstances, each member of the Board will be given not less than one month's notice in writing of any meeting to be held. However:

a) The Chair may call a meeting at any time by giving not less than 14 calendar days' notice in writing.

b) One third of the members of the Board may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting. If the Chair refuses, or fails, to call a meeting within seven calendar days of such a request being presented, the Board members signing the requisition may call a meeting by giving not less than 14 calendar days' notice in writing to all members of the Board specifying the matters to be considered at the meeting.

c) In emergency situations the Chair may call a meeting with two days' notice by setting out the reason for the urgency and the decision to be taken.

4.1.3 A public notice of the time and place of the meeting and how to access the meeting shall be given by posting it at the offices of the ICB body and electronically at least seven ~~three~~ clear days before the meeting or, if the meeting is convened at shorter notice, then at the time it is convened.

4.1.4 The agenda and papers for meetings will be published electronically in advance of the meeting excluding, if thought fit, any item likely to be addressed in part of a meeting is not likely to be open to the public.

4.2 Chair of a meeting

4.2.1 The Chair of the ICB shall preside over meetings of the Board.

4.2.2 If the Chair is absent, or is disqualified from participating by a conflict of interest, the Deputy Chair will chair the meeting. The Deputy Chair will be the senior independent non-executive member. In the absence of the Chair and the Deputy Chair, the Chair will be an independent non-executive member, appointed by the assembled members.

4.2.3 The Board shall appoint a Chair to all committees and sub-committees that it has established. The appointed committee or sub-committee Chair will preside over the relevant meeting. Terms of reference for committees and sub-committees will specify arrangements for occasions when the appointed Chair is absent.

4.3 Agenda, supporting papers and business to be transacted

4.3.1 The agenda for each meeting will be drawn up and agreed by the Chair of the meeting.

4.3.2 Except where the emergency provisions apply, supporting papers for all items must be submitted at least seven calendar days before the meeting takes place. The agenda and supporting papers will be circulated to all members of the Board at least five calendar days before the meeting.

4.3.3 Agendas and papers for meetings open to the public, including details about meeting dates, times and venues, will be published on the ICB's website at [insert link].

4.4 Petitions

4.4.1 Where a petition has been received by the ICB it shall be included as an item for the agenda of the next meeting of the Board.

4.5 Nominated Deputies

4.5.1 With the permission of the person presiding over the meeting, the Executive Directors and the Partner Members of the Board may nominate a deputy to attend a meeting of the Board that they are unable to attend. Members should inform the Chair of their intention to nominate a deputy and should ensure that any such deputy is suitable briefed and qualified to act in that capacity. The deputy may speak and vote on their behalf.

4.5.2 The decision of person presiding over the meeting regarding authorisation of nominated deputies is final.

4.6 Virtual attendance at meetings

4.6.1 The Board and its committees and sub-committees may meet virtually using telephone, video and other electronic means when necessary, unless the terms of reference prohibit this. Arrangements for virtual meetings will comply with the ICBs transparency principles, including requirements for meetings to be held in public.

4.7 Quorum

4.7.1 The quorum for meetings of the Board will be 11 members, including:

a) The Chair or Deputy Chair
b) The Chief Executive or Director of Finance
c) Either the Medical Director or the Director of Nursing
d) At least one independent member
e) At least one Partner member
f) At least one Place Member

4.7.2 For the sake of clarity:

a) No person can act in more than one capacity when determining the quorum.

b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

4.7.3 For all committees and sub-committees, the details of the quorum for these meetings and status of deputies are set out in the appropriate terms of reference.

4.8 Vacancies

4.8.1 In the event of vacancy or defect in appointment the following temporary arrangement for quorum will apply:

4.8.1.1 To determine locally

4.9 Decision making

4.9.1 The ICB has agreed to use a collective model of decision-making that seeks to find consensus between system partners and make decisions based on unanimity as the norm, including working though difficult issues where appropriate.

4.9.2 Generally it is expected that decisions of the ICB will be reached by consensus. Should this not be possible then a vote will be required. The process for voting, which should be considered a last resort, is set out below:

a) All members of the Board who are present at the meeting will be eligible to cast one vote each.

b) In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from participating in the meeting, including exercising their right to vote if eligible to do so.

c) For the sake of clarity, any additional Participants and Observers (as detailed within paragraph 5.6. of the Constitution) will not have voting rights.

d) A resolution will be passed if more votes are cast for the resolution than against it.

e) If an equal number of votes are cast for and against a resolution, then the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote.

f) Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

Disputes

4.9.3 if consensus cannot be reached, the chair may make decisions on behalf of the board where there is disagreement. Where necessary boards may draw on third party support such as peer review or mediation by NHS England and NHS Improvement.

Urgent decisions

4.9.4 In the case urgent decisions and extraordinary circumstances, every attempt will be made for the Board to meet virtually. Where this is not possible the following will apply.

4.9.5 The powers which are reserved or delegated to the Board, may for an urgent decision be exercised by the Chair (or Deputy Chair if necessary) and Chief Executive (or relevant lead director in the case of committees). This is subject to every effort having made to consult with as many Board members as possible, including at least one independent non-executive director, in the given circumstances.

4.9.6 The exercise of such powers including details of Board members consulted shall be reported to the next formal meeting of the Board for formal ratification and the Audit Committee for oversight.

4.10 Minutes

4.10.1 The names and roles of all members present shall be recorded in the minutes of the meetings.

4.10.2 The minutes of a meeting shall be drawn up and submitted for agreement at the next meeting where they shall be signed by the person presiding at it.

4.10.3 No discussion shall take place upon the minutes except upon their accuracy or where the person presiding over the meeting considers discussion appropriate.

4.10.4 Where providing a record of a meeting held in public, the minutes shall be made available to the public.

4.11 Admission of public and the press

4.11.1 In accordance with Public Bodies (Admission to Meetings) Act 1960 All meetings of the ICB at which public functions are exercised will be open to the public.

4.11.2 The Board may resolve to exclude the public from a meeting or part of a meeting where it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

4.11.3 The person presiding over the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Governing Body's business shall be conducted without interruption and disruption.

4.11.4 As permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 as amended from time to time) the public may be excluded from a meeting suppress or prevent disorderly conduct or behaviour.

4.11.5 Matters to be dealt with by a meeting following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the Board.

5. Suspension of Standing Orders

5.1 In exceptional circumstances, except where it would contravene any statutory provision or any direction made by the Secretary of State for Health and Social Care or NHS England, any part of these Standing Orders may be suspended by the Chair in discussion with at least 2 other members.

5.2 A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the meeting.

5.3 A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Audit Committee for review of the reasonableness of the decision to suspend Standing Orders.

6. Use of seal and authorisation of documents.

6.1 If the organisation has a seal, arrangements made for its safe keeping and authorisation of its use should be set out here.

Annex 1

West Yorkshire Integrated Care Board – Illustrative high-level Scheme of Reservation and Delegation (SoRD)
(detailed arrangements will be set out in the SoRD, which will be approved by the ICB Board)

Note: All decisions and responsibilities will be carried out with regard to the following ICB function: "Through joint working between health, social care and other partners including police, education, housing, safeguarding partnerships, employment and welfare services, ensure that the NHS plays a full part in achieving wider goals of social and economic development and environmental sustainability".

Reference	Decision / Responsibilities	Reserved to the Board	Delegated to Committee or Sub Committee	Delegated to Chair or officer
Regulation and Control				
Constitution 1.6[1]	Consider and approve applications to NHS England on changes to the Constitution	✓		
Constitution 4.6	Establish and approve terms of reference and membership for ICB Committees.	✓		
Constitution 3	Approve the appointment of Board members.			Chair
Constitution 1.7.3	Approve the ICB scheme of reservation and detailed operational scheme of delegation.	✓		
Constitution 1.4	Approve the arrangements for discharging the ICB's functions including but not limited to a) Having regard to and acting in a way that promotes the NHS Constitution b) Exercising its functions effectively, efficiently and economically. c) Duties in relation to children including safeguarding and promoting welfare. d) Adult safeguarding and carers (the Care Act 2014) e) Equality, including the public-sector equality duty f) Information law g) Provisions of the Civil Contingencies Act 2004. h) Improvement in quality of services. i) Reducing inequalities. j) Obtaining appropriate advice. k) Duty to have regard to effect of decisions. l) Public involvement and consultation. m) Financial duties. n) Having regard to assessments and strategies	✓		

[1] References are to draft constitution dated 08.11.21

West Yorkshire Integrated Care Board – Illustrative high-level Scheme of Reservation and Delegation (SoRD)
(detailed arrangements will be set out in the SoRD, which will be approved by the ICB Board)

Reference	Decision / Responsibilities	Reserved to the Board	Delegated to Committee or Sub Committee	Delegated to Chair or officer
Constitution	Exercise or delegate those functions of the ICB which have not been retained as reserved by the ICB Board or delegated to its Committees and sub-committees or delegated to named other individuals as set out in this document.			Chief Executive
ICB 4[2]	Establish governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations.	✓	Assured by System Oversight and Assurance Committee	
ICB 4	Establish governance arrangements to support collective accountability between partner organisations for place-based system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations .		Place Committees	
Strategy and Planning				
ICB 1	Agree a plan to meet the health and healthcare needs of the population within West Yorkshire, having regard to the Partnership integrated care strategy and place health and wellbeing strategies.	✓[3]		
ICB 1	Agree a plan to meet the health and healthcare needs of the population within each place, having regard to the Partnership integrated care strategy and place health and wellbeing strategies.		Place Committees[4]	
ICB 2	Allocate resources to deliver the plan across the system, determining what resources should be available to meet population need in each place and setting principles for how they should be allocated across services and providers (both revenue and capital)	✓		
ICB 2	Allocate resources to deliver the plan in each place, determining what resources should be available to meet population need and setting principles for how they should be allocated across services and providers (both revenue and capital)		Place Committees	
ICB 5	Arrange for the provision of health services in line with the allocated resources across the ICS through a range of activities including: a) putting contracts and agreements in place to secure delivery of its plan by providers	✓ (WY – for services that meet the '3 tests' for working at scale)	Place Committees	

[2] Functions of the ICB as set out in the Interim Guidance on the functions and governance of the ICB - August 2021.
[3] Informed by Integrated Care Partnership and Health and Wellbeing Boards.
[4] Informed by Integrated Care Partnership and Health and Wellbeing Boards.

Reference	Decision / Responsibilities	Reserved to the Board	Delegated to Committee or Sub Committee	Delegated to Chair or officer
	b) convening and supporting providers (working both at scale and at place) to lead major service transformation programmes to achieve agreed outcomes. c) support the development of primary care networks (PCNs) as the foundations of out-of-hospital care and building blocks of place-based partnerships. including through investment in PCN management support, data and digital capabilities, workforce development and estates. d) working with local authority and voluntary, community and social enterprise (VCSE) sector partners to put in place personalised care for people, including assessment and provision of continuing healthcare and funded nursing care, and agreeing personal health budgets and direct payments for care			
	Approve decisions on the review, planning and procurement of primary medical care services (to reflect the terms of the delegation agreement with NHS England). [5]			
	Approve the ICB operating structure.	✓		
	Approve the operating structure in each place.		Place Committees	
ICB 6	Agree system implementation of people priorities including delivery of the People Plan and People Promise by aligning partners across the ICS to develop and support 'one workforce', including through closer collaboration across the health and care sector, with local government, the voluntary and community sector and volunteers.	✓[6]		
ICB 6	Agree implementation in place of people priorities.		Place Committees	
ICB 7	Agree system-wide action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital	✓[7]		

[5] Details of this and any other matters delegated by NHS England will be set out in the detailed SoRD.
[6] As recommended by People Board
[7] As recommended by Digital Board

Reference	Decision / Responsibilities	Reserved to the Board	Delegated to Committee or Sub Committee	Delegated to Chair or officer
	and data foundations to connect health and care services to put the citizen at the centre of their care.			
ICB 7	Agree place action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services to put the citizen at the centre of their care.		Place Committees	
ICB 10	Agree joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system and support wider goals of development and sustainability.	✓		
ICB 10	Agree joint work on estates, procurement, supply chain and commercial strategies to maximise value for money in place and support wider goals of development and sustainability.		Place Committees	
ICB 11	Agree arrangements for planning responding to and leading recovery from incidents (EPRR), to ensure NHS and partner organisations are joined up at times of greatest need, including taking on incident coordination responsibilities as delegated by NHS England and NHS Improvement.	✓		
Partnership Working				
ICB 3	Agree joint working arrangements with partners that embed collaboration as the basis for delivery within the ICB plan.	✓		
ICB 3	Develop joint working arrangements with partners in place that embed collaboration as the basis for delivery within the ICB plan.		Place Committees	
Constitution	Approve arrangements for coordinating the commissioning of services with other ICBs or with local authorities, where appropriate.	✓		
Constitution	Approve arrangements for risk sharing and /or risk pooling with other organisations (for example arrangements for pooled funds with other ICBs or pooled budget arrangements under section 75 of the NHS Act 2006).	✓ (Joint Committee for S75 arrangements)		
Constitution	Develop arrangements for risk sharing and /or risk pooling with other organisations (for example pooled budget arrangements under section 75 of the NHS Act 2006), for approval by the ICB Board	✓	Place Committees (Joint Committee for S75 arrangements)	

West Yorkshire Integrated Care Board – Illustrative high-level Scheme of Reservation and Delegation (SoRD)
(detailed arrangements will be set out in the SoRD, which will be approved by the ICB Board)

Reference	Decision / Responsibilities	Reserved to the Board	Delegated to Committee or Sub Committee	Delegated to Chair or officer
Employment and remuneration				
Constitution Section 8	Have oversight of the ICB's responsibilities as an employer including adopting a Code of Conduct for staff	✓		
Rem and Nom ToR	Approve the terms and conditions, remuneration and travelling or other allowances for Board members, including pensions and gratuities.		Rem and Nom Committee	
Rem and Nom ToR	Approve the terms and conditions, remuneration and travelling or other allowances for employees of the ICB and to other persons providing services to the ICB.		Rem and Nom Committee	
Rem and Nom ToR	Approve human resources policies for ICB employees and for other persons working on behalf of the ICB.		Rem and Nom Committee	
	Approve arrangements for staff appointments			Chief Executive (WY) Place Lead (Place)
Operational Business and Risk Management				
	Approve ICB operational policies (i.e. excluding those defined as clinical or finance)	✓		
Finance ToR	Approve ICB financial policies		Finance Committee	
SQG ToR	Approve ICB clinical policies and clinical pathways		System Quality Group	
SQG ToR	Approve system-level arrangements to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.		System Quality Group	
Constitution	Approve arrangements for managing conflicts of interest	✓		

West Yorkshire Integrated Care Board – Illustrative high-level Scheme of Reservation and Delegation (SoRD)
(detailed arrangements will be set out in the SoRD, which will be approved by the ICB Board)

Reference	Decision / Responsibilities	Reserved to the Board	Delegated to Committee or Sub Committee	Delegated to Chair or officer
	Approve ICB risk management arrangements	✓		
	Make arrangements to implement in place ICB risk management arrangements.		Place Committees	
	Agree the ICB's arrangements for handling complaints.	✓		
Constitution 7	Approve arrangements for complying with the NHS Provider Selection Regime.	✓		
Constitution 7	Agree implementation in place of the arrangements for complying with the NHS Provider Selection Regime.		Place Committees	
Audit ToR	Report and provide assurance to the Board on the effectiveness of ICB governance arrangements.		Audit Committee	
Audit ToR	Receive the annual governance letter from the External Auditor and advise the Board of proposed action		Audit Committee	
Audit ToR	Approve the internal audit, external audit and counter-fraud plans and any changes to the provision or delivery of related services (other than the appointment or removal of the external auditor where authority is reserved to the Board).		Audit Committee	
	Functions delegated to other statutory bodies[8]			

[8] Any matters delegated to other statutory bodies will be set out in the detailed SoRD.

Annex 2

West Yorkshire Health and Care Partnership

West Yorkshire Integrated Care Board
functions and decisions map

West Yorkshire Integrated Care Partnership (ICP)
- agrees West Yorkshire Integrated Care Strategy - built from Place health and wellbeing strategies

Strategy

Health and Wellbeing Boards -
Bradford District and Craven, Calderdale, Kirklees, Leeds, Wakefield
- agree health and wellbeing strategy for each Place

Strategy

Strategy

West Yorkshire Integrated Care Board (ICB)
- annual plan to deliver the ICP strategy
- arranges for the provision of health services which meet the three tests for working at scale across West Yorkshire:
  1. achieving the safest services and best outcomes for people
  2. reduce variation and sharing learning
  3. solving complex, difficult problems
- statutory functions which cannot be delegated to Place e.g. annual ICB financial plan, system quality assurance, ICB annual report and accounts, audit, terms and conditions of staff, changes to the ICB constitution
- agrees West Yorkshire system plans e.g. workforce, data and digital

Delivery

Delegation

Accountability

Place-based committees of the ICB
- annual plan to deliver the health and wellbeing and ICP strategies
- arranges for the provision of health services in Place
- deployment and management of Place financial allocation
- assuring and improving the quality of services in Place
- deployment and management of Place-based ICB staff
- agreeing place plans e.g. workforce, data and digital

Delegation

Assurance

Delegation

Assurance

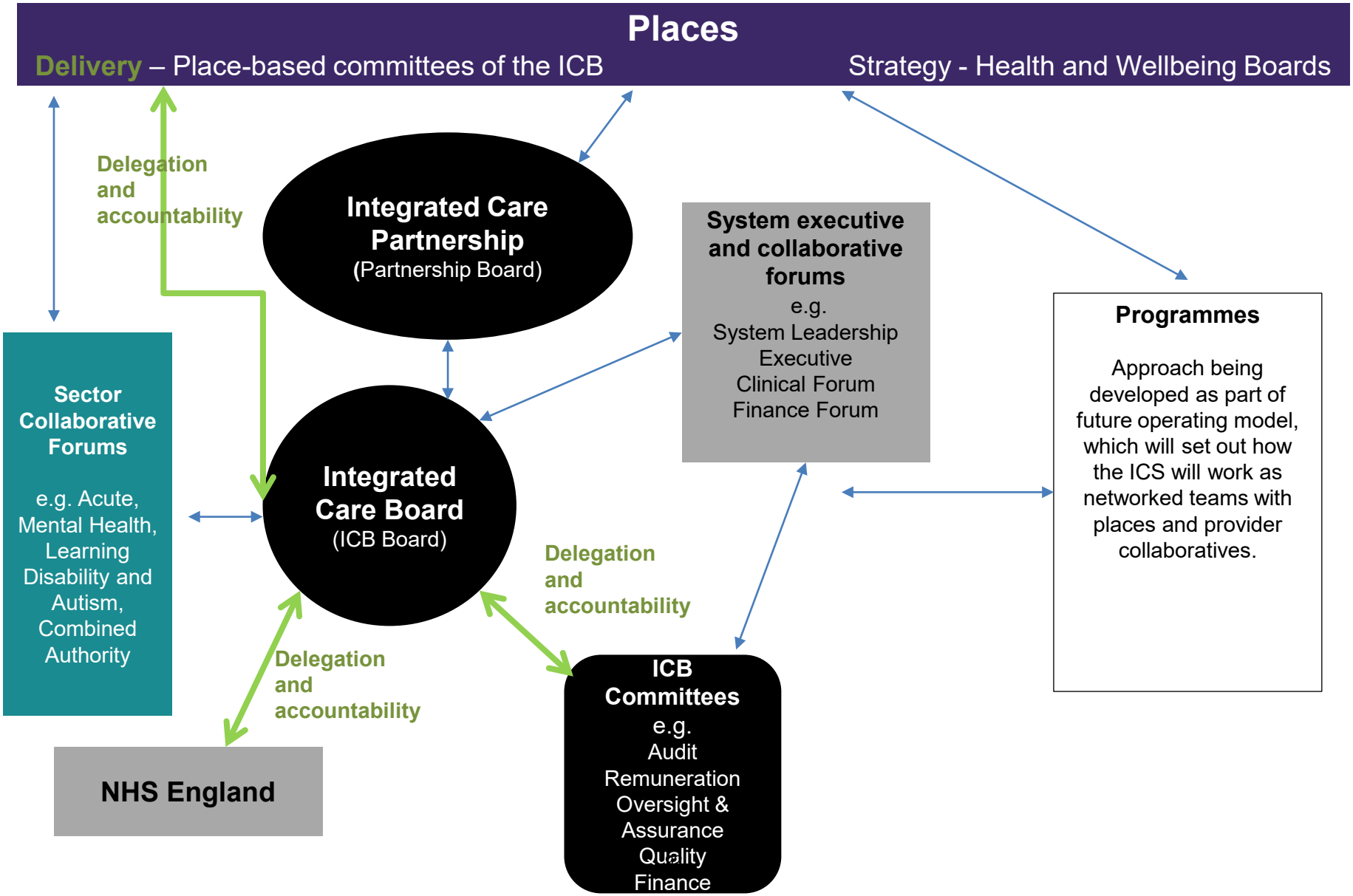
ICB Committees
- provide the ICB Board with assurance about specific ICB functions e.g. audit, remuneration, quality, finance

ICB Place Sub Committees
- provide the Place-based Committee with assurance about Place delegated functions e.g. quality, finance

Strategy and delivery supported and informed by collaborative forums
- provider collaboratives e.g. West Yorkshire Association of Acute Trusts, Mental Health, Learning Disability and Autism Alliance
- partnership forums e.g. System Leadership Executive, Clinical Forum

Annex 3

Our Integrated Care System - a partnership of places, programmes and sectors



West Yorkshire Health and Care Partnership DRAFT ICS Governance standards

(Applicable to: the ICP and ICB, Joint committees and committees with delegated authority from the ICB.)

Principles	Standards
Outcome-focus Our arrangements focus on reducing health inequalities, better health and wellbeing, better quality of care and efficient use of resources.	• Agenda items set out how they contribute to the delivery of the outcomes in Health and Wellbeing strategy/ICB plan/ICP integrated care strategy. • Where relevant, papers are supported by quality and equality impact assessments. • Annual report focuses on delivery of outcomes.
Values Our arrangements reflect our values and ways of working - equal partnership, subsidiarity, collaboration, mutual accountability.	• The agreed principles, values and behaviours of the ICS are set out in the Terms of Reference
Involving citizens and stakeholders We have an inclusive approach, involving citizens and partners from across the system. We are committed to improving diversity in leadership and decision-making.	• Citizens are involved in all relevant decisions. • Decision making involves partners from across our system, including statutory and non-statutory partners.
Transparency We are committed to transparency. We make our decisions in public and publish key policies and registers.	• Decision-taking meetings held in public (unless not in the public interest). • Agenda papers are published at least 5 working days before each meeting. • Key documents are published e.g. minutes, register of procurement decisions.
Probity and independent challenge Our decisions meet high standards of probity and are subject to robust independent challenge.	• Decision-making groups include members independent of any statutory partner. • ICB policy for managing conflicts of interest adopted and implemented.
Accountability and assurance Our arrangements support clear accountability.	• Accountability set out in scheme of delegation or delegation agreement. • Terms of reference agreed and reviewed annually. • Minutes reported in line with agreed reporting mechanisms • Annual report and annual review of performance.

NHS
Kirklees
Clinical Commissioning Group

Record of Urgent Decision

Committee/Body on behalf of which decision made:	Kirklees CCG Governing Body (in consultation with Finance, Performance and Contracting Committee)

Decision Maker(s):

Name	Role
Dr Razwan Ali	Vice Clinical Chair
Dr Khalid Naeem	Clinical Chair
Alison Needham	Acting Chief Finance Officer
Hilary Thompson	Lay Member: Finance and Remuneration (chaired meeting)
Penny Woodhead	Chief Quality and Nursing Officer
Martin Wright	Lay Member: Audit and Governance

Consultee(s) Present:

Name	Role
-	-

Others Present:

Name	Role
Natalie Ackroyd	Principal Strategic Planning, Performance and Delivery Manager
Vicky Dutchburn	Head of Strategic Planning, Performance and Delivery
Laura Ellis	Head of Corporate Governance
Rob Willis	Acting Head of Finance

Clinical/GB Lead:	Dr Khalid Naeem
Lead Officer:	Alison Needham / Vicky Dutchburn
Subject:	Financial Plan and Activity Plan H2 2021/22

Decision:

1. **ASSURED** by the planning process undertaken in Kirklees and the assumptions made in the development of H2 activity and financial plans.
2. **AGREED** that the Kirklees CCG Activity and Performance Plan for H2 can be submitted to WY ICS on 12/11/21.
3. **APPROVED** the Financial Plan to be submitted to NHSE:
    - Noting the expenditure assumptions.
    - Noting the allocations received.
    - Noting that to achieve a breakeven position – the CCG will need to manage the financial gap of £4.5m.
    - Noting work is required to review investments, recurrent expenditure and delivery of QIPP and managing the position with any flexibilities available.
    - Noting guidance continues to flow. Any changes will be communicated and presented as part of the governance of the CCG.

Details and Rationale:

- NA presented slides detailing H2 Planning 2021/22 (appended).
- In response to KN, VD provided assurance that the CCG was sighted on outsourcing of activity.
- In response to KN, NA explained that slide 4 which focused on CHFT was being submitted by Kirklees as the lead commissioner. Detail relating to MYHT would be submitted by Wakefield as lead commissioner, and the CCG were fully involved.
- In response to KN, NA provided an update on discussions with WYAAT around 104 week waits at CHFT (there were none at

	MYHT). Many of these were as a result of patient choice, and NA updated on discussions around whether they should be discharged if delays were solely due to individuals choosing to wait to receive treatment. She provided assurance they were being monitored, whilst a consistent approach was developed and communicated to trusts. • In response to KN, VD explained that meetings at WYAAT and locally were taking place around prioritising services with larger numbers of individuals waiting. • RA noted that the position may deteriorate due to acute trust pressures, and asked whether the independent sector was being used to maximum efficiency in order to mitigate this. VD explained that use of the independent sector was being maximised and seeking to maximise benefits by focusing on areas with higher number of waits. She provided assurance that the risk of deterioration was built into winter plans, and that mitigation plans were in place around the risks being flagged. • PW flagged the Kirklees People Plan, the priorities for Kirklees, and how these would be reflected in new governance arrangements. • AN presented slides detailing the Financial Plan H2 2021/22 (appended). She drew attention to slide 14 which set out the overall risks and mitigating actions. • She provided assurance around confidence that the £4.5m deficit could be reduced down by year end, subject to unforeseen circumstances. • In response to PW around the potential risk to the organisation if the gap could not be managed down, AN explained that the CCG were continuing to work on a number of areas and believed it was achievable. There was a process for escalating this in line with current ICS processes. Any escalation would be managed firstly in place, then to ICS. • In response to KN, AN explained that the slippage on mental health related to the delay in starting the mental health rehab scheme that had been delayed for some time, and this money could be released without affecting the Mental Health Investment Standard. However, this would be monitored following concerns raised by VD. • In response to KN, AN explained that there were no QIPP programmes currently in primary care. The Efficiency Group had commenced and would be looking at areas such as prescribing and personal health budgets. • In response to KN, AN provided further detail around ERF and the claim process which was challenging. • It was recognised that delivery of the plan would be dependent on non-recurrent slippage and that this would necessitate robust plans for the following year. It was important that all Governing Body members were sighted on this position and PW explained that a paper would be going to the 'Sandwich' part of QPFC Committees in November outlining the approach to efficiency. Work was also underway to raise awareness across wider teams of the need to focus on the best deployment of the totality of resource. • In response to a question from MW around the £950k reduction in investments, AN explained that this should not necessitate the cessation of any services. • MW comments on the need to balance at place, and CHFT's financial position, and sought clarity on any risks sharing arrangements that would be needed. AN advised discussions were taking place across the system.
Any Relevant Implications (Quality/Safety,	As set out in presentations.

Engagement/Equality, Resources/Finance, Data Protection, Risk, Legal/Constitutional, Conflicts of Interest etc):	No conflicts identified.

Report attached?	Yes
Public/Private?	Public
If private, give reason(s):	

Time and Date of Decision:	12.00pm - 1.06pm, 10 November 2021	
Decision Recorded by:	**Name**	**Role**
	Laura Ellis	Head of Corporate Governance

Name of Meeting	Governing Body	**Meeting Date**	8 December 2021
Title of Report	Chair's and Chief Officer's Report	**Agenda Item No.**	9
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:- • COVID-19 Update • ICS Development – Due Diligence • ICS of the Year • Full Compliance with Emergency Preparedness, Resilience and Response (EPRR) Core Standards

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 COVID-19 Update

2.1.1 The latest update on the CCG response to COVID-19, including the Phase 3 Vaccination Programme, will be provided at the meeting.

2.2 ICS Development – Due Diligence

2.2.1 Subject to legislation, from 1 April 2022 Kirklees CCG will be disestablished and its assets and functions will transfer to a new statutory West Yorkshire Integrated Care Board (ICB). To make sure that our people (staff) and property (in a broad sense) are transferred safely, and that the processes for transfer and closedown are completed effectively, we are working with colleagues across West Yorkshire to complete a due diligence process. In March 2022 the CCG Accountable Officer will need to provide written assurance of robust and proportionate due diligence to NHS England and to the Chief Executive (designate) of West Yorkshire ICB.

2.2.2 We have agreed a consistent approach across West Yorkshire and this has been approved by Kirklees CCG Audit Committee and is being overseen (for Kirklees) by the Kirklees ICS Transition Board, reporting to Audit Committee. The current phase is a baseline assessment using a national recommended checklist.

2.3 Integrated Care System of the Year 2021

2.3.1 West Yorkshire Health and Care Partnership was named 'Integrated Care System of the Year' at the 2021 HSJ Awards on Thursday 18 November.

2.3.2 Our Partnership was shortlisted for five awards in total, including Staff Engagement, the 'Connecting Services and Information Award', System-Led Carers Support (for which we were highly commended), and NHS Race Equality.

2.3.3 The awards recognise outstanding contribution to healthcare – in what has been an exceptional and challenging period across the sector. Despite the demanding circumstances of the past 18 months, over 1000 entries were received for this year's HSJ Awards, with 205 organisations, projects and people making it to the final shortlist. Across the area, many organisations were shortlisted for a range of awards, including the Airedale Digital Care Hub which has become an invaluable resource to Bradford District and Craven (BDC) Integrated Care Partnership (ICP) for Digitising Patient Services Initiative.

2.3.4 Bradford Teaching Hospitals NHS Trust was short-listed for three awards including for Patient Safety and Acute Sector Innovation of the Year. Calderdale and Huddersfield NHS Foundation Trust were shortlisted twice; for 'Acute Sector Innovation of the Year' for Transforming Outpatient Care and 'Digitising Patient Services Initiative' for Transforming Outpatient Care. The Leeds Shielding Support Programme was shortlisted for the

Partnership with Local Government Award; and Leeds Teaching Hospitals NHS Trust were shortlisted for the Environmental Sustainability Award. Leeds Children's Hospital and DigiBete CIC, DigiBete Diabetes App for Children and Young People were also shortlisted.

2.4 Full Compliance with Emergency Preparedness, Resilience and Response (EPRR) Core Standards

2.4.1 The NHS Act 2006 (as amended) requires NHS England to ensure that the NHS is properly prepared to deal with an incident/emergency.

2.4.2 The CCG is a Category 2 responder under the Civil Contingencies Act (CCA) (2004) which means the CCG has a statutory duty to cooperate with partners and to share information. However, NHS England expects the CCG will coordinate the health response to a local incident and provide support to NHS England in responding to large scale incidents. Therefore, NHS England expects the CCG to meet several duties of a Category 1 responder as follows:

- Assess the risk of emergencies occurring and use this to inform contingency planning.
- Put in place emergency plans.
- Put in place business continuity management arrangements.
- Put in place arrangements to make information available to the public to warn, inform and advise the public in the event of an emergency.
- Ensure they are properly prepared to deal with an incident/emergency.
- NHS England expects the CCG will coordinate the health response to a local incident and provide support to NHS England in responding to large scale incidents.

2.4.3 Kirklees CCG has undertaken a self-assessment against required areas of the Emergency Preparedness, Resilience and Response (EPRR) Core standards self-assessment tool v1.0.

2.4.4 Kirklees CCG will meet with the Local Health Resilience Partnership (LHRP) to review the core standards on 30 November 2021.

2.4.5 Following self-assessment, the organisation has been assigned an EPRR assurance rating of Full (from the four options in the table below) against the core standards as per below.

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

3. Next Steps

3.1 The Chief Officer and Clinical Leader's Report will be presented on a regular basis to provide the Governing Body with assurance of the work being undertaken by the CCG and to highlight any key points to note.

4. Implications

4.1 There are no further implications.

5. Recommendations

5.1 The Governing Body is requested to **RECEIVE** the report and **NOTE** its content.

Name of Meeting	Kirklees CCG Governing Body	**Meeting Date**	8th December 2021
Title of Report	Finance and Contracting Update	**Agenda Item No.**	10
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: -

- A full year budget and forecast as of October 2021 (month 7) following approval of H2 plans by key members of the Governing Body and the Finance and Performance Committee.
- An update in respect to the financial plan for H2 which has been approve and submitted to NHS England in line with timescales.
- A detailed analysis and information in respect of financial investment plans and highlights to the Governing Body the potential risk of slippage.
- An update on risks and mitigations to the Governing Body.
- An update on the 2021/22 contract position as of September 2021 (month 6), highlighting issues where appropriate.

Previous Considerations

Name of meeting	Finance Performance and Contracting Committee	**Meeting Date**	24th November 2021
Name of meeting		**Meeting Date**	

Recommendations

The Governing Body are asked to –

- Note the content of this report including the combined H1 and H2, annual budget and forecast at month 7.
- Note the risks and mitigations, particularly in respect of anticipated pressures in 2022-23.
- Note the key messages in respect of the September 2021 (month 6) 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 The following report will provide the Governing Body with an update in respect of the financial position for the CCG in October 2021 (month 7).

1.2 The reported financial position includes the annual plan and forecast out-turn for the full year of 2021/22, following the recent approval of the H2 financial plan by key members of the Governing Body and the Finance and Performance Committee on 10th November 2021. This plan has been submitted to NHS England on Tuesday 16th November 2021, in line with national timelines.

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

1.4 The paper provides the Governing Body on the 2021/22 contract position as of September 2021 (month 6), highlighting issues where appropriate.

2. Financial Overview

2.1 The CCG Budget Plan for 2021/22 is being considered by NHS England/Improvement (NHSE/I) in two halves, H1 (April to September) and H2 (October to March). The CCG is now able to combine the H1 and H2 plans and report a full year forecast in this reporting period which is month 7.

2.2 Due to the timelines for submission of the financial plan for the remainder of the financial year the plan was approved by members of both the Governing Body and the Finance and Performance Committee in line with the urgent decision process. Details of this plan are discussed further in this report.

3. Key messages – October 2021 (month 7)

3.1 The key financial headlines for the CCGs report at month seven are as follows: -

- The CCG is now able to report a full year position due to receipt of its allocation for the remainder of the financial year.
- As part of the planning process the CCG has a reported breakeven position agreed between the CCG and the West Yorkshire ICS. To achieve this target, the CCG has a financial gap of £4.5m to manage to achieve this balanced position. The management of this is discussed in section 8 of this report.
- Due to the timelines of the planning cycle, the H2 budget has been approved by key members of the Governing Body and the Finance and Performance Committee on the 16th November 2021.
- The CCG has received several additional allocations in month, these are explained in section 5 of this report.

- The CCG is anticipating an additional top-up of £0.357m for the Hospital Discharge Programme (HDP) in month 8 and further allocations for System Development Funding (SDF) which were included in H2 plans, this to date have not yet been received.
- The paper provides an update in relation to the agreed CCG investments for the full year and potential investments that are currently in development – these are shown in section 7 of this report.

4. Financial Position (month 7)

4.1 At month 7, the CCG is reporting an anticipated annual forecast break-even position for the year in line with plan and this is illustrated in table 1 below.

Table 1: Forecast Financial Position at month 7

Allocations at Month 7	**£m**
Allocations received in months 1 to 12	707.980
Allocations and Top-ups anticipated	
Hospital Discharge Programme top-up anticipated	0.357
H2 Anticipated Planned Allocations - Core	1.275
H2 Anticipated Planned Allocations - SDF and SR	1.114
Total allocations and top-ups anticipated	**2.746**
Total forecast annual allocations received and anticipated at month 7	**710.726**
Total annual forecast expenditure at month 7	**710.726**
Forecast annual break-even position at month 7	**0.000**

4.2 The CCG is forecasting to receive total allocations of £710.726m of which £2.746m is still anticipated at month 7. Total forecast annual expenditure is £710.726m resulting in an expected break-even position at the year-end in line with the target agreed between the CCG and the ICS.

5. Financial Allocations

5.1 At month 7, the CCG has received total allocations for the year of £707.980m which is an increase of £352.985m on the previously reported allocations received in months 1 to 5 of £354.995m and these additions are summarised in table 2 below.

Table 2: Allocations at month 7

Allocations Received at month 7	**£m**
Allocations received for months 1 to 12	707.980
Allocations received for months 1 to 6 (previously reported)	(354.995)
New allocations received	**352.985**

Allocations Received in months 6 and 7	**£m**
H2 Core Allocation	309.789
H2 Delegated Co-commissioning	33.219
H2 Running Costs	4.157
Primary Care: Funding to support PCN leadership and management	0.308
Primary Care: GP IT Infrastructure and Resilience	0.046
Primary Care: Improving Access	1.332
Mental Health: SDF: CYP community and crisis	0.255
Mental Health: SDF: 18-25 young adults	0.076
Mental Health: SDF: MHST 18/19 Trailblazers	0.265
Mental Health: SDF: MHST 19/20 sites wave 1&2	0.368
Mental Health: SR: Children & Young People's Eating Disorders (CYPED)	0.046
Mental Health: SR: CYP community and crisis	0.171
Mental Health: SR: Adult Mental Health Community (AMH Community)	0.221
Mental Health: SR: Adult Mental Health Crisis (AMH Crisis)	0.050
Mental Health: SR: Memory assessment services and recovery of the dementia diagnosis rate (Memory/Dementia)	0.058
Mental Health: SR: Improving Access to Psychological Therapies - adult and older adult (IAPT)	0.122
Mental Health: SR: 18-25 young adults (18-25)	0.050
Mental Health: SR: Discharge	0.552
Mental Health: SR: Physical health outreach and remote delivery of checks (PH Checks)	0.046
Maternity: LTP - SBL Pre-term Birth	0.036
Emergency & Elective Care: NHS111 H2 Capacity Funding	0.542
COVID-19 vaccination costs - Additional costs for reducing inequalities - Q2	0.040
Hospital Discharge Programme - Q2	0.879
UCR Accelerator Sites Q3 21/22	0.347
Digital Primary Care: Consultation expansion for Local Care Direct	0.010
Total new allocations received in months 6 and 7	**352.985**

6. Financial Expenditure

6.1 The CCG is reporting full year forecast expenditure of £710.726m at month 7 with expenditure set out by health expenditure areas below in table 3.

Table 3: Expenditure at month 7

Expenditure at Month 7	H1 Plan £m	H2 Plan £m	Annual Plan £m	Forecast Out-turn £m	Forecast Variance £m	M5 Variance £m	Variance Movement £m
Mental Health	41.133	41.146	82.279	82.065	(0.214)	(0.285)	0.071
Acute	175.464	179.189	354.653	354.995	0.343	0.379	(0.036)
Prescribing	36.763	36.990	73.753	74.159	0.406	0.513	(0.107)
Primary Care - Co-Commissioning	33.307	33.660	66.966	66.966	-	-	-
Primary Care - Other	7.322	6.509	13.831	13.818	(0.012)	(0.033)	0.021
Continuing Healthcare	17.096	17.934	35.030	35.252	0.223	-	0.223
Community	28.853	28.377	57.230	56.992	(0.238)	(0.206)	(0.032)
Other Programme Services	10.778	7.894	18.671	18.165	(0.507)	(0.368)	(0.139)
Running Costs	4.157	4.157	8.314	8.314	-	-	-
Total Expenditure	**354.872**	**355.854**	**710.726**	**710.726**	**0.000**	**0.000**	**0.000**

6.2 The H2 plan includes expenditure for allocations of £2.746m which have not yet been received which are outlined in detail in table 1 and explained in section 4.2 of this report.

6.3 The CCG is forecasting to spend its full allocation and deliver a break-even position in line with the target which has been agreed with the West Yorkshire and Harrogate ICS.

6.4 The most significant forecast variance movements are due to increased costs in the Continuing Healthcare database of £0.223m offset by smaller variances across the health expenditure areas. These are brought into balance to ensure a break-even by the release of prior year accruals of (£0.139m) in Other Programme Services.

6.5 The financial risks and financial opportunities of the CCG are illustrated in more detail in section 8 of this report.

7. Investments

7.1 The CCGs initially approved plans that included investments totalling £17.697m. These had increased to £25.275m when reported to the Governing Body in Month 5 and have increased to £25.871m in the H2 planning process. The revised investments total of £25.871 m and are set out 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.

7.2 A summary of investments and potential slippage is shown below in table 4: -

Table 4: Investments and slippage

Planned investments £m	Funding Source	Original Plan H1& H2	H1 Revised Plan	H2 Revised Plan	Total Revised Plan	Change from Original Plan	Potential slippage Total M7	Total slippage M5	Change from M5 slippage	Finance RAG
Mental Health Local investments	CCG	1.501	1.228	0.480	1.709	0.208	-	-	-	
Mental Health SDF	SDF	2.238	1.760	1.173	2.933	0.695	-	-	-	
Mental Health System Recovery	SR	2.186	1.093	1.316	2.409	0.223	(0.087)	-	(0.087)	
Mental Health subtotal		**5.925**	**4.081**	**2.969**	**7.051**	**1.126**	**(0.087)**	**-**	**(0.087)**	
Community AW & UCR	SDF	1.392	1.684	0.696	2.380	0.988	(0.688)	(0.552)	(0.136)	
Community Lung Health	SDF	1.426	0.713	0.713	1.426	0.000	-	-	-	
Community other	CCG & SDF	4.489	2.640	2.161	4.802	0.313	(0.844)	(0.587)	(0.257)	
Community subtotal		**7.307**	**5.037**	**3.571**	**8.608**	**1.301**	**(1.532)**	**(1.139)**	**(0.393)**	
Primary Care Extended Access	SDF	2.664	1.332	1.776	3.108	0.444	-	-	-	
Primary Care Covid Support	SDF	-	1.033	0.133	1.166	1.166	-	-	-	
Primary Care other	SDF	0.094	0.056	1.054	1.110	1.017	-	-	-	
Primary Care subtotal		**2.758**	**2.421**	**2.963**	**5.384**	**2.626**	**-**	**-**	**-**	
NHS 111 First & Capacity Funding	SDF	1.638	3.434	0.557	3.991	2.353	-	-	-	
Other	SDF	0.070	0.086	0.753	0.838	0.769	-	-	-	
Total		**17.697**	**15.059**	**10.813**	**25.871**	**8.175**	**(1.619)**	**(1.139)**	**(0.480)**	

7.3 The investments in shown within table 4 have been RAG-rated to provide a financial view of the risk of potential being slippage or over commitment against the original plan. This is intended to support the Governing Body to manage the overall financial position and the approval of investment decisions as it moves through the financial year.

7.4 To note the investments position is based at a point in time, it should be noted that changes will be shown in future reports.

7.5 The change from the initial investment plan of £17.697m and the total revised plan of £25.871m is shown in table 5 below and will for the most part be a reminder of the changes that have occurred in investment plans since the start of the financial year.

Table 5: Investments Changes months 1 to 7

Changes from Original Plan Investments	£m
Additional Payaward (CCG)	0.208
Mental Health - Crisis (SDF)	0.465
Mental Health - MHST (SDF)	0.055
Mental Health - TCP (SDF)	0.175
Mental Health - Discharge (SR)	0.223
Total Mental Health change	**1.126**
Ageing Well H1 allocation	0.988
Long Covid H1 allocation	0.168
Other Community	0.145
Total Community change	**1.301**
Covid support H1 allocations	0.812
Shared care	0.700
Extended access	0.444
PCN DES - Leadership & Management	0.308
Long Covid H1 allocations	0.221
Other Primary Care	0.141
Total Primary Care	**2.626**
NHS 111 First & Capacity Funding allocations	2.353
Nuffield	0.672
Other	0.097
Total Other	**3.122**
Total changes	**8.175**

8. Financial Plan and management of financial position

8.1 The CCG as part of national timetables has submitted its overarching financial plan for H2, covering October to March 22. Due to the timelines of submission this approval was carried out via an urgent decision process.

8.2 The key headlines in relation to the plan are summarised below –

- The CCG has received a core allocation of £354.445m – this incorporates a number elements including growth and Trust pay awards and a reduction as a share of the ICS Investment Trajectory
- The CCG has submitted a plan with a breakeven control target. To achieve this the CCG must manage the financial gap of £4.5m
- As part of this plan the CCG holds a contingency of £0.8m (0.25%)
- Expenditure has been based on the recurrent known expenditure and investments that have been agreed – work continues to manage any slippage if available.

8.3 The key challenge for the CCG as it moves forward through the remainder of the financial year is the management and reduction of the residual gap of £4.5m. Alongside the ongoing improvement of its recurrent position as it moves into 2022/23, as Kirklees place.

8.4 As part of the submitted plan the CCG identified areas of how the gap would be managed, and this is shown in table 6 below. It is anticipated that the contingency of £0.8m will be released immediately to reduce the gap to £3.7m. Since the plan has been submitted the finance team continue to work with colleagues to identify areas where there could be potential release of expenditure due to slippage in schemes and costs not being as high as anticipated. It should also be noted that the CCG may have the potential to release prior year benefits that may mitigate the financial pressure. However, in relation the longer-term strategy of the Kirklees place it should be acknowledged that these mitigations are non-recurrent.

Table 6: Financial Risk and Mitigations

Financial Risk	**£m**
H2 Financial Gap	(4.549)
Proposed Mitigations:	
- Release of Contingency	0.848
- Additional QIPP	0.760
- Slippage on investments	0.950
- Slippage in costs and release of prior year benefits	1.991
Total Mitigations	**4.549**

8.5 As the CCG moves through the latter stages of the financial year, it is important that we consider the financial decisions it makes and how they will impact our financial position as it moves into 2022/23. This is also alongside the delivery of the efficiency ask that is being looked at as part of the new efficiency group.

8.6 It is important to highlight the CCG is part of a wider of risk share agreement with place and wider with the ICS. The CCG is working with partners to understand the risk in our system.

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 March 2022. Therefore, no CCG contracts are in place with NHS providers and contracted NHS acute providers are paid on a nationally set block amount.

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

The contract position with key local Independent Sector providers indicates an over-trade in cost at BMI Huddersfield of £17k as at Month 6 but an under-trade in activity therefore indicating a shift in case mix to more complex cases. The position at Spire Elland indicates a material under-trade of £412k as at Month 6.

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 the end of March 2022. Payments to SWYPFT will be in accordance with the related guidance for Half 2 of 2021/22, which was released on 30 September. For Mental Health, the Half 2 envelopes will reflect the remaining element of the full-year funding notified at the beginning of Half 1. Therefore, no contracts are in place and SWYPFT are paid on a nationally set block amount. The national target (95%) for the percentage of people on CPA (Care Programme Approach) who were followed up within 7 days of discharge was met in Month 6 (100%). The national target for EIP (Early Intervention in Psychosis) was also met- 93% of people referred in Month 6 received a NICE approved package of care within 2 weeks of referral, against the national target of 60%.

9.3 **Yorkshire Ambulance Service (999)**

Initial performance information for Month 6 for Kirklees shows that the 999-service responded to 5,388 incidents. Of this number, 3,464 were 'See, Treat and Convey' responses, 1,414 were 'See, Treat or Refer' responses, and 510 were 'Hear and Treat' responses. YAS overall responded to 68,232 incidents across West Yorkshire in Month 6.

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

Operational pressure in District Nursing has remained static and is driven by sickness, isolation requirements and some vacancies. Operational Pressures Escalation Level (OPEL) has remained at OPEL 3. Principal concern is the ability to respond appropriately to 0-2 hours requests. There are plans to upskill staff in these areas and utilise mutual aid.

Out of the 18 indicators reported on this month, 15 have achieved the target, 3 missed the target (of which 2 were within 10%). Of the indicators relating specifically to North Kirklees,

6 out of 7 achieved the target. There is an expectation that performance will continue to be affected because of COVID-19.

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

Total new referrals were 240 in September. For Kirklees there were 120 adult referrals with 46 of these being re-referrals. There were 27 paediatric referrals for Kirklees with 18 being re-referrals.

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

IUC overall in Month 6 showed 126,820 answered calls, which was a reduction of 14,184 calls from the previous month. Calls answered in Month 6 of 2021/22 saw a reduction of 16.3% compared to Month 6 of 2020/21. Validated overall WYUC activity shows 18,860 cases, a decrease of 2,265 (10.7%) compared to the previous month (21,125). Activity was 7.6% down on Month 6 of 2020/21 (20,410).

9.7 **Procurements**

CCG	Service description	Status	Contract start date
Kirklees – NK PCN Footprint	Broughton House Medical Practice	Procurement Completed	01.04.2022
Kirklees	Microsuction	Procurement Completed	As soon as possible. Mobilisation commenced.
Kirklees	Spirometry Market Test	Market Test completed, next steps under discussion	Not applicable
Kirklees	Domiciliary Care (Dynamic Purchasing System)	Procurement led by KMC, bids evaluated and awarded on receipt of submissions.	Contracts awarded when applications are successfully evaluated
Kirklees CCG – GH PCN Footprint	Primary Care Network Estates Strategy Development	Evaluation underway	01.11.2021

10. Recommendations

10.1 The Governing Body are asked to:

- Note the content of this report including the combined H1 and H2, annual budget and forecast at month 7.
- Note the risks and mitigations, particularly in respect of anticipated pressures in 2022-23.
- Note the key messages in respect of the contracts position as of September 2021 (month 6).

Name of Meeting	Governing Body	**Meeting Date**	8 December 2021
Title of Report	Quality and Safety Report and Quality Dashboard	**Agenda Item No.**	11
Report Author	Sam Parkinson, Project Support Officer Debbie Winder, Head of Quality	**Public / Private Item**	Public
Clinical Lead	Dr Razwan Ali	**Responsible Officer**	Penny Woodhead, Chief Quality & 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 November 2021, providing quality and safety information on our main providers, as well as updates on the following:

- Summary Plan for Emergency Care and Treatment (ReSPECT) project
- System Pressures and Quality Impact
- Curo Health Limited update
- National Patient Survey – provider results
- Kirklees Integrated Experience Group
- Quality for Health and Wellbeing update
- System Quality Group (SQG) update

Previous Considerations

Name of meeting	Quality Committee	**Meeting Date**	24.11.21
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:

- Summary Plan for Emergency Care and Treatment (ReSPECT) project
- System Pressures and Quality Impact
- Curo Health Limited update
- National Patient Survey – provider results
- Kirklees Integrated Experience Group
- Quality for Health and Wellbeing update
- System Quality Group (SQG) update

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. No Quality Impact Assessment 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)	N/A
Sustainability Implications	N/A

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	**Risk (include risk number and a brief description of the risk)**	1823 – reducing gram negative bloodstream infections

	all and reduce health inequalities for the Kirklees population now and into the future.		1919 – Curo CQC rating 1813 – MYHT CQC rating
Legal / CCG Constitutional Implications	None identified	**Conflicts of Interest (include detail of any identified / potential conflicts)**	None identified

1. Purpose

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

2. Introduction

2.1 The quality dashboard received at the CCG's Quality Committee provides a high-level overview of the main acute, mental health and learning disabilities, ambulance, and community care providers through the monitoring of key quality and safety measures. These include national quality requirements, the outcomes of CQC inspections, clinical and patient related outcome measures and patient and staff experience measures.

2.2 The quality dashboard seeks to provide the Quality Committee with a view of individual areas of concern, shown on the exception report, and an overall summary of the provider. The aim is for the Quality Committee to agree the level of surveillance for each provider organisation and also for any individual areas that are performing below expected levels.

2.3 For any providers that have areas of concern showing enhanced surveillance, a plan will have been agreed, with timescales, and can be monitored for improvement by the Quality Committee. Individual areas that are on enhanced surveillance does not mean that the organisation as a whole is on enhanced surveillance, but that further scrutiny is being given to the areas causing concern. The outcome of this is then shared with Governing Body through the report.

2.4 Key points highlighted at Quality Committee from the quality dashboard can be found in section 10 of the report.

3. Summary Plan for Emergency Care and Treatment (ReSPECT) project

3.1 The ReSPECT process creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices. These recommendations are created through conversations between a person, their families, and their health and care professionals, to understand what matters to them and what is realistic in terms of their care and treatment. Patient preferences and clinical recommendations are recorded on a non-legally binding form which can be reviewed and adapted if circumstances change.

3.2 The ReSPECT process can be used for anyone but will have increasing relevance for people who have complex health needs, people who are likely to be nearing the end of their lives, and people who are at risk of sudden deterioration or cardiac arrest. Some people will want to record their care and treatment preferences for other reasons.

3.3 Calderdale, Kirklees and Wakefield CCGs have collaborated to develop an opportunity to appoint a dedicated project manager who will work with key stakeholders for health, social care, community and the voluntary sector to implement the ReSPECT project in line with the implementation roadmap and other resources developed by Resus UK.

3.4 Further information and the national guidance can be found at the following link: ReSPECT guidance

4. System Pressures and Quality Impact

4.1 System partners across the Calderdale and Huddersfield NHS Foundation Trust (CHFT) footprint are meeting during November 2021 to discuss emerging risks and the quality impact on services due to the current system pressures. Escalation meetings are taking place and colleagues are working hard to minimise risks of harm to patients, including thinking creatively about possible solutions and opportunities. The intention is to have a focused discussion with senior leaders to consider the service user impact across the partnership.

4.2 Partners are being asked to consider the following to support the discussions:

- What is your routine quality monitoring telling you (safety and experience)?

- What Enhanced Quality Assurance processes have you put in place?
- Have any targeted quality monitoring/assurance visits taken place and if so, what were the outcomes?

4.3 These discussions will facilitate what partners feel the priority areas of concern are from a quality impact perspective, from both an organisational and a system point of view and will inform actions as well as identification of priorities for future Place based quality priorities.

4.4 The Director of Nursing and Quality at Mid Yorkshire Hospitals NHS Trust (MYHT) called a meeting with system partners including the Care Quality Commission (CQC) to discuss the impact of delay in discharge on patient safety, experience and flow. There was acknowledgement that this situation is a result of complex interconnected issues there are no easy solutions. The CQC stated its support to the local system pressures but had to continue to fulfil its regulatory function. A combined commitment to improve the safety and quality of discharges was agreed.

5. Curo Health Limited update

5.1 The Care Quality Commission (CQC) undertook an unannounced visit of Curo Health Limited on 25 May 2021, focussing on extended access and micro-suction services. Following this, the CQC issued a Warning Notice in relation to breach of Regulation 17 – good governance with compliance required by 31 August 2021. Subsequently the CQC completed an announced focussed inspection on 14 September 2021 to check that requirements of the notice had been met.

5.2 The CQC found that Curo had reviewed its systems and processes and had made improvements in the areas of concern, including safeguarding, recruitment, staff induction, training and appraisals, oversight of premises and equipment at operational sites, management of blood results and cervical screening, referral process to the microsuction service, and systems to distribute and discuss clinical guidance including clinical audit, and communications with staff.

5.3 Curo remain in special measures and rated Inadequate until a follow up comprehensive inspection is carried out within 6 months of the last rated inspection. It is anticipated that this will take place in January/February 2022. Curo continues to progress its improvement plan and the CCG Quality Team continues meeting with Curo monthly to provide support and guidance, as well as seeking assurance regarding its ongoing implementation.

6. National patient surveys – provider results

6.1 The results of two national patient surveys have recently being published:

- Urgent and Emergency Care 2020
- Adult Inpatient 2020

6.2 A summary of both the national and local picture for each survey is provided at appendix 1. Results will be discussed, and internal action plans developed as necessary.

7. Kirklees Integrated Experience Group

7.1 A Kirklees Integrated Experience Group has been set up with CCG and Local Authority members. The aim of the group is to share current practice and work towards an integrated approach to Experience work. To date the group has undertaken a mapping exercise of current systems and processes and reviewed the recent Kings Fund publication "Understanding integration". Next steps for the group is to develop a shared vision and explore Data Sharing requirements and Data Protection Impact Assessments as enablers of integrated working. The group has identified Care Homes as an area of focus to be prioritised for this work.

8. Quality for Health and Wellbeing Update

8.1 The Voluntary and Community Sector (VCS) plays an integral role in Kirklees population health and wellbeing, as well as providing important support to both the people of Kirklees and healthcare professionals.

8.2 Kirklees CCG and Kirklees Local Authority recognise the value as well as the positive outcomes achieved by the VCS service in Kirklees plus the importance of ongoing commitment to increase the capacity and capability of the VCS to contribute to Kirklees priorities.

8.3 Quality for Health and Wellbeing (QfH & W) is a quality accreditation process provided by Voluntary Action Calderdale (VAC) which supports and assesses third sector organisations to meet quality, governance and safety standards which demonstrates assurance against standards of safety, effectiveness and delivery of good patient experience. The VAC support package to work towards QfH &W accreditation is available to all VCS

organisations who deliver health and wellbeing services in Kirklees. This update informs Quality Committee of the CCG quality oversight and monitoring.

8.4 The CCG Head of Quality and Local Authority Community Investment Manager meet with VAC regularly and receive updates against a progress action plan. VAC was requested to prioritise:

- Closer working agreement in place with Third Sector Leaders to increase collaborative approaches to work with groups, reach and have an impact on.
- To actively map Third Sector organisations delivering health services to allow robust overview of any gaps in provision to allow capacity building.
- To continue to roll out a quality accreditation to Kirklees VCS delivering health and wellbeing outcomes.
- Promote the benefits of the accreditation to GPs and other health and social care providers
- Agree a format for database of current QfH & W accredited groups that is easy to access for Primary Care.
- To continue to engage with trained Community Voices and Q4H+W organisations.

8.5 The CCG requires assurance that Kirklees Integrated priorities are included in VCS capacity building through updates on types of groups who are QfH & W accredited or working towards this. The CCG Quality team then share up to date details with healthcare colleagues to allow confident referrals and allow the third sector to support healthcare professionals. Currently in Kirklees 20 groups are QfH & W accredited, 12 are working towards it, 3 have just registered and VAC are due to meet 5 more. The CCG's Quality team also join peer webinars to explain the value the CCG place on QfH & W accreditation.

9. System Quality Group (SQG) update

9.1 In the position statement released in May 2021 the National Quality Board (NQB) set out the key requirements for quality oversight within Integrated Care Systems (ICSs), which identifies two overarching quality responsibilities:

1. To ensure the fundamental standards of quality are delivered – including managing quality risks, including safety risks, and addressing inequalities and variation.
2. To continually improve the quality of services, in a way that makes a real difference to the people using them.

9.2 To meet the NQB quality expectations, all systems are mandated to develop existing Quality Surveillance Groups into System Quality Groups (SQG) with Terms of reference below:

Terms of Reference of System Quality Groups	
Purpose	A proactive and collaborative forum, providing systems with: • A mechanism to identify system risks to quality and opportunities for improvement, including variation • A mechanism to escalate quality risks from place to system, and system to region (in collaboration with regulators and wider stakeholders/forums, e.g. safeguarding boards) • Opportunities to coordinate actions to drive improvement, respecting statutory responsibilities • Opportunities to identify, share and celebrate learning and best practice across the system.
Scope	A focus on population health and system quality priorities, e.g. across pathways/settings with particular emphasis on reducing inequities in access, experience and outcomes.
Membership	System-led. Membership expanded, with at a minimum Regional NHSEI teams, local authorities, CQC, HEE, public health, primary care, maternity, patient safety collaboratives, patient safety specialists, provider collaboratives and at least two lay members (inc Healthwatch).
Assurance	Accountable to the ICS Board (subject to legislation) and to Regional NHSEI teams for the quality of care of services. Responsible for ensuring good quality oversight, management of risks, sharing intelligence and working with regulators.

9.3 The inaugural West Yorkshire System Quality Group (WYSQG) took place on 7 October 2021. The West Yorkshire Quality Leads meeting will continue to share surveillance, intelligence and risks with WYSQG as well as working collectively on quality improvement.

9.4 Integrated Place based Quality Committees will escalate into and contribute to WYSQG as well as receiving updates. This provides the opportunity to identify quality priorities from Place and work on system quality priorities together and sharing quality improvements and learning. Work is in progress to establish a Kirklees Place Quality Committee and governance which includes the existing Kirklees Integrated Quality Group.

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 24.11.21. The following points were noted:

10.2 Calderdale and Huddersfield NHS Foundation Trust (CHFT)

10.2.1 CAS Alerts - the trust continues to be in arrears in this indicator and recognises that it benchmarks worse nationally than expected. Internal mechanisms are in place to monitor

individual alerts and ongoing actions. This process and papers relating to this have been shared with commissioners and assurances received.

10.2.2 Never Events - the Never Event logged in June 2021 has now been investigated and the report received into the CCG Serious Incident Team and is currently undergoing the CCG review process.

10.2.3 Percentage Non-elective #Neck of Femur (NOF) Patients with Admission to Procedure of < 36 Hours – Best Practice Tariff (BPT) based on discharge - commissioners have received a paper from the Trust regarding the ongoing review of organisational performance against the 36 hour admission to surgery target within the BPT. The review is ongoing and progress updates will be provided when available. The Trust is exploring opportunities to be a part of a national quality improvement collaborative and is in the process of exploring opportunities regarding progressing this.

10.3 South West Yorkshire Partnership Foundation Trust (SWYPFT)

10.3.1 Safer Staffing Inpatients - September continued a sustained period of significant staffing challenges in all areas. There are various reasons for this including an increase in sickness, the continued vacancy factor as well as sustained increase in acuity and Covid related issues. The Trust's task and finish groups looking at staffing issues including recruitment and retention, workforce planning and flexible staffing are ongoing. Safe and effective staffing remains a priority in all teams, and there has been a systems wide increase of requests for additional staffing on all inpatient areas. Maintaining safety and well-being of staff and service users, reducing ward sizes and improving recruitment and retention have been identified as key areas for action.

10.3.2 Increase in Falls - there was an increase in falls in September, 69 compared to 43 falls in August. Increases relate to Wakefield and Kirklees wards in particular and are linked to acuity of the patient group. All falls are reviewed to identify measures required to prevent reoccurrence, and more serious falls are subject to investigation. Reviews have been made on the areas with increased falls, no environmental issues found. The Trust is reviewing its Falls and Bone Health Action Plan and this is due to be published early December. It is recruiting into the falls improvement lead post. Assurances given that falls risk assessments are completed.

10.4 Locala

10.4.1 System pressures - Locala is reporting ongoing service pressures, as reflected across the health care system. There is continuous operational oversight to monitor and address potential risks to patients, and regular review of care which is reported through its governance processes. Locala continues to show improvements in the recording of clinical supervision compliance; the podiatry team achieved 100%.

10.5 Mid Yorkshire NHS Hospital Trust (MYHT)

10.5.1 System pressures – Emergency Departments - there continues to be a significant increase in the number of patients attending the Trust's Emergency Departments resulting in patients continuing to experience long waits to see a clinician, for a bed, or transport to transfer to another hospital site. All patients who remain in the department for an extended amount of time are reviewed regularly to ensure all care needs are met, and risk assessments are undertaken. A full system action plan has been developed in response to this position which has contributions from system partners (both linked to demand and outflow) and this plan has been shared with NHS England/Improvement.

10.5.2 Unplanned Care - The Trust has established an Unplanned Care Improvement Programme; workstreams include improving patient flow and optimising inpatient community services.

10.5.3 Patient Safety Walkabouts (PSW) - Wakefield and Kirklees CCGs continue to undertake patient safety walkabouts across MYHT hospital sites and services. Feedback is discussed with the Trust after each visit; such visits support the CCGs assurance processes for standards of care delivered by the Trust.

11. Implications

11.1 Quality and Safety Implications

11.1.1 The Committee 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 Committee 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:

- Summary Plan for Emergency Care and Treatment (ReSPECT) project
- System Pressures and Quality Impact
- Curo Health Limited update
- National Patient Survey – provider results
- Kirklees Integrated Experience Group
- Quality for Health and Wellbeing update
- System Quality Group (SQG) update

13. Appendices

13.1 Appendix 1 – National survey – provider results and actions

Appendix 1 – National patient survey results

1. Urgent and Emergency Care Survey 2020 Results (Published September 2021)

1.1. The 2020 Urgent and Emergency Care survey involved 126 trusts with a Type 1 accident and emergency (A&E) department. Fifty-nine of these trusts also had direct responsibility for running a Type 3 department (urgent treatment centre). The survey included patients who attended Type 3 departments run directly by an acute NHS trust, but not those managed in collaboration with, or exclusively by, other organisations.

1.2. Given the impact of the COVID-19 pandemic on Urgent and Emergency Care services, the NHS Surveys Programme examined the comparability of the 2020 survey with the 2018 survey. This included reviewing national and trust response rates and the demographics of respondents, as well as the potential impact that COVID-19 pressures had on national and trust level results. The analysis showed that generally the same kinds of people, and at the same rates, responded to the survey as in 2018. Analysis also showed no statistically significant correlation between overall experience at a trust and COVID-19 bed occupancy. This finding provides greater confidence that trusts' results this year are not reflective of local COVID-19 pressures.

1.3. **National results** demonstrated both positive and negative experiences. The biggest positive change was in people's perceptions of cleanliness. 69% of Type 1 patients and 78% of Type 3 patients said the department was 'very clean'. This is an eleven-percentage point increase on 2018 results and are among the largest year-to-year differences ever observed by NHS Patient Survey Programme surveys. It is likely that the results reflect enhanced infection control and prevention measures in urgent and emergency care services in response to the COVID-19 pandemic.

1.4. Nationally the positive results included:

- Patients reported more positive overall experiences in 2020 compared with previous years for both Type 1 and Type 3 services.
- For both Type 1 and Type 3 services, most people said that they were treated with dignity and respect.
- Over three quarters of Type 1 patients (77%) 'definitely' had confidence and trust in the doctors and nurses that examined and treated them.
- Over three quarters of Type 1 patients (79%) and 86% of Type 3 patients said that health professionals 'definitely' listened to what they had to say.
- More than four in five Type 1 patients (84%), and more than nine in 10 Type 3 patients (91%) said that they were 'definitely' given enough privacy when being examined or treated.

- The majority of both Type 1 and Type 3 patients said that staff discussed with them if they may need further health or social care services after going home.

1.5. In some areas of the survey there has been a decline in people's experiences compared to previous years. Nationally the areas for improvement included:

- Under two thirds (63%) of Type 1 patients said that they were 'definitely' involved as much as they wanted to be in decisions about their care and treatment. This is a drop from 65% in 2018 (64% in 2016).
- There was a decrease in the proportion of Type 1 respondents saying that if they had any anxieties or fears about their condition or treatment, a doctor or nurse 'completely' discussed this with them. This fell from 57% in both 2016 and 2018 to 51%.
- Three in five Type 1 patients (60%) reported that staff 'definitely' did everything they could to help control their pain (63% for Type 3 patients). A quarter (25%) said staff did this 'to some extent' and 15% said staff did not do everything they could to control their pain (23% and 13% respectively for Type 3 patients).
- While they were waiting to be treated or examined, almost half of Type 1 patients (45%) who reported that they needed help said that they were unable to get help with their condition or symptoms from a member of staff.
- Improvements can also be made around discharge, and in particular information about medication and side effects, and symptoms to look out for at home. 23% of Type 1 patients (23%) said that a member of staff had not told them about symptoms to watch for when they went home. 40% of Type 1 patients said they were not given enough information about medication side effects.
- A new question was added regarding transport arrangements for leaving the department. Fewer than half of Type 1 and Type 3 patients (44%), for whom this question was relevant, said a staff member discussed their transport arrangements for leaving A&E or the urgent treatment centre.

1.6. In terms of how experience varies for different groups of patients the national picture shows that younger people, females, people who reported a mental health condition, people whose attendance lasted more than four hours, and people who had recently visited a Type 1 service consistently reported poorer experiences of Type 1 services. Similarly, younger people and those whose attendance lasted more than four hours reported poorer experiences of Type 3 services.

1.7. Full details of the national results can be found at the Urgent and Emergency Care survey section of the NHS Surveys website.

1.8. **Calderdale and Huddersfield Foundation Trust** (CHFT) delivers Type 1 services. There were 317 responses from CHFT patients which is a response rate of 26% (compared to the national response rate of 30%). The results show that most questions were 'about the same' as other trusts and were within the expected range of scores.

1.9. One question, about how long the visit to A&E lasted, scored 'Better than' most other Trusts.

1.10. Four questions showed a statistically significant improvement when compared to CHFT's results in 2018. The questions were:

- From the time you arrived, how long did you wait before being examined by a doctor or nurse?
- Overall, how long did your visit to A&E last?
- In your opinion, how clean was the A&E department?
- Overall experience

1.11. One question showed a statistically significant deterioration when compared to CHFT's results in 2018. The question was 'Did a member of staff tell you about what symptoms to watch for after you went home?'

1.12. The table below summarises the points made in 1.9, 1.10 and 1.11. It shows questions where the scores were outside of the expected range and/or showed a statistically significant change when compared to results from 2018.

		2018 score (out of 10)	**2020 score** (out of 10)	**Compared to other Trusts**	**Compared to 2018** (if statistically significant)
Q11	From the time you arrived, how long did you wait before being examined by a doctor or nurse?	6.2	7.2	About the same	↑
Q14	Overall, how long did your visit to A&E last?	7.5	8.5	Better	↑
Q32	In your opinion, how clean was the A&E department?	8.7	9.1	About the same	↑
Q40	Did a member of staff tell you about what symptoms to watch for after you went home?	7.2	6.1	About the same	↓

Q47	Overall experience	8.2	8.6	About the same	

1.13. The Trust has reviewed the results and developed summary infographics to demonstrate the positive results and opportunities for improvement. These will be shared with the Emergency Department colleagues on 09/11/2021 along with developing an action plan.

1.14. Full details of the CHFT results can be found by going to the NHS Surveys website.

1.15 Mid Yorkshire NHS Hospital Trust (MYHT) delivers Type 1 and Type 3 services. Between November 2020 and March 2021 surveys were sent to 950 people who had used Type 1 services and 420 people who had used a Type 3 services during September 2020. Responses were received from 236 (25%) people who had used a Type 1 service within MYHT, and from 109 (26%) Type 3 service users.

1.16 In comparison to the previous survey results, although some scores have altered, MYHT's patient experiences have significantly improved. The only exception where the trust has performed 'worse than others', was patients receiving help from a member of staff whilst waiting—if needed. All other aspects within the survey were 'about the same' as other trusts. Whereas in the previous survey there were lower scores all round and one exception where the trust was performing 'worse' for those prescribed new medications, being told about possible medication side effects to watch out for.

The Type 3 survey results are for Pontefract Urgent Treatment Centre. These results also show an improvement in patient experience within MYHT's Type 3 service. There are no exceptions where the trust is performing 'worse' than others; however they are performing better than other trusts within the Environment and Facilities section.

1.17 The results have been reviewed and the Emergency Department leads have developed a patient experience action plan to address the key themes identified within the Emergency Department report. The themes for action are consistent with, and 6 have been mapped against the trust level patient experience priorities (respect and dignity, involvement in care and decisions about transfer and discharge, management of pain, and improving communication with patients).

1.18 Full details of the MYHT results can be found by going to the NHS Surveys website.

2. Adult Inpatient Survey 2020 (Published October 2021)

2.1. The 2020 inpatient survey involved 137 NHS trusts in England, who deliver adult inpatient services. It surveyed people who were discharged from an NHS acute hospital in November 2020. There were 73,015 responses received, which is a response rate of 46%. Results are not comparable with results from previous years. This is because of a change in survey methodology, extensive redevelopment of the questionnaire, and a different sampling month.

2.2. The **national results** show that, generally, people's experiences of inpatient care were positive and overall differences between COVID-19 and non-COVID-19 patients were small, suggesting that care provided was consistent. Most people said they were treated with respect and dignity, had confidence and trust in the doctors and nurses that treated them and observed high levels of cleanliness. Survey findings were less positive, however, for areas of care including people's experiences of receiving emotional support, information sharing and hospital discharge.

2.3. Patient experiences varied according to certain characteristics. For example, people aged 16 to 35 and 36 to 50 consistently reported poorer than average experiences. People admitted for emergency care and those receiving medical treatment were also more negative. People who were considered frail had a poorer experience across all themes. In contrast, older people, people who were in hospital for an elective admission, and people who stayed in hospital for only one night generally reported better experiences.

3. The Local Picture

3.1. High level results for CHFT show that they were 'about the same' compared to other Trusts for 44 questions and 'somewhat better' for 1 question.

3.2. Results for MYHT showed the Trust to be an outlier compared to other organisations. The high-level results compared to other Trusts were:

- 15 questions were 'about the same'
- 5 questions were 'somewhat worse'
- 21 questions were 'worse'
- 4 questions were 'much worse'

3.3. As the results have only just been published, further details for the local Providers will be included in the next Quality Committee report to enable the Providers to develop and share their action plans.

3.4. Full results for the 2020 Adult Inpatient Survey (National, Trust and site level) can be found on the survey pages of the CQC website

Name of Meeting	Governing Body Meeting	**Meeting Date**	8 December 2021
Title of Report	Performance Report against Key Performance Indicators for September 2021.	**Agenda Item No.**	12
Report Author	Natalie Ackroyd Principle Strategic Planning, Performance and Delivery 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 6 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**	24.11.21
Name of meeting		**Meeting Date**	

Recommendations

The Governing Body is asked to: -

- NOTE Kirklees CCG performance against the key outcomes and measures for 2021/22.
- 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 quality service delivery

	Kirklees population now and into the future.		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 Finance, Performance and Contracting Committee, 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 weeks from referral (EXCL - CHFT)	92%	76.6%	N/A	74.4%
Patients on incomplete pathways waiting more than 52 weeks	0	2,009	3,211	803
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	99%	87.4%	88.4%	88.1%
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department (CHFT only)	95%	N/A	76.0%	N/A
No waits from decision to admit to admission (trolley waits) of more than 12 hours	0	N/A	2	1
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	89.2%	98.6%	75.8%
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	96%	94%	95.7%	96.2%
Maximum 31-day wait for subsequent treatment where that treatment is surgery	94%	84.6%	83.7%	92.0%

Outcome/Measure	Target	Kirklees CCG	CHFT	MYHT
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	68.6%	No data	No data
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	85%	77.2%	89.3%	78.7%
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90.%	63.2%	25.0%	57.7%
All handovers between ambulance and A&E must take place within 15 minutes	95%	N/A	50.3%	46.3%
All crews should be ready to accept new calls within a further 15 minutes	95%	N/A	49.1%	41.8%
Number of MRSA reported infections	0	1	1	1
Number of C_Diff reported infections CHFT target is no more than 4 per month MYHT target is no more than 6 per month	4/6	3	3	14

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 76.6% for September 2021 for all providers excluding CHFT.

Provider	<18 weeks	> 18 weeks	Total	Percentage
Aspen- Claremont Hospital	166	88	254	65.4%
BMI (all)	677	291	968	69.9%
Bradford Teaching Hospitals Foundation Trust	493	298	791	62.3%
Connect Health Limited	346	10	356	97.2%
Leeds Teaching Hospitals Trust	1,242	572	1,814	68.5%
Locala	2,441	210	2,651	93.1%
Manchester University NHS Foundation Trust	44	50	94	46.8%
MYHT	7,377	2,321	9,698	76.1%
Sheffield teaching	195	76	271	72.0%
Spamedical	325	11	336	96.7%
Spire	420	220	640	65.6%
The One Health Group LTD	176	25	201	87.6%
The Yorkshire Clinic	178	40	218	81.7%
Any other provider	212	206	418	50.7%
All providers excluding CHFT	14,470	4,418	18,888	76.6%

The table below shows the total number of incomplete pathways for all providers (including CHFT) by treatment function in September 2021 for Kirklees CCG.

Treatment Function	Total number of incomplete pathways September 2021	Average waiting time
General Surgery Service	4,620	15.1
Urology Service	2,039	12.2
Trauma and Orthopaedic Service	5,070	10.7
Ear Nose and Throat Service	4,475	20.5
Ophthalmology Service	3,475	9.1
Oral Surgery Service	2	-
Neurosurgical Service	378	12.6
Plastic Surgery Service	895	13.5
Cardiothoracic Surgery Service	10	-
General Internal Medicine Service	80	7.6
Gastroenterology Service	2,391	11.7
Cardiology Service	1,209	8.8
Dermatology Service	1,563	7.9
Respiratory Medicine Service	857	11.6
Neurology Service	1,059	15.2
Rheumatology Service	578	8.5
Elderly Medicine Service	101	10.5
Gynaecology Service	2,673	12.3
Other - Medical Services	2,184	9.5
Other - Mental Health Services	-	-
Other - Paediatric Services	951	9.9
Other - Surgical Services	1,826	7.8
Other - Other Services	556	7.2
Total	36,992	11.6

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 September 2021.

CHFT Treatment Function	Total number of incomplete pathways September 2021	Average (median) waiting time (in weeks)
General Surgery Service	6,945	15.9
Urology Service	1,862	15.4
Trauma and Orthopaedic Service	3,130	17.0
Ear Nose and Throat Service	5,889	24.1
Ophthalmology Service	3,302	11.8
Oral Surgery Service	1,918	20.8
Neurosurgical Service	-	-
Plastic Surgery Service	620	15.0
Cardiothoracic Surgery Service	-	-
General Internal Medicine Service	116	12.9
Gastroenterology Service	2,737	17.8
Cardiology Service	1,588	9.3
Dermatology Service	741	12.5
Respiratory Medicine Service	1,064	12.3
Neurology Service	1,793	19.1
Rheumatology Service	762	10.3
Elderly Medicine Service	167	14.0
Gynaecology Service	2,731	14.5
Other - Medical Services	1,331	9.5
Other - Mental Health Services	-	-
Other - Paediatric Services	1,048	8.3
Other - Surgical Services	252	25.4
Other - Other Services	128	8.3
Total	38,124	15.7

MYHT Treatment Function	Total number of incomplete pathways September 2021	Total within 18 weeks	% within 18 weeks	Average waiting time
General Surgery Service	1,494	849	56.8%	15.3
Urology Service	2,314	1,739	75.2%	9.0
Trauma and Orthopaedic Service	2,938	2,076	70.7%	10.8
Ear Nose and Throat Service	3,465	2,254	65.1%	10.9
Ophthalmology Service	3,938	3,300	83.8%	8.8
Oral Surgery Service	2,300	1,398	60.8%	13.0
Neurosurgical Service	-	-	-	-
Plastic Surgery Service	1,645	1,076	65.4%	11.7
Cardiothoracic Surgery Service	-	-	-	-
General Internal Medicine Service	30	30	100.0%	3.3
Gastroenterology Service	2,725	2,317	85.0%	6.5
Cardiology Service	844	772	91.5%	7.8
Dermatology Service	1,530	1,148	75.0%	8.8
Respiratory Medicine Service	1,056	817	77.4%	11.0
Neurology Service	477	405	84.9%	4.5
Rheumatology Service	412	378	91.7%	7.1
Elderly Medicine Service	117	114	97.4%	6.1
Gynaecology Service	2,770	1,967	71.0%	9.8
Other - Medical Services	4,049	2,963	73.2%	10.3
Other - Mental Health Services	-	-	-	-
Other - Paediatric Services	1,406	1,155	82.1%	11.7
Other - Surgical Services	3,262	2,597	79.6%	6.2
Other - Other Services	222	170	76.6%	6.0
Total	36,994	27,525	74.4%	9.5

Specialities below the 92% target are highlighted in red for information.

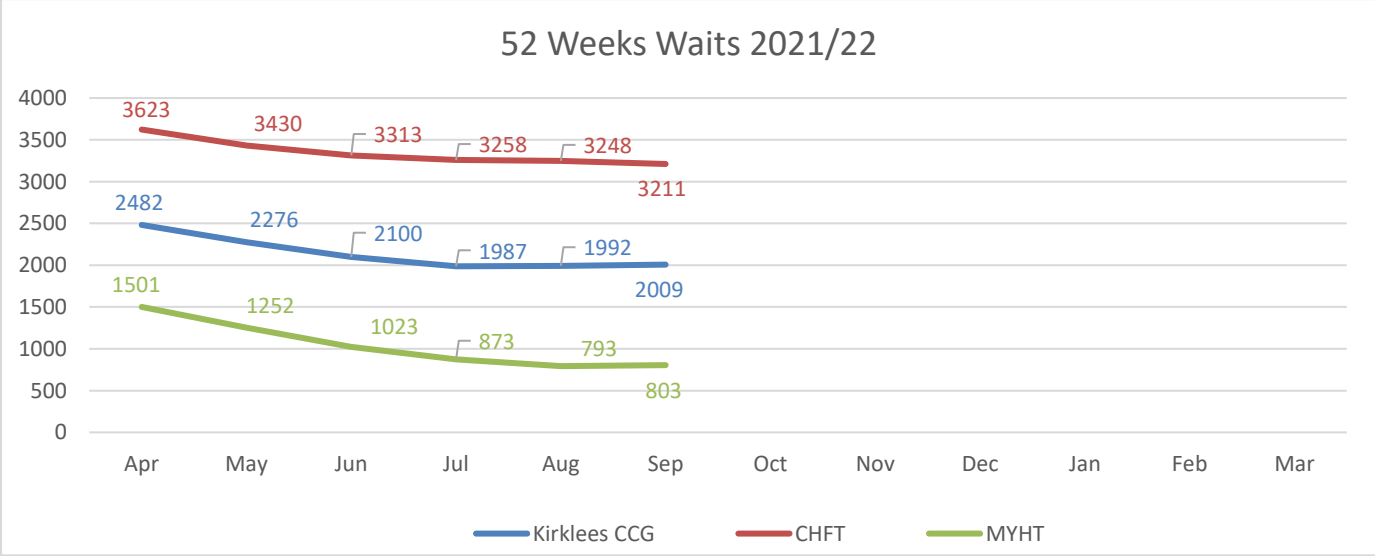
Both Trusts have now submitted their final activity plans for H2 21/22, the requirements in the planning guidance in relation to 18 weeks and the backlog, emphasised that thrusts should stabilise the waiting lists at levels seen at September 2021 by the end of March 2022, both MYHT and CHFT have submitted compliant plans. Whilst overall numbers may increase throughout Q3, its anticipated that additional capacity will have a significant impact in Q4 and the overall waiting list as a result will be in line with September figures.

4.2 Number of Patients waiting more than 52 weeks

There were 2,009 reported breaches in September 2021, with a cumulative 12,846 cases (new cases and carried forward cases) recorded since April 2021. 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. For September therefore the total of 2,009 breaches is made up of 1,728 carried forward from the previous month and 281 new beaches that took place in September. 446 patients that had been waiting more than 52 weeks were seen in September meaning that 1,563 patients are carried forward to October.

The chart below shows the outstanding number of 52 week waits in Month for Kirklees CCG, CHFT and MYHT.

Figure 1. 52 Week Waits 2021/22



Both trusts have submitted plans for the remainder of the financial year which will initially show further growth in the number of patients waiting 52 weeks +, the planning requirements in H2 are that the number of patients waiting by March 22 will stabilise or reduce, both trusts have submitted a compliant trajectory.

Trusts are also required to eliminate any patients waiting 104 weeks +by the end of March, MYHT do not have any patients waiting in this time range, CHFT have submitted a plan that is compliant, any patient waiting 104+ weeks will be P5/P6 patients that have chosen to continue to wait.

4.3 Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral

Kirklees CCG achieved 87.4% in September 2021 (an increase of 3.7% from August 2021) and is the best performance recorded this year although this is against a target of 99% of patients should not wait more than 6 weeks for diagnostic tests. The year-to-date performance is 85.9%

CHFT achieved 88.4% and MYHT achieved 88.1% in September 2021

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	1,684	17	1.0%	99.0%
Computed Tomography	1,146	1	0.1%	99.9%
Non-obstetric Ultrasound	1,880	3	0.2%	99.8%
DEXA Scan	399	1	0.3%	99.7%
Audiology - Audiology Assessments	145	0	0.0%	100.0%
Cardiology - Echocardiography	876	166	18.9%	81.1%
Neurophysiology – Peripheral Neurophysiology	359	55	15.3%	84.7%
Respiratory physiology - Sleep Studies	26	0	0.0%	100.0%
Urodynamics - Pressures & Flows	20	1	5.0%	95.0%
Colonoscopy	540	196	36.3%	63.7%
Flexi Sigmoidoscopy	236	98	41.5%	58.5%
Cystoscopy	221	56	25.3%	74.7%
Gastroscopy	733	362	49.4%	50.6%
Total	8,265	956	11.6%	88.4%

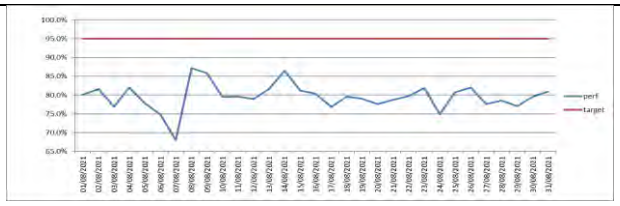
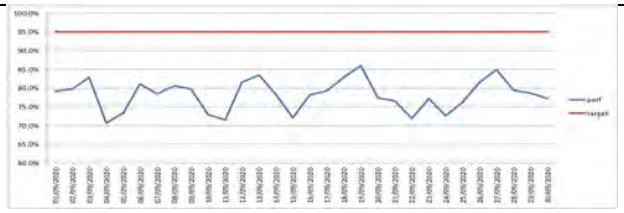
MYHT Diagnostic test name	Total waiting list	Waiting +6 weeks	% waiting +6 weeks	Overall performance
Magnetic Resonance Imaging	3045	781	25.6%	74.4%
Computed Tomography	1,374	58	4.2%	95.8%
Non-obstetric Ultrasound	5,006	645	12.9%	87.1%
DEXA Scan	345	2	0.6%	99.4%

MYHT Diagnostic test name	Total waiting list	Waiting +6 weeks	% waiting +6 weeks	Overall performance
Audiology - Audiology Assessments	315	1	0.3%	99.7%
Cardiology - Echocardiography	725	0	0.0%	100.0%
Neurophysiology - Peripheral Neurophysiology	426	0	0.0%	100.0%
Respiratory physiology - Sleep Studies	158	0	0.0%	100.0%
Colonoscopy	524	0	0.0%	100.0%
Flexi Sigmoidoscopy	127	1	0.8%	99.2%
Cystoscopy	77	4	5.2%	94.8%
Gastroscopy	402	0	0.0%	100.0%
Total	12,524	1,492	11.9%	88.1%

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

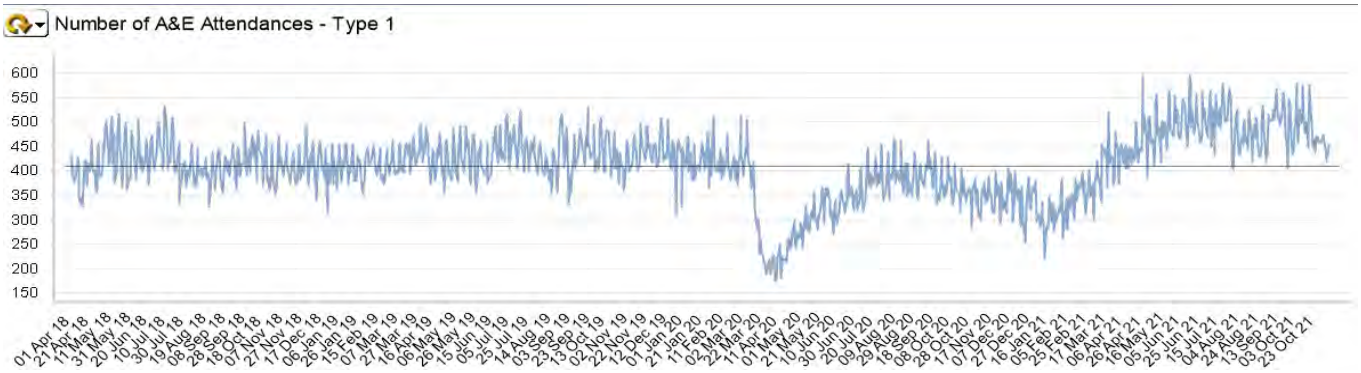
Performance against the 4-hour Emergency Care Standard for October 2021 was 76**%**. For the year to date there were 104,781 attendances with 19,017 breaches with an outturn of 81.9%. During October there were three instances where performance dropped below 70%. 21st - 64.3%, 22nd - 69.8% and 29th - 69%. Performance has only once before gone below 70% and that was on 7th August with 68%, for the first 6 days of November performance has been above 70%. The information below shows the month-on-month performance at CHFT over the last three months:

Month	CRH	HRI	CHFT Total	Daily Attends/ Breaches	
August					
Attendances	7,577	7,167	14,744	476	
Breaches	1,430	1,582	3,012	97	
September					
Attendances	7,782	7,059	14,841	495	
Breaches	1,598	1,624	3,222	107	

October				
Attendances	7,784	7,358	15,142	488
Breaches	1,767	1,871	3,638	117

The extract below shows the number of attendances at CHFT from the 1st April 2018 to early October 2021 and illustrates the impact that COVID 19 had on the level of attendances.

Figure 2 Number of A&E 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 and then dropping slightly to 495 in September 2021 and 488 in October 2021.

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

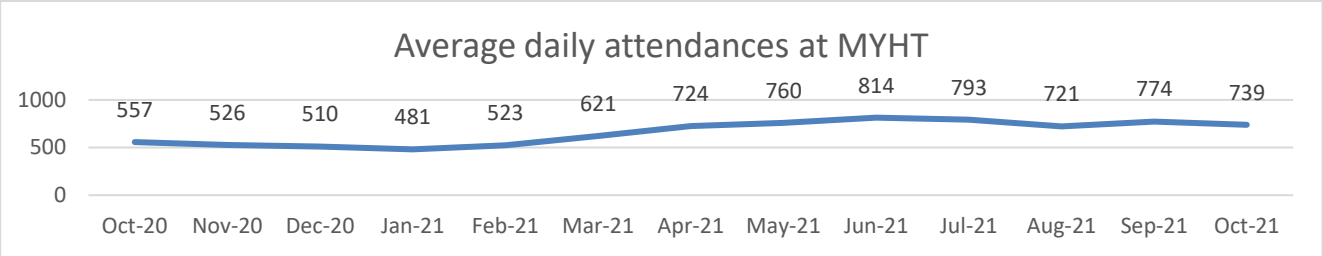
- Mid Yorks is one of 14 Trusts supporting the UEC pilot.
- The pilot period is expected to last a total of 14 weeks – end August (approx.).
- The pilot commenced on the 22nd May 2019 with a focus on:
- Time to meaningful assessment (15 minutes)
- Total time in ED (12 hours)
- Mean time in ED (Measure 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. Daily attendances since 13th July have remained below 900. Attendances have slowly dropped since the high average in June 2021. We will continue to monitor this data as we approach the winter months.

The graph below shows the average daily attendances at MYHT:

Figure 3 Average daily attendances at MYHT



4.5 Cancer Performance

Kirklees CCG July 2021	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%	89.2%	Amber	94.8%	Green
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms	93%	97.6%	Green	96.9%	Green
Maximum 31-day wait from diagnosis to first definitive treatment for all cancers	96%	94.0%	Amber	95.3%	Amber
Maximum 31-day wait for subsequent treatment where that treatment is surgery	94%	84.6%	Red	93.0%	Amber
Maximum 31-day wait for subsequent treatment where that treatment is anti-cancer drug regime	98%	100.0%	Green	99.6%	Green

Kirklees CCG July 2021	Target Baseline	Selected Month %	Selected Month RAGS	Latest YTD %	Latest YTD RAGS
Maximum 31-day wait for subsequent treatment where that treatment is episode of radiotherapy	94%	68.6%	Red	89.1%	Amber
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	85%	77.2%	Red	81.8%	Amber
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	63.2%	Red	61.1%	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	80.6%	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%	98.6%	98.3%	75.8%	91.2%
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms	93%	98.0%	98.8%	100.0%	97.0%
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	96%	95.7%	98.2%	96.2%	97.1%
Maximum 31-day wait for subsequent treatment where that treatment is surgery	94%	83.7%	95.0%	92.0%	93.6%
Maximum 31-day wait for subsequent treatment where that treatment is anti-cancer drug regime	98%	100.0%	100.0%	100.0%	99.8%
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%	89.3%	91.1%	78.7%	78.7%
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	25.0%	50.3%	57.7%	71.7%
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	90%	100.0%	100.0%	80.0%	84.7%

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	1,657	178
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms	123	3
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	217	13
Maximum 31-day wait for subsequent treatment where that treatment is surgery	52	8
Maximum 31-day wait for subsequent treatment where that treatment is anti-cancer drug regime	88	0
Maximum 31-day wait for subsequent treatment where that treatment is episode of radiotherapy	70	22
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	123	28
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment	19	7
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	10	2

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	1,672	23	2,437	590
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms	147	3	121	0
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	163	7	235	9
Maximum 31-day wait for subsequent treatment where that treatment is surgery	43	7	50	4
Maximum 31-day wait for subsequent treatment where that treatment is anti-cancer drug regime	73	0	72	0
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	107.5	11.5	150.5	32
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment	10	7.5	13	5.5
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	3.5	0	22.5	4.5

The planning requirement for H2 is that the Cancer 62 days waiting time standard is at levels seen in February 2020 by the end of March 2022. Both Trusts acknowledge that this is an ambitious

target and will require work across the West Yorkshire footprint, both MYHT and CHFT have a trajectory that is compliant.

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 October 2021.

Handover	Under 15 mins	Over 15 mins	Total	Percentage
CRH	401	460	861	46.57%
HRI	500	431	931	53.71%
Total	**901**	**891**	**1,792**	**50.28%**
DDH	164	36	200	82.0%
Pind	1,229	1,578	2,807	43.78%
Total	**1,393**	**1,614**	**3,007**	**46.33%**

CHFT continues to see a decrease in the number of handovers taking under 15 minutes from 67.1% in April 2021, to 50.28% in October, we have also seen month on month decreases since May 2021. The yearly position for 2021/22 for Handovers sees 60.64% of all handovers at CHFT taking under 15 minutes, showing a continued deterioration.

MYHT saw a slight increase from August 2021 to September 2021, but October saw a decrease again. Apart from the increase in September of 0.9% we have seen performance deteriorate from 68.55% in April to the current position of 46.33%. For the yearly position 57.42% of all handovers took less than 15 minutes. Dewsbury District Hospital continues to perform well on handovers with 88.52% of all handovers taking less than 15 minutes at the year-to-date position, although it is worth noting that only 10.75% of the total number of MYHT handovers takes place at Dewsbury District Hospital.

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 October 2021

Crew clear	Under 15 mins	Over 15 mins	Total	Percentage
CRH	419	442	861	48.66%
HRI	460	471	931	49.41%
Total	**879**	**913**	**1,792**	**49.05%**
DDH	71	129	200	35.5%
Pind	1,189	1,627	2,816	42.22%
Total	**1,260**	**1,756**	**3,016**	**41.78%**

Crew Clears under 15 minutes have increased at CHFT since June 2021 (YTD – 43.7%), while for MYHT crew clears under 15 minutes have increased slightly from 41.0% in June 2021 to 41.78% in October 2021 (YTD – 40.2%).

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 few stakeholder teleconferences around system issues including ambulance handover delays.

Some of these discussions focus on 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 was 1 reported MRSA case in September 2021 with a total of 4 infections reported year to date. CHFT reported 1 MRSA case for September 2021, and a year-to-date figure of 3 cases. MYHT reported 1 case in September 2021, with a total of 5 year to date cases. This is reported through Quality & Safety committee.

Kirklees CCG has a reported 3 C-Diff infections in September 2021 with a year-to-date total of 32. CHFT has reported 3 cases in September 2021 and 25 year to date. MYHT have recorded 14 C-Diff infections in September 2021 with 58 for the first six months of the year. This is 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.

Referral to Treatment

August 21 saw a slight drop in performance to 74.8% compared to 75.1% in July 2021. 793 patients breached 52 weeks in August 2021 (686 in the Division of Surgery, 3 Division of Medicine and 104 Division of Families), this is a drop from 873 the previous month. Waiting list size increased from 35,639 to 36,927 in August 2021. Benchmarking data for July 2021 shows that we still remain above the national average of 68.2% and currently rank 47 out of 136 Acute Trusts.

Diagnostics

Performance worsened in August 2021 to 87.63% compared to 94.44% in July 2021 and relates to a number of pressures in Radiology – action plans are in place to improve this position. The latest benchmarking data for July 2021 shows that we continue to perform well above the national average of 76.5%, placing us 25 out of 135 Acute Trusts.

Cancer Waiting Times performance

Cancer 2 week waits, Cancer 31 days from diagnosis to first treatment, Cancer 62 days (GP referral) and Cancer 62 days screening are currently not meeting their targets in August 2021. Cancer 2 week waits saw a drop in performance to 81.3% compared to 96.0% the previous month, with suspected skin cancer showing the biggest fall to 24.0% compared to 92.5% in July 2021. This is mainly due to pressure on the departments due to an increase of patients being referred on a cancer pathway. Benchmarking data from July 2021 shows that for Cancer 62 days (GP Referral) we still remain above the national average of 72.1%, and rank 32 out of 131 Acute Trusts. For Cancer 2 week waits from urgent GP referral the Trust also remains above the national average of 85.6% and ranks

21 out of 133 Acute Trusts. We have fallen below national average in Cancer 31 days from diagnosis to treatment and 62-day screening.

Figure 4 MYHT Board Scorecard

TRUST BOARD SCORECARD - 2021/22

NHS 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	Aug-21	92%	Nat.	73.0%	71.9%	74.0%	75.2%	75.1%	74.8%	74.8%							
Referral to Treatment (RTT): 92% incomplete pathways <18 weeks at specialty level	COO	Aug-21	17	Loc.	1	2	1	3	3	3	3							
Referral to Treatment (RTT): incomplete >52 week waits at month end	COO	Aug-21	0	Nat.	1765	1501	1252	1023	873	793	793							
Diagnostic waiting times: <6 weeks from referral for test	COO	Aug-21	≥99%	Nat.	96.89%	97.63%	98.20%	97.51%	94.44%	87.63%	94.61%							
Cancer: 2 weeks from urgent GP referral to 1st outpatient	COO	Aug-21	≥93%	Nat.	97.2%	97.1%	98.6%	97.8%	96.0%	81.3%	94.3%							
Cancer: 2 weeks from urgent GP referral for breast symptoms to 1st outpatient	COO	Aug-21	≥93%	Nat.	99.0%	89.8%	100.0%	99.2%	95.3%	99.3%	96.4%							
Cancer: 31 days from diagnosis to first definitive treatment	COO	Aug-21	≥96%	Nat.	97.9%	97.1%	100.0%	99.1%	94.5%	95.8%	97.2%							
Cancer: 31 days to subsequent treatment - surgery	COO	Aug-21	≥94%	Nat.	97.6%	97.6%	97.6%	89.8%	88.4%	95.0%	93.5%							
Cancer: 31 days to subsequent treatment - drug	COO	Aug-21	≥98%	Nat.	100.0%	100.0%	98.8%	100.0%	100.0%	100.0%	99.8%							
Cancer: 62 days from urgent GP referral to first definitive treatment	COO	Aug-21	≥85%	Nat.	76.0%	79.3%	76.2%	78.5%	81.3%	76.4%	78.3%							
Cancer: 62 days from referral from NHS screening service to first definitive treatment	COO	Aug-21	≥90%	Nat.	75.0%	75.0%	93.8%	76.9%	66.7%	83.3%	79.5%							
Last minute cancelled operations (non-clinical reasons) not re-booked within 28 days	COO	Aug-21	0	Nat.	0	0	0	0	0	0	0							
Urgent operations cancelled for a second time	COO	Aug-21	0	Nat.	0	0	0	0	0	0	0							
Ambulance handovers 15-30 minutes from arrival	COO	Aug-21	329	Loc.	482	458	502	353	367	538	2218							
Ambulance handovers 30-60 minutes from arrival	COO	Aug-21	0	Nat.	196	104	169	178	905	402	1158							
Ambulance handovers >60 minutes from arrival	COO	Aug-21	0	Nat.	21	5	16	19	94	181	315							

Figure 5 MYHT Exception report

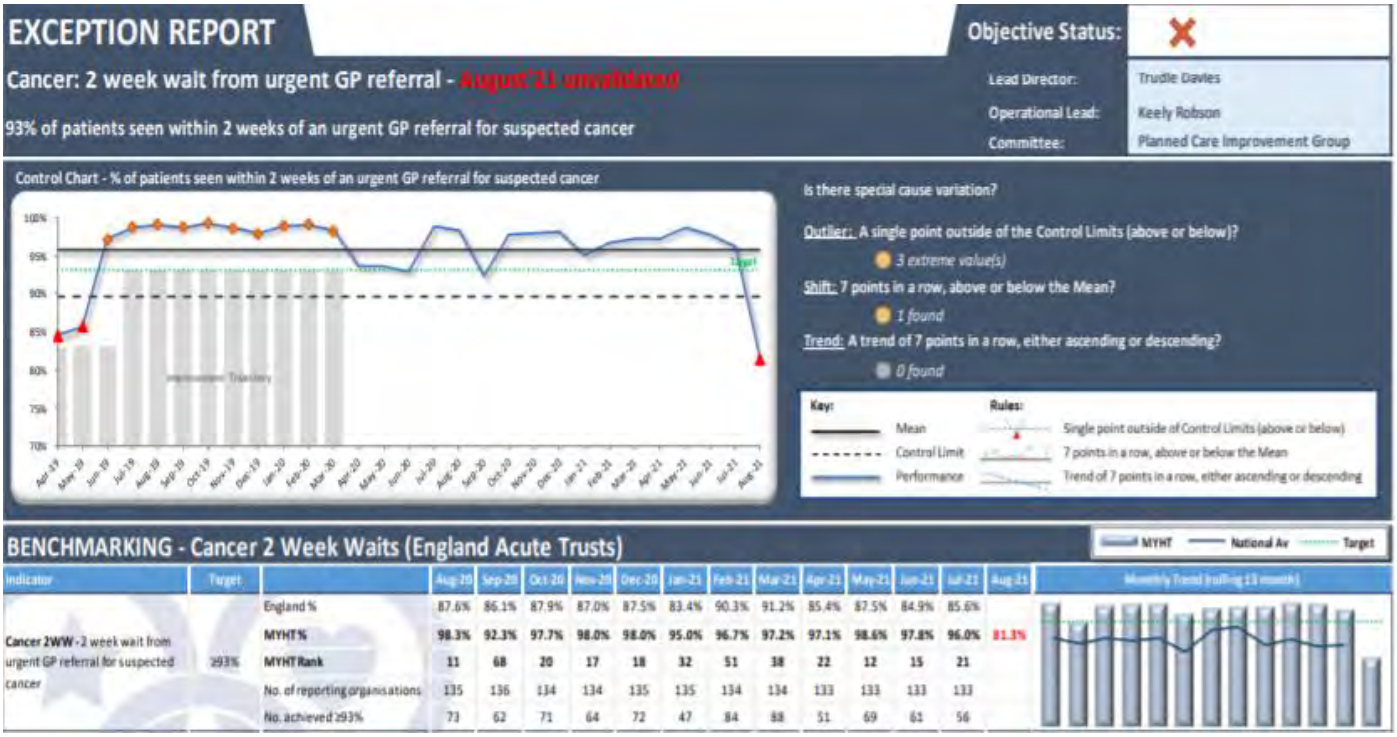


Figure 6 MYHT Exception report

Figure 7 MYHT Exception report

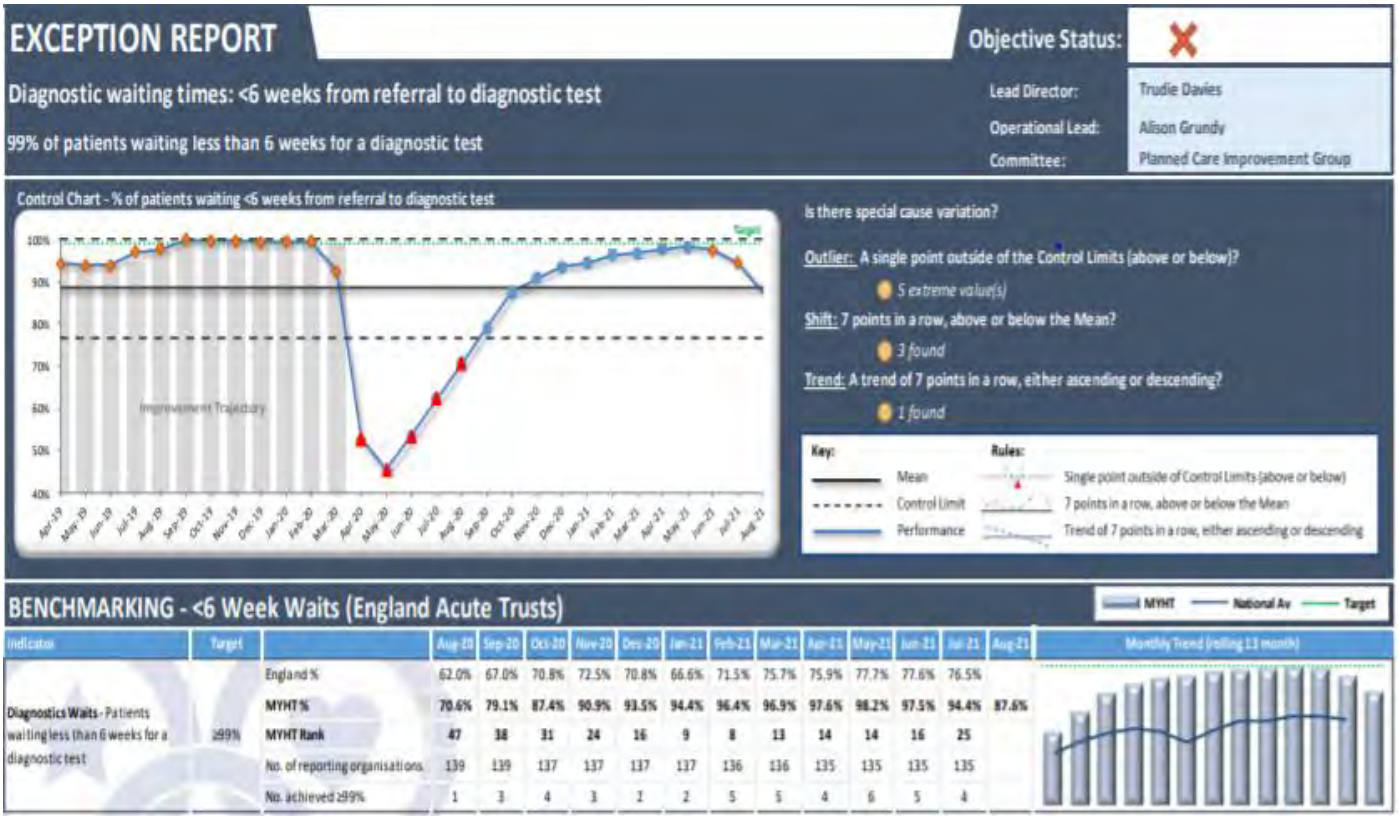
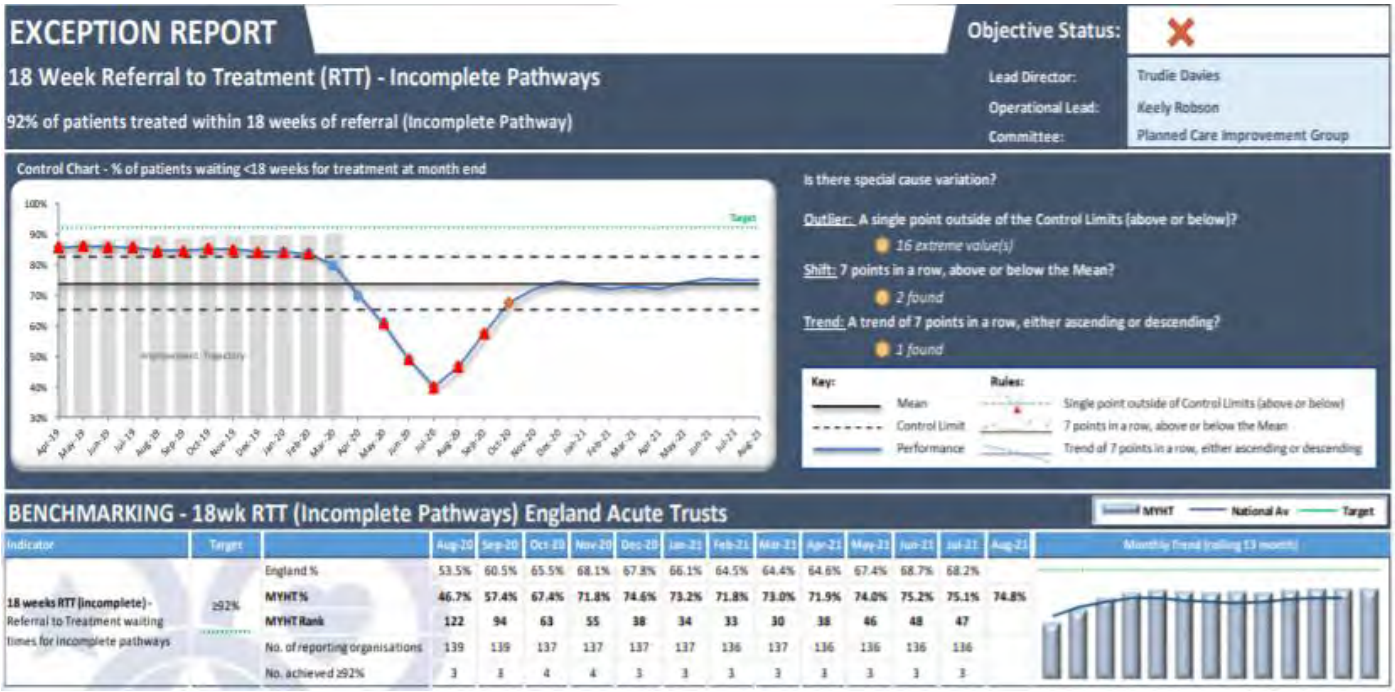


Figure 8 MYHT Exception report



6.2 Calderdale & Huddersfield Foundation Trust

Narrative extracted from the September integrated Performance report

Emergency Care Standard 4 hours

The significant and continued increase in demand for both our emergency departments has continued during July and this is creating pressure at the front door and on admissions into the organisation. The challenging bed base across the organisation has contributed to the lack of flow out of the department.

We have continued with several actions in month, key actions being:

- Continuing to pilot the Urgent Care Hubs at both HRI and CRH which are operational Mon-Fri 08.00-18.00 and staffed by CHFT colleagues.
- The cross-divisional weekly breach investigation meetings are continuing where operational pressures allow, 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 arranging the 12-month Tytocare trial and clinical safety sign off has now been granted and go-live has been confirmed for Monday 23rd August. The trial will be for an initial 6-week period at which point we will evaluate effectiveness and next steps.
- Engagement continues with colleagues across the organisation to ensure there is broad understanding of the new ED standards and what they mean operationally.

Figure 9 CHFT Key indicators

Key Indicators

	20/21	Apr-20	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	Jun-21	Jul-21	Aug-21	Sep-21	YTD	Performance Range		
SAFE																					Green	Amber	Red
Never Events	2	0	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0		>=1
CARING																					Green	Amber	Red
% Complaints closed within target timeframe	60.07%	93.8%	81.8%	80.0%	69.6%	71.4%	53.9%	44.1%	50.0%	41.7%	63.0%	52.9%	60.00%	100.00%	87.50%	100.00%	69.44%	55.10%	in arrears	74.64%	100%	86% - 99%	<=85%
Friends & Family Test (IP Survey) - % Positive Responses	91.09%	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	93.63%	93.46%	88.32%	96.82%	96.75%	95.62%	97.00%	96.38%	96.61%	in arrears	96.60%	>=90%	80% - 89%	<=79%
Friends and Family Test Outpatients Survey - % Positive Responses	93.27%	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	93.37%	93.10%	93.28%	92.38%	92.45%	92.20%	92.29%	91.88%	91.77%	in arrears	92.00%	>=90%	80% - 89%	<=79%
Friends and Family Test A & E Survey - % Positive Responses	90.16%	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	90.38%	90.91%	89.37%	90.48%	85.13%	85.90%	82.98%	78.53%	81.33%	in arrears	82.83%	>=80%	70% - 79%	<=69%
Friends & Family Test (Maternity) - % Positive Responses	98.86%	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	98.00%	100.00%	100.00%	91.89%	85.71%	90.00%	91.23%	97.53%	95.19%	in arrears	95.40%	>=90%	80% - 89%	<=79%
Friends and Family Test Community Survey - % Positive Responses	100.00%	COVID	COVID	COVID	COVID	COVID	COVID	COVID	COVID	100.00%	100.00%	100.00%	100.00%	99.50%	93.80%	93.37%	87.74%	92.52%	in arrears	91.69%	>=90%	80% - 89%	<=79%
EFFECTIVE																					Green	Amber	Red
Number of MRSA Bacteraemias – Trust assigned	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		>=0
Preventable number of Clostridium Difficile Cases	6	1	1	2	2	0	0	0	0	0	0	0	0	0	1	0	1	0	0	2	4		3.4
Local SHMI - Relative Risk (1 Yr Rolling Data)	100.94	98.4	98.68	99.05	99.74	100.88	101.31	102.27	102.71	100.94	104.11	103.15	102.26	99.91	101.91					101.91	<=100	101 - 109	>=110
Hospital Standardised Mortality Rate (1 yr Rolling Data)	90.49	91.32	91.56	92.39	91.88	92.85	93.32	93.3	92.98	90.32	90.49	90.76	89.46	88.24	88.99	90.00				90.00	<=100	101 - 109	>=111
RESPONSIVE																					Green	Amber	Red
Emergency Care Standard 4 hours	88.81%	92.59%	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%	86.16%	78.59%	79.57%	78.29%	82.83%	>=95%	81% - 94%	<=80%
% Stroke patients admitted directly to an acute stroke unit within 4 hours of arrival	65.30%	71.43%	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%	54.90%	42.29%	43.14%	42.00%	48.66%	>=90%		<=85%
Two Week Wait From Referral to Date First Seen	98.74%	98.24%	99.02%	98.52%	98.92%	99.65%	97.85%	99.04%	98.50%	98.91%	98.55%	98.80%	98.76%	98.31%	99.02%	97.84%	97.87%	98.46%	98.62%	98.34%	>=93%	86% - 92%	<=85%
Two Week Wait From Referral to Date First Seen: Breast Symptoms	97.86%	100.00%	100.00%	97.70%	95.87%	100.00%	99.27%	100.00%	94.78%	98.70%	97.35%	96.45%	97.34%	98.28%	98.04%	100.00%	98.68%	100.00%	98.64%	98.91%	>=93%		<=92%
31 Days From Diagnosis to First Treatment	98.08%	99.42%	97.37%	98.26%	97.83%	97.69%	100.00%	98.67%	96.23%	96.71%	96.82%	98.55%	99.22%	99.46%	99.41%	97.62%	98.92%	97.85%	96.03%	98.25%	>=96%		<=95%
31 Day Subsequent Surgery Treatment	90.99%	96.88%	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%	100.00%	97.78%	94.44%	85.37%	95.54%	>=94%		<=93%
31 day wait for second or subsequent treatment drug treatments	99.15%	100.00%	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%	100.00%	100.00%	100.00%	100.00%	>=98%		<=97%
38 Day Referral to Tertiary	54.64%	76.00%	45.45%	40.00%	65.00%	47.06%	39.13%	58.33%	35.71%	50.00%	43.75%	61.54%	91.67%	50.00%	63.16%	50.00%	66.67%	35.00%	53.33%	52.08%	>=85%		<=84%
62 Day GP Referral to Treatment	91.47%	93.61%	91.41%	85.59%	91.72%	91.16%	93.03%	89.67%	94.76%	90.00%	90.10%	87.58%	95.65%	93.14%	90.09%	91.97%	91.38%	91.24%	89.50%	91.25%	>=85%	81% - 84%	<=80%
62 Day Referral From Screening to Treatment	63.98%	72.22%	37.50%	0.00%	0.00%	33.33%	0.00%	83.33%	81.82%	85.19%	83.33%	73.91%	100.00%	72.22%	57.89%	48.48%	32.14%	55.26%	25.00%	50.57%	>=90%		<=89%
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%	70.98%	85.89%	73.70%	80.21%	83.19%	82.94%	82.52%	80.91%	81.48%	71.76%	82.50%	80.21%	73.09%	67.36%	68.97%	73.40%	69.70%	72.53%	70.80%	>=75%		<=70%
WORKFORCE																					Green	Amber	Red
Sickness Absence rate (%) - Rolling 12m	4.52%	4.12%	4.23%	4.25%	4.25%	4.24%	4.24%	4.30%	4.41%	4.46%	4.53%	4.59%	4.52%	4.37%	4.35%	4.44%	4.61%	4.76%	4.89%	-	<=4%	<=4.5%	>4.5%
Long Term Sickness Absence rate (%) -Rolling 12m	3.07%	2.61%	2.69%	2.72%	2.73%	2.73%	2.73%	2.78%	2.86%	2.93%	2.99%	3.07%	3.07%	3.01%	2.99%	3.07%	3.17%	3.29%	3.36%	-	<=2.5%	<=2.75%	>2.75%
Short Term Sickness Absence rate (%) -Rolling 12m	1.45%	1.51%	1.54%	1.53%	1.52%	1.51%	1.52%	1.52%	1.55%	1.52%	1.54%	1.52%	1.45%	1.36%	1.35%	1.38%	1.44%	1.48%	1.53%	-	<=1.5%	<=1.75%	>1.75%
Overall Essential Safety Compliance	94.90%	93.61%	94.11%	94.24%	95.85%	94.42%	95.28%	95.51%	95.18%	95.16%	95.02%	94.86%	94.90%	94.85%	94.68%	95.64%	95.48%	93.93%	93.81%	-	>=90%	>=85%	<85%
Appraisal (1 Year Refresher) - Non-Medical Staff	95.15%									95.15%	95.15%	95.15%	95.15%							-	>=95%	>=90%	<90%
Appraisal (1 Year Refresher) - Medical Staff (Rolling 12mth)	41.05%																			-	>=95%	>=90%	<90%
FINANCE																					Green	Amber	Red
I&E: Surplus / (Deficit) Var £m YTD	2.27	(0.00)	0.00	0.00	0.00	0.00	0.00	0.95	0.16	-1.00	0.41	0.58	1.18	0.55	2.39	0.28	-0.22	-1.40	-1.62	0.00			

62-day screening was also reported through the Trust report and the following actions were noted:

- Additional capacity added at CHFT and MYTH.
- PPC tracker recruited to track patients.
- Reduce first seen to 7 days.
- Move patients timely through pathway.
- Continue conversations with MYTH to fulfil SLA.
- Ensure all tests completed prior to treatment plan.
- 3 sessions theatres starting in November.

7 Recommendations

The Governing Body are 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.

- **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: Jul-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%	76.6%		76.3%		-	-	-	-	74.4%		73.0%	
	Patients on incomplete pathways waiting more than 52 weeks	0	2009		12846		3211		20083		803		6245	
Diagnostic Test Waiting Times	Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	99%	87.4%		85.9%		88.4%		83.1%		88.1%		93.3%	
A&E Waits	Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department	95%	-	-	-	-	76.0%		81.9%		-	-	-	-
	No waits from decision to admit to admission (trolley waits) of more than 12 hours	0	-	-	-	-	2		5		1		3	
Cancer Waits - 2 week wait	Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	89.2%		94.8%		98.6%		98.3%		75.8%		91.2%	
	Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer not initially suspected)	93%	97.6%		96.9%		98.0%		98.8%		100.0%		97.0%	
Cancer Waits - 31 days	Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	96%	94.0%		95.3%		95.7%		98.2%		96.2%		97.1%	
	Maximum 31-day wait for subsequent treatment where that treatment is surgery	94%	84.6%		93.0%		83.7%		95.0%		92.0%		93.6%	
	Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	98%	100.0%		99.6%		100.0%		100.0%		100.0%		99.8%	
	Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	68.6%		89.1%		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%	77.2%		81.8%		89.3%		91.1%		78.7%		78.7%	
	Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	63.2%		61.1%		25.0%		50.3%		57.7%		71.7%	
	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%		80.6%		100.0%		100.0%		80.0%		84.7%	
Ambulance Calls	All handovers between ambulance and A&E must take place within 15 minutes	95%	-	-	-	-	50.3%		60.6%		46.3%		57.4%	
	All crews should be ready to accept new calls within a further 15 minutes	95%	-	-	-	-	49.1%		43.7%		41.8%		40.2%	
Mixed Sex Accomodation	Minimise breaches - reporting suspended COVID 19	0	0		0		0		0		0		0	
MRSA	Number of MRSA reported infections	0	1		4		1		3		1		5	
C_Diff	Number of C_Diff reported infections	4 - 6	3		32		3		25		14		58	
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**	08.12.2021
Title of Report	Workforce Report	**Agenda Item No.**	13
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 September 2021 (quarter 1 and 2 data). 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 – quarter 2 report	**Meeting Date**	28.10.2021
Name of meeting	Senior Management Team – quarter 1 report	**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 as part of the annual update from the period of 1 April to 30 September 2021 (quarter 1 and 2 data). 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 September 2021 was 189 equating to 174.87 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.

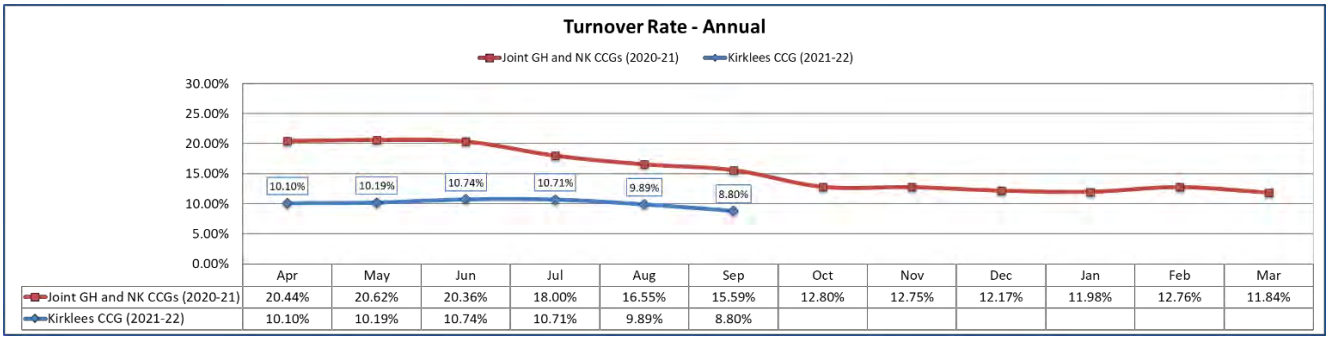
3. Staff Turnover

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:

$$\frac{\text{Leavers over a rolling 12 months}}{\text{Average total number employed over a rolling 12-month}} \times 100$$

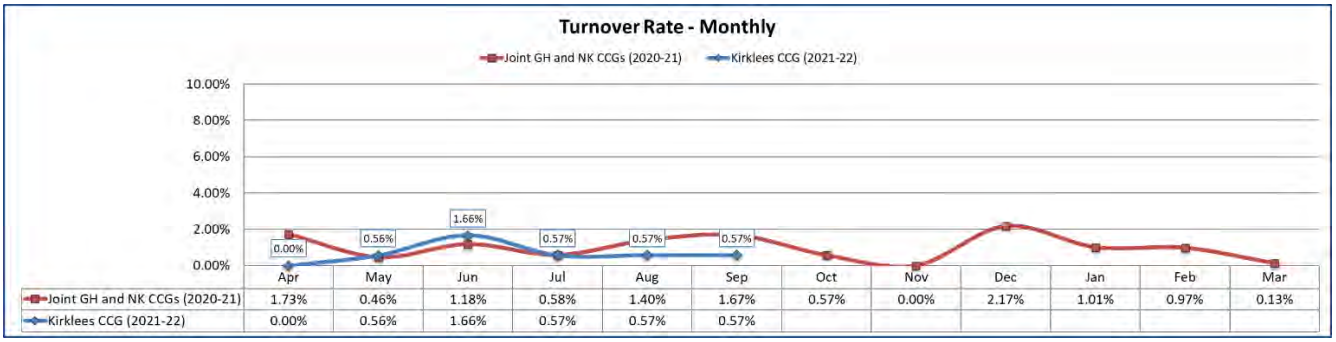
3.2 The data set out in Table 1 and 2 includes the CCG's rolling annual and monthly staff turnover rates from 01 April to 30 September 2021 and a comparison with turnover for the previous financial year.

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%	10.74%	10.71%	9.89%	8.80%						

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%	1.66%	0.57%	0.57%	0.57%						

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 6 leavers in 2021 (quarter 1 and 2) compared to 10 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 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. There are no themes in relation to the reasons for short- and long-term sickness, which are deemed to be of organisational concern. The following are the top three reasons for sickness absence –

Kirklees CCG
Anxiety and stress related to personal issues
Other known causes
Nervous system disorders

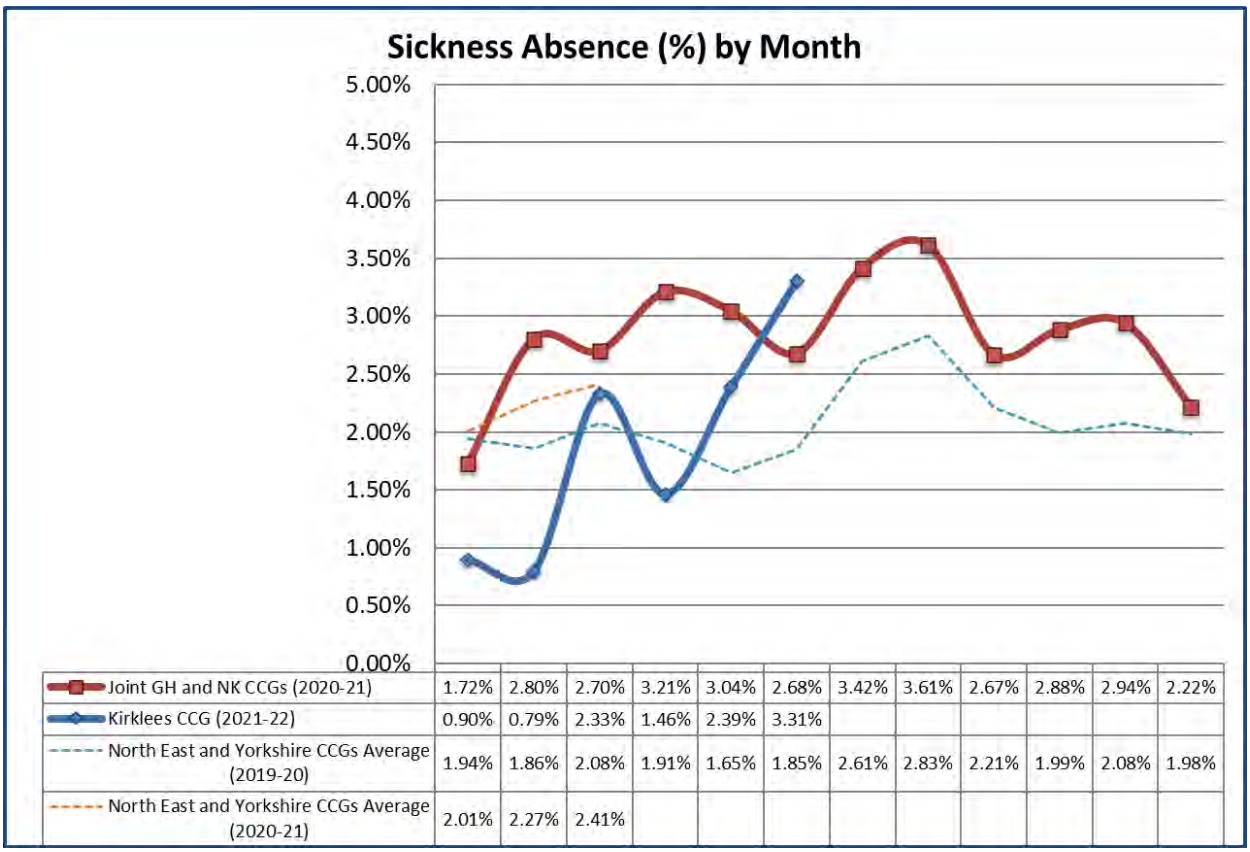
4.4 Sickness in the CCG for quarter 1 and 2 shows that sickness for short term increased from May to September. Reasons associated with the short-term episodes ranged from coughs and colds, respiratory, headaches, back problems, ear/nose/throat and gastrointestinal. Long term sickness dropped significantly between April to August with a slight peak in September for reasons of anxiety and stress. 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 can 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 quarter 1 and 2 the return-to-work compliance rate was 100%.

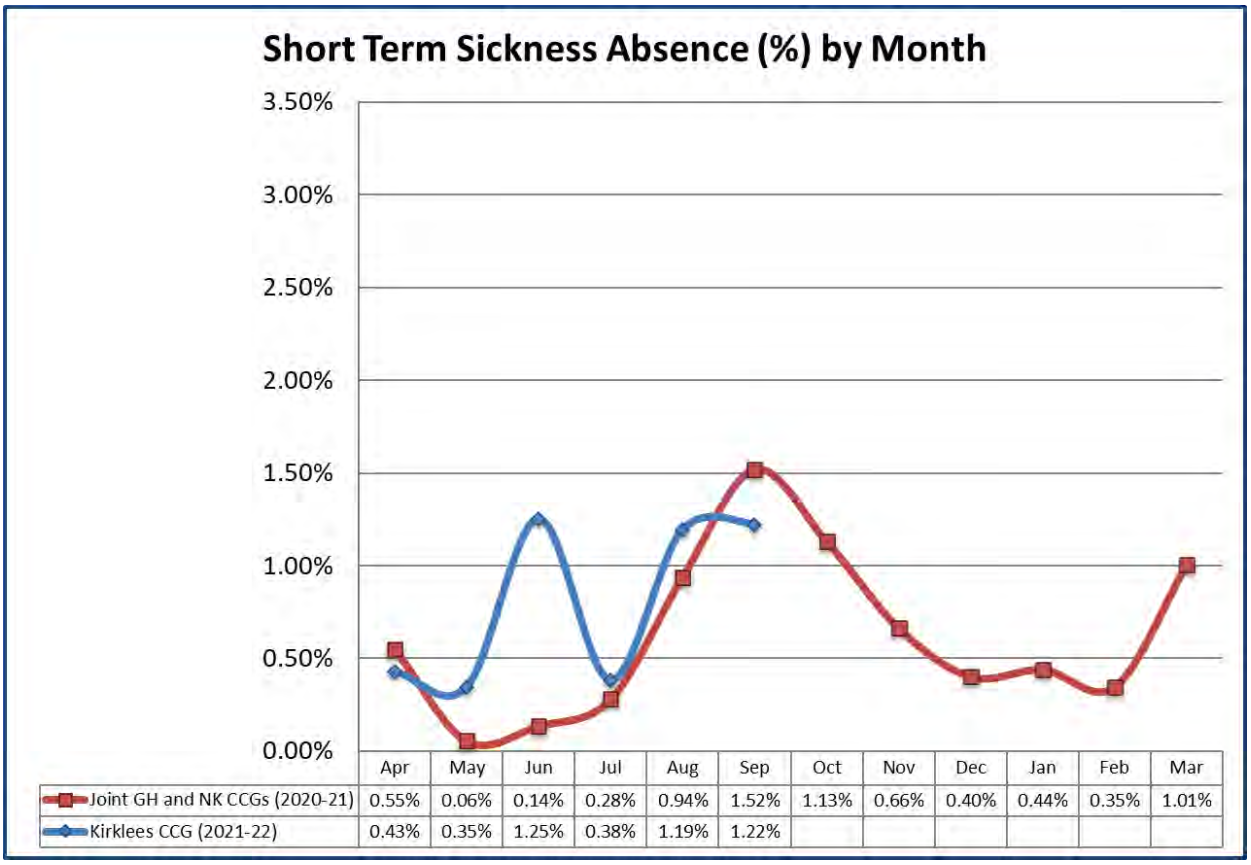
4.7 The CCG has several support mechanisms in place such the Employee Assistance Programme, additional Mental Health First Aiders, and access to Occupational Health advice. Staff feedback through local surveys and sickness management meetings has been positive about the benefits of these services in 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



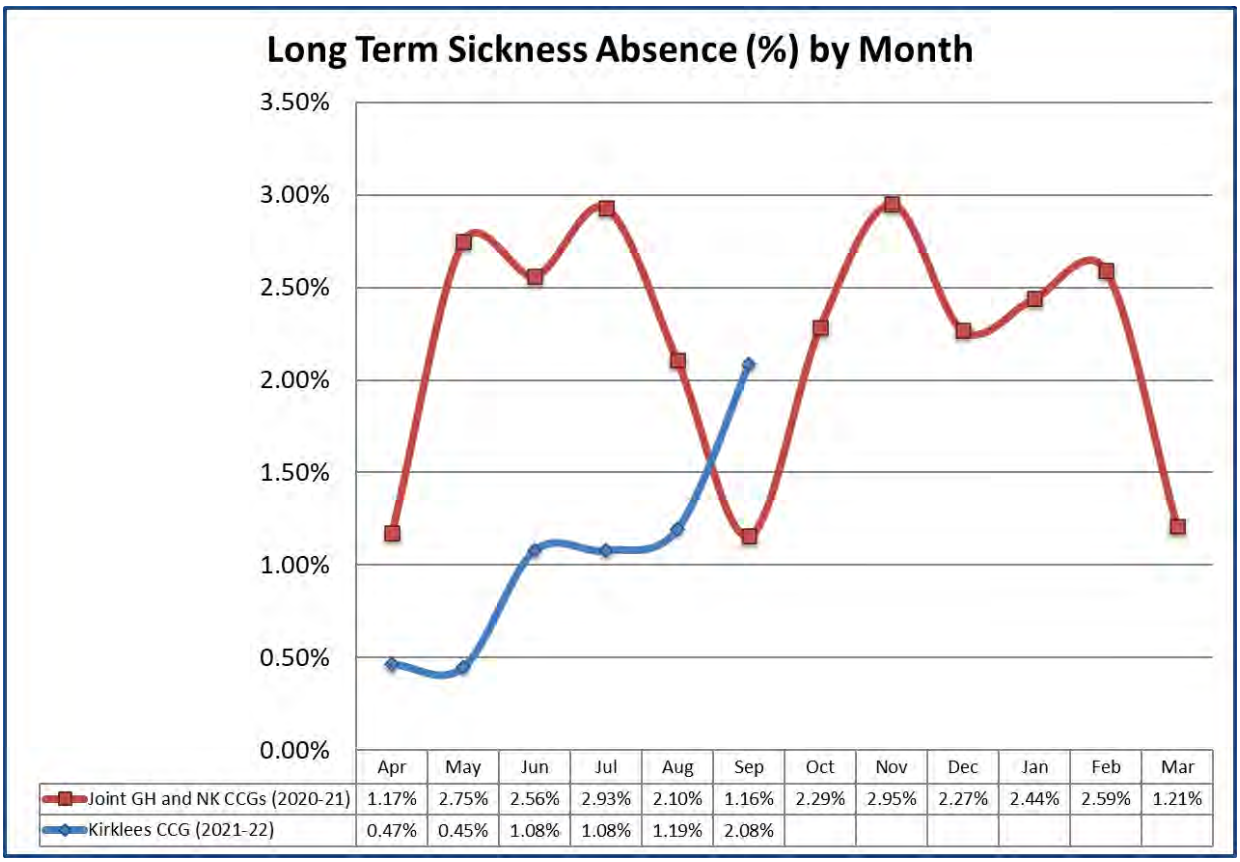
Joint GH and NK CCGs (2020-21)	1.72%	2.80%	2.70%	3.21%	3.04%	2.68%	3.42%	3.61%	2.67%	2.88%	2.94%	2.22%
Kirklees CCG (2021-22)	0.90%	0.79%	2.33%	1.46%	2.39%	3.31%						
North East and Yorkshire CCGs Average (2019-20)	1.94%	1.86%	2.08%	1.91%	1.65%	1.85%	2.61%	2.83%	2.21%	1.99%	2.08%	1.98%
North East and Yorkshire CCGs Average (2020-21)	2.01%	2.27%	2.41%									

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%	1.25%	0.38%	1.19%	1.22%						

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%	1.08%	1.08%	1.19%	2.08%						

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

Recent changes were made to the CCG's Flexible Working Policy following changes to the national NHS Terms and Conditions that stipulates that individuals can now request flexible working from day one of their employment as opposed to having 26 weeks continuous service. The policy has been updated to reflect this and changes have also been made to ESR allowing for a functionality to request and approve/decline flexible working requests. It is important that this functionality is used for reasons of good practice and transition/due diligence work.

We also have in place the newly developed Mandatory Vaccinations for Care Homes Policy that is applicable to a group of staff in the CCG who have all been informed that their role is subject to evidence of having the double COVID Vaccination. Staff have been informed of this by way of a letter and a privacy statement. The Remuneration Committee approved the final ratification of the policy and were provided with assurance on current and future risks and were assured of how these were to be managed.

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 several 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 has been presented to SMT and is supported by an agreed action plan.

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 93.4% 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 appraisal compliance rate on 30 September was 58.10%. Line managers have been reminded through various communications of the importance of logging conversations/appraisals in ESR.

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.

The work to raise awareness will continue and discussions are also taking place around aiming for the accreditation through Carers UK into the new organisation post April 2022.

5.6 Employee Assistance Programme (EAP)

The Employee Assistance Programme (EAP) is an employee benefit programme offered by the CCGs to all employees. To raise more awareness of the EAP services – Health Assured (EAP provider) as a service to staff and in line of the transition that they will be running a session in December for all staff.

The recent usage report for EAP provides an overview of data from the period of 01 November 2020 to 31 October 2021 and this accounts for a total of 7 calls for advice on legal matters and life events. Usage of EAP has significantly dropped since COVID and through engagement surveys – this has been attributed to staff utilising other support mechanisms that have been made available for NHS staff during COVID-19 in addition to CCG staff resilience and HALSA wellbeing sessions.

5.7 **Staff Survey**

The national staff survey administered by Picker went live on 04 October 2021 and closed on 26 November. The staff response rate is 84.6% (159 respondents from an eligible sample of 188 staff). The average national CCG response rate is 75.0%.

All staff have been reminded and encouraged to participate in the survey as an opportunity for an open dialogue where individuals can be heard, and their opinion valued. Pickers the staff survey provider has enabled its system to generate automatic reminders for those who had not completed the staff survey as it assigns a random generated number to each participant as a prompt. The survey remains anonymous should staff raise concerns about anonymity.

The results and management report will be made available in the new year and an action plan reviewed and agreed for implementation.

5.8 **Flu Vaccinations**

SMT agreed earlier in the year for 4 drop-in sessions to take place between the periods of October to November 2021 with Flu Xpress. The use of local pharmacies at the individuals' convenience and the claim back of costs has been encouraged for a high uptake of flu vaccinations in addition to obtaining a vaccination at the local GP. The current flu uptake is 61% and continues to be promoted. Compared to last year the uptake was GH CCG 73% and North Kirklees CCG 66%.

5.9 **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.

5.10 **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. Ongoing transition work continues to take place as does the establishment of roles for the ICB Board.

Any staff consultations in relation to the safe transfer of staff will be in line with national timescales to commence January 2022. Work is underway in finalising the consultation document and proposed measures. The HR team are also undertaking people impact assessments for all staff including those in Board roles to understand any impact. Regional Trade Unions have also been supportive of the HR work across WY in managing and supporting the transfer.

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 contents of this report.

Name of Meeting	Governing Body	**Meeting Date**	8 December 2021
Title of Report	High Level Risk Report: Cycle 2021/22 (October – December 2021)	**Agenda Item No.**	14
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 4 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**	24 November 2021
Name of meeting	Fin, Perf and Cont Cttee	**Meeting Date**	24 November 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 4 of 2021/22) which commenced on 15 October 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 44 risks on the CCG Risk Register. One of these risks are marked for closure, leaving a total of 43 open risks (three 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 11 November 2021.
- All Finance and Corporate risks were reviewed by the Finance, Performance and Contracting Committee on 24 November 2021.
- All Quality risks were reviewed by the Quality Committee on 24 November 2021.

2.3 The committees reflected on possible additions/amendments which would be required in the next cycle (due to begin on 10 December).

2.4 ***New Risks***

2.4.1 There are two new risks identified in this risk cycle.

Risk Number	Risk Wording	Risk Score
1958	There is a risk that the Kirklees Health & Social Care (H&SC) system will escalate to a system level OPEL 4 rating due to multiple partners across the H&SC system declaring organisational OPEL 4 for sustained periods of time and pressure across the system partners continuing to escalate leaving organisations unable to deliver comprehensive care, resulting in increased potential for patient care and safety to be compromised.	15
1952	There is a risk of patient data having been lost due to flawed processes in the iQA database, resulting in two incidents that have caused patient records to be incomplete with a potential impact on patient experience, CCG reputation and the work required by the Continuing Care team to correct the records. The incidents have affected a significant number of patient records (exact number yet to be determined).	8

2.4.2 Although Risk 1958 above had not been included in the risk register at the time of the "sandwich" meeting of the committees on 24 November, it was reported at that meeting that

it was in the process of being added to the register and would appear in the report to the Governing Body.

2.5 ***Risks Marked for Closure***

2.5.1 There is one risk marked for closure this risk cycle.

Risk Number	Risk Wording	Risk Score	Reason for Closure
1826	There is a risk of CCG staff feeling isolated, due to a prolonged period of working from home during COVID-19 pandemic, resulting in an impact on staff health and well-being.	4	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 four 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
1932	There is a risk that the CCG will fail to meet the required cancer standards including 2ww, 31 day and 62 day cancer waiting time targets due to operational performance and increased referrals for 2ww at Mid Yorkshire Hospitals NHS Trust (MYHT) and other cancer providers, resulting in an adverse impact on the quality of care and patient experience, and a failure to meet key national targets potentially resulting in reputational damage to the system and having a negative reputational impact on the CCG.	16	Static – 1 Archive(s).
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 – 3 Archive(s).

Risk Number	Risk Wording	Risk Score	Risk Movement
1958	There is a risk that the Kirklees Health & Social Care (H&SC) system will escalate to a system level OPEL 4 rating due to multiple partners across the H&SC system declaring organisational OPEL 4 for sustained periods of time and pressure across the system partners continuing to escalate leaving organisations unable to deliver comprehensive care, resulting in increased potential for patient care and safety to be compromised.	15	New.
1905	The numbers of children and young people who are being referred or self-referring to CAMHs SWYPFT has increased by around 50% over the last quarter; the CYP who are presenting have greater acuity and risk than before the pandemic and often they are requiring support from the ReACH team and Intensive Home-Based Treatment Team. Alongside this, Mid Yorks (via A&E) are also experiencing a rise in the number of CYP presenting in crisis. This has resulted in a number of young people requiring admission, where possible this has been accommodated on Gate 46 (Children's inpatients) but a small number have required admission to an adult ward. Where a young person requires subsequent admission to a Tier 4 inpatient unit (commissioned through NHS England Specialist Commissioning) there are increasing delays in accessing a service due to a reduction in the number of specialist beds available due to a number of factors related to COVID-19:- 1. CYP in crisis – not receiving a service which keeps them safe – due to a significant increase in numbers 2. CYP in crisis – accessing support through A&E – additional demands in A&E compromising patient safety 3. CYP cared for in inappropriate settings for a sustained period of time, acute wards and adult settings, with staff without the necessary specialist skills.	15	Static – 1 Archive(s).

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 10 December 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 29 November 2021
- Appendix 2: Risk on a Page Report Cycle 4 2021/22

Kirklees Clinical Commissioning Group High Level Risk Log for Governing Body - 8 December 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																	
1958	26/11/2021	Quality	15	(I3xL5)	4	(I2xL2)	Vicky Dutchburn	Penny Woodhead	There is a risk that the Kirklees Health & Social Care(H&SC) system will escalate to a system level OPEL 4 rating due to multiple partners across the H&SC system declaring organisational OPEL 4 for sustained periods of time and pressure across the system partners continuing to escalate leaving organisations unable to deliver comprehensive care. Resulting in increased potential for patient care and safety to be compromised.	Each partner organisation has business continuity plans and action card in place, based on Local Operational Pressures Escalation Levels (OPEL) Framework which has been aligned to the national framework issued in October 2018, to provide a consistent approach in times of pressure 7 days a week (24/7) The escalation plans align with the overarching A&E Delivery Board plans and focus on early warning triggers and the prediction of potential issues/expected peaks in demand and be able to respond to unpredicted surges in activity and demand. Plans include clear identification of the system lead directors who will oversee all levels of escalation, where action is needed to avoid or mitigate pressure, and where external support might be required. Escalation level plans relating to both CHFT & MYHT A&E Delivery Boards will be readily available to all relevant on call & operational managers and clinicians. The Kirklees H&SC system has an agreed, sign off Bronze, silver , gold command escalation process, which is reviewed annually	None at this time	Operational pressures escalation plans form an integral part of winter planning & seasonal & geographical predicted demand and expected rise in activity, which is specific to holidays or local events and be able to demonstrate at a system and local level both preparedness and resilience; Accountable leads across each organisation are in place, including identification of organisation, role/s and responsibilities) All on call managers have a clear and current understanding of the processes and their role and responsibility for the implementation of the escalation process. Timely and fit for purpose information is provided daily to support the management of the escalation and de-escalation process. Daily Bronze & twice weekly silver command structure is operational from November through-out the winter period Escalation protocols established for System Gold calls with Senior CCG representation Twice weekly reports are shared on the system pressures through SMT CCG silver command operates weekly	All individual operational pressures escalation plans have clearly defined escalation triggers, with corresponding actions to be taken to avoid the need for escalation and to enable de-escalation as quickly as possible. An identified lead director in each partner organisation holds the responsibility for ensuring that escalation plans are actioned, reviewed and held to account on expected delivery and follow through Where the Kirklees System has / does undergo escalation of status, the lead officers of the CCG & partner organisations shall lead the de-escalation process, once review shows a managed and sustained reduced pressure. System command calls are operational with CCG senior representation Twice weekly reports are shared on the system pressures through SMT	None to note			New - Open
1952	21/10/2021	Quality	8	(I4xL2)	2	(I2xL1)	Frances Aldington	Penny Woodhead	There is a risk of patient data having been lost due to flawed processes in the iQA database, resulting in two incidents that have caused patient records to be incomplete with a potential impact on patient experience, CCG reputation and the work required by the Continuing Care team to correct the records. The incidents have affected a significant number of patient records (exact number yet to be determined)	First incident (deleted workflows): the CHC team have been assured by iQA that the records have been restored. Auditing of records by Continuing Care business managers has been started. Second incident (missing attachments): CHC have put in mechanisms to mitigate the risk of attachments being unsuccessful, e.g. refreshing the screen to ensure documents have attached. iQA have informed the CHC team that the bug that caused the incident has been fixed by the recent upgrade to the system and this has been tested by the team with no further concerns identified. The CHC business managers are analysing the potentially affected records to determine the extent of the issue and will need to attempt to restore and missing attachments.	The CHC team continues to seek assurance from iQA in relation to the first incident that the same thing could not happen again. iQA have been slow to respond to requests for information in relation to the first incident and have not yet provided adequate assurance.	Incident forms started and updated as the investigations are ongoing. IG team, digital team and incident team are all involved and providing advice and support. SMT to be updated via the CHC Q2 report. Robust process for auditing of patient records and capturing the results has been commenced and will be reported to Operational Head of CHC and Head of Continuing Care Meeting planned for 26.10.21 with iQA and Operational Head of CHC and CHC business managers to discuss the further investigation that is required. Contracting team involved and providing advice as required Continuing Care business support and clinical teams have been asked to update Operational Head of CHC and Continuing Care business manager as required and through monthly meetings should further incidents be discovered.	Continuing Care team are reporting at a weekly meeting and monthly business function and CHC managers' meeting and since key controls have been implemented no further incidents have been reported. Continuing Care clinical team have reported no further incidents.	The audit of potentially affected records has yet to be completed (the CHC team is seeking the required information from iQA), which will future actions required for assurance.			New - Open
Risks Marked for Closure																	
1826	28/04/2021	Finance	4	(I2xL2)	4	(I2xL2)	Laura Ellis	Carol McKenna	There is a risk of CCG staff feeling isolated, due to a prolonged period of working from home during COVID-19 pandemic, resulting in an impact on staff health and well-being.	- Weekly staff briefings via MS Teams - Staff chat forum established - Fortnightly FYI bulletin issued - Staff Forum run virtual events - Access to Employee Assistance Programme and additional support package - All staff members undertaken risk assessment with line managers, which is kept under review - Participation in NHS People Pulse survey provides insight into staff well-being and changes over time - New way of working developed and communicated including hybrid model	None identified	- Staff briefings are well attended. - Staff access and participate in staff forum run events and the staff chat forum. - Employee Assistance Programme usage data. - People Pulse survey data. - Detail from staff 1-2-1s to discuss new way of working	- Staff briefings are well attended, with most staff participating. - Staff forum brief SMT regularly on key messages from staff. - Risk assessments completed with all staff members. - People Pulse survey data consistently positive about support provided to staff. - Employee Assistance Programme survey shows valued by staff as source of support - Staff Survey annual data demonstrated staff feel supported - Wellbeing sessions delivered via staff briefings - 1-2-1 new ways of working meetings held and documented - nearly all staff completed	None identified			Closed - Reached tolerance
Open High Level Risks																	
1932	18/08/2021	Quality	16	(I4xL4)	6	(I3xL2)	Marion Redford	Vicky Dutchburn	Updated: 21/10/21 There is a risk that the CCG will fail to meet the required cancer standards including 2ww, 31 day and 62 day cancer waiting time targets due to operational performance and increased referrals for 2ww at Mid Yorkshire Hospitals NHS Trust (MYHT) and other cancer providers, resulting in an adverse impact on the quality of care and patient experience, and a failure to meet key national targets potentially resulting in reputational damage to the system and having a negative reputational impact on the CCG.	1) Trust wide Cancer Waiting Time Recovery Action Plan receiving weekly review and updates by the Trust Lead Cancer Management Team. 2) Dedicated approaches to Urology, Gynaecology and Lower GI, which impact on the 62 day standard, with short term and long term action plans to address these. 3) Overall performance tracked through routine governance, including monthly exception reports to QPG. 4) Cancer is identified as a priority in the West Yorkshire and Wakefield system Plans. 5) Risk also monitored via the Governing Board Assurance Framework.	The current challenges Significant increase in 2ww referrals to dermatology ●Diagnostic capacity in radiology ●Pathology capacity both in MYHT and LTHT delays impacting on some pathways ●Access to diagnostic tests provided at LTHT (PET) delaying pathways ●Oncology capacity constraints,in particular the Lower GI pathway ●Access to radiotherapy in Leeds ●Reduced capacity due to COVID-19	1. Monthly reporting to the CCG quality and performance committee and to Governing Body 2. Weekly elective care monitoring report via acute team at WKCCG 3. Quality issues escalated to the Trust Quality Committee with CCG presence 5. NK & W Cancer Locality Group 6. Cancer Alliance - ICS monitoring 7. Healthy Futures commissioning collaborative in West Yorkshire, specially relating to cancer services and improving access to diagnostics. 8. MYHT - discussion between primary & secondary care regarding referral patterns planned for November '21	Division of Medicine reviewing Oncology capacity and demand The endoscopy backlog at MYHT has been cleared, by the joint efforts of MYHT and Independent Sector (IS) providers ● WY&H cancer alliance are working with all providers to plan for the 'new normal' ● The Independent Sector is being utilised for elective cancer work ● Urgent cancer elective care has continued during COVID-19 albeit at a reduced rate. Pontefract has become a cancer hub site for cancer elective surgery. ● Clinical pathways are being reviewed to facilitate a digital response - eConsultation, telephone consultation and video consultation.	The system needs to established the new governance and meeting structure to review activity and performance in advance of the IAF assurance meetings with NHE/I. IAF reporting has been on hold during COVID			Static - 1 Archive(s)

1846	04/05/2021	Quality	16	(I4xL4)	4	(I2xL2)	Nicola Paxman	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 Quality surveillance & performance meetings by CKWB senior commissioners, Quality & contract management. The Provider has developed & submitted a remedial action plan as per the contracting requirements. Commissioners and Provider agreed the order of individuals identified to move into the property. Commissioners and Quality managers agreed in a Quality Surveillance meeting held on the 25/08/2021 that transition visits will commence. Assurance provided by the provider and 1 Kirklees patient transferred to the service on the 20/09/2021. The next patient to move to the service is a Calderdale patient. The transition for this patient has been delayed twice due to lack of assurance by provider that all actions from the Transition plan have been completed and outstanding work to the bungalow. Transition plans with detailed planning, training and staff rota have been requested for each individual. Rotas have now been received for a 6 week time period. Each Responsible Commissioner is reviewing all details and agreed checklist, care plans including risk & crisis plans need to be signed off for their clients in a weekly transition meeting 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 Further rotas have been requested to cover the time period requested by the Senior Commissioning Managers. CCG representativeshave requested assurance on outstanding actions. Delays in receiving information from the provider and outstanding actions and concerns are escalated to the relevant CCG Quality and/or Contracts Team. There has been a number of staff which have left the service, including the operations manager on the 29th October. This post has not been recruited to and therefore leaving a gap within the management structure.	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 October	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. Transition meetings recommenced and the 1st Kirklees individual to transfer to the placement on the 20/09/2021. 1 further Kirklees patient currently resides at the service.	Outstanding transition plans and actions			Static - 3 Archive(s)
1958	26/11/2021	Quality	15	(I3xL5)	4	(I2xL2)	Vicky Dutchburn	Penny Woodhead	There is a risk that the Kirklees Health & Social Care(H&SC) system will escalate to a system level OPEL 4 rating due to multiple partners across the H&SC system declaring organisational OPEL 4 for sustained periods of time and pressure across the system partners continuing to escalate leaving organisations unable to deliver comprehensive care. Resulting in increased potential for patient care and safety to be compromised.	Each partner organisation has business continuity plans and action card in place, based on Local Operational Pressures Escalation Levels (OPEL) Framework which has been aligned to the national framework issued in October 2018, to provide a consistent approach in times of pressure 7 days a week (24/7) The escalation plans align with the overarching A&E Delivery Board plans and focus on early warning triggers and the prediction of potential issues/expected peaks in demand and be able to respond to unpredicted surges in activity and demand. Plans include clear identification of the system lead directors who will oversee all levels of escalation, where action is needed to avoid or mitigate pressure, and where external support might be required. Escalation level plans relating to both CHFT & MYHT A&E Delivery Boards will be readily available to all relevant on call & operational managers and clinicians. The Kirklees H&SC system has an agreed, sign off Bronze, silver , gold command escalation process, which is reviewed annually	None at this time	Operational pressures escalation plans form an integral part of winter planning & seasonal & geographical predicted demand and expected rise in activity, which is specific to holidays or local events and be able to demonstrate at a system and local level both preparedness and resilience; Accountable leads across each organisation are in place, including identification of organisation, role/s and responsibilities) All on call managers have a clear and current understanding of the processes and their role and responsibility for the implementation of the escalation process. Timely and fit for purpose information is provided daily to support the management of the escalation and de-escalation process. Daily Bronze & twice weekly silver command structure is operational from November through-out the winter period Escalation protocols established for System Gold calls with Senior CCG representation Twice weekly reports are shared on the system pressures through SMT CCG silver command operates weekly	All individual operational pressures escalation plans have clearly defined escalation triggers, with corresponding actions to be taken to avoid the need for escalation and to enable de-escalation as quickly as possible. An identified lead director in each partner organisation holds the responsibility for ensuring that escalation plans are actioned, reviewed and held to account on expected delivery and follow through Where the Kirklees System has / does undergo escalation of status, the lead officers of the CCG & partner organisations shall lead the de-escalation process, once review shows a managed and sustained reduced pressure. System command calls are operational with CCG senior representation Twice weekly reports are shared on the system pressures through SMT	None to note			New - Open
1905	12/07/2021	Finance	15	(I5xL3)	5	(I5xL1)	Vicky Dutchburn	Penny Woodhead	The numbers of children and young people who are being referred or self referring to CAMHs SWYPFT has increased by around 50% over the last quarter, the CYP who are presenting have greater acuity and risk than before the pandemic and often they are requiring support from the ReACH team and Intensive Home Based Treatment Team. Alongside this, Mid Yorks (via A&E) are also experiencing a rise in the number of CYP presenting in crisis. This has resulted in a number of young people requiring admission, where possible this has been accommodated on Gate 46 (Children's inpatients) but a small number have required admission to an adult ward. Where a young person requires subsequent admission to a Tier 4 inpatient unit (commissioned through NHS England Specialist Commissioning) there are increasing delays in accessing a service due to a reduction in the number of specialist beds available due to a number of factors related to COVID-19. 1. CYP in crisis - not receiving a service which keeps them safe - due to a significant increase in numbers 2. CYP in crisis - accessing support through A&E - additional demands in A&E compromising patient safety 3. CYP cared for in inappropriate settings for a sustained period of time, acute wards and adult settings. With staff without the necessary specialist skills.	1. SWYPFT are flexing their capacity from different elements of the whole service offer to support the increase in referrals. 2. a. Weekly ED Task and finish group - looking at alternatives to A&E and supporting A&E as needed. 2. b. CYP specific issues raised with CAMHS service manager and CYP Senior Commissioning manager at KCCG - separate workstream . 2. c. West Yorkshire wide Night OWLs service launched 5th July. Overnight support line for CYP and parents. 3. a. Support provided by CAMHS as in-reach to acute trust. 3. b. NHS E - aware of the issues and attempting to reopen beds. KCCG involved in ICS development/NHS E escalation. Aug 2021 - Kirklees Business cases developed to enhance crisis / Liaison service & eating disorder pathway Nov 2021 - mobilisation of approved business cases has commenced	Staff availability a. Staff SWYPFT - numbers of staff with the appropriate skills and experience, ability to provide support in crisis situations can be impacted by COVID -19 due to self isolation requirements b. Staff SWYPFT are currently feeling stretched and at risk of feeling overwhelmed Nov '21 - availability of workforce within the region Place discussion to be held Nov/Dec 21 to discuss quality impacts/ risks and any further solutions	Monthly Contract monitoring meetings Monthly KPIs Mental Health Provider Alliance – Oversight Aug 2021 - Kirklees Crisis & eating Disorder transformation programmes established Nov '21 - Recruitment has commenced with a flexible workforce & New roles	Issues raised at contracting meeting 12.07.21- and added to the minutes Aug 2021 - Business case submitted against SDF allocation Nov 2021 - mobilisation of approved business cases has commenced	none			Static - 1 Archive(s)

Appendix 2

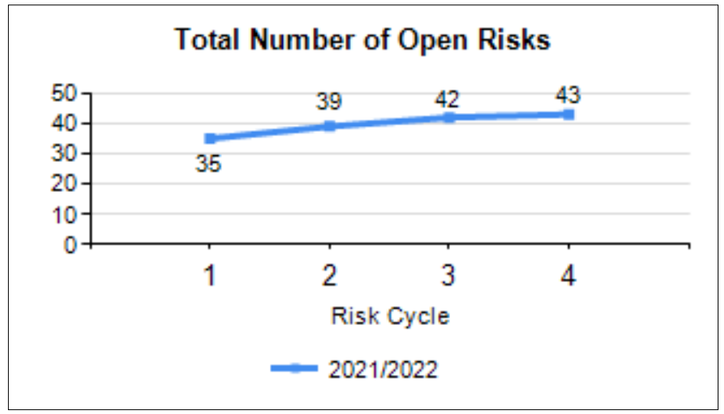
Risk Cycle 4: October – December 2021

Kirklees Clinical Commissioning Group Risk on a Page Report for Governing Body – 8 December 2021

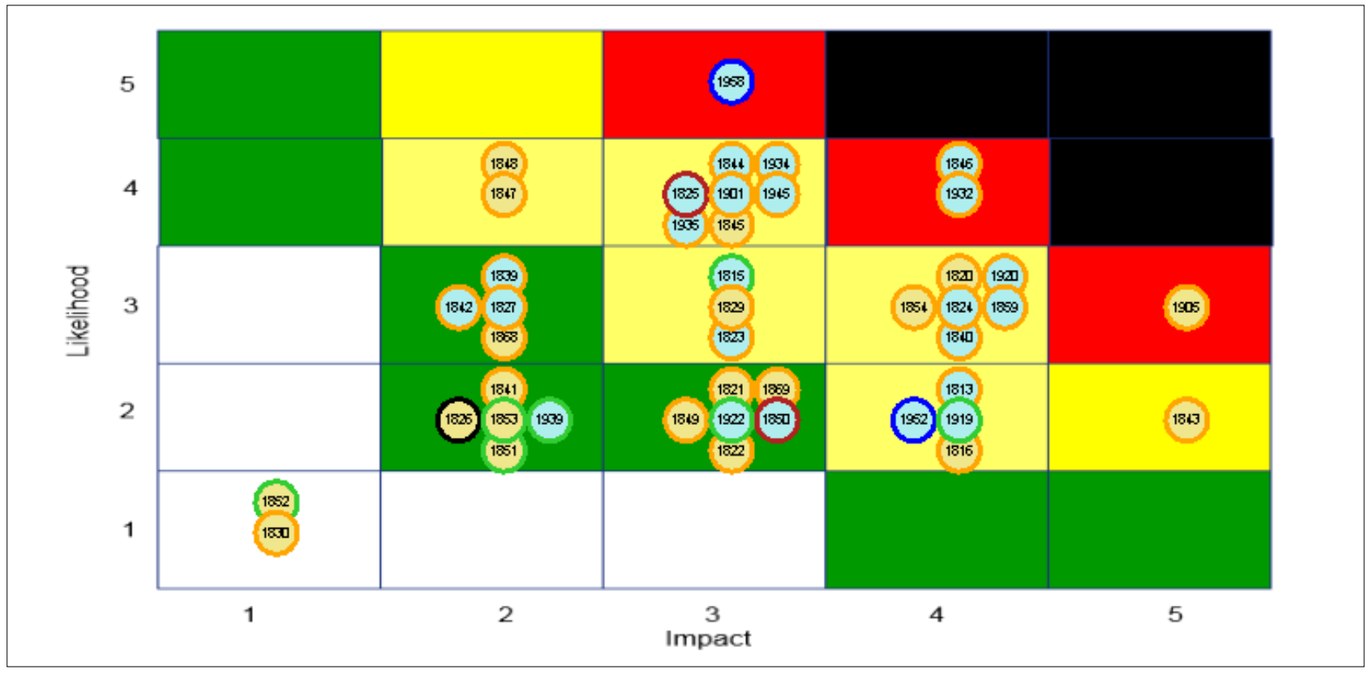
NHS Kirklees Clinical Commissioning Group

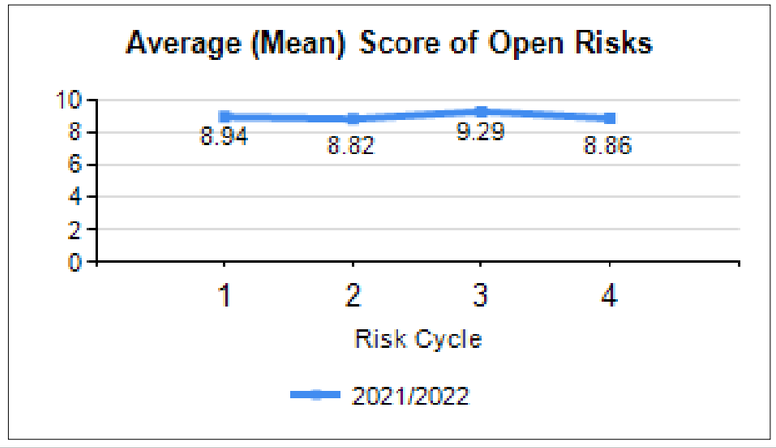
Total Risks	44 (43 open risks)
Fin, Perf & Cont	20 (19 open risks)
Quality	24 (24 open risks)

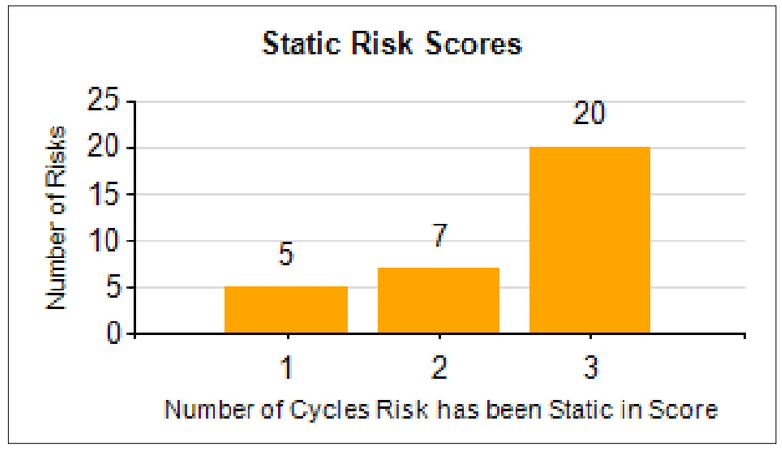
Movement of Risks		Risk Score Increasing	2
New	2	Risk Score Static	32
Marked for Closure	1	Risk Score Decreasing	7



Risk Overview







Static Risk Descriptions in this Cycle

There are 17/43 (40%) 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	-
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.

Minutes of Audit Committee
Meeting held at 9.00 am on 21 July 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		
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 8-9)
Brenda Powell	(BP)	Procurement Manager (minute 7)
Samantha Scholes	(SS)	Governance Manager (minute taker)
Rob Willis	(RW)	Head of Financial Reporting and Accounting
Apologies		
James Boyle	(JB)	External Audit, KPMG
Alison Needham	(AN)	Head of Finance
Martin Pursey	(MP)	Head of Contracting & Procurement

20 Welcome, Apologies and Declarations of Interest

MW welcomed those present to the meeting, including SS who was attending for the first time. Full introductions were made. Apologies were as set out above.

Conflicts of Interest

MW declared an interest in agenda item 7, Q1 2021/22 Tenders, Tender Waivers and Contracts Register, specifically the Autism and ASD Assessments Waiting List Initiative. His wife was a Business Manager for SWYPFT who provided Adult Autism assessment services. MW had discussed the matter with LE and as no detailed discussion would take place on this point, he would not be required to leave the meeting.

21 Vision and Values

The Kirklees CCG vision and values had been circulated and were noted.

22 Accuracy of Minutes from 21 April 2021 and 26 May 2021, Matters Arising and Action Logs

Minutes of NHS North Kirklees CCG Audit Committee

The minutes of the meeting held on 21 April 2021 were **APPROVED** as a correct record.

Action Log

The Committee reviewed the action log.

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: included in July report. **CLOSED**

06 - Internal Audit Progress Report and Draft Head of Internal Audit Opinion - JH to share the final versions of the Head of Internal Audit Opinions with Committee members prior to the draft submission.
Update: circulated to all committee members. **CLOSED**

Matters Arising

There were no matters arising.

Minutes of NHS North Kirklees CCG Audit Committee

The minutes of the meeting held on 26 May 2021 were **APPROVED** as a correct record.

23 External Audit Update

ICu confirmed that there was no External Audit update, as JB was unable to attend the meeting. He added that year end had been concluded successfully and succinctly.

ACTION: LE to confirm the Annual Audit Report was on the CCG website.

The Audit Committee **NOTED** the update from ICu.

24 a. Internal Audit Annual Reports 2020/21 and Internal Audit Charter

JH presented the Internal Audit Annual Report, which provided progress made to deliver the 2020/21 programme and Head of Internal Audit opinion which had been discussed on 26 May 2021 in line with reporting deadlines.

JH reported that the overall opinion for the period 1 April 2020 to 31 March 2021 for NHS Greater Huddersfield CCG was of significant assurance that all requirements had been met. He further confirmed that Audit Yorkshire had established and maintained its independence, including no Conflicts of Interest with the CCG throughout the year.

75 days had been delivered in relation to the completion of the Internal Audit plan against a total of 81 planned days which resulted in 6 unused days to be used as contingencies.

All KPIs had been met and 3 ‘high’ assurance opinions and 3 ‘significant’ assurance opinions issued.

The Committee recognised the high standard achieved during difficult times and the Chair commended Audit Yorkshire on winning the Public Finance 2020 Award for

Excellence in Public Sector which gave additional confidence to the Audit Committee that the work was undertaken by a well-respected provider. JH thanked the Committee and would pass the comments on to the team and Board.

JH reported that the overall opinion for NHS North Kirklees CCG was identical to that of NHS Greater Huddersfield for the period 1 April 2020 to 31 March 2021 with significant assurance that all requirements had been met. He re-confirmed that Audit Yorkshire had established and maintained its independence, including no Conflicts of Interest with the CCG throughout the year.

All KPIs had been met and 3 'high' assurance opinions and 3 'significant' assurance opinions issued.

75 days had been delivered in relation to the completion of the Internal Audit plan against a total of 81 planned days which resulted in 6 unused days to be used as contingencies.

Following approval of the 2021/22 Internal Audit plan for Kirklees CCG by the Committee on 26 May 2021 audit reports had been received which completed the 2020/21 internal audit plans for NHS GH and NHS NK CCGs. It was proposed that the audit of Payroll and Human Resources be cancelled as services were being assessed as part of the ICS transition. JH stated that the 4 planned days not used could be utilised to undertake work which could be brought forward to ease pressures anticipated towards the end of the year which was agreed.

ICu suggested that the outcome of the Internal Audit should be shared with the PCCC. (Later in the meeting it was confirmed that this had already been actioned.)

Significant assurance was now given regarding Continuing Healthcare which had been a risk to the CCG relating to the backlog, however deferred assessments were being undertaken and were on track to be delivered by the target. The positive outcome of the Data Security and Protection Toolkit audits was noted, and thanks was given to LE and the wider team for this achievement.

Approval was sought to remove the two recommendations on the tracker which had remained outstanding from 2019/20 as they had been actioned and were being considered as part of the ICP. This was an excellent position, given the last 18 months and was also reassuring. Thanks were given to all involved and the removal was approved.

JH presented the Internal Audit Charter for approval which incorporated minor changes in strategy, fundamental purpose, responsibilities as to how Audit Yorkshire would interact with the CCG and how it could escalate matters to the Chief Officer or Clinical Chair if required. The Chair commented that this was a useful reminder of the standards expected and reflected that Audit Yorkshire was delivering to those standards as demonstrated by their recent award.

JH thanked ICu for his support and engagement and wished him well in his new role.

The Audit Committee:
1. **RECEIVED** the Internal Audit Annual Report.
2. **APPROVED** removal of the Payroll and Human Resources audit.

3. **APPROVED** removal of completed audit recommendations on the tracker.
4. **RECEIVED** the Internal Audit Charter.

25 b. Counter Fraud – Annual Report and Self-Assessment 2020/21 and Progress Report

RD presented the report, which summarised the Counter Fraud activity undertaken at GH and NK CCGs during the 2020/21 financial year.

RD outlined the Counter Fraud Functional Standard Return, and the summary of compliance identified all proposed ratings for the CCG. Some were 'red' which was not a reflection on shortcomings of the CCG and reflected the publication dates of documents. 'Amber' ratings resulted from the delay in measuring staff awareness via staff surveys. These had been due in Q4 of 2020/21 however with rising COVID rates plus the forthcoming merger it had not been prudent to undertake these so would be deferred to Q2 2021/22.

The Chair commented this was in line with expectations and the 'red' ratings were similar to those of other CCGs and the 'ambers' were understandable. The plan for 2021/22 would clear all 'reds' with the exception of Requirement 3 as the new risk assessment methodology was only available to members of the Government Counter Fraud Profession (GCFP) and was therefore outside the control of the CCG. A thorough risk assessment was completed in March 2020 which had informed the Annual Counter Fraud Plan for 2020/21.

The report summarised the strategic and preventative report. Within the last year, two referrals were received. The LCFS investigated thoroughly and no evidence of fraud was found. A total of 6 additional days had been used to investigate the referrals.

The Audit Committee **RECEIVED** the report as summary of work undertaken.

26 c. Violence Prevention and Reduction Standards Proposal

RD presented the report on behalf of Shaun Fleming, Local Security Management Specialist, which provided an overview of the NHS Violence Prevention and Reduction Standards published in December 2020.

The standard provided a risk-based framework that supported a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression and violence. The standard would be mandatory through the NHS Standard Contract service conditions and would be based upon the PDCA (Plan, Do, Check, Act) Framework.

Audit Yorkshire had contacted its 11 CCG clients where they provided anti-crime work plans and the majority indicated they would be interested in some level of joint investment to meet the violence and prevention standards. The Committee was asked to consider the proposal that each CCG contribute a commitment of 4 days each.

HT sought clarification on which other organisation could provide this function and ICu, at the Chair's request, stated it would make sense to do this important work

collectively. JH confirmed that the 4 days required could be funded from those not used to undertake the HR and Payroll Audit.

ACTION: RD to check with SF what form the twice-yearly assurance to Boards would take and when these would be scheduled.

JR responded to a question that it was the right time to undertake this work in this manner which would be carried through to the ICS as a singular approach. It was agreed that the ICS would be in a good position and more importantly looking after staff was a necessity.

The Audit Committee:
1. **RECEIVED** the Violence Prevention and Reduction Standards Proposal.
2. **APPROVED** the commitment of 4 days' work by Internal Audit, with the days not being used for the HR and Payroll Audit to be utilised.

27 Q1 2021/22 Losses and Special Payments

RW presented a report which set out details of 2021/22 aged debts greater than 120 days, and details of aged stranded credits in aged creditors. It also informed the Committee that in the current financial year there were no losses or special payments and there were no further requests for write-off of aged debts in Q1 of 2021/22.

Some aged debts were relatively new, and some smaller items were at risk of not being collected. Residual issues which were relatively old remained and the Q2 report would focus on making provision for losses in an effort to clear these along with stranded credits with no matching invoice. A process had been instigated to establish if the credit notes had been raised in error. Whilst there was a risk that some items may be referred to a debt collection agency if the organisation still existed, there was determination to do the best to collect the c.£50k owed to the CCG.

ICu commented that chasing of aged debt or credits had not always been given the focus required and the report demonstrated openness and honesty about the impact of this. RW agreed, stating that previously the amount owed was c.£700k and every effort was being made to not write anything off. In some instances, this may be resolved relatively simply by providing or receiving a correct Purchase Order.

RW presented a further Losses for other Organisations which identified that NHS Property Services (NHSPS) were owed a total of £559k from 14 Kirklees practices. Whilst the debt was between the practices and NHSPS the CCG had been asked to assist in resolving these issues as the CCG had already reimbursed the practices for their NHSPS rents. SMT on 1 July 2021 approved the instigation of direct payments to NHSPS for reimbursable rent, however before implementation of this process, the practices must agree to payments being made directly from the CCG to NHSPS by signing a section 52 declaration under the 2013 Premises Cost Directions.

The Committee recognised that whilst this was a frustrating situation for NHSPS nationally it was not a CCG risk as all organisations were separate legal entities. Legal advice was being sought on the possibility of withholding future payments to

practices until debts had been paid and the CCG was endeavouring to be supportive.

The Audit Committee:

1. **NOTED** that there were no special payments in the period to 30 June 2021.
2. **NOTED** the aged debts over 120 days and stranded credit notes which were being actively pursued for collection
3. **NOTED** the number of practices and the value of the debt owed to NHS Property Services and the steps the CCG was taking to implement direct payments.

BP joined the meeting.

28 Q1 2021/22 Tenders, Tender Waivers and Contracts Register

(The Chair reiterated his potential conflict of interest relating to the Open Tender for Autism and ASD Assessments Waiting List Initiative as his wife was a Business Manager for SWYPFT who provided Adult Autism assessment services. If any discussion took place, he would absent himself from the Committee meeting until this was concluded.)

BP presented a report which outlined current, completed and proposed tenders along with key dates against each of the actions, as well as an update on the Contract Management System and 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.

BP informed the Committee that the Governing Body awarded the contract for the Targeted Lung Health Check Programme to Bradford Teaching Hospitals at their meeting on 9 June 2021.

A Voluntary Ex-Ante Transparency (VEAT) notice had been used to award a 12-month contract for West Yorkshire Patient Transport Services to the incumbent provider, Yorkshire Ambulance Service NHS Trust with an option to extend for a further 12 months.

The Committee **RECEIVED** and **NOTED** the update, appendices and progress to date.

BP left the meeting
NL joined the meeting

29 Registers of Interests and Register of Gifts and Hospitality – Quarter 1 2021/22

NL presented a report setting out the Kirklees CCG Registers of Interests and Register of Gifts and Hospitality, as at Quarter 1 2021/22.

NL outlined that the register of interests was growing daily, and 6 Governing Body members were being supported to access the portal to register their interests and it was anticipated this would be completed and reported at the 11 August 2021 Governing Body meeting.

All SMT and Decision Makers were included on the registers with 71 wider staff remaining to make their declarations, some of whom may have been on maternity or long-term sick leave. A report on outstanding declarations would go to SMT w/c 26 July including a request that completion of these were supported by Heads of Service and Line Managers.

NL detailed that Members had been approached and the numbers making declarations was growing slowly which reflected the complexity of their interests. Regular communication would take place over the next quarter to support and provide guidance as required.

The Gifts and Hospitality Register had 2 entries to date which were both in line with policy. One related to a Governing Body member's participation in a pilot research scheme within a practice. LE advised that the notification had resulted from a Conflicts of Interest training session which had focused on the responsibility of Governing Body members to declare gifts, hospitality and sponsorship.

NL also drew attention to the 'significant assurance' 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 current position in respect of Kirklees CCG Registers of Interests and Register of Gifts and Hospitality; and
2. **IDENTIFIED** actions to support declarations.

The meeting was adjourned for a break at 10.00 am and reconvened at 10.10 am.

30 Integrated Governance Report – Q1 2021/22

LE presented the Integrated Governance Report which set out the position in respect of Q1 2021-22 for Kirklees CCG.

LE informed the Committee that a review and update of the format of the report produced for the former CCGs had been undertaken to make it as useful as possible and to focus on the questions which arose.

Health and Safety remained 'amber' due to the ongoing low level of compliance for Governing Body members on Fire Safety. Additionally, Standards of Business Conduct had reduced to 'amber' due to a confirmed breach of the Conflicts of Interest Policy, which had been fully investigated and although not reportable to NHSE, should still be noted. There was also concern about the apparent low level of compliance for Governing Body members on Conflicts of Interest training. Both were targeted during Q1, but due to the issue of inaccurate ESR data following the merger, it could not be confirmed whether the rates had improved. It was anticipated this would be resolved by the end of Q2.

The Committee recognised it was disappointing that Governing Body compliance was low as they set the example to others however there may be a number of reasons why the compliance was not accurate. For example, this could be a result of individuals having two ESR accounts, one where they were compliant and

another where they were not. Additionally, some individuals encountered problems accessing the system.

In response to a question from DV, LE confirmed that individuals could transfer compliance between organisations and did not need to undertake the same modules multiple times.

ACTION: LE to liaise with the NECS Training Team to support DV to share his mandatory training records with the CCG.

The report provided assurance that key functions were working effectively and efficiently in line with all relevant legislation and guidance and a more detailed report would be brought at the end of Q2 and any actions decided then.

The Audit Committee:

1. **REVIEWED** the Integrated Governance Report for assurance and **CONSIDERED** the content for future reports.

31 Governing Body Assurance Framework

LE presented the draft Governing Body Assurance Framework (GBAF) and reminded Committee members that this linked to the Governing Body Development session on 14 July 2021, following approval of the strategic objectives in June 2021. The GBAF set out details of the principal risks to achieving the CCG's strategic objectives and would consist of three documents – a framework (which was being presented at the meeting), an overarching action plan summarising the key actions to manage identified gaps in controls and assurances, and a Positive Assurance Log.

LE identified that at the development session, all Governing Body members had considered the organisational risk appetite, focusing on a number of key themes including quality and finance. Members of the SMT would now use this to identify current and target risk scores for each of the principal risks. The draft GBAF would also be presented to the Quality and Finance, Performance & Contracting Committees later in July prior to submission to the Governing Body in August for approval. Due to the committee schedule it would be shared with the Primary Care Commissioning Committee at the end of August.

LE further advised that a GB lead would be identified for each risk and recommended that this be focused on individuals who already led on these areas, rather than just allocating a risk to each GB member. The Committee supported this approach. The Chair suggested that prominence may need to be given to linking finance to reducing health inequalities. He further suggested that the risks relating to the future ICS working, needed to also reflect on developing relationships.

The Audit Committee:

1. **REVIEWED** the Governing Body Assurance Framework; and was
2. **ASSURED** by the process of further development.

NL left the meeting.

32 Senior Information Risk Owner (SIRO) Report 2020/21

ICu as the SIRO, presented the report which had been approved by the Governing Body on 9 June 2021.

ICu detailed that the Data Security and Protection Toolkit provided a framework to assure organisations that they were implementing the ten data security standards and meeting their statutory obligations on data protection and data security. The dashboards supplied for both Greater Huddersfield and North Kirklees CCGs demonstrated 100% compliance and had been scrutinised by Internal Audit to provide significant assurance.

95% compliance for staff training on data security had been achieved in year for both CCGs. Following an IG Survey in August 2020, 100% of staff agreed that data security and protection was important for the organisation.

The response rate for Freedom of Information (FOI) Act requests had been achieved within the statutory time frame and there had been no ICO actions taken. The team were thanked for their hard work in achieving this. LE stated that FOI requests had remained fairly steady over the last 12 months at a lower rate than pre-pandemic, however the previous week had seen an uptick in requests.

The Audit Committee **RECEIVED** the report.

33 UK Corporate Governance Code Assessment

LE presented the report setting out a draft assessment against the UK Corporate Governance Code, which whilst not mandatory for the CCG, was considered to be good practice to demonstrate compliance with the principles. The Annual Report included a statement regarding it and it was normally reviewed annually but had been delayed last year given the constraints of the pandemic.

LE had worked through the principles and provisions and provided explanatory notes on how these applied within the CCG. RAG ratings had been included to indicate the positive picture. Some principles did not apply to the CCG and there was nothing significant or worrying identified.

The Chair stated that this was a useful reference point and good assessment of where we are and concurred no concerns were identified.

The Audit Committee **REVIEWED** the assessment and was **ASSURED.**

34 Review of Risks, Controls and Assurances - Finance

RW presented a report which reviewed the risks, controls and assurances of the finance function of Kirklees CCG which, following the merger of the GH and NK CCGs, was allocated a budget of c.£690m for c.450,000 residents, plus a separate annual allocation of £8m to fund the administration of these resources effectively and efficiently.

RW outlined the risk that under normal business as usual financial arrangements the CCG would be expected to hold a 1% surplus with NHSE/I. To manage the financial impact of the COVID-19 pandemic, normal business rules had been suspended for the financial years 2020/21 and 2021/22 so that the CCG was required to breakeven against its in-year allocation. The CCG had brought forward a surplus of £2.9m at the start of 2021/22 and was required under pre-COVID-19 arrangements to hold a reserve of 1% of its allocation which was circa £6.9m which it currently had not achieved. The CCG had underlying financial pressures ranging between £3m to £4m which it had to manage through programme management and QIPP savings to achieve financial balance and business rules.

RW outlined the controls in place which included a team of 14 WTE, 7 of whom were required to be CCAB qualified. The team were strong and undertook planning and reporting processes, risk mitigation, monitoring and reporting to committees and supported oversight for external and internal audit using robust processes.

Assurance was provided by way of Standing Orders and Standing Financial Instructions which were recently reviewed and amended as part of the merger process, plus reporting to committees and the Governing Body, the ICP/ICS and NHSE/I as the regulator. In addition, oversight and assurance was provided by Internal and External Audit.

The report detailed that the CCG merger took place on 1 April 2021 following considerable project work and expertise to cleanse existing accounting systems to form a single one. An end of project meeting in May 2021 identified that most actions had been completed successfully and any issues which arose had been appropriately managed. Those which remained were:

1. Informing suppliers of the new CCG address
2. Close GHCCG bank account in September 2021, ensuing all standing orders etc were transferred.
3. Integration of the two current payroll systems into one.

RW observed that the process had gone well despite its complexity and the clearing up of ledgers had supported the year end process. Any lessons learnt had been captured for any future projects.

ACTION: RW to share Lessons Learnt from CCG merger with members of the Committee.

ICu agreed that the process had been calm, smooth and well managed with any remaining ledger or historical items being worked through to resolve. JH concurred that independent project assurance had not been required and congratulated RW, AN and M Bedford on their controlled and considered approach.

The Committee added its thanks, particularly under the circumstances of the pandemic.

The Audit Committee

1. **NOTED** the risk, controls and assurance processes; and

2. **NOTED** the work undertaken to prepare the two former CCGs for merger from 1 April 2021 and the residual merger processes which continued to be monitored.

35 CCG Policies

LE on behalf of PP presented the Business Continuity Plan which had been reviewed to reflect the change in organisation to NHS Kirklees CCG. Changes included working from home, updates on IT systems, on-call arrangements, COVID Vaccination centres and a sense check of the document as a whole.

ACTION: LE to ask PP to update paragraph numbering prior to finalising the Business Continuity Plan.

LE presented the Health and Safety Advisor's request to withdraw the Health and Safety Policy for New and Expectant Mothers as all the information was included in the HR Maternity Policy and was therefore a duplicate. It was confirmed that no Union involvement or consultation was required as this was not a loss of a policy.

The Audit Committee

1. **APPROVED** the updated Business Continuity Plan; and
2. **APPROVED** the withdrawal of the New and Expectant Mothers Policy

36 MINUTE REDACTED

37 Review of Committee Minutes

The following minutes were submitted for assurance:

- GH Primary Care Commissioning Committee – 24 February 2021
- NK Primary Care Commissioning Committee – 10 March 2021
- GH/NK Primary Care Commissioning Committees in common – 10 March 2021
- Kirklees Primary Care Commissioning Committee – 28 April 2021
- GH/NK Quality Committees in common – 31 March 2021
- GH/NK Quality Committees/Finance, Performance and Contracting Committees in common 'sandwich' meeting – 31 March 2021
- GH/NK Finance, Performance and Contracting Committees in common – 31 March 2021

The Committee **RECEIVED** and **NOTED** the minutes set out above.

38 Work Plan

LE presented the Work Plan and requested the Committee advise if any item was missing or further detail was required.

The Committee confirmed its review and that everything required was included in the Terms of Reference.

The Audit Committee **REVIEWED** the plan.

39 Review of Meeting

The meeting was reviewed, with all agreeing it had been well chaired and informative.

40 Any Other Business

The Committee thanked ICu formally for his work in advance of his departure from the CCG.

41 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 20 October 2021, venue TBC.

The meeting concluded at 11.23 am.

NHS
Kirklees
Clinical Commissioning Group

Minutes of Finance, Performance and Contracting Committee and Quality Committee – Sandwich Meeting
Meeting held at 10.50 am on 28 July 2021
Held as a VIRTUAL meeting

Members		
Hilary Thompson	(HT)	Lay Member: Finance and Remuneration (FPC Chair)
Dr Razwan Ali	(RA)	Vice Clinical Chair (QC Chair)
Ian Currell	(IC)	Chief Finance Officer
Dr Muhammad Dadibhai	(MD)	GP Member
Dr Nadeem Ghafoor	(NG)	GP Member
Beth Hewitt	(BH)	Lay Member: Patient and Public Involvement
Dr Iqbal Khan	(IK)	GP Member
Carol McKenna	(CM)	Chief Officer
Dr Deven Vani	(DV)	Secondary Care Adviser
Penny Woodhead	(PW)	Chief Quality and Nursing Officer
Martin Wright	(MW)	Lay Member: Audit and Governance
In Attendance		
Natalie Ackroyd	(NA)	Senior Strategic Planning, Performance and Service Transformation Manager
Helen Duke	(HD)	Strategic Lead, Locala (minute 12)
Vicky Dutchburn	(VD)	Head of Strategic Planning, Performance and Delivery
Laura Ellis	(LE)	Head of Corporate Governance
Nick Lamper	(NL)	Governance Manager (minute 10)
John Moran	(JM)	Strategic Lead, Locala (minute 12)
Alison Needham	(AN)	Head of Finance
Julie Oldroyd	(JO)	Senior Manager, Transformation/Community (minute 12)
Martin Pursey	(MP)	Head of Contracting and Procurement
Samantha Scholes	(SS)	Governance Manager (minute taker)
Helen Shallow	(HS)	Head of Financial Systems and Recovery (minute 12)
Debbie Winder	(DW)	Head of Quality
Catherine Wormstone	(CW)	Head of Primary Care Strategy and Commissioning
Apologies		
Dr Khalid Naeem	(MP)	Clinical Chair
Dr Gareth Price	(GP)	GP Member

07 Welcome, Apologies and Declarations of Interest

HT took the role of chair of the meeting and welcomed those present. Apologies were as set out above.

Conflicts of Interest

- Discharge to Access: Council and Locala representatives had been invited to join the first part of the discussion but would be asked to leave the discussion before the concluding comments and decision.
- Health Inequalities: those working in local member practices had a significant direct financial interest in this item. There would be a presentation and short conflicted discussion, and conflicted members would then be asked to leave the meeting temporarily to enable a non-conflicted discussion and decision.
- Shared Referral Pathway: those working in local member practices had a significant direct financial interest in this item. There would be a presentation and short conflicted discussion, and conflicted members would then be asked to leave the meeting temporarily to enable a non-conflicted discussion and decision.
- Curo CQC Report: those working in NK practices were shareholders in Curo and had a significant direct financial interest in this item. There would be a presentation and short conflicted discussion, and conflicted members would then be asked to leave temporarily to enable a non-conflicted discussion and decision.

08 Vision and Values

The Kirklees CCG vision and values had been circulated and were noted.

09 Accuracy of Previous Minutes, Matters Arising and Action Log

Minutes of NHS Kirklees CCG Quality Committee and Finance, Performance and Contracting Committee (Sandwich) Meeting from 26 May 2021.

Minutes
The minutes of the meeting held on 26 May 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.

10 Risk Registers

NL presented a report providing details of all current Quality risks and Finance, Performance and Contracting risks on the Corporate Risk Register as at 20 July 2021, following review by the Senior Management Team.

NL had carried out targeted work around scores with risk owners and senior reviewers and a Risk Appetite session on the Governing Body Assurance Framework (GBAF) had taken place at the recent Governing Body development session.

In response to a question relating to risk 1855, Web Content Accessibility Standard it was agreed that this could be revisited and specific examples where accessibility was not being achieved should be shared with the Comms Team.

The Committee:

- **RECEIVED** the Quality risks and Finance, Performance and Contracting risks; and
- **REVIEWED** the Quality risks and Finance, Performance and Contracting risks (including whether any risks for the CCG emerging from the Clinical Quality and Contract Management Boards were adequately reflected on the corporate risk register).

11 Governing Body Assurance Framework (GBAF)

LE presented the GBAF framework which provided the CCG with a simple and comprehensive method for the effective and focused management of the principal risks and assurances to meeting its objectives.

The framework was developed with SMT and included principal risks, controls and assurances. It was recognised that this was a live document which would evolve over time. At its meeting on 21 July 2021 Audit Committee had reviewed and were assured by the framework. Following the Governing Body development session on 14 July 2021 which considered organisational risk appetite, SMT would now use this to identify current and target risk scores for each of the principal risks.

LE further advised that a GB lead would be identified by 11 August 2021 for each risk and recommended that this be focused on individuals who already led on these areas.

LE outlined that the report gave the Committees sight of the risks that they would lead, control and report on for assurance to GB and welcomed feedback on the content or process.

MW as Chair of the Audit Committee confirmed the progress made on the GBAF had been carefully considered at the 21 July 2021 meeting. The format and cross-reference with controls were assuring. There had been no surprises and it would be useful to see how scores evolved based upon the risk appetite. A request was made to add Internal and External Audit as sources of assurance to the risk relating to the CCG not managing its underlying financial position.

ACTION: LE to add Internal and External Audit as sources of assurance to the risk relating to the CCG not managing its underlying financial position.

The Chair reflected that the Risk Appetite session at GB had been effective and reflected the different approaches and appetites of members. The Committees were asked to ensure they reviewed their respective risks and work with SMT if requested.

The Committee:

- **REVIEWED** the development of the GBAF; and
- **NOTED** the risks the Committees would be responsible for monitoring and assuring.

HD and JM joined the meeting.

12 Discharge to Assess (D2A)

(Council and Locala representatives would be asked to leave the discussion before the concluding comments and decision to avoid any conflict of interests.)

JO presented the report along with HD, JM and HS to the Committee for recommendation to GB if supported.

Following re-issued D2A guidance in February 2021 interim funding had supported Q1 and Q2 of 2021. The D2A Enhanced Workforce business case was presented for recurrent funding from October 2021 to ensure the Kirklees system fulfilled the D2A requirements and patients continued to receive the best care, experience and outcomes. The business case also covered gaps in service which had not been offered prior to the new guidance. The recurrent cost of £0.924m included full overhead costs at 18.4% pending system agreement.

JO detailed that discharge had wider implications including primary and social care. During the past six months support and therapy had been provided to patients at home as well as those in a D2A bed to reduce deconditioning.

HS stated that the outcome of the CCG's due diligence work review of the business case modelled on both factual and reasonable assumptions was that this would deliver value for money. Whilst future allocations and H2 were unknown it was reasonable to assume this would be affordable if it was the appropriate model to put in place.

Financial risks identified included the likelihood that national hospital discharge funding for block booked and spot purchased beds would cease to be funded at the end of September 2021. Some of this cost would be mitigated by providing the discharge service in peoples' own homes. Additionally, beds of this nature had been used as non-weight bearing beds, therefore funding for these beds still required a permanent system funding solution and was potentially an additional discharge cost. Finally, the potential impact on other services needed to be fully worked through which could result in additional discharge costs.

CM outlined that significant engagement work had been undertaken including discussion at CSG and elsewhere. The level of system thinking on overheads etc., was pleasing and it was important that the process was open and transparent. The business case had also been considered at the KH&ICP Board at beginning of July. The CCG was evolving its approach during this transitional year to ensure decisions made now were owned by the system and ensured that system partners were sighted. She acknowledged the challenges of making a decision in relation to this volume of funding which would be conveyed to GB.

ACTION: HD to add the benefits of the role of the ACP to the combined list.

PW commented that in her leadership role the Regional Team held the ICS to account to implement guidance in a sustainable way. The work undertaken was good and there would be opportunity to test this through the ICP and be seen as an exemplar. She stated the Committee needed to be clear about the financial risks and benefits to all parties including what this meant for people and their quality of life plus bed benefits and opportunities for organisations.

ACTION: HD to ensure the benefits were more prominent in the paper for GB.

Following discussion about the reasons patients may have been admitted to hospital, delays in discharge and the role of primary care and support it was agreed that data relating to those who had had GP input could help in the design of a pathway.

ACTION: HD to collate data to support design of pathways 1-3.

The Chair thanked HD and JM for their attendance.

HD and JM left the meeting.

It was agreed that subject to GB approval, a detailed service review should take place, including tangible patient experience and data to ensure the expected benefits were being realised. It was important that the process was adhered to due to the nature of the investment. There could be interdependence with Kirklees Independent Living and it would be prudent to look for opportunities to integrate across health and social care and make changes to other pathways. Consideration of efficiencies, benefits and lessons learnt, including consultation with other organisations, including those outside Kirklees would be planned by March 2022.

Following discussion, it was agreed that the focus for recommendation to GB should be on the CCG, linked with the strategic objectives, the work undertaken as part of the Urgent Care Response pilot and the recommendation of a service review at the end of winter.

ACTION: HS to ensure the paper for GB was focused on the CCG.

CM added that the CCG was beginning to compile a list of items including D2A which would be brought into the ICS, plus what may be expected to happen as part of wider thinking using the words of the KH&ICP Board.

The Committee:

- **RECEIVED** the business case, proposed D2A services and new staffing model slides.
- **SUPPORTED** the D2A pathway delivery model
- **CONSIDERED** the business case and made a recommendation to support the business case, including reviews and KPIs to the Governing Body

13 Health Inequalities Scheme Enhanced Funding Proposal

(Those working in local member practices had a significant direct financial interest in this item and would be asked to leave following the presentation and a short conflicted discussion, to enable a non-conflicted discussion and decision.)

ICu presented a report which set out proposals to enhance the funding available for the existing Kirklees Health Inequalities scheme. The total annual cost would increase from £305,000 to £469,000 funded from the Health Inequalities budget of £750k which had previously been approved by the GB as part of the financial plan.

The Committee was advised that the PCCC meeting on 14 July 2021 had received a paper on the Carr Hill funding formula and its implications in Kirklees. The proposal was to enhance the proposal agreed on 10 March 2021 by the former

CCG PCCCs for the top 10% of practices (6 practices) under the composite indicator to receive a further £3 per head of practice population and that the next 10% of practices (6 practices) receive a further £1.50 per head of practice population.

Details of the proposal had been sent for consultation to the practices eligible for the existing health inequalities scheme and the Equitable Funding Task & Finish Group of the LMC. The LMC had responded and proposed an alternative scheme to 'support enhanced services that benefit the whole population in particular disadvantaged communities', the cost of which would be an additional £554,000.

ICu detailed that the Carr Hill formula used would not resolve inequalities for practices with deprivation, BAME or younger and older populations. The CCG proposal was to enhance the original scheme and give funding to the most deprived areas.

RA agreed that whilst the Carr-Hill formula was not perfect, it did have its merits including age, deprivation etc so it was important that practices with the greatest need were supported with this plus other investments. NG and IK agreed that both proposals provided differing perspectives and added that the LMC proposal for all practices was a step too far.

All members agreed that the issue was complex. Practices and GPs had a responsibility to help all people be fit and well for as long as possible and the work undertaken to identify practices to receive additional funding was welcomed and thanks was given to the Finance and Primary Care Strategy Teams.

RA, MD, NG and IK left the meeting at this juncture.

PW outlined that GB would be supportive of the clear need to undertake targeted funding to address inequity which the LMC proposal would not achieve. She added that there was also a need to invest in community services as well as primary care.

Confirmation that the funding was non-recurrent was received however the commitment would continue and be reviewed annually.

It was recognised that concerns may continue to be raised however PCCC views on deprivation and ethnicity had been fed in through the ICS which took the formula on deprivation into account and a form of words, including this being an enhancement to the existing scheme, would need to be carefully formulated.

CM and ICu under delegated limits, with the support of the Committee:

- **APPROVED** the enhanced funding proposal for the scheme set out within the report.

RA, MD, NG and IK returned to the meeting at this juncture.

14 Shared Referral Pathway (SRP)

(Shared Referral Pathway: those working in local member practices had a significant direct financial interest in this item and would be asked to leave after

the presentation and a short conflicted discussion to enable a non-conflicted discussion and decision.)

VD presented the report which 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 was established. This would support the recovery of NHS services following the effects of the COVID-19 pandemic, reduce waiting lists and times plus reduce unnecessary investigations resulting in some patients being wholly managed in primary care with specialist advice.

The proposal would be based on the July actual list size x £2.00 and had been shared with Calderdale for sighting plus engagement had taken place with the LMC, both of whom were supportive of the proposal and the paper. During Q3, an evaluation with the acute trusts and GPs was proposed to establish the future potential scope of SRP and the resultant changes to clinical and administrative workloads to determine a system-based method of resource allocation. ICS dialogue was supportive of the consistency of working in this manner.

Consideration of quality and safety had been undertaken by SMT and it was agreed that a single approach would not manage everything and the Quality Team was working with the acute trusts across their footprints and that of the CCG to obtain assurance.

The details of the scheme were set out including how changes in activity would be monitored. The next step, subject to approval, would be to recommend approval to GB. Following this, the scheme would be shared with primary care colleagues and an update to the LMC. The design evaluation methodology would be agreed by the Quality, Finance and Public Health teams.

RA noted that the scheme would be well received in primary care along with the additional funding and sought guidance on how performance would be measured. VD responded that targets would depend on the speciality and monitored as reflected in planning submissions. The proposal was until the end of the financial year and was an opportunity to tie things together to go forward.

RA, MD, NG and IK left the meeting at this juncture.

In response to DV's question regarding sufficient appointments to undertake the investigative workload prior to handover to secondary care, VD stated that all work would be undertaken with named consultants and all pathways had been examined and worked through in consultation with the Clinical Referral Group.

CM added her support to the process to manage the knock-on effects of COVID-19 on elective procedures. It was right to do this in 2021/22 and would continue to be the same in 2022/23 for the wider footprint and its broad, overarching, principles.

ACTION: VD and CW to agree how to communicate the process to Primary Care and the LMC.

In response to MW's questions regarding the cost, budget and value for money, VD confirmed this would be backdated to 1 July 2021 to be consistent across Kirklees and bring it in line with Wakefield CCG. Some practices had already

commenced using the pathways including cardiology. AN added that the funding would be rebadged against an income stream and that later in the Finance, Procurement and Contracting meeting achievement of the H1 control total would be seen and therefore approval of the scheme was supported.

PW suggested the paper to GB should include the schedule of pathways, what was planned in year, why it was important that the types of activity were seen and what would be gained from ratifying the proposal. Shared pathways were the right thing to do and optimised patients for secondary care. Patients had long provided anecdotal experience of being 'bounced' between systems and this would streamline the process and the benefits of these pathways would be increased clinical efficiency for both clinicians and patients.

The Committee:

- **NOTED** the content of the proposed SRP scheme and that the cost was c.£0.7m for 2021/22
- **RECOMMENDED** the proposal and associated benefits to GB for approval.

RA, MD, NG and IK returned to the meeting at this juncture.

15 CURO CQC Report and Follow-up

(Those working in NK practices were shareholders in Curo and had a significant direct financial interest in this item. They would be asked to leave after the presentation and a short conflicted discussion to enable a non-conflicted discussion and decision.)

DW presented the report which detailed that following an announced inspection on 25 May 2021 of CURO Health Limited (CURO) by the CQC, on 5 July 2021 had rated CURO as inadequate overall and inadequate for the key domains of safe, effective and well-led. CURO was placed in special measures and issued with a Warning Notice which it would be expected to comply with by 31 August 2021 and the service would be inspected again by the CQC within a six-month period.

The report summarised the improvements required, the support offered and action taken by the CCG. Additionally, a decision was sought from the Committee in relation to appropriate further actions and to agree the next steps to be taken by the CCG including the undertaking of a QA process to assure itself that all actions had been undertaken and were embedded.

MP outlined the breaches of the contracts, some of which were more significant than others and would result in the issuing of a remedial notice from the CCG. Following discussion with the CQC it was clear that it expected the commissioner to support all identified actions. The purpose of notices was to provide the correct focus in the right timeframe and to be supportive in putting things right rather than being punitive.

The Committee was supportive of the issuing of remedial notices and considered if this could have been addressed earlier. PW commented that a significant number of conversations had taken place with CURO and verbal assurance received along with focussing on delivering actions resulting from the pandemic. Additionally, it had not been possible for the CCG or the CQC to undertake face to face inspections and speak with staff or see evidence of improvement during this time.

BH stated it was a concern that two domains, Caring and Responsive, had not been inspected and potentially had also deteriorated to which PW responded that the action plan would be in the round and therefore enhanced quality schedules would cover as much as possible. CW added that the CCG would carefully review all other services commissioned from CURO.

MD and NG left the meeting at this juncture.

The Committee was informed that the report was in the public domain along with responses from shareholding practices, PCNs and patients, some of whom were supportive and some of whom were concerned. A joint statement from CURO and the CCG had been issued and the issue would be raised at the forthcoming CURO AGM for member practices.

Whilst contingencies were in place as far as possible, the consequences of CURO being suspended would have a significant impact on the CCG's contract and it was in the interests of all parties to support them to achieve and maintain the standards required. CM added that Lead Managers were undertaking ongoing risk assessments and considering all mitigations. The CCG had contacted and written to CURO about its issues so was aware of these prior to the CQC inspection and its initiated actions.

The Committee:

- **NOTED** in the published CQC report July 2021, CQC rated Curo Health Limited as overall inadequate and inadequate in key areas safe, effective and well-led.
- **NOTED** the content of the warning notice sent to CURO on the 7th June 2021.
- **NOTED** that in the published July 2021 CQC report that CURO Health Limited was placed in special measures.
- **NOTED** the areas for improvement highlighted in the CQC report published in July 2021.
- **NOTED** the Kirklees CCG support that has been offered and future support to be offered to CURO Health Limited via the CCG's Quality Team and Primary Care Team.
- **NOTED** the contractual breaches identified against the issues identified in the CQC warning notice**.**
- **APPROVED** the issue of a Remedial Notice as well as a Contract Performance Notice for relevant services delivered by CURO Health Limited.
- **NOTED** that the committees would receive updates in relation to progress

MD and NG returned to the meeting at this juncture.

16 Items for the attention of the Governing Body

The following items would be brought to the attention of the Governing Body.

- Risk Register
- Governing Body Assurance Framework
- Discharge to Assess
- Health Inequalities Scheme Enhanced Funding Proposal

- Shared Referral Pathway
- CURO CQC Report and Follow Up

17 Minutes for information

The Committee **RECEIVED** and **NOTED** the minutes/notes of the following meetings:

- Primary Care Operational Group (Practice, Quality and Contracting Group): 21 April / 12 May / 10 February / 9 June 2021
- Kirklees Integrated Health and Care Leadership Board: 6 May and 3 June 2021
- Joint Acute Strategic Oversight Board: 3 June 2021

18 AOB

The Committee noted its thanks to ICu for his work with the CCG and wished him well for the future.

The meeting concluded at 1:00 pm

Minutes of Primary Care Commissioning Committee
Meeting held at 09.00 am on 25 August 2021
Held as a VIRTUAL meeting

Members		
Beth Hewitt	(BH)	Lay Member: Patient and Public Involvement (Chair of meeting)
Dr Ibrar Ali	(IA)	Independent Medical Advisor
Dr Abid Iqbal	(AI)	Independent Medical Advisor
Carol McKenna	(CM)	Chief Officer
Alison Needham	(AN)	Acting Chief Finance Officer
Hilary Thompson	(HT)	Lay Member: Finance and Remuneration
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 Primary Care Manager
Laura Ellis	(LE)	Head of Corporate Governance
Jan Giles	(JG)	Senior Primary Care Manager
Dawn Ginns	(DG)	NHSE representative
Dr Bert Jindal	(BJ)	Local Medical Committee Representative
John Laville	(JL)	Patient Representative
Chris Nicholls	(CN)	Primary Care Manager
Martin Pursey	(MP)	Head of Contracting and Procurement
Rob Willis	(RW)	Acting Head of Finance
Mahmood Yaqoob	(MY)	Other Primary Care Professional Practice Member
Apologies		
Stacey Appleyard	(SA)	Healthwatch
Jen Love	(JLo)	Practice Care Manager
Dr Steve Ollerton	(SO)	GP Member
Richard Parry	(RP)	Kirklees Council
Penny Woodhead	(PW)	Chief Quality and Nursing Officer
Catherine Wormstone	(CW)	Head of Primary Care Strategy and Commissioning

35 Welcome, Apologies and Declarations of Interest

BH welcomed those present to the meeting. Apologies were as set out above.

Conflicts of Interest

LE advised the committee:

Minutes of the last meeting – It was noted that there were a number of items at the last meeting where different individuals were conflicted but as the minutes were to confirm accuracy only and further discussion was not expected no further action was required to manage the conflict.

Primary Care Budgets/Contracting – Individuals working in local practices had a direct financial interest in the item. These were recognised and if required conflicted individuals would retire to the virtual public gallery.

GP Primary Care Dashboard/National Patient Survey Results - Individuals working in local practices had a direct professional interest in the item. These were recognised and if discussion focused on a specific practice, conflicted individuals would retire to the virtual public gallery.

Equitable Funding Tier 2 Uplift Proposal – Individuals working in local practices had a significant direct financial interest in the item and it was advised that following the presentation a short, conflicted discussion would take place followed by a non-conflicted discussion during which time conflicted individuals would retire to the virtual public gallery. Dr Bert Jindal had a direct non-financial professional interest as he was in attendance to represent the views of practices through the LMC but as he did not personally have a financial interest, he would be able to fully participate.

36 Vision and Values

The Kirklees CCG vision and values had been circulated and were noted.

37 Accuracy of Previous Minutes, Matters Arising and Action Log

Minutes of NHS Kirklees CCG Primary Care Commissioning Committee

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

Action Log

32a – Kirklees Frailty Scheme Funding
JD reported that practices had been provided with clarification on the services to be re-started via the Primary Care Bulletin. Following a meeting with Finance, JD would communicate further with Practices to advise what was required.
OPEN

32b – Kirklees Frailty Scheme Funding
AN reported that the funding related to Health Inequalities, which all eligible practices had signed up to.
CLOSED

33a – Carr-Hill Funding Formula
CM reported that the feedback to the ICS was complete. AN added that she would participate in a Health Inequalities/Carr-Hill Model session with NHSE and would feedback.
OPEN

33b – Carr-Hill Funding Formula
DG reported that feedback on key messages to NHSE had been conveyed and further mapping across West Yorkshire and nationally remained to be completed.
OPEN

Matters Arising

There were no matters arising.

38 Questions from Members of the Public

There were no questions from the public.

39 Patient Story

JG presented the Patient Story which related to 'K' who had experienced Social Prescribing commissioned by the PCN and provided by Kirklees Council.

K had sought help from her GP practice in relation to a syndrome which made her tired most of the time and she was experiencing family issues. She knew she needed to do something to improve her well-being but felt anxious about it.

During a visit to the doctor's surgery she interacted with one of the Social Prescribing Link Workers who gave her information on a number of groups including Huddersfield Family History Society and the Local History group at Kirkburton Library as she was passionate about local history and found it absorbing. K had stated she felt confident about accessing these herself.

At a follow up appointment it was established that K had been unable to access the groups due to feeling low and lacking confidence so the Social Prescribing Team (SPT) arranged support for her to attend the Kirkburton Local History group. The group made K feel very welcome and she now felt confident to contribute to conversations, actively participated in discussions and was sharing her knowledge and skills with other members of the group. She now felt she was part of the community and had commented that this was just what she needed, adding that 'Not all answers are medical'.

The Committee agreed that a Patient Story should be a regular agenda item as it provided excellent focus and was inspirational.

The story had been mirrored in members and attendees' experiences of breaking down barriers and accessing groups where their support could be invaluable. The Social Prescribing Team had also provided invaluable assistance with vaccination support and in ways that had not been considered pre-pandemic.

It was agreed that smaller numbers than anticipated were now being referred to the SPT as noted in a Primary Care Network meeting in the previous week. The Clinical Director would be encouraging promotion and referral and it was recognised that SPT were possibly not being utilised because groups and services had been closed until recently and the coming year would see that change.

40 Primary Care Budgets/Finance Report

(Individuals working in local practices had a direct financial interest in the item. These were recognised and if required, conflicted individuals would retire to the virtual public gallery.)

RW presented the item which updated the committee on the budgets at month 4 and forecast outturn for the first six months of 2021/22 (H1 2021/22).

RW outlined the H1 Co-commissioning Plan correction which had resulted from a complex and complicated process and assured the Committee that the budget was now accurately reflected.

RW added that H2 planning had begun and the allocation would be received in September 2021.

The Primary Care Commissioning Committee:

1. **NOTED** the movements of the H1 2021-22 budgets at month 4.
2. **NOTED** the intention to correct the co-commissioning budget as outlined in the paper.
3. **NOTED** the forecast out-turn at month 4
4. **NOTED** the expectation of a planning timetable and process for H2 2021-22.

41 Contracting Update

(Individuals working in local practices had a direct financial interest in the item. These were recognised and if required, conflicted individuals would retire to the virtual public gallery.)

MP presented the update which focused on a number of contracting issues which had been discussed at the Primary Care Operational Group that the Committee should know or be aware of. These included colleagues joining practices which had resulted from a combination of factors and an Incorporation Application which had been a lengthy process.

MP stated that 14 Practices had not returned a signed National Contract Variation for 2021/22 and assured the Committee that these were being actively chased by both the CCG and NHSE.

CM acknowledged the work undertaken to provide interim accommodation for new Asylum Seekers. This had resulted in significant demand and a contract variation including a new specification was being put in place with Locala for The Whitehouse Centre to ensure their health needs were being met.

The Primary Care Commissioning Committee:
RECEIVED and NOTED the contents of the report

42 Primary Care Dashboard Update

(Individuals working in local practices had a direct professional interest in the item. These were recognised and if discussion focused on a specific practice, conflicted individuals would retire to the virtual public gallery.)

DL presented this item which focussed on the results of the first dashboard for all 64 Kirklees CCG practices, to enable monitoring against national benchmarks and provide assurance about the next steps.

DL detailed that the Dashboard measured up to the end of July 2021 where possible. Current data was not available, with data lags of 7 months for Breast and Bowel Screening and 3 months for Cervical Screening. The CCG continued to work with the services, GP practices and Public Health colleagues to encourage uptake of screening when invited.

The Committee agreed that the performance data overall was commendable given the impact of COVID on practices who continued to work on prevention and screening.

The Severe Mental Illness (SMI) Physical Healthcheck measure which included 9 elements was reported quarterly to NHSE and the current position was 22.9%, a slight increase from the July 2020 figure of 22.3%. Congratulations was noted for Saville Town Medical Centre and Dearne Valley Health Centre who had achieved a green RAG rating on this measure.

The Committee considered why only two practices had achieved this for very vulnerable people. DL observed that work was being undertaken with practices to establish how they contact patients to attend for their health checks and best practice resulting from that was being shared. It was possible that small practices would know their patients well and were able to be supportive and encouraging on a more personal basis.

It was noted that the 9-point check was an older measure and practices may be undertaking a 6-point check to comply with QOF requirements which could account for the low compliance with the measure.

ACTION: DL to establish with VD if the QOF measure could reflect the 6-point measure.

The Primary Care Commissioning Committee:
RECEIVED and was **ASSURED** by the contents of the report.

43 National GP Patient Survey Results

(Individuals working in local practices had a direct professional interest in the item. These were recognised and if discussion focused on a specific practice, conflicted individuals would retire to the virtual public gallery.)

DL presented this item which focused on the results of the first England-wide survey for all 64 Kirklees CCG practices to enable monitoring against national benchmarks and provide assurance about the next steps.

The survey reflected a sample of the local population: 22,789 surveys had been sent to patients who had been on the Practice list for 6 months or more and were aged 16+yrs. 7,898 responses were received, equating to a 35% return. Two questions relating to COVID had been added on this occasion.

DL advised that following the merger of the CCGs, comparison against previous performance would not be possible and highlighted that performance above the national average had been identified for:

- Overall experience of GP practice
- Access to online services – awareness, ease and use and managing health conditions – support.

Performance lower than the national average had been identified for:

- Local GP services – ease of getting through to a practice and helpfulness of receptionists.

- Appointments – choice and satisfaction were in-line or slightly lower than the average and services when GP practice was closed was on par.

DL advised that Nook Surgery did not appear in the results of the survey which related to the surgery being assigned a new practice code resulting in only 11 questionnaires being sent out. This was being addressed with NHS Digital to ensure this did not recur.

DL added that the next steps would be to discuss the results with individual practices, congratulate those who had done well and support those who had not over the coming months. It was agreed that in addition to the proposed letter to congratulate practices on their results a further letter would be sent to all practices, acknowledging the pressures they had faced during the pandemic.

ACTION: DL to send letter to all practices, acknowledging pressures.

BJ commented that the LMC was supportive of quality improvement and the survey had demonstrated a direct correlation between inequities and practices which had not done as well as others. He added that RAG rated charts could result in swift conclusions being reached without considering external influences.

CM concurred that these were legitimate concerns and the influencing factors were complex. Work would take place in and with individual practices and the PCNs were committed to quality improvement and cognisant of the challenges from inequities. It would be useful for practices to look at the performance of their neighbours and if they had the same challenge it would be highly effective to share best practice and learn from each other.

CM added as a larger CCG it was possible that areas of concern could be masked within the data and may become more significant when the CCG became part of the ICS. AI assured the Committee that the Primary Care Operational Group looked at the data and drilled down the data to inform practice visits.

The Committee discussed the potential correlation of affluence or deprivation and satisfaction. It was noted that a variety of social, economic and staffing factors may also influence the ratings.

The Chair agreed that work on the variations within the RAG rating needed to continue and recurring late data and coding issues required resolution.

Members agreed that establishment of practice-based action plans with full accountability and review were required.

The Primary Care Commissioning Committee:
RECEIVED and **REVIEWED** the results; and
SUPPORTED the next steps including targeted visits.

BREAK: 10.17- 10.22

44 Equitable Funding Tier 2 Uplift Proposal

(Individuals working in local practices had a significant direct financial interest in the item and it was advised that following the presentation a short, conflicted

discussion would take place followed by a non-conflicted discussion during which time conflicted individuals would retire to the virtual public gallery. Dr Bert Jindal had a direct non-financial professional interest as he was in attendance to represent the views of practices through the LMC but as he did not personally have a financial interest, he would be able to fully participate.)

RW presented the item which set out four options for a proposed uplift to Tier 2 equitable funding payments to GP practices in the current financial year. Following consideration at SMT on 12 August 2021, the recommendation was to approve Option 4 which was an uplift of 3.58% on the basis it was consistent with the contract type on which the payments were based and would be an estimated cost of £0.097m.

A conflicted discussion took place, followed by a non-conflicted discussion when individuals with a significant financial interest retired to the virtual public gallery.

Confirmation was given that Option 4 was nationally mandated, would be effective for the 2021/22 year and was not a precedent for future years.

10:30 NC and MY left the discussion at this juncture

AN assured the Committee that the funds had been accounted for in H2 and that if this was not undertaken, those currently on the PMS rate would lose the differential. She added that as transition to the ICS continued, this would begin to align and as the Carr-Hill formula may be amended this could result in recalculation.

The Primary Care Commissioning Committee:
ACCEPTED the recommendation for an uplift of 3.58% to the Tier 2 payment of equitable funding: and
NOTED the increase in Tier 2 costs per patient to £6.31p backdated to April 2021.

10:32 NC and MY returned at this juncture

45 Governing Body Assurance Framework

LE presented this item on the GBAF which was approved by the Governing Body on 11 August 2021.

LE gave the background to the GBAF which formed part of Integrated Risk Management Framework which managed the principal risks to the CCG achieving its Strategic Objectives as an organisation. The GBAF focused on controls and assurance to enable the CCG and Governing Body to be confident that systems, policies and people were delivering effectively and minimising risk. The document was strategic in nature and incorporated only items which were barriers to not achieving the Strategic Objectives. It was noted that these risks were unlikely to be eliminated however they could be reduced and mitigated.

LE defined that the Strategic Objectives were finalised in June 2021 and added to the GBAF. SMT had identified the main risks and how these were controlled and where assurance could be found. Additionally, GB members had undertaken work to establish the organisation’s risk appetite which informed scoring of risks and an

understanding of the risks it was or was not willing to take, to ensure balance was reached.

It was important that PCCC was aware it acted as a lead for some risks and supported providing controls for other risks. It needed to consider how agendas and reports were approached when acting as source of assurance or control of risks.

The two main risks the Committee would lead on were identified as Principal Risk 1.9 relating to sustainable commissioning and equitable primary medical care services and Principal Risk 3.3 relating to successful integration into the ICS/ICP.

The Primary Care Commissioning Committee:
REVIEWED the newly approved GBAF; and
NOTED the risks that it will be responsible for monitoring and assuring

46 Committee Workplan

LE presented the workplan which focussed on the regular updates for information.

Amendments were proposed for a review of the national GP Survey action plans and the PCN Updates.

The Primary Care Commissioning Committee:
RECEIVED the Workplan

47 Notification of Urgent Decisions

LE presented this item which included a decision which had been taken urgently.

The Primary Care Commissioning Committee:
NOTED the contents of the report.

48 Date and Time of Next Meeting

The next meeting of the Kirklees Primary Care Commissioning Committee had been scheduled for 9am on Wednesday 27 October 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 10.45 am.

Minutes of the NHS Kirklees CCG

Quality Committees

held on Wednesday 29 September 2021, 9am – 10.25am

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
Dr Deven Vani	DV	Secondary Care Specialist
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
Debbie Winder	DW	Head of Quality
Gemma Hinchliffe	GH	Quality Manager
Louise Horsley	LH	Quality Manager
Susan Savage	SS	Quality Manager
Lucy Walker	LH	Quality Manager
Catherine Wormstone	CW	Head of Primary Care Strategy and Commissioning
Lindsay Greenhalgh	LH	Head of Medicines Management
Stewart Horn	SH	Head of Children's Integrated Commissioning, Kirklees Council
Siobhan Jones	SJ	Communications and Engagement Manager
Sandra Pritchard	SP	Serious Incident Team Leader (Observer)

Minutes:

Sam Parkinson	SP	Project Support Officer, Quality (minute taker)

032 Apologies and Declarations of Interest

There were no apologies received.

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, the following conflict of interest was identified:

Item 7 – Primary Care Quality Report – Committee members working in local practice had a direct non-financial professional interest as it related to the quality of services they provide. It was **AGREED** that all members could participate in discussions and should any discussion arise regarding a particular practice in which an individual has an interest, this would then be reviewed in the meeting and appropriate action taken to manage the conflict.

033 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.

034 Minutes

The minutes of the meeting held on 28 July 2021 were reviewed for accuracy and **APPROVED** as an accurate record.

Action Log

023 - Quality and Safety Report, Quality Dashboard, and Mid Yorkshire NHS Hospital Trust Quality Report - the Quality Team to review the information against the #NoF indicator for both CHFT and MYHT and provide feedback at

the next meeting – it was agreed that this action would be picked up during Item 6 – Quality Dashboard. Following this update, it was **AGREED** that this action could be **closed**.

Matters Arising

There were no Matters Arising.

Lindsay Greenhalgh
joined the meeting

035 NICE Technology Appraisals

Lindsay presented the report which outlined the Technology Appraisals (TAs) published by NICE in July and August 2021. Lindsay confirmed that 8 of the TAs published during this time period were for consideration by the CCG:

- TA715 - Adalimumab, etanercept, infliximab and abatacept for treating moderate rheumatoid arthritis after conventional DMARDs have failed
- TA718 - Ixekizumab for treating axial spondyloarthritis
- TA719 - Secukinumab for treating non-radiographic axial spondyloarthritis
- TA355 - Edoxaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation
- TA275 - Apixaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation
- TA256 - Rivaroxaban for the prevention of stroke and systemic embolism in people with atrial fibrillation
- TA249 - Dabigatran etexilate for the prevention of stroke and systemic embolism in atrial fibrillation
- TA139 (updated from March 2008) - Continuous positive airway pressure for the treatment of obstructive sleep apnoea/ hypopnoea syndrome

Lindsay explained the potential resource implications for each, and the Committee **AGREED** to **SUPPORT** the adoption of the NICE Technology Appraisals discussed.

Lindsay Greenhalgh

left the meeting

036 Quality and Safety Report, Quality Dashboard and Mid Yorkshire Hospital NHS Trust Quality Report

The Quality Team presented the quality and safety report which included information relating to a number of areas of quality, including care homes, patient safety specialists and progress on the medical examiner roles. The following information was also highlighted:

Becton Dickinson (BD) blood specimen; national shortage of collection bottles – in August 2021 NHS England issued a letter informing the system of a shortage of products affecting the blood specimen collection portfolio. It is anticipated that supply will be a challenge for a significant period and the Quality Team continue to work with providers to identify any emerging risks.

Care Quality Commission (CQC) changes to regulation – details have been published outlining how the CQC will regulate providers from August 2021. Differing approaches will be used which will enable the CQC to be more flexible in how it assesses and rates providers and it will take into account the ongoing challenges faced due to the pandemic.

Areas presented from the Quality Dashboard included:

Calderdale and Huddersfield NHS Foundation Trust (CHFT) – Central Alerting System (CAS) alerts – the Trust remains an outlier nationally in relation to completing the alerts within the timescale set. Lucy advised that, after attending several meetings within the Trust, the Quality Team felt assured that the Trust is

monitoring the position, taking action to resolve this issue and that performance is expected to improve.

Percentage Non-elective #NoF Patients With Admission to Procedure of < 36 Hours – although performance has improved for this indicator, it remains a challenge for the Trust. Areas which may be impacting on performance have been identified and the Trust has commissioned a piece of work within the surgical division to review this. Lucy confirmed that contact has been made with the person responsible for this piece of work and that contact details will be shared for the lead at Mid Yorkshire NHS Trust (MYHT), where performance is positive and therefore there may be an opportunity to share any learning.

CHFT Maternity – the number of still births have increased and Debbie advised that following regional meetings with the Head of Midwifery, themes have been identified an improvement plan has been developed.

South West Yorkshire Partnership Foundation Trust (SWYPFT – Complaints closed within 40 days – a pilot of a new set of key performance measures on timeframes which was due to finish in July 2021 has now been extended. Common areas for complaints have been identified and the Trust is extending complaint handling training to enable more staff to be lead investigators.

Number of records with up-to-date risk assessment – a dip in assessment audits was noted, details of which has been fed into the Trust's internal Clinical Governance Group. An external company is also looking to review this.

Performance for CAMHS referral to treatment - the number of children waiting for CAMHS has increased. Although currently this has not had an impact on the 18 weeks performance, services have highlighted that sustained increases will negatively impact on the length of wait.

Locala - supply disruption of blood sample tubes – it was noted that the disruption to blood sample tubes would impact on some of the organisation's Key Performance Indicators, especially long-term condition annual reviews.

Clinical supervision – a drop in compliance against this indicator was noted and Louise advised that internal investigations into the reasons for this are taking place. Work is underway on a targeted approach within teams demonstrating low compliance and this is being monitored at business unit level. Louise also advised that a new system to log supervision is being looked at.

Mid Yorkshire Hospital NHS Trust (MYHT) – areas being reviewed by the lead commissioner include paediatric serious incidents, oncology services and the volume of attendances at Emergency Departments and associated system pressures. Susan confirmed that the CCG was working closely with the lead commissioner and the Trust and that a number of Patient Safety Walkabouts (PSW) have taken place, with further visits being planned.

Information on a number of areas relating to West Yorkshire Urgent Care/Integrated Urgent Care, Spire Elland, BMI Huddersfield, The Priory and Care Homes was also presented.

Penny felt that there should be a focus on preventative actions regarding still births and looking at what support can be provided in relation to maternity commissioning. Following further discussion, it was agreed that this would be discussed further with the local Director of Public Health.

Penny also highlighted the amount of activity being undertaken in relation to quality and asked the Committee to recognise the increase in the risk of the quality of the services being provided, due to the current pressures in the system.

Beth noted the dip in performance against the “number of mothers breastfeeding as first feed” indicator and ask if the reason for this was known. Debbie explained that there had been an issue with the data quality and recording of this data. The latest maternity dashboard had just been received and Debbie therefore agreed to look into this further.

ACTION: Debbie to review latest maternity dashboard to understand the dip in performance against the “number of mothers breastfeeding as first feed” indicator and provide an update at the next meeting.

Muhammed asked if any further details were known regarding the changes to the CQC inspections of primary care services. It was confirmed that it was anticipated that there would not be much of a change in relation to primary care services, but Susan agreed to pick this up at her next regular meeting with the local CQC inspector.

ACTION: Susan to request further information from the local CQC inspector in relation to Primary Care inspections.

Razwan reiterated the point that all providers and staff are being stretched at the moment, and confirmed the need for everyone to be responsive to intelligence being received to identify any potential risks in a timely manner. Razwan highlighted the staffing issues within Locala and asked if this was being monitored. Louise confirmed that she was in the process of arranging a number of quality visits to various staff teams/services within Locala to understand the impact on both staff and patients. Debbie added that there has been a number of recent changes to senior leadership within the CCG’s main providers which could potentially have an impact on quality. Debbie confirmed that the Quality Managers continued to attend the provider’s internal quality meetings and are therefore in receipt of up-to-date information.

Razwan also noted the information in relation to the CAMHS service and Out of Area Beds and advised that a review of the Thriving Kirklees service is currently taking place. Debbie confirmed that Gemma is also looking at the quality elements of these services.

The Committee **RECEIVED** and **NOTED** the report and quality dashboard.

Lucy Walker left the meeting

037 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. Susan explained that the information reflected the current work and pressures in Primary Care services. Susan confirmed that the Quality Team and Primary Care Team would be carrying out further supportive visits to practices who were particularly under pressure. Highlights included:

Curo Health Ltd – work on the CQC action plan continues and the organisation was now looking to embed the processes developed. A further unrated visit was carried out by the CQC but no formal feedback has yet been received. A follow up visit is expected around January/February 2022. The CCG continues to offer support and is monitoring the progress made via the contracting meetings.

Supply disruption of blood sample tubes – further actions to help manage this situation are being undertaken by the CCG, which includes a review of care pathways.

The annual GP survey results were also received, and Susan confirmed that the results had been shared with a number of groups within the CCG, including the Patient Reference Group Network. The results will be discussed on future practice visits and where any scores are low, these will be reviewed to understand the rationale and support will be offered where appropriate.

Penny thanked Susan and Catherine for a comprehensive and detailed report. Penny also highlighted the volume of work currently being experienced in Primary Care which could result in potential risks and quality concerns. Penny also noted the recent report by Healthwatch regarding the experience of patients accessing primary care services and suggested that the positives from this report were also discussed and shared. Following further discussion, Committee members agreed that any positives should be widely shared to help with staff morale and public perception.

The Quality Committee **RECEIVED** and **NOTED** the current issues and assurances described in the report.

Stewart Horn joined the meeting

038 Special Education Needs and Disabilities (SEND) Annual Report

Stewart Horn presented the annual report which outlined the work that has taken place in the Special Educational Needs and Disabilities Team between April 2020 and March 2021 and provided assurance that the Clinical Commissioning Group is fulfilling its statutory responsibilities. Stewart drew attention to the progress since the last report, which included embedding the role of the Designated Clinical Officer and drafting a new joint commissioning strategy. Priorities for next year were also outlined, which included implementing the SEND Transformation Plan and improving the compliance with the 20-week target for the Education, Health and Care Plan completion.

Penny asked if any timescales were known for additional capacity for the neurodevelopmental assessments. Stewart confirmed that two providers were beginning to look at this and hoped that in 12 months' time no-one would be on the waiting list for longer than 12 months. Penny also hoped that work around providing support to families during the waiting list phase was being reviewed. Stewart confirmed that that this was the case and that there would be a strong focus on early intervention.

Razwan asked if the process around the SEND pathways would be reviewed, as it was felt that the pathway and process was not always clear. Stewart explained that all the information is on the website and if there is any uncertainty, then a piece of engagement work with families may be required. Stewart advised that work on simplifying the pathway has been carried out and as a result, all referrals are via the Single Point of Contact.

The Committee **RECEIVED** and **NOTED** the report

Stewart Horn left the meeting

Siobhan Jones joined the meeting

039 Communications and Engagement Work Plan update

Siobhan Jones presented the report and updated action plan and explained that the plan outlined the key engagement and communication activities that would be undertaken during the year. The plan is RAG rated and Siobhan advised that the majority of actions were currently on track. Some of the actions on the plan had been paused due to the pandemic and these would now be reviewed to decide if they were still appropriate to take forward.

The Committee **RECEIVED** the report and **NOTED** the updated action plan.

Siobhan Jones left the meeting

040 Quality and Safety Committee Work plan 2021-22

The work plan for 2021-22 was **RECEIVED** and **NOTED**.

041 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

- An executive summary of the SEND annual report

042 Minutes to receive

The following minutes were received for scrutiny and information:

- Kirklees Medicines Strategy Group 20.5.21
- Kirklees Primary Care Operational Group 9.6.21, 14.7.21, 11.8.21
- Patient Engagement Assurance Group 15.6.21
- Patient Experience Group 14.10.20, 3.6.21
- Kirklees Health Protection Board 17.6.21

043 Any Other Business

There were no items under Any Other Business.

It was noted that this would be Louise's last meeting as she was leaving the CCG. Both Razwan and Penny thanked her for all her hard work and valuable contribution to the Committee and wished her the best for the future; Committee members agreed.

044 Date and time of next meeting

It was **CONFIRMED** that the next meeting is scheduled for Wednesday 24 November 2021 at 9am via MS Teams.

NHS
Kirklees
Clinical Commissioning Group

Minutes of Finance, Performance and Contracting Committee and Quality Committee – Sandwich Meeting
Meeting held at 10.45 am on 29 September 2021
Held as a VIRTUAL meeting

Members		
Hilary Thompson	(HT)	Lay Member: Finance and Remuneration (FPC Chair)
Dr Razwan Ali	(RA)	Vice Clinical Chair (QC Chair)
Dr Muhammad Dadibhai	(MD)	GP Member
Dr Nadeem Ghafoor	(NG)	GP Member
Beth Hewitt	(BH)	Lay Member: Patient and Public Involvement
Dr Iqbal Khan	(IK)	GP Member (until minute 24)
Dr Khalid Naeem	(KN)	Clinical Chair
Carol McKenna	(CM)	Chief Officer
Alison Needham	(AN)	Interim Chief Finance Officer
Dr Gareth Price	(GP)	GP Member
Dr Deven Vani	(DV)	Secondary Care Adviser
Penny Woodhead	(PW)	Chief Quality and Nursing Officer
Martin Wright	(MW)	Lay Member: Audit and Governance
In Attendance		
Amodu Moyosore	(AM)	NHS North of England CSU (observer)
Juline Brodie	(JB)	Governance Manager (minute taker)
Joanne Davis	(JD)	Senior Primary Care Manager (minute 23)
Laura Ellis	(LE)	Head of Corporate Governance
Nick Lamper	(NL)	Governance Manager (minute 22)
Alison Needham	(AN)	Head of Finance
Martin Pursey	(MP)	Head of Contracting and Procurement
Rebecca Spavin	(RS)	Programme Manager (minute 24)
Rob Willis	(RW)	Head of Finance
Angela Ward	(AW)	Associate Programme and Project Manager (Attain) (minute 23)
Debbie Winder	(DW)	Head of Quality
Catherine Wormstone	(CW)	Head of Primary Care Strategy and Commissioning
Apologies		
Dr Omar Akhtar	(OA)	GP Member
Vicky Dutchburn	(VD)	Head of Strategic Planning, Performance and Delivery

19 Welcome, Apologies and Declarations of Interest

HT took the role of chair of the meeting and welcomed those present. Apologies were as set out above.

Conflicts of Interest

- Minutes from previous meeting – a number of individuals had conflicts in items considered at the last meeting and had been excluded from various parts of the

meeting. Everyone had received redacted versions of the minutes. As the minutes were solely being approved for accuracy it was not anticipated that any further steps would be needed to manage those conflicts.

- Tiers 3 and 4 Local Enhanced Service (LES Review) – those working in local member practices had a direct financial interest in this item. Different individuals had different conflicts on different services. Pragmatically it was agreed sensible to group together and present them all, hold a short conflicted discussion on them all, and then ask conflicted members to leave the meeting temporarily to enable a non-conflicted discussion.
- Urgent Community Response (UCR) – those working in local member practices had a direct financial interest as practices were members of the provider alliance. There would be a presentation, conflicted discussion, and conflicted members would be asked to leave the meeting to enable a non-conflicted discussion and recommendation to Governing Body.
- Community Services – those working in local member practices had a direct financial interest as potential providers of services within the scope of this item. There would be a presentation, conflicted discussion, followed by asking conflicted members to leave the meeting to enable a non-conflicted discussion and recommendation to Governing Body.

20 Vision and Values

The Kirklees CCG vision and values had been circulated and were noted.

21 Accuracy of Previous Minutes, Matters Arising and Action Log

Minutes of NHS Kirklees CCG Quality Committee and Finance, Performance and Contracting Committee (Sandwich) Meeting from 28 July 2021.

Minutes
The minutes of the meeting held on 28 July 2021 were **APPROVED** as a correct record subject to the amendment of Minute 13 (paragraph 6) to read:-

"*RA agreed that whilst the Carr-Hill formula was not perfect, it did have its merits including age, deprivation etc so it was important that practices with the greatest need were supported with this plus other investments. NG and IK agreed that both proposals provided differing perspectives and added that the LMC proposal for all practices was a step too far*".

Matters Arising
There were no matters arising.

Action Log

11 Governing Body Assurance Framework – LE to add Internal and External Audit as sources of assurance to the risk relating to the CCG not managing its underlying financial position. LE confirmed that this had been actioned as part of the GBAF Review – **CLOSED.**

12 Discharge to Assess (3 Actions). Actions to be reassigned to Julie Oldroyd (JO). PW confirmed that a paper had been considered by Governing Body – **CLOSED.**

14 Shared Referral Pathway – VD & VW to agree how to communicate the process to Primary Care and the LMC. Action to be assigned to VD and CW – CW reported that discussions were ongoing - **OPEN.**

22 Risk Registers

NL presented a report providing details of all Quality and Finance, Performance and Contracting risks on the Risk Register at 21 September 2021.

NL drew attention to the high level, new and closed risks detailed in the report. Notably, greater movement had taken place in Quality in this cycle and NL provided further detail. PW confirmed that a discussion had taken place in Quality Committee on the increasing number of quality risks. Since the closure of the risk cycle the risk scores for 2 risks (1939 Becton Dickinson Blood Tubes and 1945 Care Homes) had changed and PW asked that this be reflected in the report submitted to Governing Body.

ACTION: NL and DW to ensure the Risk Scores for Risk 1939 and 1945 were amended prior to submission to Governing Body.

AN highlighted that Finance related risk scores may shift at the start of H2.

MW sought clarity on closed risk 1818 (availability of appointment slots at CHFT). MP provided assurance that the 4% target was no longer relevant and the risk had been replaced by risks associated with elective recovery.

The Committee:

- **RECEIVED** the Quality risks and Finance, Performance and Contracting risks
- Were **ASSURED** in respect of the effective management of the risks and the controls and assurances in place.

NL Left the meeting
JD and AW joined the meeting.

23 Tier 3 and Tier 4 Local Enhanced Services (LES)

(Those working in local member practices had a direct financial interest in this item. Different individuals had different conflicts on different services. Pragmatically it was agreed sensible to group together and present them all, hold a short conflicted discussion on them all, and then ask conflicted members to leave the meeting temporarily to enable a non-conflicted discussion).

CW outlined the purpose of the paper which set out progress for Tier 3 and Tier 4 Local Enhanced Services. The paper outlined progress on equitable funding and the move to a different phase of LES Review to ensure consistency for patients and determination of what services were required. Historic differences between the former GH and NK schemes were noted and CW described the service model previously agreed by Governing Body.

Approval was sought from the Committee to extend the contracts until 31 March 2022 for the services listed in the paper. The Task and Finish Group had made progress but the interdependencies between services was acknowledged along with the need for a full options appraisal. Given a number of pressures it had not

been possible to undertake a full review in time for the expiry of the contracts in September 2021. Progress had been made on the Treatment Room Bundle and this was scheduled for further discussion in CSG.

The Task and Finish Group (which included representatives from LMC, CDs and CCG) continued to meet regularly and CW outlined the challenges ahead in creating a robust plan before the ICS transition. A lead had been identified for each of the service areas and support was being provided from the project management team.

RA supported the proposed extension and encouraged as much activity as possible to be undertaken in primary care (appropriately resourced) given current system pressures. RA asked about the level of confidence that the work would be completed by March 2022, given the amount of work required and the contentious nature of some of the funding elements. RA also sought clarity on Tier 3 being commissioned on a block basis with Tier 4 being commissioned on an activity basis.

CW confirmed the timescale was feasible but acknowledged the level of resource and commitment required; the CCG were looking at recruiting additional resource to support the process. AN stressed that to make progress pragmatic decisions on costings would be required. CMc stressed that a level of willingness and pragmatism would be required by all parties in reaching decisions.

CW referred to how the overall model had originally been envisaged with Tier 1 (core contract), Tier 2 (Kirklees essentials), Tier 3 reflecting existing block contracts and Tier 4 activity based schemes which were likely to be the smaller schemes delivered at a PCN level (equitably accessible to patients but not necessarily delivered at practice level i.e. spirometry). AN referred to the start of the scheme and the differential income streams at practice level with the CCG attempting to offer services at practice / PCN level (block) but recognising some practices may want to provide more services to retain a particular level of funding. The CCG acknowledged the outcome based nature of many contracts and the activity based schemes would be proportionally lower (10% of the overall value).

GP drew attention to current pressures affecting community services and the impact this was having on primary care workload and whether this would be recognised in the practice bundle. AN confirmed this would be considered in the costing round and highlighted that some services in the current bundles were not being provided but income was protected.

KN asked, if agreement could not be reached by March 2022, who would be responsible for taking the work forward and referred to some proposed block Tier 3 services such as phlebotomy and ECG which were currently activity based. KN referred to other issues such as shared care monitoring and asked about future policy for adding new pathways and treatments to the list and how this would be resourced. KN also highlighted the current spirometry backlog and the need for a consistent approach across Kirklees.

CW reported that the complexities and challenges raised by KN had been discussed at the Task and Finish Group. CW stressed that when content / service specifications were ready these would be submitted to CSG for a conflicted discussion.

NG suggested adding in a caveat to enable schemes to roll over for 6-12 months should the issue not be resolved by March 2022. MP agreed that this was feasible, and that the CCG should look to include flexibility given the proposed ICS changes and any existing contracts would be subject to the Property Transfer Scheme.

11.21 RA, MD, NG, IK, KN and GP left the meeting at this point

CMc was supportive of the recommendations and acknowledged the comments related to activity versus block arrangements and asked how the Task and Finish Group would find a way forward to mitigate the concerns and stressed the ongoing role of the Independent Medical Advisors. CMc highlighted the need for a conversation with the LMC on the likelihood of reaching agreement before the end of the financial year and how the Committee would be alerted to the ongoing risk.

AN outlined the original aim to have an element of block and activity and highlighted the risk of agreeing schemes on a piecemeal basis and the need for a more cohesive piece of work. CW echoed comments relating to the Independent Medical Advisors and other governance mechanisms to ensure the CCG achieved value for money and were offering the right services.

PW stressed the need to define the road map for internal governance given the ambition to reach a decision before March 2022 to ensure that teams could manage capacity and take decisions. PW reminded colleagues to continually consider what services the CCG wanted to deliver and stressed the need for discussions with the LMC.

MP asked how much of a priority the piece of work was (value £2.3m) when compared to other much larger schemes such as Community Services at £40m. MP highlighted the internal resources required for an activity based approach.

MP questioned whether the CCG would realistically meet the timescale and suggested either extending the contracts themselves for a further period or extend the waiver to cover the extended period and extend the contract on the back of the waiver.

The Committee:

- **NOTED** the Local Enhanced Services that were under review.
- **NOTED** the rationale to extend the current local enhanced service provision until 31.03.2022 and agreed the extension of current local enhanced services with a direct award of a contract via a waiver. The waiver would be extended for 12 months (the contract extension would be 6 months).
- **NOTED** the risks and implications.
- **APPROVED** the extension of the following service contract and incentive schemes:
    a. Wound Care level 2 (North Kirklees & Greater Huddersfield)
    b. 24 Hour Blood Pressure Monitoring (North Kirklees)
    c. Diabetes Injectables (North Kirklees)
    d. Phlebotomy (North Kirklees)
    e. Bundle of Services (North Kirklees)
    f. Quality Access Scheme (Income Protection, North Kirklees)
    g. Anticoagulation (Greater Huddersfield)

h. Near Patient Testing (Greater Huddersfield)
i. Ring Pessary (Greater Huddersfield)
j. Good Practice Bundle 1 & 2 (Greater Huddersfield)

11.21 RA, MD, NG, IK, KN and GP rejoined the meeting at this point
JD and AW left the meeting.
RS joined the meeting

24 Current Budget Requirements for Kirklees Urgent Community Response (UCR) Service

(Those working in local member practices had a direct financial interest as practices were members of the provider alliance. There would be a presentation, conflicted discussion, and conflicted members would be asked to leave the call to enable a non-conflicted discussion and recommendation to Governing Body).

RS reported that as an as an accelerator pilot site for UCR, Kirklees had received additional monies to test delivery models for a 2-hour crisis response at home service that operates 8am-8pm 7 days a week. The budget for this 18 month pilot was approved at the October 2020 Governing Body and more recently, in July, additional funds from the Ageing Well SDF had been agreed to support the service becoming 7 days.

The purpose of the paper, business case and pilot service evaluation was to set out the recurrent resources required to continue delivery of a Kirklees UCR service 7 days a week from April 2022 onwards, as per the priority national planning guidance for Ageing Well services.

RS thanked finance and performance colleagues for their support in preparing the paper and it was noted that the Provider Alliance (with the exception of CURO) had collaboratively agreed that the recurrent cost for the 7 day UCR service was £2,303,000.

The Kirklees Urgent Community Response (UCR) pilot service had now been in operation 10 months and RS provided a snapshot of activity with 457 calls closed with advice only (25%) and delivered 1074 face to face 0-2 hour appointments – resulting in 1531 interventions that previously may have resulted in an admission when not medically necessary.

SMT had endorsed the recommendation to take the proposed recurrent Urgent Community Response budget (of £2,303k) to Governing Body and the advice to direct award new contracts, via a waiver, for a period of 12 months to the Kirklees UCR Provider Alliance to Governing Body next month.

It was noted that whilst the paper set out notional savings to the system of £1,400k by avoiding unnecessary hospital attendance and admissions, reducing bed days and length of stays, improving patient flow – the overall impact of the UCR service included:

- better integrated working and the development of a Provider Alliance approach;
- by creating additionality in the Kirklees system 7 days a week - this has recruited the additional staffing set out in the pilot plans, providing 3.6 additional staff in Kirklees to triage crisis response calls and 8 additional health staff and 18 additional care staff to provide crisis care;

- creating capacity in Community, Primary and Acute Care;
- providing a medical model of urgent clinical support for Kirklees that was previously a gap in the system;
- improving patient experience by better supporting patients to self-manage in their own home.

RA thanked RS for the clear and concise paper but expressed concern at the financial affordability and sought assurance on recurrent funding (£2.3m) with the expectation that future health budgets would tighten and also expressed concern at the overheads quoted (18%). Concern was also raised on the ability to staff the service over 7 days given current staffing pressures. AN was hopeful that the CCG would continue to receive Ageing Well funds but it was recognised that the current level of Ageing Well funding would not continue. AN reported that the UCR model was part of the Long Term Plan but would have to be funded from place based resources and highlighted the need for further work by finance leads to consider the impact of a number of current schemes. Discussions were on-going regarding the re-charge of fixed and variable overhead costs.

RS reported that testing of the 7 day model had been tested during September with a view to go live on 4 October 2021 and acknowledged there had been short term capacity issues and described how this would be managed by the Alliance. Staff were funded and were in post.

IK provided feedback on the service which although underutilised in GH was being promoted at PCN level and asked if future planning and design of the service could consider extending the current 4pm cut off time for acute visits. IK also raised the variability with rejected referrals and asked further consideration to be given to referrals from not just GPs.

HT reminded the Committee that the purpose of the paper was the current budget requirements rather than service re-design. KN felt that quality issues needed to be addressed, especially rejected referrals and the implications for GPs and the best way to ensure sustainability was to embed it into Ageing Well. CMc reiterated the wider strategic context and that the 2 hour targets would become part of a national ask and it was expected that this would be reiterated in planning guidance. Following the funding decision further work would take place within the Alliance to address the operational issues raised. RS informed the Committee that data on the 2 hour response would be published from September and as a pilot site Kirklees was well placed. NG was supporting the pilot and RS described the robust governance that was in place.

MD echoed colleagues' concerns and sought assurance on workforce, given the difficulties being experienced by community providers, and how legitimate concerns regarding the non-delivery of services in the community would be addressed. RS provided assurance that the funding proposal was split across a range of providers and would invest in the system rather than one provider.

GP reported that he had personally found UCR useful but queried weekend working and the LCD clinician assessment and asked if the UCR cover was the same thing. RS reported that the hub cover was around hospital avoidance and work continued with LCD to support the Calderdale UCR service but agreed to look at the point in more detail.

NG recognised the challenges regarding performance and productivity raised and provided assurance these were being addressed. Meetings were also planned with UCR and other commissioned services on integration and provided an assurance that everything possible was being done to ensure value for money. NH asked for patience and time to develop what was a new, pilot service.

12.03 RA, MD, NG, IK, KN and GP left the meeting at this point

PW suggested that the paper to Governing Body should capture some of the issues and feedback received and how the model would be refined. An explanation of Curo's position would also be useful in terms of the agreement. RS provided assurance that Curo had been involved in all the conversations and the CCG were working with them on the budget for this year and AN confirmed that finance colleagues were working to understand costings.

AN commented on affordability and reiterated that this was part of the long term plan and the CCG had been lucky to be involved in the pilot and felt that UCR should be incorporated into the Ageing Well Programme and highlighted future work to quantify costings for 2022/2023.

MW asked about the financial risks if costs exceeded the financial envelope and the risks to the CCG and whether any thought had been given with the Alliance to a risk share agreement. AN provided further information on Curo costings and stressed support for the scheme as this was a 'must do'.

PW described the Ageing Well Programme in terms of the interdependencies and service offer and understanding the financial implications of the whole project was very important and this would be a significant part of the place based partnership and a conversation at the Integration Board was important.

The Committee:
RECEIVED the business case for the recurrent funding for the Kirklees Urgent Care Response from 2023 onwards
CONSIDERED the business case and **RECOMMENDED** to the Governing Body on 13 October 2021:

- Option 3 for the proposed recurrent Urgent Community Response budget (of £2,303k).
- To direct award new contracts, via a waiver, for a period of 12 months to the Kirklees UCR Provider Alliance.

12.03 RA, MD, NG, KN and GP returned to the meeting at this point
RS left the meeting at this point

25 Kirklees Community Services – Collaborative Approach

(Those working in local member practices had a direct financial interest as potential providers of services within the scope of this item. There would be a presentation, conflicted discussion, followed by asking conflicted members to leave the call to enable a non-conflicted discussion and recommendation to Governing Body).

MP described the background to the Care Closer to Home Contract with existing end dates of September 2022. The introduction to the paper listed the services in

scope and services commissioned outside of the contract which had been aligned in terms of timescales. The Kirklees approach had been to commission services through partnership and collaboration (rather than competition) but also ensuring services were available to any provider who may be interested.

The paper provided an overview of the provider selection regime and outlined the Health Bill currently going through parliament, intended to repeal current procurement legislation as it applied to the NHS to support collaboration. However, there would still be a need to defend decisions against key criteria; decisions must be in the interests of patients and be transparent and defendable.

MP reported that the paper contained a number of options with associated risks and benefits with Option 3 as the preferred option (some services in scope that were acceptable and some services that required further work). The paper reflected the collaborative approach, preferred by system partners and set out a high level timeline.

An overview of progress to date was highlighted together with the strong support to deliver through collaboration.

NG supported the collaborative approach outlined but spoke of scrutinising decisions and mitigating risks and asked when issues such as workforce pressures were identified whether testing the market would be the right approach. MP stated that if, through the collaboration approach, gaps in services were identified that could not be addressed by the collaborative the only recourse would be to test the market.

PW asked what degree of confidence there was that the review work would be completed within the timescales highlighted and the current capacity available. It was recognised that all parties would need to be engaged to reach a sustainable end point. MP reported that his level of confidence in reaching a workable solution was high; the programme was progressing and there was an understanding of the work required and the engagement needed. MP suggested taking stock in January to ensure that sufficient progress had been made and outlined the complexities of a full procurement.

CMc outlined the unprecedented pressures facing the whole system and a competitive procurement could detract time and energy into an already pressured system.

12.25 RA, MD, NG, KN and GP left the meeting at this point

HT thanked MP for the comprehensive paper and recognised the difficulties and challenges ahead.

The Committee:

- **NOTED** the various options available to the CCG in respect of re-commissions Kirklees Community Services in the context of current and anticipated changed ‘rules’ and risks therein and the identification of a preferred option
- **NOTED** the progress made in respect of the programme to date
- **NOTED** and **SUPPORTED** the requirement for dedicated resource as indicated

- **NOTED** and **SUPPORTED**, by way of recommendation to the Governing Body the recommissioning of Kirklees Community Services though a collaborative rather than a competitive procurement route.

12.28 RA, MD, NG, KN and GP returned to the meeting at this point

26 Letter of Support for CHFT Reconfiguration

AN presented a number of slides that had been circulated in advance of the meeting. The issue had also been the focus of a Governing Body Development Session.

AN outlined the requirement for the CCG to provide a letter of support for the HRI Final Business Case and the CRH Outline Business Case and shared a timeline of progress. It was noted that in 2019 GH CCG provided a letter of support due to the size of the scheme in line with NHSE guidance and measured the business case against 3 tests; 'does it improve the system financial position'; 'did the CCG agree with the financial assumptions' and 'was the plan affordable'.

AN stated that it was not the CCG's role to provide the financial due diligence but the CCG was being asked to comment on whether the proposal was affordable to the CCG.

AN provided an update on the original financial position – the original business case had a capital requirement of £197m and the savings for the system were estimated to be £10m p.a. and at the time it was acknowledged there would be increased YAS costs (to be determined). The SOC was presented on that basis and was not reliant on any out of hospital investment in the system and there would be no additional funding requests for the CCG (with a breakeven target of 2026/27).

The current position recognised that the landscape had changed due to Covid 19 and Brexit; the assumptions in the business case assumed that normal processes would resume in 2022/2023; the CCG continued to invest in community services to support out of hospital care and due diligence on the YAS costs had been undertaken.

The CCG was now required to provide 2 letters of support for both HRI and CRH business cases outlining the CCG's commitment to the schemes and that they aligned to the aims of the CCG; support of the activity and income assumptions and an overview of the position of consultation.

AN clarified that a draft letter was required by NHSE prior to Governing Body but the final letter would be sent following Governing Body on 13 October 2021.

AN provided an update on the original and current update against the three tests and the social and economic benefits of the build. An update of the YAS additional costs was provided (estimated costs had risen to £0.715m in year one from £0.5m due to initial set up costs). Work was taking place to look at other potential savings from the PTS contract.

In conclusion AN had no concerns that the financial business case would change and was in regular contact with the Trust but further due diligence would take

place; the project delivered on a year on year basis and had significant social and economic benefits in Kirklees. All three key tests had been met.

The Committee:
SUPPORTED the provision of the letter of support for both the HRI and CRH business cases in line with NHSE/I requirements.

27 Items for the attention of the Governing Body

The following items would be brought to the attention of the Governing Body:

- Risk Register
- Current Budget Requirements – Kirklees Urgent Community Response Service
- Kirklees Community Service – Collaborative Approach
- Letter of Support for CHFT Reconfiguration.

28 Minutes for information

The Committee **RECEIVED** and **NOTED** the minutes/notes of the following meetings:

- Primary Care Operational Group, 14 July 2021 and 11 August 2021
- Kirklees Integrated Health and Care Leadership Board, 1 July 2021 and 5 August 2021
- Joint Strategic Oversight Board, 5 August 2021

The meeting concluded at 12:40 pm

Minutes of Finance, Performance and Contracting Committee
Meeting held at 12.50 pm on 29 September 2021
Held as a VIRTUAL meeting

Members		
Hilary Thompson	(HT)	Lay Member: Finance and Remuneration (Chair)
Alison Needham	(AN)	Interim Chief Finance Officer
Dr Nadeem Ghafoor	(NG)	GP Member
Dr Khalid Naeem	(KN)	Clinical Chair
Carol McKenna	(CM)	Chief Officer
Dr Gareth Price	(GP)	GP Member
Dr Deven Vani	(DV)	Secondary Care Adviser
Martin Wright	(MW)	Lay Member: Audit and Governance
In Attendance		
Amodu Moyosore	(AM)	NHS North of England CSU (observer)
Natalie Ackroyd	(NA)	Senior Strategic Planning, Performance and Service Transformation Manager
Laura Ellis	(LE)	Head of Corporate Governance
Juline Brodie	(JB)	Governance Manager
Rob Willis	(RW)	Head of Finance
Martin Pursey	(MP)	Head of Contracting and Procurement
Catherine Wormstone	(CW)	Head of Primary Care Strategy and Commissioning
Apologies		
Dr Omar Akhtar	(OA)	GP Member
Vicky Dutchburn	(VD)	Head of Strategic Planning, Performance and Delivery

26 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.

27 Accuracy of Previous Minutes, Matters Arising and Action Log

Minutes of NHS Kirklees CCG Finance, Performance and Contracting Committee Meeting

Minutes

The minutes of the meeting held on 28 July 2021 were **APPROVED** as a correct record.

Matters Arising

There were no matters arising.

Action Log

2021/22 Investment Process – VD to include a section to the business case template on how reduction of inequalities would be evidenced. NA confirmed this had been actioned - **CLOSED**

Finance Report – Month 3 – AN to clarify how the concerns, as part of the financial risk sharing agreement, relating to funding for Trusts for the Pay Award may be resolved at the next meeting. AN confirmed planning guidance was awaited and the pay award was included within the Trust's block payment - **CLOSED**

28 Performance Report against Key Performance Indicators for July 2021

NA reported that the Performance Report related to July data and highlighted Section 3, performance indicators that had failed to meet national standards and whilst the standards had not been relaxed the process and assurance meetings had been relaxed as a result of the pandemic and the focus was now on elective recovery.

NA reported that the situation was similar to previous months but specifically highlighted the 18 week performance standard and it was noted that Kirklees had a waiting list of 35,870 with the most pressured services being trauma and orthopaedics, ENT and general surgery. There had been a continued increase in the overall number of patients on the waiting list and it would be some time before the benefits of the in-sourcing / out-sourcing work at both Trusts were realised. It was hoped that September data would begin to show a decrease in numbers. There had been a significant reduction in the number of patients waiting the longest (>52 weeks).

NA outlined progress at MYHT to reduce the paediatric waiting list with a number of theatre and day case sessions having taken place.

A&E continued to see unprecedented attendance which had impacted on the 4 hour wait. CHFT continued to benchmark well in terms of performance. High numbers of children were attending along with patients with primary care issues unable to secure an appointment and some acute patients who had not accessed any other service. NA described ongoing work with the A&E Delivery Boards and a deep dive for A&E continued at MYHT with every point of entry being mapped to understand patient journeys. Learning would be rolled out to CHFT and a further report would be brought to the Committee.

NA highlighted pressures in Cancer services (31 days and screening), overall cancer remained a priority and was performing well. A piece of workwas taking place looking at demand and in particular, 2 week waits.

The H2 planning guidance was awaited and given the expectation for the CCG to submit recovery and H2 plans on 5 November a number of assurance meetings had been diarised. On receipt of the guidance a number of meetings would be enacted.

The Finance, Performance and Contracting Committee
NOTED the NHS Kirklees CCG, Calderdale and Huddersfield Foundation Trust and Mid Yorkshire Hospitals Trust performance against key outcomes and measures for 2021/22.

AGREED additional actions required to address areas of over/under performance, and
HIGHLIGHTED areas of concern that the FPC Committee would like to escalate to Governing Body.

29 Finance Report Month 5, 2021/22

RW presented the Finance Report for Month 5 2021/22 and highlighted key messages in H1 of a forecast breakeven position in anticipation of allocations for hospital discharge programme and elective recovery fund.

The CCG was expected to receive its allocation for H2 and it had recently been confirmed that the CCG would be required to achieve its financial target for the full financial year. The Committee were informed that from October forecasts would be for the full financial year.

RW confirmed that following discussion at the Primary Care Commissioning Committee the CCG had corrected an overstatement of the co-commissioning budget of £0.538m and this, together with other financial improvements including the release of unutilised contingencies of £1.695m, had enabled the CCG to close the previously reported financial gap of £3.210m and report a breakeven position.

As part of the H2 planning guidance the CCG was expecting an efficiency target of approximately 2% which would create some pressures. The paper also set out risks and mitigations.

In terms of investments, there had been an increase of £4.4m and RW highlighted table 4 showing new monies and new investment commitments. The table also identified potential slippage.

The report also detailed potential risks, actions and mitigations, particularly in Continuing Health Care costs (£1m-£1.5m); the use of non recurrent monies in H1; additional pipeline schemes and the anticipated efficiency target. RW emphasised the underlying recurrent position in 2022/23 which was estimated at approximately £3m - £4m based on current expenditure.

AN updated the Committee following a meeting of NHS Finance Leaders recently and the expectation on the QIPP target was lower than 2% and additional funding was expected for urgent pressures such as NHS 111. AN highlighted additional investment funding received and the need for the CCG to spend against allocations and work would take place with Heads of Service.

The Finance, Performance and Contracting Committee **NOTED** the contents of the report.

30 Contracting Report, Month 4, 2021/22

MP presented the Contracting Report for Month 4 2021/22 and highlighted key messages. Attention was drawn to:

- CHFT and MYHT elective recovery position;
- activity positions for NHS acute providers and the independent sector;

- YAS pressures (999 and 111 service). Kirklees CCG were lead commissioner for the 111 services and were offering supporting along with WY Urgent Care and PTS;
- the Kirklees hosted team also had responsibility for PTS and discussions were taking place with CHFT and the wider system on reconfiguration. MP announced the CCG had been awarded Path Finder status in relation to the PTS Review for West Yorkshire (additional £250k);
- the report also provided an update on contractual positions for Care Closer to Home, posture and mobility services and community phlebotomy;
- reference was also made to contracting issues with Affinity Trust for residents at Mayman Lane, including suspension of contract discussions but positively the CCG had concluded issues around quality and residents could start to be placed back into the facility;
- the update on Medescan AQP with the NHSE suspension extending until 25 November 2021;
- the update on the remedial notice to Curo on extended access and the subsequent action plan.

The report also provided the usual updates including contracts on the Contract Register which would become increasingly important as part of the ICS transition and would form part of the Property Transfer Scheme.

The Finance, Performance and Contracting Committee **NOTED** the Contracting Report.

31 Committee Workplan

LE presented the workplan.

The Finance, Performance and Contracting Committee **RECEIVED** and **NOTED** the work plan.

32 Items for the attention of the Governing Body

All items were highlighted for escalation to the Governing Body.

33 Minutes for information

The Committee **RECEIVED** and **NOTED** the minutes/notes of the following meetings:

Calderdale and Huddersfield Urgent and Emergency Care Board – 13.04.21, 13.07.21, 10.08.21.

34 Any Other Business

There were no items of Any Other Business.

35 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 24 November 2021, via Microsoft Teams.

The meeting concluded at 1.30 pm.