NHS
Kirklees
Clinical Commissioning Group

Governing Body
10.00 am – 12.45 pm, Wednesday 9 February 2022
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	-
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)	Director of Operational Performance and Delivery	-
Laura Ellis	(LE)	Head of Corporate Governance	-
Lindsay Greenhalgh	(LG)	Head of Medicines Optimisation	-
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)	Director of Partner Relationship Management	-
Rob Willis	(RW)	Acting Head of Finance	-
Catherine Wormstone	(CW)	Director of Primary Care	-

ITEM	Time	By	Page
1. Welcome and introductions - To open the meeting with introductions.	10.00	KN	-
2. Vision and Values - The Vision and Values are attached for reference.	-	KN	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 8 December 2021, Matters Arising, Action Log - To approve the minutes/review matters arising/outstanding actions.	10.05	KN	005
5. Patient Story - To share a patient's experience of healthcare. **Contact:** Penny Woodhead, Chief Quality and Nursing Officer	10.10	PW	-
6. Questions from Members of the Public - The relevant guidance is attached for reference.	10.25	KN	020

ITEMS FOR DECISION/ASSURANCE/STRATEGIC UPDATES

ITEM	Time	By	Page
7. Integrated Care System Update - To receive an update. **Contact:** Rachel Carter, Programme Manager – CCG Development	10.40	RC	021

ROUTINE REPORTS

ITEM	Time	By	Page
8. Chair's and Chief Officer's Report - To receive the report. **Contact:** Carol McKenna, Chief Officer	10.55	CM	030
9. Finance and Contracting Update - To consider the report. **Contact:** Alison Needham, Acting Chief Finance Officer	11.05	AN	033

BREAK: 11.20 – 11.30

10. Quality and Safety Report and Quality Dashboard - To receive the update and consider any issues raised. **Contact:** Penny Woodhead, Chief Quality and Nursing Officer	11.30	PW	044
11. 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	11.45	NA	054
12. High Level Risk Report: Cycle 5 2021/22 (December 2021 – February 2022) - To review and be given assurance regarding the risk register and log. **Contact:** Nick Lamper, Governance Manager (Corporate Governance and Risk)	11.55	NL	072

ITEMS FOR INFORMATION

ITEM	Time	By	Page
13. Receipt of Minutes - To receive copies of minutes for information purposes:- - Audit Committee – 20 October 2021 - Primary Care Commissioning Committee – 27 October 2021 - Quality Committee – 24 November 2021 - Quality Committee/Finance, Performance and Contracting Committee "sandwich" section – 24 November 2021 - Finance, Performance and Contracting Committee – 24 November 2021	12.05	KN	084
14. Any Other Business - To discuss any other business raised and not on the agenda.	-	KN	-
15. Date and Time of Next Meeting The next meeting of the Governing Body will be held on a date to be determined 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
16. Declarations of Interest (private session) - To declare any interests arising from matters under discussion.	12.10	KN	-
17. Accuracy of Minutes from 8 December 2021, Matters Arising, Action Logs (private session) - To approve the minutes/review matters arising/outstanding actions.	-	KN	124

ROUTINE REPORTS

ITEM	Time	By	Page
18. Private Quality and Safety Report - To receive the update and consider any issues raised. **Contact:** Penny Woodhead, Chief Quality and Nursing Officer	12.15	PW	128

ITEMS FOR INFORMATION

ITEM	Time	By	Page
19. Receipt of Minutes (private sessions) - To receive copies of minutes for information purposes:- - Remuneration Committee (decision notice) – 21 July 2021 - Audit Committee – 20 October 2021 - Remuneration Committee (decision notice) – 20 October 2021 - Primary Care Commissioning Committee – 27 October 2021	12.25	KN	Circulated separately
20. Any Other Business - To discuss any other business raised and not on the agenda.	-	KN	-
21. Very Senior Manager Remuneration - To consider the recommendations of the Remuneration Committee. **Contact:** Jenna McGuinness, HR Manager, NECS	12.30	JM	Circulated separately

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 10.30 am on Wednesday 8 December 2021
Held via video conferencing

Governing Body Members Present:

Dr Khalid Naeem	(KN)	GP Member for Batley and Birstall and Clinical Chair
Dr Razwan Ali	(RA)	GP Member for Tolson and Vice-Clinical Chair
Dr Omar Akhtar	(OA)	GP Member for Viaduct
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
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:

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 (minute 107)
Rob Willis	(RW)	Head of Finance
Catherine Wormstone	(CW)	Head of Primary Care Strategic Commissioning

Apologies:

Dr Gareth Price	(GP)	GP Member for Valleys
Dr Deven Vani	(DV)	Secondary Care Specialist
Natalie Ackroyd	(NA)	Senior Strategic Planning, Performance and Service Transformation Manager
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

DRAFT

No members of the public, but some members of staff from the CCG and partner organisations joined the meeting.

92 Welcome and Introductions

KN welcomed everyone to the meeting.

93 Vision and Values

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

94 Apologies and Declarations of Interest

Apologies were received as detailed above.

In respect of the minutes of the previous meeting (minute 95 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 Finance and Contracting Update (minute 101), 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 102) 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.

95 Accuracy of Minutes from 13 October 2021, Matters Arising, Action Logs

Minutes

The minutes of the meeting held on 13 October 2021 were **APPROVED** as a correct record.

Matters Arising

There were no matters arising.

Action Log

There were no outstanding open actions.

96 Patient Story

PW introduced Kyomi Campbell from LCD Kirklees Urgent Community Response Service and Alex Jagger, the manager of Scissett Mount Care Home Manager, who would share their experiences of the Urgent Community Response Service. By way of introduction, PW undertook a brief presentation featuring feedback from a local authority colleague whose grandmother had been seen by the service, along with a case study involving the diagnosis of a wound infection via a video consultation followed by the prescription of antibiotics which had been available for collection within a matter of minutes.

Alex recounted how she had found the service keen to listen to care home staff and how it understood and appreciated that they knew their residents. She cited an example in which a resident with a chest infection had avoided hospital admission. She had found the staff caring, kind and considerate, and willing to work with the care home.

Kyomi spoke of the way the service worked closely with other referral sources and had GPs working in the hub to help develop pathways. It had been operating from 8.00 am to 8.00 pm seven days a week since October and this had been a big bonus for care homes at weekends.

KN described the integration with other community and Primary Care services as a successful model.

IK's experience of the service so far had been very good; extending the hours from 8.00 to 8.00 had been a big step as had integrating UCR with Primary Care. He believed it would be possible to improve the referral pathway.

RE thought it was a great service and he had undertaken a few sessions there. He asked whether staffing and capacity were sufficient and whether further progress had been made integrating with clinical systems such as Systm1, and he congratulated the whole team on doing a great job.

Kyomi remarked that, being a pilot, the service needed and appreciated all feedback. She added that GPs were "front end" and knew what information was required. The service was integrated with Systm1 but for EMIS it was necessary to refer via the Locala website.

RA commented that integration with the wider healthcare system was excellent, with the ability to refer into the service directly. He had been fascinated by the case study regarding the wound infection, which had highlighted the importance of digital technologies as enablers.

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

97 Questions from Members of the Public

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

Two questions had been submitted in advance. As the member of the public who had submitted these was not present at the meeting, LE read out the questions.

Question 1

If a patient insisted they did not want a telephone appointment, could they demand a face to face appointment? *The most important aspect of seeing a GP, a subject that has been aired at several GH/NKCCG events in the past, is continuity. As individuals, we all have people, not only GPs, who we have a good relationship with.*

Question 2

Can it become a patient's right to see the GP of their choice? *I can see the obvious difficulties, but if the patient has started treatment with a GP, then continuity is of great importance, and the patient's feelings should be taken into account.*

CW provided the following responses.

Question 1

Patients and clinicians have a choice of consultation mode. Patients' input into this choice should be sought and practices should respect preferences for face to face care unless there are good clinical reasons to the contrary, for example the presence of COVID symptoms. If proceeding remotely, the clinician should be confident that it will not have a negative impact on their ability to carry out the consultation effectively.

Patients should be treated consistently regardless of mode of access. Ideally, a patient attending the practice reception should be triaged on the same basis as they would be via phone or via an online consultation system.

Practices should continue to engage with their practice population regarding access models and should actively adapt their processes as appropriate in response to feedback.

In October, practices were asked to undertake a practice-level review of levels of face-to-face care as part of ongoing reflection on professional practice and surgery management arrangements. The levels of face to face care were:-

August to October 2020	*345,827*
August to October 2021	*461,345*
Change	*115,518 (33.4%)*

The CCG receives access and appointment data each month. A national scheme is being offered to support practices through the winter months to support access.

Question 2

The NHS Choice Framework (https://www.gov.uk/government/publications/the-nhs-choice-framework/the-nhs-choice-framework-what-choices-are-available-to-me-in-the-nhs) provides the following information on "Choosing your GP and GP practice":-

Your choices

You can:

- *choose which GP practice you register with*
- *ask to see a particular doctor or nurse at the GP practice.*

Your practice must make every effort to meet your preferences to see the doctor or nurse you have asked for, although there are some occasions when this might not be possible, as outlined below.

You may wish to register with a GP practice that is not close to home but is more convenient for you to access. However, you might not be able to access all out-of-hours services or be able to have a home visit if you live outside of the practice's boundaries. We recommend you discuss this with the GP practice before registering.

You may also wish to access primary care services digitally. Digital-first primary care is an exciting innovation in general practice delivery which will mean that all patients have the right to web and video consultations from April 2021.

Are these legal rights?

Yes, but there are some circumstances in which you may not be able to choose, which are set out below.

When you may not have a choice

A GP practice must accept you onto its patient register and provide you with a choice of nurse or doctor unless it has the following reasonable grounds for not doing so:

- *the practice might not be taking on new patients because it is at maximum capacity*
- *the practice might not be accepting patients who live outside its practice boundary*
- *because of your particular circumstance, due to an issue of safety, or clinical need, it might not be appropriate to register with a GP practice outside the area where you live*
- *a particular nurse or doctor may be on leave, or be at full capacity with no available appointments*
- *you may not be able to see your chosen doctor or nurse if you require an urgent appointment*

If a GP practice is not able to accept you onto its patient register it must inform you of the reasons for this.

SO commented that over the previous few weeks his experience had been that approximately 70% of patients had requested face to face appointments.

Noting the terminology used in the first question, BH added that in accessing services patients would not need to “demand” them.

IK had also experienced a recent high preference amongst patients for face to face appointments, but noted that if a patient with COVID symptoms walked into a practice, this would effectively prevent the practice from seeing the next 20 to 30 patients. He supported the continuation of face to face appointments but saw the above scenario as more of a communication issue.

98 West Yorkshire Integrated Care Board – Draft Constitution

LE presented a report setting out how the West Yorkshire CCGs had agreed that the West Yorkshire Health and Care Partnership should co-ordinate the development of the West Yorkshire Integrated Care Board constitution and involvement with stakeholders. It was important to note that feedback from stakeholders was sought on the content of the draft constitution, not about whether ICBs should be established, as the latter would be required by law.

Engagement had commenced, and the draft constitution and supporting information was presented for the Governing Body's information, together with details of the process being followed and the next steps.

KN acknowledged that this was an important framework and would present a big challenge for all.

The Governing Body **NOTED** the process being followed to engage on the draft constitution, and that comments on the draft constitution and supporting documents were required to be submitted by 5.00 pm on 14 January 2022.

99 Notification of Urgent Decision

LE presented notice of an urgent decision in respect of the Financial Plan and Activity Plan H2 2021/22.

The decision had been taken by the Lay Member: Finance and Remuneration (chairing), Clinical Chair, Vice Clinical Chair, Lay Member: Audit and Governance, Acting Chief Finance Officer, and Chief Quality and Nursing Officer, on behalf of the Governing Body (in consultation with Finance, Performance and Contracting Committee) on 10 November 2021.

The decision takers had:-

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

The Governing Body **NOTED** the decision made.

100 Chair's and Chief Officer's Report

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

- COVID-19 Update
- ICS Development – Due Diligence
- ICS of the Year
- Full Compliance with Emergency Preparedness, Resilience and Response (EPRR) Core Standards

CM provided a verbal update in respect of the vaccination programme, remarking that it was a year to the day since the first vaccination had been delivered nationally, with the first in Wakefield and Leeds having been given on 8 December 2020 and Kirklees on 15 December.

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

The meeting was adjourned for a break at 11.30 and reconvened at 11.35.

101 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:-

- 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, Performance and Contracting Committee;
- An update in respect of the financial plan for H2 which had been approved and submitted to NHS England in line with timescales;
- A detailed analysis and information in respect of financial investment plans, highlighting the potential risk of slippage;
- An update on risks and mitigations; and
- An update on the 2021/22 contract position as of September 2021 (month 6), highlighting issues where appropriate.

AN led the Governing Body through the key messages and the detail of the report, noting that the full year position was shown and money was still flowing through the system (for example, in the form of the elective recovery fund). A financial gap of £4.5m was still forecast but ways were being identified of how this would be managed (for example, through independent sector under-trading). She led members through the detail contained in Table 2 and Table 4 in the report.

HT acknowledged and recognised all the work the Finance Team were having to undertake at the moment in very difficult circumstances, and AN commented that the team could not achieve this without the help of everybody else.

The Governing Body **NOTED**:-

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

102 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 November 2021, providing quality and safety information on the CCG's 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

PW led the Governing Body through the key points of the report, noting that there was a huge amount of work going on to address the pressures in the system.

KN asked how the quality and safety system at place would feed into the West Yorkshire system and PW advised that the System Quality Group was effectively the precursor to the West Yorkshire Quality Committee. Bradford was due to host a quality governance scenario that afternoon, and the aim was to enhance arrangements which were already in place.

KN asked about safeguarding arrangements and PW explained that the terminology would change and the statutory duty would sit with the ICB but be delegated into place. There was a strong, dedicated nurses network across West Yorkshire. The statutory duty would sit with the Executive Nurse of the West Yorkshire ICB but the place-based nurse would be the SRO.

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

103 Performance Report against Key Performance Indicators for July 2021

VD presented a report detailing performance at Month 6 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.

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

VD led the Governing Body through the detail contained within the report, noting that the information related to the position at the end of September, so things had since moved on. The acute trusts had both submitted their H2 activity and demand plans and both were fully compliant against all the constitutional standards (ie indicating achievement of them by the end of March).

SO noted that there was a marked difference in performance in respect of 52-week waits between CHFT and MYHT and VD advised that they had started from very different positions, MYHT having opened up outsourcing and insourcing activity sooner, this learning having now been taken across West Yorkshire. RA added that the Elective Care Board had discussed this recently and CHFT had been doing better in respect of two-week cancer referrals.

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 2021/22, and **APPROVED** the actions being taken to address areas of over/under performance.

104 High Level Risk Report: Cycle 4 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 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 had been reviewed by SMT and then by the relevant committees of the CCG.

Referring to section 2.4.2 of the report, NL advised that, although Risk 1958 (the risk of system escalation to system level OPEL 4 rating) had not been included in the risk register at the time of the "sandwich" meeting of the committees on 24 November, it had been 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.

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).

105 Governing Body Work Plan

LE presented the Governing Body work plan for information, noting that there was only one Governing Body meeting 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 discussed the holding of the development session scheduled for 12 January 2022, given the current pressures, and the view prevailed that this should be cancelled.

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

106 Receipt of Minutes

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

- 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

JM joined the meeting.

107 Workforce Report

JM presented a report providing 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 provided the Governing Body with detailed information and assurance on matters pertaining to the CCG's workforce.

The report included the following workforce metrics:-

- Workforce composition
- Staff turnover
- Sickness absence
- Workforce headlines relating to the CCG's workforce

JM led the Governing Body through the detail of the report.

PW noted the availability of the Employee Assistance Programme and added that recruitment was taking place into the Mental Health First Aiders Programme.

It was noted that the apparent relatively low level of appraisal completion shown in the report resulted from incorrect recording rather than a low level of activity, and this was being rectified.

HT asked whether it was possible for sickness absence data to be analysed by, for example, departments and grades, and JM advised that this level of analysis did take place and the information was provided to managers in respect of their own teams.

KN asked whether there was anxiety in the workforce around the forthcoming transition, and JM confirmed that there was anxiety in general, but it varied in different parts of the organisation. Support was available from the Employee Assistance Programme, the Occupational Health Service, and other mechanisms.

CM added that Rob Webster, Chief Executive-designate of the ICB had led sessions within and across the West Yorkshire CCGs and there was commitment across the ICS to give assurance around continuity and value.

The Governing Body **RECEIVED and NOTED** the content of the CCG's workforce report update.

JM left the meeting.

108 Any Other Business

KN reminded Governing Body members of the importance of ensuring all their statutory/mandatory training was kept up-to-date.

109 Date and Time of Next Meeting

The next meeting of the Governing Body was scheduled for 10.30 am on Wednesday 9 February 2022, 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 12.30 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
		No current open actions.				
ACTIONS RECENTLY 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**	9th February 2022
Title of Report	Integrated Care System – update	**Agenda Item No.**	7
Report Author	Programme Manager – CCG Development	**Public / Private Item**	Public
Clinical Lead	Khalid Naeem	**Responsible Officer**	Chief Officer

Executive Summary

Subject to legislation, Integrated Care Systems (ICSs) will be placed on a statutory footing from 1 July 2022 (previous target date was 1 April 2022). Clinical Commissioning Groups (CCGs) will cease to exist and their duties (together with staff, property, etc.) will transfer to a new statutory body – the West Yorkshire (WY) Integrated Care Board (ICB).

This report seeks to update and assure Governing Body on the arrangements in place and provides an update on the progression of the transition work.

Current statutory duties of the CCG will continue until 30 June 2022.

Previous Considerations

Name of meeting	Governing Body	**Meeting Date**	13th October 2021
Name of meeting	Audit Committee	**Meeting Date**	20th October 2021
Name of meeting	Audit Committee	**Meeting Date**	26th January 2022

Recommendations

It is recommended that the Governing Body

1. Notes the continuing progress of the transition work being undertaken by the CCG and West Yorkshire system.
2. Considers whether it is assured on the progress to date and next steps to be undertaken.

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

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	A place-based approach to quality and safety is a critical success factor for the new arrangements. Work is ongoing to build on existing arrangements, ensuring alignment at ICS level.

Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	There is no direct impact on patient services & it is not proposed to complete an EIA. The Health and Care Bill requires CCGs formally to propose the ICB constitution and to carry out involvement on it; our WY process is being led by the designate ICB chair and CEO, with system partners engaged throughout development. Formal engagement closed on 13th January.
Resources / Financial Implications (including Staffing/Workforce considerations)	Significant resource is required to support the establishment of the statutory ICS, ensure safe transition of CCG functions and closedown and develop arrangements for the Kirklees Place-based Partnership, whilst continuing to deliver business as usual including the statutory functions of the CCG which will continue until June 2022.
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?)	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)**	Principal risk 3.1: Impact of transition on Business as usual Principal risk 3.2: Competing requirements from different regulators. Principal risk 3.3: Successful integration of primary care into the new ICS/ICP arrangements
Legal / CCG Constitutional Implications	The transition programme will consider (as the sender organisation) whether and/or when to seek legal advice in respect of the transfer of CCG functions, people, assets and/or liabilities.	**Conflicts of Interest (include detail of any identified / potential conflicts)**	None identified

1. Introduction

1.1 Subject to legislation, Integrated Care Systems (ICSs) will be placed on a statutory footing from 1 July 2022 (previous target date was 1 April 2022). Clinical Commissioning Groups (CCGs) will cease to exist and their duties (together with staff, property, etc.) will transfer to a new statutory body – the West Yorkshire (WY) Integrated Care Board (ICB).

1.2 The CCG has a 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 ICS and a Kirklees place-based partnership.

1.2.1 This report seeks to update and assure Governing Body on the arrangements and progress in support of this strategic objective and provides an update on the progression of the transition work.

1.3 Current statutory duties of the CCG will continue until 30 June 2022.

2. Detail

Previous discussions

2.1 This section covers the following areas:

2.1.1 Summary of previous reporting to Governing Body;

2.1.2 Legislation delay;

2.1.3 Work within Kirklees;

2.1.4 CCG Staff

Previous discussions

2.2 At its meeting on 13th October 2021, Governing Body received an update describing the background to ICSs and summarising work within Kirklees to support:

2.2.1 Establishment of West Yorkshire ICS;

2.2.2 Safe transfer of CCG functions and closedown;

2.2.3 Development of Kirklees place-based partnership.

2.3 Audit Committee met on 20th October 2021 and agreed:

2.3.1 An approach to due diligence, and

2.3.2 Programme management arrangements to oversee the transition.

2.4 On 8th December 2021, Governing Body considered the draft constitution for the West Yorkshire ICB and received an update (within the Chair's and Chief Officer's report) on the approach to due diligence.

2.5 At its meeting on 26th January 2022, Audit Committee received a progress report and was assured that (from a Kirklees perspective) the transition from CCG to ICS is being managed appropriately.

Legislation delay

2.6 It had been expected that statutory ICBs would be established from 1 April 2022.

2.7 In the NHS Planning Guidance issued 24th December 2021, a delay was announced. The target date for implementation is now 1 July 2022.

2.7.1 Within West Yorkshire the legislative delay does not affect the direction of travel or our determination to realise the benefits of strengthened integrated partnerships across our system. The delay will be used to create a longer period of shadow running which will enable both the ICB and places within it to strengthen operating models.

2.7.2 There are logistical implications arising from the delay. These have been considered within the West Yorkshire and Kirklees programme management arrangements and are not considered to be high risk. Further national guidance continues to emerge and is being informed, and considered, by the WY ICS.

2.8 The CCG will retain its statutory responsibilities until these are transferred, on establishment, to the WY ICB.

2.8.1 Appropriate and proportionate governance mechanisms will be maintained to enable the CCG to discharge its statutory responsibilities for as long as is required.

2.8.2 Our ambition in West Yorkshire is to progress the transition programme to ICB shadow form in April 2022. These shadow arrangements will run in parallel with the CCG's statutory governance mechanisms.

Work within Kirklees

2.9 As previously reported, work within Kirklees place to support and respond to the proposed legislative changes can be described within three broad categories:

2.9.1 ICS Establishment (Kirklees role is as a partner within the current and future ICS, leading and supporting the work through a distributed leadership model).

2.9.2 CCG safe transfer of functions to the ICS and close-down.

2.9.3 Development of Kirklees Place-based partnership.

ICS Establishment

2.10 Led by senior leaders across West Yorkshire, good progress is being made towards the formal establishment of the ICS. This includes:

2.10.1 ICB functions and structures have been agreed, with existing (CCG and WY ICS) staff mapped across and capacity assessed. All employed staff working at place and West Yorkshire have been notified of their role within future structures.

2.10.2 The Chair Designate, and Chief Executive Designate roles have been appointed to (Cathy Elliott and Rob Webster, respectively).

2.10.3 Accountable Officers within each place-based partnership have been confirmed.

- Kirklees: Carol McKenna
- Calderdale: Robin Tuddenham
- Bradford District and Craven: Mel Pickup, supported by Helen Hirst until 30 June
- Leeds Tim Ryley
- Wakefield: Jo Webster

2.10.4 WY Director for Strategy and Partnerships has been confirmed (Ian Holmes). Recruitment is underway (or expected to start shortly) for five other WY director roles (Corporate Director, Medical Director, Director of Nursing, People Director and Director of Finance).

2.10.5 Recruitment is underway for three Independent non-executive members of the ICB.

2.10.6 The WY ICB constitution has been drafted (based on a national model) and engaged upon.

CCG Transfer of functions

2.11 The five WY CCGs and the current ICS are working together to ensure robust implementation and due diligence related to the closedown and transfer of statutory functions from CCGs to the new statutory West Yorkshire ICB.

2.11.1 The approach was agreed by Kirklees CCG Audit Committee on 20th October 2021.

2.12 A due diligence baseline assessment was carried out in December 2021 and is currently being refreshed. This has not identified any areas of significant concern.

2.13 A final due diligence assessment is planned for April. This will be reported to the CCG Audit Committees, meeting in common, in May 2022.

Kirklees Place-based Partnership

2.14 Following engagement across partners, the name of the Kirklees place-based partnership has been agreed as Kirklees Health and Care Partnership.

2.15 Membership of the Kirklees Committee of the West Yorkshire ICB (to which ICB functions will be delegated) has been agreed as:

2.15.1 Three independent members (Chair and two others)

2.15.2 Four executive members (Accountable Officer; Finance lead; Quality lead; Clinical lead)

2.15.3 Eight partner members (Kirklees Council; General Practice; NHS acute and mental health providers; community services provider; voluntary, community and social enterprise sector; Healthwatch).

2.15.4 The Kirklees Committee will meet in public.

2.16 A transition plan has been established to move from the current CCG oversight structure, to that for Kirklees Health and Care Partnership. This is set out in Appendix A.

2.17 Recruitment is underway for the three independent members of the Kirklees Committee.

2.18 Each of the five places in WY will have in place a collaboration agreement across partners.

2.18.1 Each signatory will agree to collaborate to deliver agreed vision, objectives and priorities and to act in accordance with agreed collaborative principles.

2.18.2 The collaboration agreement will respect the individual sovereignty of partner organisations and will not conflict with, or take precedence over, their respective governance arrangements.

2.18.3 The Kirklees Health and Care Partnership Collaboration Agreement is being developed, on behalf of the Partnership, with legal support and will be informed by the outcome of engagement on the WY ICB Constitution.

2.18.4 It is anticipated that most partner organisations/sectors will take the collaboration agreement through their respective governance arrangements in the April – June period, and that it will be effective from 1 July 2022.

2.19 An approach to assessing the readiness of each place has been developed and is being supported by Audit Yorkshire.

2.19.1 This will provide assurance to the ICB Chief Executive and NHSE&I Regional Director in support of their completion of a “readiness to operate statement” for the WY ICB.

2.19.2 The place-based readiness review is in two parts:

- Advisory Review

- Assurance Review

2.19.3 The Advisory Review took place in November and December 2021. No issues of concern were identified for Kirklees.

2.19.4 Timescale for the Assurance Review are being considered in the context of the legislation delay.

CCG staff

2.20 In addition to the regular updates through Kirklees team briefing sessions, a series of WY all-staff briefings has been established, led by the Chair and Chief-Executive Designates.

2.21 All substantive staff members received a letter before Christmas confirming their role in the West Yorkshire ICB structure.

2.22 The formal consultation process in support of staff transfer had been planned to start in January; in light of the revised implementation date, the consultation will now be delayed.

2.23 The implications of legislation delay include:

2.23.1 creating an extended organisational change period, with potential negative impact on staff wellbeing;

2.23.2 capacity challenges (in particularly for finance and governance colleagues) linked to dual running and mid-year organisational change.

Mitigating potential negative consequences is a priority at both WY and Kirklees level.

3. Next Steps

3.1 The transition programme will continue as planned at both West Yorkshire and Kirklees level.

3.1.1 Project plans will continue to be reviewed and appropriate opportunities taken to redirect resource to manage capacity and demand (all areas) across West Yorkshire.

3.1.2 Wherever practicable the pace of transition will not be slowed, but additional time will be used to further embedding new ways of working.

3.2 CCG staff will continue to work with, and as part of, West Yorkshire ICS to understand and respond to the implications of legislative delay.

4. Implications

4.1 Quality and Safety Implications

4.1.1 A place-based approach to quality and safety is a critical success factor for the new arrangements. Work is ongoing to build on existing arrangements, ensuring alignment at ICS level.

4.2 Engagement and Equality Implications

4.2.1 The WY partnership is passionate about equality, diversity and inclusion and is committed to being intentional in its thinking, ensuring equality, diversity and inclusion is considered throughout all workstreams.

4.3 Resources / Finance Implications

4.3.1 Significant resource is required to support the establishment of the statutory ICS, ensure safe transition of CCG functions and closedown and develop arrangements for the Kirklees Place-based Partnership, whilst continuing to deliver business as usual including the statutory functions of the CCG which will continue until June 2022.

4.4 Legal / CCG Constitutional Implications

4.4.1 The transition programme will consider (as the sender organisation) whether and/or when to seek legal advice in respect of the transfer of CCG functions, people, assets and/or liabilities.

5. Recommendations

It is recommended that the Governing Body

1. Notes the continuing progress of the transition work being undertaken by the CCG.

2. Considers whether it is assured on the progress to date and next steps to be undertaken.

6. Appendices

Appendix A: Transitions stages from current to future high-level partnership arrangements

Appendix A: Transitions stages from current to future high-level partnership arrangements

	Jan - Mar	Apr - Jun	July Go Live
ICB Committee	Development	Shadow form	Fully operational & accountable
Health & Wellbeing Board	Continue current approach	Continue current approach	Continue current approach
Assurance Sub-Committees	Shadow/development	Shadow/operational	Fully operational
Clinical and Professional Forum	Shadow/development	Shadow/operational	Fully operational
Integrated Delivery Collaborative	Development	Shadow form	Fully operational (ongoing evolution)
Partnership Forum	Evolve from existing Leadership Board	Continue	Continue
CCG existing governance	Continue: • Governing Body • Audit Committee • Remuneration Committee • Primary Care Committee Evolve/Stop: • Clinical Strategy Group- stop; move to CPF • Quality, Performance, finance & Contracting committees evolve to new form	Continue: • Governing Body • Audit Committee • Primary Care Committee Evolve/Stop: • CSG stopped • Remuneration Committee not required • Quality, Performance, finance & Contracting committees - shadow	N/A

NHS
Kirklees
Clinical Commissioning Group

Name of Meeting	Governing Body	**Meeting Date**	9 February 2022
Title of Report	Chair's and Chief Officer's Report	**Agenda Item No.**	8
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
- Equality, Diversity and Inclusion Strategy and Public Sector Equality Duty Report
- Governing Body Membership

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; and
- **DELEGATE** the sign-off of the Public Sector Equality Duty (PSED) Report 2021-22 to the Quality Committee at its meeting on 30 March 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	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 will be provided at the meeting.

2.2 Equality, Diversity and Inclusion Strategy and Public Sector Equality Duty Report

2.2.1 The Equality, Diversity and Inclusion (EDI) Strategy has been refreshed in light of learning from the pandemic. At a time of rapid change in the health care system, the strategy places health inequalities at the centre of commissioning decisions and lays the foundation for the transition of EDI into the new Integrated Care System. It has been published on the CCG's website.

2.2.2 In order to meet the CCG's annual reporting duties, the Governing Body is asked to delegate the sign-off of the Public Sector Equality Duty (PSED) Report 2021-22 to the Quality Committee at its meeting on 30 March 2022 to meet the publication deadline of 31 March 2022. The Governing Body will receive the report at its next meeting.

2.3 Governing Body Membership

2.3.1 Dr Gareth Price, GP Member for the Valleys locality, stepped down from the Governing Body on 31 December 2021. The CCG is currently liaising with the Valleys Primary Care Network to discuss interim arrangements until June 2022. The Governing Body will be updated when these arrangements are confirmed.

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; and
- **DELEGATE** the sign-off of the Public Sector Equality Duty (PSED) Report 2021-22 to the Quality Committee at its meeting on 30 March 2022.

Name of Meeting	Kirklees CCG Governing Body	**Meeting Date**	9th February 2022
Title of Report	Finance and Contracting Update	**Agenda Item No.**	9
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 December 2021 (month 9).
- The paper provides an update on 2022/23 planning to the Governing Body.
- The contract update includes several key service updates, associated contractual implications and decisions required.

Previous Considerations

Name of meeting	Finance Performance and Contracting Committee	**Meeting Date**	26th January 2022
Name of meeting		**Meeting Date**	

Recommendations

The Governing Body are asked to –

- Note the content of this report for annual budget and forecast out-turn in December 2021 (month 9).
- Approve the 6-month service extension of the Extended Access service delivered by Curo to the population of the North Kirklees PCN footprint via a direct award of a contract via tender waiver
- Approve the 6-month service extension of the Extended Access service delivered by LCD in partnership with MHH to the population of the Greater Huddersfield PCN footprint via a direct award of a contract via tender waiver
- Approve the 9-month COVID Medicines Delivery Unit (CMDU) contract variation to the West Yorkshire Urgent Care (WYUC) contract with LCD

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 • Commission services that will deliver high quality, personalised and equitable care for all and reduce health inequalities for the Kirklees population now and into the future. • Ensure best value from all available resources, including by supporting colleagues to fulfil their potential.	**Risk (include risk number and a brief description of the risk)**	1,919 CQC Inadequate Curo (score reduced from 15 to 8)

	• 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.		
Legal / CCG Constitutional Implications	The CCG will apply appropriate governance, follow procurement policy, and ensure sound financial management in doing so.	**Conflicts of Interest (include detail of any identified / potential conflicts)**	GP representatives as members of Curo GP Federation will have a significant direct financial and professional interest.

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 December 2021 (month 9). The previous report to the Governing Body was in respect of month 7 (October 2021).

1.2 The contracting report included in section 10 of this report provides the Governing Body with a summary of several key service updates, associated contractual implications and decisions required in relation to these services. This report does not include an update on the routinely reported monthly contract position this month.

2. Key messages – December 2021 (month 9)

2.1 The key financial headlines for the CCGs report at month nine are as follows: -

- The CCG is reporting a full year position for the financial year and is anticipating delivering its target breakeven position.
- The CCG has fully mitigated its H2 financial gap of £4.5m by a combination of release of contingency, delivery of QIPP, release of investment slippage and release of flexibilities.
- The CCG has received several additional allocations in months 8 and 9 which are explained in section 5 of this report.
- At month 9, the CCG is anticipating an additional top-up of £2.192m for the Hospital Discharge Programme (HDP) and £1.679m for the Additional Roles Reimbursement Scheme (ARRS).
- The CCG is working through recently published draft planning guidance with the view to 2022/23 plan.

3. Financial Position (month 9)

3.1 At month 9, 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 9

Allocations at Month 9	**£m**
Allocations received in months 1 to 12	713.388
Allocations and Top-ups anticipated	
Hospital Discharge Programme top-up anticipated	2.192
Additional Roles reimbursement top-up anticipated	1.679
Total allocations and top-ups anticipated	**3.871**
Total forecast annual allocations received and anticipated at month 9	**717.260**
Total annual forecast expenditure at month 9	**717.260**
Forecast annual break-even position at month 9	**0.000**

3.2 The CCG is forecasting to receive total allocations of £717.260m of which £3.871m is still anticipated at month 9. Total forecast annual expenditure is £717.260m resulting in an expected break-even position at the yearend in line with the target agreed between the CCG and the ICS.

4. Financial Allocations

4.1 At month 9, the CCG has received total allocations for the year of £713.388m which is an increase of £5.410m on the previously reported allocations received in months 1 to 7 of £707.978m. These additions are summarised in table 2 below. It should be noted due to the management of the ICS, that further adjustments to the allocations are expected.

Table 2: Allocations at month 9

Allocations Received at month 9	**£m**
Allocations received for months 1 to 12	713.388
Allocations received for months 1 to 7 (previously reported)	(707.978)
New allocations received	**5.410**

Allocations Received in months 8 and 9	**£m**
Transfer of Q3 vaccination programme funding received by WCCG as ICS host.	0.001
Distribute long COVID treatment funding	0.735
CMH Transformation	0.289
Crisis Alternatives funding	0.145
Covid Exemption Assessments performed in October 21	2.642
ECDS Improvement Fund - Calderdale & Huddersfield	0.145
Ageing Well SDF - Q3	0.494
Primary Care Networks SDF	0.218
Personalised Care Options MOU Place Based Allocation	0.036
LD TCP H1 & H2 Community Respite Care (CYP)	0.148
LD TCP H2 Community & CTR	0.175
Removal of duplication - Winter pressures	(0.145)
Top Funding Transfer from 18NOV21 plans - corrected direction	(0.845)
ERF Transfer From Lead - Non-NHS Related ERF - November ERF	0.210
Transfer of Q3 vaccination programme funding received by WCCG as ICS host.	0.077
Distribute long COVID treatment funding	0.570
CMH Transformation	0.349
Crisis Alternatives funding	0.116
Covid Exemption Assessments performed in October 21	0.001
ECDS Improvement Fund - Calderdale & Huddersfield	0.050
Total new allocations received in months 8 and 9	**5.410**

5. Financial Expenditure

5.1 The CCG is reporting full year forecast expenditure of £717.260m at month 9 with expenditure set out by health expenditure areas below in table 3.

Table 3: Expenditure at month 9

Expenditure at Month 9	Annual Plan £m	Forecast Out-turn £m	Forecast Variance £m	M7 Variance £m	Variance Movement £m
Mental Health	83.158	82.141	(1.017)	(0.214)	(0.803)
Acute	355.084	355.424	0.340	0.343	(0.003)
Prescribing	73.753	74.285	0.533	0.406	0.126
Primary Care - Co-Commissioning	69.073	69.073	0.000	0.000	0.000
Primary Care - Other	14.337	13.943	(0.395)	(0.012)	(0.382)
Continuing Healthcare	36.865	38.365	1.500	0.223	1.278
Community	57.465	56.875	(0.590)	(0.238)	(0.352)
Other Programme Services	19.210	19.373	0.163	(0.507)	0.670
Running Costs	8.314	7.780	(0.534)	0.000	(0.534)
Total Expenditure	**717.260**	**717.260**	**0.000**	**0.000**	**0.000**

5.2 The total expenditure includes £3.871m of costs for which a top-up is anticipated. These are outlined in detail in table 1 and explained in section 4.2 of this report.

5.3 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 ICS.

5.4 The CCG as part of collaborative working within the WYICS has contributed £1m towards a £12m fund to support the early implementation of the living wage for the care sector. The Kirklees place, via the Local Authority (LA) will receive £2m from this overall fund back into its system. The funding of this scheme was achieved through lower than anticipated expenditure in a number of areas (as outlined in the original paper). This £1m value is now recognised in the position. However, additional £1m will be received via an allocation adjustment and passed to LA when received.

5.5 The most significant forecast variance movements are explained for each expenditure area below: -

- **Mental Health** – the favourable variance movement of (£0.803m) is due to the release of unutilised prior year accruals of (£0.216m), release of H1 costs for Mental Health Rehabilitation Services of (£0.432m) as a result in delays of service commencement, and the release of unused unutilised Serious Mental Illness costs of (£0.151m) for health checks which could not take place during the pandemic.

- **Prescribing** – the adverse variance movement of £0.126m is predominantly because of lower than anticipated recharge income from the Local Authority in respect of Smoking Cessation costs.
- **Primary Care Other** – the favourable variance movement (£0.382m) is due to the release of unutilised prior year accruals which have been used to fund qtrs. 2 & 4 of the shared care protocol pathway.
- **Continuing Healthcare** – the adverse variance movement of £1.278m is due to the increased costs seen from the QA database, which has impacted the forecast position.
- **Community** – the favourable variance movement of (£0.352m) is predominantly because of the release of unutilised prior year accruals of (£0.295m).
- **Other Programme Services** – due to the original H2 financial gap of £4.5m now having been managed within the financial position this has resulted in an adverse variance in this area. However, this is offset in favourable variances in other service areas.
- **Running Costs** – the (£0.534m) favourable variance movement reflects the impact of reduce costs as because of vacancies and lower than anticipated non pay costs experienced this year.

6. Financial Plan and management of financial position

6.1 The national planning guidance for 2022/23 was issued on 24 December 2021. The ICS has received indication of indicative allocations which are being reviewed and finalised so that the funding can be allocated to places where appropriate in 2022/23. It is expected that the allocation will be on a place level.

6.2 In the weeks following the issuing of the draft guidance, the timetable for the planned closure of the CCGs and the start of the West Yorkshire ICB as a statutory body has slipped to the 1 July 2022. This will result in the CCG having to undertake two-year end accounts for financial year 22/23. In respect to planning it expected that the plans will be for a full year. However, will be split 3:9. Work continues to understand the impact of this.

6.3 It is important to highlight the CCG is part of a wider of risk share agreement with place and wider with the ICS and has been asked to support our place partner as part of the risk share. The ask is £0.450m and will be covered as part of the expected savings seen due to reduces against the independent sector that had been expected.

7. Additional Financial Updates

The following information below provides an additional update in relation to funds that support the CCG system and joint working with our partners in the system.

8. Elective Recovery Fund (ERF)

8.1 The government has made additional funding available to allow systems to step activity back up through the £1bn Elective Recovery Fund (ERF) in H1 2021/22.

8.2 Systems were required to rapidly draw up delivery plans across elective inpatient, outpatient and diagnostic services for adults and children for April 2021 to September 2021 (H1). Systems were asked to plan for the highest possible level of activity, taking full advantage of the opportunities to transform the delivery of services.

8.3 In 2021/22, ERF is measured against a 2019/20 baseline and elective recovery funding is reclaimed by the CCG where ERF threshold requirements are met - threshold levels increased throughout H1, from 70% in April to 95% in September, and achievement became harder.

8.4 The Kirklees CCG Elective Recovery Fund has been monitored by Finance, Contracting and the BI team. For the period April to July 2021, the ERF total received in H1 was £1.225m. This forms part of the reported acute position where expenditure is offset by the additional ERF allocation.

8.5 In H2, two funds were made available to support elective recovery:

- Targeted Investment Fund (TIF) - worth up to £700m to enable regional teams to target investment at systems, or individual providers in return for specific delivery commitments.
- an ERF worth up to £1bn to support recovery. Systems that achieve completed referral to treatment pathway activity (above a 2019/20 threshold of 89%) will be able to draw down from the ERF. Part of the ERF is available to fund systems for independent sector activity above 2019/20 levels.

9.7 In H2 of 2021/22, Kirklees CCG have not planned to claim any additional Elective Recovery Funding based on H2 independent sector contracts, and contract monitoring information that informed the H2 plan.

9. Better Care Fund

9.1 In 2020/21, BCF plans were not required to be submitted due to exceptional Covid-19 pressures.

9.2 In 2021/22, Kirklees' BCF has been reviewed jointly between the Local Authority and the CCG, and the strategic focus of the BCF has been aligned to Ageing Well. Collection of BCF plans recommenced in 2021/22 and the Kirklees BCF was submitted on 16th November 2021. This was signed off by the Health and Wellbeing Board. The BCF forms part of the overall 2020/21 financial plan and is within the reported financial position. The breakdown of Kirklees CCG Better Care Fund is:

Table 4: Kirklees CCG Better Care Fund

KCCG Health £m	KCCG LA £m	KMC £m	Total £m
12	20	27	59

9.3 Kirklees CCG health expenditure of £12m is mainly reablement and intermediate care including community nursing, and carers support.

9.4 Kirklees CCG Local Authority expenditure is £20m - this is paid by the CCG to the Local Authority for reablement support.

9.5 The KMC direct expenditure of £27m is for aids to daily living, intermediate care and reablement, carers support, supporting social care and the voluntary sector.

10. Contracting Detail

10.1 The detail below provides an overview of service updates, associated contractual implications and decisions required in relation to these services.

10.2 Extended Access – Curo

The Extended Access Service has an open Remedial Notice which was served by the CCG for contractual breaches identified following the CQC regulatory warning notice issued in June 2021 and the subsequent CQC report in July 2021 that rated the overall service as inadequate, and it was placed in special measures. This Notice will remain in place pending the outcome of the follow-up CQC rated inspection. The follow up visit was originally scheduled to take place in January 2022. However, given the national CQC decision in December 2021 to postpone on-site regulatory activity in general practice due to the Omicron variant, this is now unlikely to take place until the current wave of the pandemic subsides.

The CQC completed an announced focussed and unrated inspection on 14 September 2021 to check that requirements of the regulatory notice had been met. 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.

The CCG quality team continues to meet regularly with Curo to review progress against the CQC action plan, to provide support, assurance and early identification if not meeting key milestones and for Curo to provide mitigation where needed. The meetings have been open and constructive.

Another Remedial Notice was issued by the CCG, specifically in relation to a failure to report an accurate position of the actual hours delivered by the satellite element of the Extended Access service. This Notice was subsequently closed as actual hours of delivery are now reported more robustly.

Assurance has been provided at contract meetings that there is a process in place by which practices are required to provide evidence that there is no double counting of Extended Access (provided under a sub-contract arrangement from Curo in several practice spokes)

and Extended Hours (provided under a national DES arrangement and in some cases sub-contracted by a practice to Curo).

Following a further delay in the expectation that Extended Access services will be commissioned from Primary Care Networks as part of the PCN DES from April 2022 to October 2022, a decision is required to commission a further 6 months of Extended Access provision from April 2022 to cover the delay in national arrangements.

It is not deemed feasible to procure a short-term service from an alternative provider and mobilise this new service within the available timeframe. Therefore, and based on the assurance provided through the contract meetings, continued enhanced quality surveillance and improvement noted in the areas of concern identified at the CQC unrated inspection on 14 September 2021, the Finance, Performance and Contracting Committee was supportive of the recommendation to extend the existing service by a period of 6 months via a direct award of contract via tender waiver.

The proposed contact value for the 6-month service extension is £580,500 (subject to potential 2022/23 uplift).

Recommendation 1:

The Governing Body is asked to approve a 6-month service extension of the Extended Access service delivered by Curo to the population of the North Kirklees PCN footprint via a direct award of a contract via tender waiver.

10.3 **Extended Access – Local Care Direct (LCD)**

Kirklees CCG commissioned LCD in partnership with My Health Huddersfield (MHH) to deliver an Extended Access service to the population of the Greater Huddersfield PCN footprint.

The service is provided through two central hubs and a number of satellites in GP practices. Provision includes appointments with GPs and Advanced Nurse Practitioners (ANPs)/Practice Nurses (PNs) and also services for physiotherapy and cervical cytology. There are no service, quality, or contractual concerns to report in relation to this service.

Following a further delay in the expectation that Extended Access services will be commissioned from Primary Care Networks as part of the PCN DES from April 2022 to October 2022, a decision is required to commission a further 6 months of Extended Access provision from April 2022 to cover the delay in national arrangements.

It is not deemed feasible to procure a short-term service from an alternative provider and mobilise this new service within the available timeframe. Therefore, it is proposed that a service extension for a period of 6 months is completed via a direct award of a 6-month contract via tender waiver. The Finance, Performance and Contracting Committee was supportive of the recommendation to extend the existing service by a period of 6 months via a direct award of contract via tender waiver.

The proposed contact value for the 6-month service extension is £751,050 (subject to potential 2022/23 uplift).

Recommendation 2:

The Governing Body is asked to approve a 6-month service extension of the Extended Access service delivered by LCD in partnership with MHH to the population of the Greater Huddersfield PCN footprint via a direct award of a contract via tender waiver

10.4 **COVID Medicines Delivery Unit (CMDU) – Local Care Direct**

As part of the development of CMDU capacity across West Yorkshire, Local Care Direct has been commissioned to provide the initial contact and clinical triage of potential recipients of the treatment offered by CMDUs. Agreed by the ICS, the 9-month contract with an estimated value of £660k will be let by Kirklees CCG through a contract variation to the West Yorkshire Urgent Care (WYUC) contract. Kirklees CCG as lead commissioner of WYUC requires that appropriate governance is applied and requires authority by the Governing Body to approve the contract variation. The Finance, Performance and Contracting Committee was supportive of the recommendation to approve this contract variation on behalf of the ICS.

Recommendation 3:

The Governing Body is asked to approve the 9-month COVID Medicines Delivery Unit (CMDU) contract variation to the West Yorkshire Urgent Care (WYUC) contract with LCD

11. Recommendations

11.1 The Governing Body are asked to:

- Note the content of this report for annual budget and forecast out-turn in December 2021 (month 9).
- Approve the 6-month service extension of the Extended Access service delivered by Curo to the population of the North Kirklees PCN footprint via a direct award of a contract via tender waiver
- Approve the 6-month service extension of the Extended Access service delivered by LCD in partnership with MHH to the population of the Greater Huddersfield PCN footprint via a direct award of a contract via tender waiver
- Approve the 9-month COVID Medicines Delivery Unit (CMDU) contract variation to the West Yorkshire Urgent Care (WYUC) contract with LCD

Name of Meeting	Governing Body	**Meeting Date**	9 February 2022
Title of Report	Quality and Safety Report and Quality Dashboard	**Agenda Item No.**	10
Report Author	Debbie Winder, Head of Quality Sam Parkinson, Project Support Officer, 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 January 2022, providing quality and safety information on our main providers, as well as updates on the following:

- The Priory Hospital Dewsbury – existing CCG quality concerns and oversight
- Care Quality Commission Inspection: The Priory Hospital Dewsbury October 2021
- Primary Care Quality Update
- Mediscan

Previous Considerations

Name of meeting	N/A	**Meeting Date**	
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:

- The Priory Hospital Dewsbury – existing CCG quality concerns and oversight
- Care Quality Commission Inspection: The Priory Hospital Dewsbury October 2021
- Primary Care Quality Update
- Mediscan

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	Commission services that will deliver high quality, personalised	**Risk (include risk number and a brief**	1846 – care provision in relation

objectives does this relate to?)	and equitable care for all and reduce health inequalities for the Kirklees population now and into the future.	**description of the risk)**	to the new TCP specialist service 1919 – Curo 1920 – Mediscan 1823 – reducing gram negative bloodstream infections 1813 – MYHT CQC rating
Legal / CCG Constitutional Implications	None identified	**Conflicts of Interest (include detail of any identified / potential conflicts)**	None identified

1. Purpose

1.1 This report provides the Quality Committee with an update on progress against recent quality and patient safety priorities.

2. Introduction

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

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

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

2.4 Key points highlighted at Quality Committee from the quality dashboard can be found in section 7 of the report.

3. The Priory Hospital Dewsbury – Existing CCG Quality Concerns and Oversight

3.1 The Priory Hospital Dewsbury has been under enhanced quality surveillance managed by the Quality Team for the past 9 months. Despite detailed support and close monitoring, there had been little evidence of adequate improvement. The CCG Quality team informed the CQC of this. The CCG quality oversight continues with the Chief Nurse writing formally to express concerns at slow progress. The concerns mapped the areas identified by the CQC detailed in section 4.

3.2 Using the principles of host commissioner, the Quality Team has written to all placing CCGs to ask if they have any concerns regarding safety and quality. Once we have triangulated the feedback from placing CCGs, we will update committee with the findings and planned next steps.

4. Care Quality Commission (CQC) Inspection: The Priory Hospital Dewsbury October 2021

4.1 The CQC undertook an unannounced inspection of The Priory Hospital Dewsbury on the 6 and 7 October 2021 and the findings were published 25th November 2021. The report can be accessed via the following link: The Priory CQC inspection

4.2 The previous CQC inspection was in 2020 and since then they have improved in the safety domain to Good from Requires Improvement; however the overall rating has remained Requires Improvement. The breakdown of ratings are as follows:

- Safe – Good
- Effective – Requires Improvement
- Caring – Good
- Responsive – Requires Improvement
- Well Led – Requires Improvement

4.3 The CQC report outlined the actions the service must take to comply with legal obligations and actions the provider should take to improve the service. For long stay/rehabilitation mental health wards for working age adults the service was issued 11 must do actions, majority being in regard to Regulation 17 (Good Governance) and ten should do actions.

4.4 Wards for older people with mental health problems were issued 8 must do actions, majority being in regard to Regulation 17 (Good Governance) and seven should do actions.

4.5 The provider was expected to provide the CQC with an action plan for improvement by 23 December 2021. The CCG Quality Team has requested a copy of the action plan and will be monitoring the progress in monthly quality assurance meetings with the provider.

5. Primary Care Quality Update

5.1 The Care Quality Commission (CQC) prioritisation update:

- From 13 December 2021 the CQC postponed inspections of services delivering or supporting the delivery of the Covid 19 vaccine booster programme, except where there is evidence of risk to life, or the immediate risk of serious harm to people. This position continues in January. In light of this, the special measures inspection of Curo Health Ltd planned for January 2022 has been postponed. However, following the CQC unrated inspection in September 2021, the CQC warning notice was lifted. Close contract monitoring continues, and the Quality team are maintaining regular contact with Curo to review its progress and provide expert advice and guidance about quality and governance standards including scheduled assurance site visits. The risk rating on the CCG Risk Register has been reduced from 15 to 8.
- The CQC undertook an announced inspection at the practice of Dr Mahmood and Partners (Ravensthorpe) on 26 August 2021, resulting in an improved CQC rating of 'Good' across the inspection areas, except for services for working age people, which moved from 'inadequate' to 'requires improvement'.
- The announced CQC inspection of Woodhouse Hill Surgery (Huddersfield), which was undertaken as a result of their previous rating of 'requires improvement', took place on 9 November 2021 and rated the practice as 'Good' overall and across all inspection areas.

6. Mediscan

6.1 Mediscan Diagnostic Services Limited are commissioned by Kirklees CCG to provide Non-Obstetric Ultrasound Services (NOUS). CQC suspended all regulated activities, including diagnostic and screening procedures in June 2021 due to quality concerns. CQC subsequently extended the suspension from 25 August until 25 November 2021 due to lack of evidence of improvements made in practice which Mediscan had signed off.

6.2 The CQC has now lifted its suspension as some improvements were evident in governance process however CQC have been unable to obtain wider assurances due to services not being operational and the local suspension of service remains in place.

6.3 Following the CQC suspension, Kirklees CCG removed Mediscan from the Electronic Referral System so no further referrals could be made and this currently remains in place. Patients in the system at the time of service suspension were onwardly managed to other providers and the CCG has received no reports of clinical harm or poor patient experience feedback. Kirklees CCG undertook assessment of how the scanning gap would be addressed and GP practices in Kirklees have been using other 'Any Qualified Provider' (AQP) services for new referrals. In Kirklees Mediscan was located at 10 different locations (GP practice / health centre premises) of which 8 have now been taken up by other providers.

6.4 NHS England/Improvement (NHSE/I) took quality oversight via its Enhanced Quality Surveillance mechanisms, led by the north region. A further regional Quality Surveillance Group met in December 2021 following lifting of the CQC suspension, where it was agreed that a suggested collective commissioner approach to onward management and quality oversight was needed; however each CCG is required to maintain individual commissioning responsibilities for contract management and local service quality surveillance.

6.5 Contracting and Quality colleagues provided a recent update to the Senior Management Team (SMT) with options for future management of this AQP in Kirklees. It was agreed to re-mobilise the service in line with a standard mobilisation process and contracting and quality teams will work closely to set clear expectations of the provider in relation to service delivery, quality and reporting requirements with clear and early escalation processes agreed. Further updates will be provided.

7. Quality Dashboard – provider information

7.1 The Quality Dashboard which provides high level information for the CCG's main providers was received and scrutinised at the recent Quality Committee meeting on 26 January 2022. The following points were noted:

7.2 Calderdale and Huddersfield NHS Foundation Trust (CHFT)

7.2.1 Serious Incidents - in June 2021 the Trust escalated that a historical Never Event had been identified. The completed investigation has been received by the CCG Serious Incident Team and reviewed by the Serious Incident and Quality Team. The report was robust and detailed appropriate learning following the incident. The Serious Incident and Quality Team will review the action plan evidence once completed for assurance.

7.2.2 Central Alert Systems (CAS) Indicators - although the Trust is in arrears in the current data set assurances continue to be received. The indicator continues to remain off track and the Trust recognises that it benchmarks worse than expected nationally. The Trust has established mechanisms to monitor individual alert timescales on a monthly basis via the monthly CQC and Compliance Group. Updates on CAS alerts are also presented in the Trusts internal Quality Committee which the CCG Quality Team attends.

7.2.3 Complaints - Making Complaints Count was allocated as one of the Trusts focused quality priorities this year. Regular progress updates continue to be received via the Trust's internal Quality Committee. The most recent update from the Trust shows reasonable assurance against the individual actions identified. Progress against the priority is reasonable but the Trust recognises the elements that are required to progress this further. Risks identified in relation to the staffing provision within the complaints team and staff responsible for responding to complaints within the divisions continues. This is due to ongoing clinical pressures. Recruitment has taken place and team structures have been reviewed to ensure a resilient workforce is in place.

7.3 South West Yorkshire Partnership Foundation Trust (SWYPFT)

7.3.1 Overall challenges – the Trust continues to be challenged with staffing, demand and acuity across all services.

7.3.2 Incidents – there was an increase in total number of incidents in October 2021 This is reported as being largely due to a higher number of self-harm incidents compared to previous month. Further analysis has been undertaken and the incidents relate to a small number of service users with high acuity. The reasons behind the increase are being explored.

7.3.3 Service User Satisfaction – a decline continues to be seen in satisfaction across the Trust and on review of comments there was no clear indication as to why service user satisfaction is declining. To understand the data further:

- the Trust data is being benchmarked alongside other Trusts to establish if there is a theme across local organisations

- Data is being triangulated with other departments (customer services/engagement team/patient experience) to identify areas of concern

• Services are receiving automated monthly reporting for them to review and take appropriate action, demonstrated through you said we did posters where appropriate

• Preparations have begun to pilot sending hyperlink text message to explore if this method provides better qualitative data.

• Work continues with operational teams to identify best method of collection.

7.4 Locala

7.4.1 Community Nursing Service pressures - the service has been under significant pressure due to Covid 19 infections. The daily demand tool developed to enable the service to understand the gap between capacity and demand and essential and non-essential visits is in place, and is helping to identify where additional capacity needs to move between teams to ensure patient care is targeted. Mitigation includes mutual aid from services internal to Locala in line with the surge plan and from The Kirkwood to support End of Life care.

7.4.2 Pressure ulcer prevention and management - Locala has undertaken some focused work about pressure ulcer prevention and treatment; an in-depth review of pressure ulcers was completed and a Rapid Process Improvement Workshop was held for sharing learning and actions. Incidents reported relating to pressure ulcers have oversight from the Tissue Viability team.

7.5 Mid Yorkshire Hospitals NHS Trust (MYHT)

7.5.1 Shared care pathways for prostate cancer – primary care, the CCG and MYHT have been working on improving shared care arrangements for patients with prostate cancer, strengthening processes and communication for patients' transition between care in hospital and community settings as required.

7.5.2 Service pressures - pressures on services continued to escalate throughout December and January due to demands on services and staff absences due to Covid infections. MYHT continue to apply the system action plan in response to this position which has contributions from system partners (both linked to demand and outflow).

8. Implications

8.1 <u>Quality and Safety Implications</u>

8.2.1 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

8.2 Resources / Finance Implications

8.2.1 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.

9. Recommendations

9.1 It is recommended that the Governing Body receives this update on Quality and Safety information to provide assurance regarding its main providers, plus the following updates:

- The Priory Hospital Dewsbury – existing CCG quality concerns and oversight
- Care Quality Commission Inspection: The Priory Hospital Dewsbury October 2021
- Primary Care Quality Update
- Mediscan

Name of Meeting	Governing Body Meeting (Public Session)	**Meeting Date**	9 February 2022
Title of Report	Performance Report against Key Performance Indicators for November 2021	**Agenda Item No.**	11
Report Author	Natalie Ackroyd Principal Strategic Planning, Performance and Delivery Manager	**Public / Private Item**	Public
Clinical Lead	Dr Khaled Naeem Dr Omar Akhtar	**Responsible Officer**	Vicky Dutchburn Director of Operational Performance and Delivery

Executive Summary
This report details performance at month 8 for 2021/22 against ALL NHS Constitutional Standards set out in appendix A 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. 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 (not reported)	**Meeting Date**	
Name of meeting		**Meeting Date**	

Recommendations

The Governing Body is asked to: -

- **NOTE** Kirklees 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.

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 Governing Body the performance against the 2021/22 national and local key performance indicators as set out in the NHS Operational Planning and Contracting Guidance 2017-2019 published in September 2016 and reflected in the March 2017 document Next Steps on the NHS Five Year Forward View and the outcomes/measures detailed within the national 2018/19 CCG Improvement and Assessment Framework, updated in 2019/20 to the Oversight Framework

2. Performance Summary

2.1 Appendix Ai sets out the summary positions of Kirklees CCG, Calderdale and Huddersfield Foundation Trust and Mid Yorkshire Hospital Trust performance against the National Constitutional Standards for 2021/22 based on the latest reporting period and the year-end position. **These measures will be monitored on a monthly basis and reported bi-monthly to the Finance, Performance and Contracting Committee, although please note performance was not reported in January 2022 due to the broader system pressures..**

Appendices Bi provide details of the ownership, accountability and responsibility within the CCG for delivery of the national and local priority areas of the Oversight Framework (previously the Improvement and Assessment Framework) and sets out a summary position of KCCG performance against the key 2021/22 headline outcomes/measures, detailing the actual activity against plan for the latest reporting period and the year to date position. These measures will be reported on a quarterly basis.

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

Green - target being achieved/no risk to delivery;

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

Red - serious deviation from target, major concern, and corrective action plan required.

3. Performance Issues Highlighted

Issues highlighted within the Performance Report are shown in the following table, the monthly planned activity has also been included to illustrate both performance against the national standard and performance against the forecast activity:-

Please note only measures which do not achieve standard are reported here, the full list of measures and performance scores are contained in the Appendices attached to this report.

Outcome/Measure	Target	Kirklees CCG	CHFT	MYHT
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 wks from referral * (EXCL - CHFT)	92%	76.7%	N/A	74.7%
Patients on incomplete pathways waiting more than 52 weeks *	0	510	3062	743
Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral *	99%	89.5%	92.8%	92.2%
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department (CHFT only) *	95%	N/A	76.8%	N/A
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	70.1%	N/A	N/A
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	85%	85.6%	93.5%	78.3%
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90.%	83.3%	70.8%	68.0%
Maximum 62-day wait for first definitive treatment following a consultant's decision	90%	88.2%	100%	90.5%

Outcome/Measure	Target	Kirklees CCG	CHFT	MYHT
to upgrade the priority of the patient (all cancers)				
All handovers between ambulance and A&E must take place within 15 minutes	95%	N/A	50.7%	43.1%
All crews should be ready to accept new calls within a further 15 minutes	95%	N/A	47.5%	45.5%
Number of MRSA reported infections	0	1	0	2
Number of C_Diff reported infections	0	13	10	26

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 76.7% for November '21 for all providers excluding CHFT.

Provider	<18 weeks	> 18 weeks	Total	Percentage
Aspen- Claremont Hospital	164	73	237	69.2%
BMI (all)	700	216	916	76.4%
Bradford Teaching Hospitals Foundation Trust	561	260	821	68.3%
Connect Health Limited	367	22	389	94.3%
Leeds Teaching Hospitals Trust	1311	585	1896	69.1%
Locala	2266	224	2490	91.0%
Manchester University NHS Foundation Trust	50	57	107	46.7%
MYHT	7520	2375	9895	76.0%
Sheffield children's & teaching	241	118	359	67.1%
Spamedical Eye Hospital (Wakefield)	328	11	339	96.8%
Spire Elland	382	118	500	76.4%
Spire Methley Park Hospital	47	124	171	27.5%
The One Health Group LTD	177	33	210	84.3%
The Yorkshire Clinic	153	54	207	73.9%
Any other provider	397	179	576	68.9%
All providers excluding CHFT	14664	4449	19113	76.7%

The table below shows the total number of incomplete pathways for all providers (including CHFT) in Nov '21.

Treatment Function	Total number of incomplete pathways Nov '21	Average waiting time
General Surgery Service	4,269	14.7
Urology Service	2,018	13.3
Trauma and Orthopaedic Service	4,685	10.8
Ear Nose and Throat Service	4,301	18.2
Ophthalmology Service	3,425	8.1
Oral Surgery Service	1	-
Neurosurgical Service	353	11.9
Plastic Surgery Service	872	13.6
Cardiothoracic Surgery Service	12	-
General Internal Medicine Service	81	8.5
Gastroenterology Service	2,326	10.8
Cardiology Service	1,263	9.6
Dermatology Service	1,632	6.7
Respiratory Medicine Service	879	10.8
Neurology Service	1,144	12.7
Rheumatology Service	548	7.8
Elderly Medicine Service	100	9.8
Gynaecology Service	2,843	11.3
Other - Medical Services	2,408	8.5
Other - Mental Health Services	-	-
Other - Paediatric Services	953	9.0
Other - Surgical Services	1,837	8.4
Other - Other Services	583	5.2
Total	36,533	10.8

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 Nov '21.

CHFT Treatment Function	Total number of incomplete pathways Nov '21	Average (median) waiting time (in weeks)
General Surgery Service	6,298	15.0
Urology Service	1,889	16.8
Trauma and Orthopaedic Service	3,288	17.3
Ear Nose and Throat Service	5,398	22.6
Ophthalmology Service	3,063	9.9
Oral Surgery Service	2,038	21.2
Neurosurgical Service	-	-
Plastic Surgery Service	584	16.6
Cardiothoracic Surgery Service	-	-
General Internal Medicine Service	135	6.0
Gastroenterology Service	2,626	17.0
Cardiology Service	1,648	9.9
Dermatology Service	816	7.7
Respiratory Medicine Service	1,014	11.2
Neurology Service	1,786	18.6
Rheumatology Service	714	8.5
Elderly Medicine Service	161	9.8
Gynaecology Service	2,821	15.7
Other - Medical Services	1,342	9.7
Other - Mental Health Services	-	-
Other - Paediatric Services	1,020	7.5
Other - Surgical Services	240	16.2
Other - Other Services	92	7.8
Total	36,973	15.0

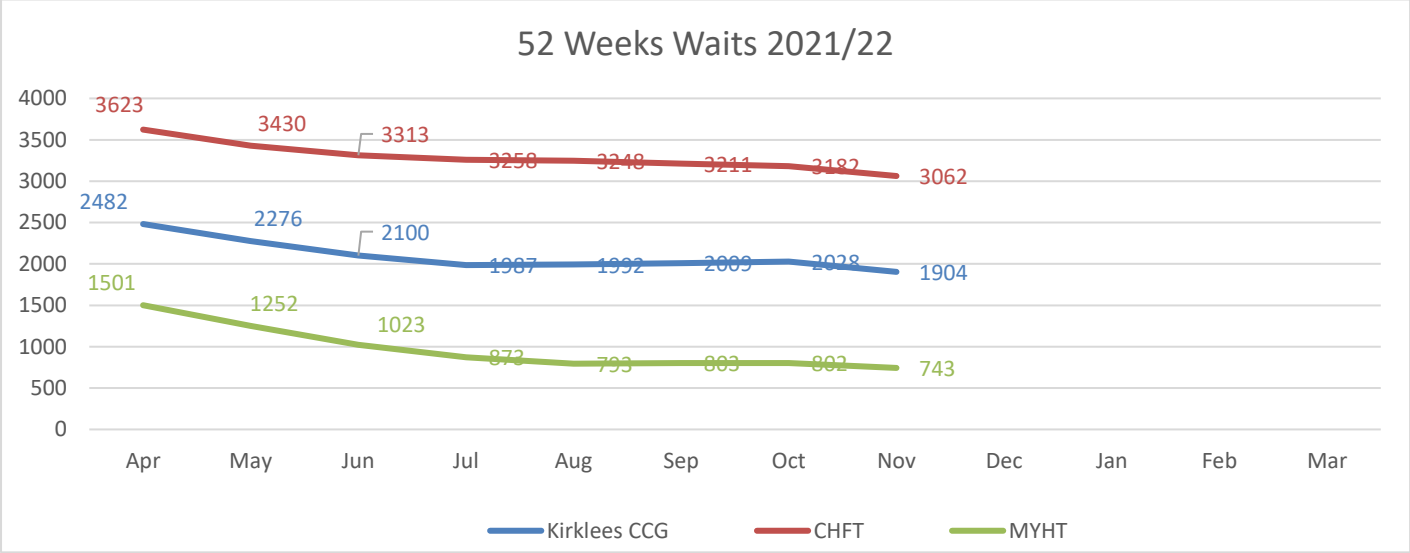
MYHT Treatment Function	Total number of incomplete pathways Nov '21	Total within 18 weeks	% within 18 weeks	Average waiting time
General Surgery Service	1,317	706	53.6%	16.5
Urology Service	2,317	1,664	71.8%	8.5
Trauma and Orthopaedic Service	2,720	2,002	73.6%	9.6
Ear Nose and Throat Service	3,702	2,375	64.2%	12.2
Ophthalmology Service	4,219	3,563	84.5%	8.6
Oral Surgery Service	2,301	1,595	69.3%	11.4
Neurosurgical Service	-	-	-	-
Plastic Surgery Service	1,628	1,024	62.9%	12.6
Cardiothoracic Surgery Service	-	-	-	-
General Internal Medicine Service	47	47	100.0%	6.0
Gastroenterology Service	2,720	2,393	88.0%	5.9
Cardiology Service	848	768	90.6%	7.8
Dermatology Service	1,257	942	74.9%	7.1
Respiratory Medicine Service	1,022	728	71.2%	12.5
Neurology Service	790	716	90.6%	7.8
Rheumatology Service	384	333	86.7%	6.7
Elderly Medicine Service	91	85	93.4%	7.5
Gynaecology Service	2,939	2,125	72.3%	8.5
Other - Medical Services	4,377	3,128	71.5%	9.6
Other - Mental Health Services	-	-	-	-
Other - Paediatric Services	1,484	1,102	74.3%	8.6
Other - Surgical Services	3,322	2,683	80.8%	6.7
Other - Other Services	293	229	78.2%	5.5
Total	37,778	28,208	74.7%	9.0

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

4.2 Number of Patients waiting more than 52 weeks

There were 1904 reported breaches in Nov '21, with 16778 individual cases recorded since April '21. Please note the total number of 52 week waits was calculated using the incomplete and completed 52 week cases to account for the number of patients that remained on the waiting list beyond the point at which they first breached 52 weeks. In Nov '21 401 of the 1904 cases were completed, resulting in 1503 cases being carried over to next month.

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



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

Kirklees CCG achieved 89.5% in Nov '21 (an increase of 1.3% from Oct'21 against a 99% threshold for diagnostics waiting times. Patients should not wait more than 6 weeks for diagnostic tests. The year to date performance is 86.7%

CHFT achieved 92.8% in Nov '21 and MYHT achieved 92.2% of patients waiting less than 6 weeks from referral

The tables below show the breach percentages for each diagnostic test by Trust, with a target of 99%:

CHFT Diagnostic test name	Total waiting list	Waiting +6 weeks	% waiting +6 weeks	Overall performance
Magnetic Resonance Imaging	2,590	192	7.4%	92.6%
Computed Tomography	1,342	3	0.2%	99.8%
Non-obstetric Ultrasound	2,009	15	0.7%	99.3%
DEXA Scan	420	0	0.0%	100.0%
Audiology - Audiology Assessments	135	0	0.0%	100.0%
Cardiology - Echocardiography	972	251	25.8%	74.2%
Neurophysiology - Peripheral Neurophysiology	474	156	32.9%	67.1%
Respiratory physiology - Sleep Studies	27	0	0.0%	100.0%
Urodynamics - Pressures & Flows	14	2	14.3%	85.7%
Colonoscopy	356	6	1.7%	98.3%
Flexi Sigmoidoscopy	158	2	1.3%	98.7%
Cystoscopy	197	16	8.1%	91.9%
Gastroscopy	465	15	3.2%	96.8%
Total	9,159	658	7.2%	92.8%

MYHT Diagnostic test name	Total waiting list	Waiting +6 weeks	% waiting +6 weeks	Overall performance
Magnetic Resonance Imaging	2,666	578	21.7%	78.3%
Computed Tomography	858	3	0.3%	99.7%
Non-obstetric Ultrasound	2,273	115	5.1%	94.9%
DEXA Scan	399	1	0.3%	99.7%
Audiology - Audiology Assessments	300	0	0.0%	100.0%

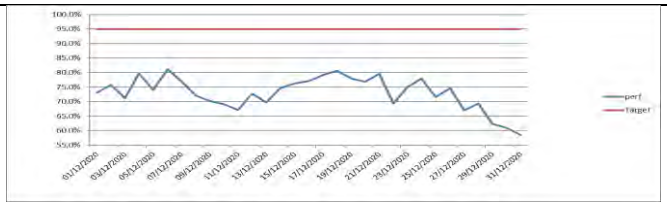
MYHT Diagnostic test name	Total waiting list	Waiting +6 weeks	% waiting +6 weeks	Overall performance
Cardiology - Echocardiography	775	0	0.0%	100.0%
Neurophysiology - Peripheral Neurophysiology	361	0	0.0%	100.0%
Respiratory physiology - Sleep Studies	197	0	0.0%	100.0%
Colonoscopy	523	2	0.4%	99.6%
Flexi Sigmoidoscopy	124	1	0.8%	99.2%
Cystoscopy	105	1	1.0%	99.0%
Gastroscopy	439	1	0.2%	99.8%
Total	9,020	702	7.8%	92.2%

4.4 Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department - Please note this is provider activity for all attendances regardless of residence.

4.4.1 Calderdale Hospital Foundation Trust

Performance against the 4 hour Emergency Care Standard for December 2021 was 73.0**%**. For the year to date there were 132,140 attendances with 25,877 breaches with an outturn of 80.4%. For the first time ever performance dipped below 60% (58.4% on 31st December)

The information below shows the month on month performance at CHFT:

Month	CRH	HRI	CHFT	Daily	
December					
Attendances	6852	6513	13365	431	
Breaches	1740	1875	3615	117	
November					
Attendances	7314	6680	13994	466	
Breaches	1647	1598	3245	108	

4.4.2 Mid Yorkshire Hospital Trust

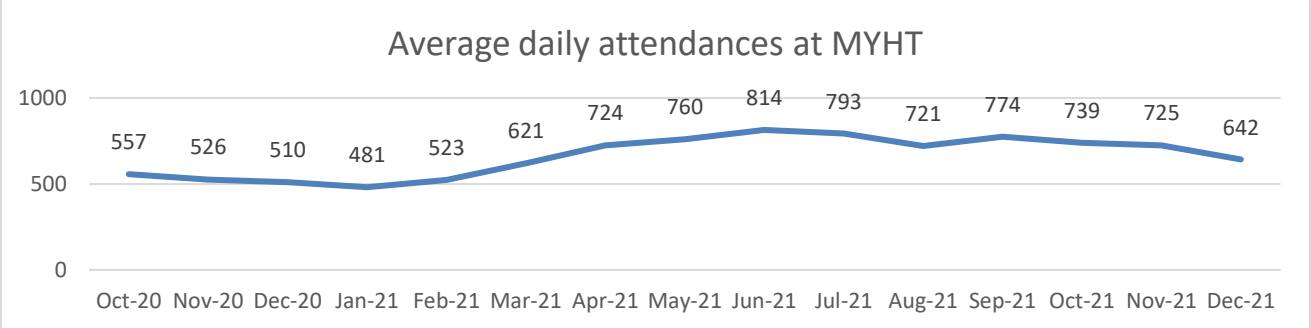
Mid Yorkshire Hospital Trust are part of the Urgent Emergency Care (UEC) pilot and the reporting standards and targets have not yet been defined, and once confirmed will be included in this report.

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. Since these peaks we have however seen attendances start to move back to pre-pandemic levels as indicated by the graph below.



4.5 Cancer Performance

Kirklees CCG March 21	Target Baseline	Selected Month %	Selected Month RAGS	Latest YTD %	Latest YTD RAGS
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	88.4%	Amber	93.3	Green
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms	93%	94.7%	Green	96.7%	Green
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	96%	97.3%	Green	95.2%	Amber
Maximum 31-day wait for subsequent treatment where that treatment is surgery	94%	89.6%	Amber	92.3%	Amber
Maximum 31-day wait for subsequent treatment where that treatment is anti-cancer drug regime	98%	100%	Green	99.7%	Green
Maximum 31-day wait for subsequent treatment where that treatment is episode of radiotherapy	94%	70.1%	Red	85.0%	Red
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer	85%	85.6%	Green	82.3%	Amber
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	83.3%	Red	66.7%	Red
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	90%	88.2%	Red	80.4%	Red

4.6 All handovers between ambulance and A&E must take place within 15 minutes

The table below shows the ambulance handover time for all A&E departments in Kirklees as monitored reported and published by Yorkshire Ambulance Service (YAS) in December '21.

Handover	Under 15 mins	Over 15 mins	Total	Percent
CRH	442	457	899	49.2%
HRI	459	505	964	47.6%
Total	**901**	**962**	**1,863**	**48.4%**
DDH	171	30	201	85.1%
Pind	1,255	1,539	2,794	44.9%
Total	**1,426**	**1,569**	**2,995**	**47.6%**

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 December '21

Crew clear	Under 15 mins	Over 15 mins	Total	Percent
CRH	514	475	989	52.0%
HRI	490	474	964	50.8%
Total	**1,004**	**949**	**1,953**	**51.4%**
DDH	80	121	201	39.8%
Pind	1,272	1,522	2,794	45.5%
Total	**1,352**	**1,643**	**2,995**	**45.1%**

Ambulance Handover Delays

Oversight for ambulance handover delays is provided by NHS Improvement as this is seen as a provider to provider issue.

However, whilst this remains the case, on a tactical basis the implementation of plans for delivery of improvements to Ambulance Handover is overseen by A and E Delivery Boards.

The local Delivery Boards are supported by NHS England and in particular the North Winter office who has arranged a number of stakeholder teleconferences around system issues including ambulance handover delays.

Some of these discussions focus around particular system issues. Local best practice has been published and the matter remains a key priority for commissioners and providers alike.

5. Number of MRSA and C-Diff blood stream infections

Kirklees CCG -There was 1 reported MRSA cases in December '21 totalling 4 infections reported year to date. CHFT reported 0 MRSA cases for December '21, however have a year to date figure of 3 cases. MYHT reported 2 cases in December '21, with a total of 11 year to date cases This is reported through Quality & Safety committee.

Kirklees CCG has a reported 13 C-Diff infections in December '21 with a year to date total of 62. CHFT has reported 10 cases in December'21 and 43 at a year to date. MYHT have recorded 26 C-Diff infections in December'21 with 101 at a year to date total. This reported through Quality & Safety committee.

6 Recommendations

The Kirklees Clinical Commissioning Group Governing Body is asked to:-

- **NOTE** NHS Kirklees CCG, Calderdale and Huddersfield Foundation Trust and Mid Yorkshire Hospitals Trust performance against the key outcomes and measures for 2021/22;
- **AGREE** additional actions required to address areas of over/under performance; and

7 Appendices

Appendix Ai (Kirklees CCG) - This appendix contains performance against **all** NHS Constitutional measures.

NHS Constitution Rights and Pledges 2020/21 - CCG Level

NHS Kirklees CCG

	Measure	Target / Baseline	Kirklees CCG Period Actual	CHFT Period Actual	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%	76.7%	-	74.7%		73.4%	
	Patients on incomplete pathways waiting more than 52 weeks	0	510	3062	743		7790	
Diagnostic Test Waiting Times	Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	99%	89.5%	92.8%	92.2%		92.9%	
A&E Waits	Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department	95%	-	76.8%	-	-	-	-
	No waits from decision to admit to admission (trolley waits) of more than 12 hours	0	-	2	0		10	
Cancer Waits - 2 week wait	Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%	88.4%	99.2%	75.3%		87.6%	
	Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer not initially suspected)	93%	94.7%	96.8%	94.1%		96.5%	
Cancer Waits - 31 days	Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers	96%	97.3%	99.0%	95.0%		96.8%	
	Maximum 31-day wait for subsequent treatment where that treatment is surgery	94%	89.6%	92.3%	89.3%		92.9%	
	Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen	98%	100.0%	100.0%	98.7%		99.7%	
	Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	70.1%	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%	85.6%	93.5%	78.3%		78.6%	
	Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	83.3%	70.8%	68.0%		69.4%	
	Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	90%	88.2%	100.0%	90.5%		83.0%	
Ambulance Calls	All handovers between ambulance and A&E must take place within 15 minutes	95%	-	50.7%	43.1%		55.8%	
	All crews should be ready to accept new calls within a further 15 minutes	95%	-	47.5%	45.5%		40.8%	
Mixed Sex Accomodation	Minimise breaches - reporting suspended COVID 19	0	0	0	0		0	
MRSA	Number of MRSA reported infections	0	1	0	2		11	
C_Diff	Number of C_Diff reported infections	4 - 6	13	10	26		101	
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	Q1 tbc	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	Q1 tbc	Q1 tbc		#REF!	

Name of Meeting	Governing Body	**Meeting Date**	9 February 2021
Title of Report	High Level Risk Report: Cycle 5 2021/22 (December 2021 – February 2022)	**Agenda Item No.**	12
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 5 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**	26 January 2022
Name of meeting	Fin, Perf and Cont Cttee	**Meeting Date**	26 January 2022

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 5 of 2021/22) which commenced on 10 December 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 48 risks on the CCG Risk Register. Four of these risks are marked for closure, leaving a total of 44 open risks (one 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 13 January 2022.
- All Finance and Corporate risks were reviewed by the Finance, Performance and Contracting Committee on 26 January 2022.
- All Quality risks were reviewed by the Quality Committee on 26 January 2022.

2.3 The committees reflected on possible additions/amendments which would be required in the next cycle (due to begin on 11 February).

2.4 ***New Risks***

2.4.1 There are five new risks identified in this risk cycle.

Risk Number	Risk Wording	Risk Score
1969	There is a risk that the system will see an unprecedented volume of patients attending A&E, potentially higher than the pre-C19 levels of demand and therefore will not deliver the NHS Constitution 4-hour A&E target due to pressures associated with; avoidable demand, implications of social distancing measures and capacity and flow out – resulting in harm to patients and patient experience being compromised.	20
1964	There is an increased risk of financial pressure due to a number of factors related to budget setting and increased CHC activity resulting in an overspend against the CHC budget.	12

Risk Number	Risk Wording	Risk Score
1962	There is a risk that when the new Liberty Protection Safeguard (LPS) legislation is implemented 2022 (delay to implementation declared by Government due to pandemic and as yet not clear if further delay will occur) there will not be the necessary resources and processes in place to fulfil the new CCG responsibilities, resulting in people who are CHC funded are of deprived of their liberty without the required legal authorisation safeguards, resulting potentially in both financial and reputational damage to the CCG.	12
1967	There is a risk that mechanisms for CCG statutory accountability will need to be maintained alongside ICB shadow running arrangements, and that organisational change will take place mid-financial year, due to delay in target date for statutory creation of ICBs from 1 April to 1 July 2022, resulting in increased running costs (dual running), and increased and more complex workload (end of year and mid-year accounts, assurance mechanisms, etc).	10
1961	There is a risk of disruption to the delivery of primary care services delivered from Broughton House Surgery arising from the current provider being potentially unable to deliver services until the end of their current contract term (31st March 22) or the new provider not going forward with mobilisation of primary care services at this venue from the 1st April 2022, resulting in patients currently registered at Broughton House Surgery potentially not being able to access services at this practice/building.	9

2.5 ***Risks Marked for Closure***

2.5.1 There are four risks marked for closure this risk cycle.

Risk Number	Risk Wording	Risk Score	Reason for Closure
1848	There is a risk of under-achievement of 18 weeks performance within CHFT & MYHT (Incomplete referral to treatment (RTT)) at specialty level due to pressures caused by the pandemic resulting in breaches of patients' Constitutional right to access certain services within maximum waiting times.	8	Superseded by risk 1844.
1939	There is a risk of reputational damage and potential impact on service delivery due to a national shortage of Becton Dickinson blood sample bottles. The lack of supply could impact on the provision of blood tests, which may affect clinical outcomes and therefore patient treatments.	4	Reached tolerance.

Risk Number	Risk Wording	Risk Score	Reason for Closure
1853	The CCG currently has not received its allocation for the last 6 months of the financial year for 21/22 and control target. There is a risk due to these unknowns and financial challenge in the first 6 months, may create increased financial challenges for the remainder of the year.	4	Risk no longer relevant to the CCG.
1851	There is a risk that the CCG will exceed its current expenditure in relation to its overall running costs, resulting in the CCG not achieving its business rules of running costs being with allocation.	2	Reached tolerance.

2.6 ***High Level Risks***

2.6.1 There are three open risks rated as Critical (scoring 20 or 25), three more than at the last risk cycle.

2.6.2 There are three open risks rated as Serious (scoring 15 or 16), one fewer than at the last risk cycle.

Risk Number	Risk Wording	Risk Score	Risk Movement
1969	There is a risk that the system will see an unprecedented volume of patients attending A&E, potentially higher than the pre-C19 levels of demand and therefore will not deliver the NHS Constitution 4-hour A&E target due to pressures associated with; avoidable demand, implications of social distancing measures and capacity and flow out – resulting in harm to patients and patient experience being compromised.	20	New.
1958	There is a risk that the Kirklees Health and 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.	20	Increasing.

Risk Number	Risk Wording	Risk Score	Risk Movement
1844	There is a risk that reduced access to elective care services, due to the impact of the pandemic (surgery, day case and out-patient), and changes to the NHS contracting framework will result in non-delivery of patient's rights under the NHS Constitution, potentially cause harm to patients, long waits and have detrimental impact on patient experience.	20	Increasing.
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 – 2 Archive(s).
1859	There is a risk of the lung health check programme being delayed/not being delivered in the timeframe required by NHSE due to a lack of availability of resources including clinical staff, and conflicting priorities partly due to COVID. This has already resulted in delayed start date and is now significantly limiting delivery to the target population against required trajectories. This means that increasing numbers of 24 month follow up scans will fall outside the national timeframe resulting in a future financial risk for the CCG. Also low levels of performance at the front end of the pathway by Curo is resulting in significant underutilisation of the contract with BTHFT and Cobalt Health for Low Dose CT with associated financial implications/ poor value for money.	16	Increasing.

Risk Number	Risk Wording	Risk Score	Risk Movement
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 – 2 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 11 February 2022.

4. Recommendations

That the Governing Body:-

- receives and notes the High Level Risk Report and Log and the CCG Risk on a Page Report as a true reflection of the CCG's risk position (including the adequate reflection of any risks for the CCG emerging from the Clinical Quality and Contract Management Boards), following any recommendations from the relevant committees.

5. Appendices

- Appendix 1: Risk Register extracts (key changes and High Level risks) as at 28 January 2022

- Appendix 2: Risk on a Page Report Cycle 5 2021/22

Kirklees Clinical Commissioning Group High Level Risk Log for Governing Body - 9 February 2022

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																	
1969	05/01/2022	Quality	20	(I4xL5)	9	(I3xL3)	Natalie Ackroyd	Vicky Dutchburn	There is a risk that the system will see an unprecedented volume of patients attending A&E, potentially higher than the pre-C19 levels of demand and therefore will not deliver the NHS Constitution 4-hour A&E target due to pressures associated with; avoidable demand, implications of social distancing measures and capacity and flow out - resulting in harm to patients and patient experience being compromised.	(a) Surge & Escalation processes triggered to mitigate performance risk in line with agreed plan (b) UEC Board focus work on understanding and mitigating performance risk at each meeting (monthly) (c) Q/F&P consider F&FT response rate and satisfaction included in Quality Dashboard reviewed monthly (d) Q/F&P receives quarterly reports on any serious incidents- including A&E (e) CCG in receipt of daily escalation reports to NHSE on days when performance if below 90%	(a) There are no gaps in key controls	(a) Performance reviewed at F&P committee and GB (c) Quality Team have oversight of any learning from 12 hour breaches (d) Approach from 19/20 - 23/24 accepted by NHSE, ie no fully functional UTC established until at least 23/24 (e) Winter Reset action Plan in development	(a) CHFT remain in the upper quartile for performance benchmark. (b) Extended access in general practice now in place (c) GPs and A&E clinicians meet formally on acute issues to strengthen working relationships. (d) New interim ED model in place to support large number of minor illnesses and injuries attending, learning for model pre 23/24 model - plan to funds until January 2023 (e) 111 First in place in both A&Es (f) Proactive system communications on use of A&E taking place throughout winter period.	(a) Urgent Treatment Centre new build timeline is 2023/24 - completion and implementation timeline is not yet fully assured (b) Duration of post-pandemic surge in demand on both sites (c) CHFT issuing frequent escalation notifications to CHFT re performance under 90% - performance deteriorating			New - Open
1964	16/12/2021	Finance	12	(I3xL4)	9	(I3xL3)	Frances Aldington	Penny Woodhead	There is an increased risk of financial pressure due to a number of factors related to budget setting and increased CHC activity resulting in an overspend against the CHC budget.	Detailed work to understand the forecast overspend and identification of implications for future overspend. Awareness of unplanned growth in joint funding packages which will lead to deeper scrutiny of future applications.	Fortnightly/monthly budget meetings in place Increased rigour in resource allocation process	Raised expectations regarding Responsible Commissioner position Earlier identification of transition referrals Valuing Care - implementation of cost controls SMT paper	Assurance provided regarding current position and causes of overspend	Future implications of Covid on CHC referrals Early increase to living wage and implication to CHC commissioning and future discharge to assess arrangements			New - Open
1962	13/12/2021	Quality	12	(I3xL4)	4	(I2xL2)	Clare Robinson	Penny Woodhead	There is a risk that when the new Liberty Protection Safeguard (LPS) legislation is implemented 2022 (delay to implementation declared by Government due to pandemic and as yet not clear if further delay will occur) there will not be the necessary resources and processes in place to fulfil the new CCG responsibilities, resulting in people who are CHC funded are of deprived of their liberty without the required legal authorisation safeguards, resulting potentially in both financial and reputational damage to the CCG.	A limited scoping exercise was undertaken initially when the new requirements for LPS was approved by Government. The scoping exercise was refreshed in Sept (following requests for updated information from NHSE) to identify the likely number of potential cases that the CCG will need to legally authorisation by the CCG. The aim being to help identify the potential resources that may be needed and that the CHC Team are keeping records. A local Kirklees area implementation group chaired by the Local Authority with attendance colleagues in health and the Designated Nurse for the CCG to develop a shared strategic plan and approach (including to identify the necessary resources and processes) to implementation of the LPS legislation. An internal planning approach has been commenced with the leads from the CHC team to review actions and resources needed internally to implement the legal requirements	A Code of Practice and associated regulations for the LPS legislation, that will provide the necessary detail to determine more exactly the responsibilities for each organisation, will be published by Government, but publication of this has also been delayed (was forecast to be likely in April 2021 but still awaited). NHSE are also advising the Health Education England (HEE) will be providing training packages) for all levels of staff but the NHSE Head of Safeguarding advised recently that the training packages will not be available until January 2022. Without the code of practice a detailed understanding of the necessary resources cannot be fully defined and training staff cannot commence until HEE training packages are available (NHSE have requested health do not develop their own packages). The LPS legislation currently describes a 3 stage process of authorisation which will require an agreed internal CCG/place based process for CHC cases NHSE are beginning to request assurance on the development of local approaches which cannot be provided in detail until the Cod of Practice is published lack of clarity regarding any national financial support to support delivery of the extra requirements.	It is not possible to identify fully assurance on controls until more detail of requirements and resource implications under the new code of practice has been published. The local implementation group though has senior engagement from partners and an internal process is underway to asses what will be required.	LPS legislation received Royal assent in May 2019, but the Government did formally advised of the delay in implementation of the new LPS legislation until April 2022 following the advent of the Covid 19 pandemic.	Gaps in assurance will remain until the Code of Practice and training is available and includes an assessment of the impact in terms of internal resources, skills and detailed understanding of organisational responsibilities to meet the new requirements alongside how to deliver the approach locally with partners. The Designated Nurse Safeguarding Adults will continue to lead and try to address gaps in assurance both within the CCG and externally with partners via the LPS implementation group			New - Open
1967	04/01/2022	Finance	10	(I2xL5)	5	(I1xL5)	Rachel Carter	Carol McKenna	There is a risk that mechanisms for CCG statutory accountability will need to be maintained alongside ICB shadow running arrangements, and that organisational change will take place mid-financial year. Due to delay in target date for statutory creation of ICBs from 1 April to 1 July 2022. Resulting in: Increased running costs (dual running), and increased and more complex workload (end of year and mid-year accounts, assurance mechanisms, etc.)	This is a national issue. West Yorkshire and Kirklees are better able to manage than many systems/places because of system maturity. Implications will be managed across the WY system. The legislative delay will not change strategic direction or implementation within West Yorkshire - but there are technical implications associated with mid-year change and maintaining statutory accountabilities. Further national guidance is expected once the implications, timelines and interdependencies have been reviewed. Letter to existing CCG Governing Body members w/c 27 December about need to continue appropriate CCG accountability mechanisms until 30 June 2022.	Formal notification was via the planning guidance issued 24th December and immediately followed by the Christmas break. More work is required (at National, and then at System and Place level) to mitigate consequences. Issues so far identified to be mitigated include: End of support contract (HR) at 31 March; Notice given to existing CCG Governing Body members; Anticipated change to DSPT & other assurance processes; Year-end and mid-year accounts and reporting requirements - internal and external (e.g. internal & external auditors) capacity; payroll changeover dates. Impacts on staff health and wellbeing, and business as usual, considered under separate risks.	Pending review of implications and national guidance.	Formal announcement (24 December) was pre-empted by letter to all ICB staff on 22 December.	Pending review of implications and national guidance.		Support integration within the NHS and between the NHS and local government and wider partners, achieving a smooth transition to a West Yorkshire & Harrogate Integrated Care System and a Kirklees Integrated Care Partnership.	New - Open
1961	09/12/2021	Quality	9	(I3xL3)	4	(I2xL2)	Joanne Davis	Catherine Wormstone	There is a risk of disruption to the delivery of primary care services delivered from Broughton House Surgery arising from the current provider being potentially unable to deliver services until the end of their current contract term (31st March 22) or the new provider not going forward with mobilisation of primary care services at this venue from the 1st April 2022, resulting in patients currently registered at Broughton House Surgery potentially not being able to access services at this practice / building.	Broughton House Surgery Task and Finish Group Primary Care Operational Group Active Quality assurance process with current provider Regular mobilisation meetings in diary with new provider - Blackburn Road Surgery Regular exit planning meetings in dairy with current provider of Broughton House Surgery	Current gap in stakeholder and patient awareness of change of providers Currently unknown outcome of quality assurance process in relation to current provider Hitting the timeline of new provider in place to take over delivery of primary care services at Broughton House Surgery by the 1/04/22	Mobilisation plan in place for new provider to take over delivery of services from the 1/04/22 Exit plan in place for existing provider, timetable of when key activity will occur in relation to hand over of patient care for registered practice patients Regular task group meetings Regular mobilisation meetings / exit plan meetings in diary Current provider in quality assurance process	Mobilisation and exit plan in place Quality Assurance visit for current provider has taken place Blackburn Road Practice are still currently progressing with taking over delivery of services at Broughton House surgery from the 1/04/22	May need to implement further actions in relation to current provider, which may need approval from PCCC or Quality Committee			New - Open
Risks Marked for Closure																	
1848	04/05/2021	Finance	8	(I2xL4)	4	(I2xL2)	Natalie Ackroyd	Vicky Dutchburn	There is a risk of under-achievement of 18 weeks performance within CHFT & MYHT (Incomplete referral to treatment (RTT)) at specialty level due to pressures caused by the pandemic resulting in breaches of patients' Constitutional right to access certain services within maximum waiting times.	a) Joint approach to the safe restart of elective services, being clinically led by the Elective Improvement Groups within each trust, which reports to the CHFT Out Patient Transformation Board and the MYHT Joint Strategic Oversight Board b) Joint (GP, Consultant) clinical reviews of patients waiting over 22 weeks c) Joint work between CCGs, CHFT and Independent sector to ensure we maximise all available capacity d)Joint work between CCGs, MYHT and Independent sector to ensure we maximise all available capacity e) Weekly meetings to monitor waiting list movement and agree actions/next steps f) Additional capacity being identified through Insource/Outsource Mechanism g) Data sharing agreements and Honoury contracts established between CHFT/CCGs h) Elective recovery plans for H2 have been drafted and shared with WY ICS I) Consistent approach of ICS for WY Trusts	a) Sufficient capacity available to deliver on reset / planning activity expectations b) Ability to effectively communicate and support all patients on waiting list in line with reset / planning expectations c) Formal agreement of approach to gathering thematic views of patient harm	a) System have agreed joint principles and priorities to underpin reset work b) CCG Reset plan held by SMT and progress shared with FPC c) 18 weeks performance is reported to FPC d) Notes of Out Patient Transformation Boards and Joint Strategic Oversight Board to be considered at FPC e) Engagement undertaken for effective communication with patients and primary care	a) Joint meetings locally and with West Yorkshire to ensure an aligned approach to planning submissions b) New joint communications groups established to oversee messaging to patients and system. c) Joint approach to the roll-out of referral support systems to support minimum data sets for referrals, to support effective clinical assessment and triage	a) CCGs and GPs remain fully sighted on progress and issues given the pace of the work			Closed - Risk been superseded by risk 1844

1939	27/08/2021	Quality	4	(I2xL2)	4	(I2xL2)	Debbie Winder	Penny Woodhead	There is a risk of reputational damage and potential impact on service delivery due to a national shortage of Becton Dickinson blood sample bottles. The lack of supply could impact on the provision of blood tests, which may affect clinical outcomes and therefore patient treatments.	Clear criteria on what constitutes an essential test. NHS England and NHS Improvement have informed CQC and confirmed with NHS Resolution that any resulting clinical negligence claims will be captured in the usual way by the respective state indemnity schemes for both Primary and secondary care. Cascaded to GP practices and Primary care team are providing updates to all practices. Communications include directions on stock control and prioritisation of blood tests. Regional guidance is being followed	Conditions which require a 2 ww referral detected through blood test result Any other clinical changes which would only be detectable by abnormal blood result. No communications/patient information support for clinicians to manage patient expectation, experience and potential complaints	Incidents to be reported through usual mechanisms	Acknowledgement of impact on QOF. Expected to only impact for a short time frame	No definitive guarantee of timescales			Closed - Reached tolerance
1853	10/05/2021	Finance	4	(I2xL2)	4	(I2xL2)	Rob Willis	Alison Needham	The CCG currently has not received its allocation for the last 6 months of the financial year for 21/22 and control target. There is a risk due to these unknowns and financial challenge in the first 6 months, may create increased financial challenges for the remainder of the year.	The CCG has a number of controls in place 1. Working to identify all expenditure for the remainder of the period. Ensuring accurate information is presented and risks are identified and reported immediately. 2. Working with System partners to understand the shared financial requirements within the ICS 3. Comprehensive reporting and escalating issues to the FPC and wider ICS system 4. Investments for this period and being reviewed and the impact they have with the second part of the year 5. Working to recognise the financial impact of expenditures made in H1 are considered with this unknown risk.	Develop a comprehensive understanding of investments or non-recurrent that could be delayed in the event of shortfall in allocated funds.	Financial position is reported to SMT, FPC and centrally to the ICS and NHSE/I teams	The financial assumptions as part of H1 have identified the recurrent position of the CCG, the financial impact of recurrent investment decisions. What if Scenarios are being considered on how the CCG will manage any financial pressures	Unknown allocation and financial framework to date			Closed - Risk no longer relevant to the CCG
1851	10/05/2021	Finance	2	(I2xL1)	4	(I2xL2)	Rob Willis	Alison Needham	There is a risk of the CCG will exceed its current expenditure in relation to its overall running costs. This result in the CCG not achieving its business rules of running costs being with allocation.	"The SMT are reviewing the current costs aligned to the running cost budgets, to review 1. Review of costs in all areas. 2. Reviewing vacancies and funded WTE to remove non required posts 3. Reviewing costs that can to transferred to programme costs 4. Working with colleagues in neighbouring CCGs to develop joint ways of working 5. Introducing a more stringent process of agreeing to recruitment within the CCG 6. Understand the impact of support costs that should be apportioned to Programme costs 7. Monthly reporting to SMT and to the FPC	The running costs will be reviewed on a monthly basis. Any escalating costs will be presented to SMT and remedial action put in place.	The running costs will be managed in SMT with an update to be included in reports to the committee.	The costs have been reviewed as part of the work that commenced during financial year. Savings and new ways of working are put in place at every opportunity.	not applicable			Closed - Reached tolerance

Open High Level Risks

1969	05/01/2022	Quality	20	(I4xL5)	9	(I3xL3)	Natalie Ackroyd	Vicky Dutchburn	There is a risk that the system will see an unprecedented volume of patients attending A&E, potentially higher than the pre-C19 levels of demand and therefore will not deliver the NHS Constitution 4-hour A&E target due to pressures associated with; avoidable demand, implications of social distancing measures and capacity and flow out - resulting in harm to patients and patient experience being compromised.	(a) Surge & Escalation processes triggered to mitigate performance risk in line with agreed plan (b) UEC Board focus work on understanding and mitigating performance risk at each meeting (monthly) (c) Q/F&P consider F&FT response rate and satisfaction included in Quality Dashboard reviewed monthly (d) Q/F&P receives quarterly reports on any serious incidents- including A&E (e) CCG in receipt of daily escalation reports to NHSE on days when performance if below 90%	(a) There are no gaps in key controls	(a) Performance reviewed at F&P committee and GB (c) Quality Team have oversight of any learning from 12 hour breaches (d) Approach from 19/20 - 23/24 accepted by NHSE, ie no fully functional UTC established until at least 23/24 (e) Winter Reset action Plan in development	(a) CHFT remain in the upper quartile for performance benchmark. (b) Extended access in general practice now in place (c) GPs and A&E clinicians meet formally on acute issues to strengthen working relationships. (d) New interim ED model in place to support large number of minor illnesses and injuries attending, learning for model pre 23/24 model - plan to funds until January 2023 (e) 111 First in place in both A&Es (f) Proactive system communications on use of A&E taking place throughout winter period.	(a) Urgent Treatment Centre new build timeline is 2023/24 - completion and implementation timeline is not yet fully assured (b) Duration of post-pandemic surge in demand on both sites (c) CHFT issuing frequent escalation notifications to CHFT re performance under 90% - performance deteriorating			New - Open
1958	26/11/2021	Quality	20	(I4xL5)	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 Jan '22 NHS E/I assurance returns required until end Jan	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 Jan '22 CCG silver command escalated to twice / week from Mid Dec Daily Silver calls mobilised across the system from Mid Dec Acute footprint Gold command mobilised as required Jan '22 NHS E/I assurance returns submitted over the	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 Jan '22 all escalation controls implemented as per plan	None to note			Increasing

1844	04/05/2021	Quality	20	(I4xL5)	8	(I2xL4)	Natalie Ackroyd	Vicky Dutchburn	There is a risk that reduced access to elective care services, due to the impact of the pandemic (surgery, day case and out-patient), and changes to the NHS contracting framework will result in non-delivery of patient's rights under the NHS Constitution, potentially cause harm to patients, long waits and have detrimental impact on patient experience.	a) Consistent approach to the safe restart of elective services, being clinically led by the Elective Improvement Group, which reports to Out Patient Transformation Board at CHFT and Joint Strategic Oversight Board at MYHT. b) Joint (GP, Consultant) clinical reviews of patients waiting over 16 weeks, 36 weeks, 52 Weeks, 104 weeks c) Review and classify Patients with a P category for prioritisation, Categories P1 and P2 to be seen first. d) Joint work between CCGs, acute trust's and Independent sector to ensure we maximise all available capacity e) A key element of the CCG Reset Plan and Acute Trust's Incident Management Plan f) Joint approach to gathering thematic views of patient harm via agreed clinical assurance routes. g) Closer working with the IS and AQP providers to ensure we maximise their available capacity h) Data sharing and honoury contracts in place to ensure flexible staffing across CCG and Trust I) Weekly meetings to track progress and communications to patients and primary care J) Weekly meetings to identify and discuss next priority specialty for additional capacity K) Additional capacity secured through outsourcing and insourcing L) Consistent approach across WY in relation to P5/P6 patients that choose to stay on the waiting list M) H2 planning process at WY level	a) Sufficient capacity available to deliver on Phase 3 activity expectations b) Ability to effectively communicate and support all patients on waiting list in line with Phase 3 expectations c) Knowledge of the impact of another covid wave on patient care in elective services D) Capacity has further reduced due to the resurgence of new covid variant	a) System have agreed joint principles and priorities to underpin reset work b) CCG Reset plan held by SMT c) Average waiting time reported to committee d) Notes of Out Patient Transformation Board and Joint System Oversight Board to be considered at Quality and Safety Committee e)Weekly meeting at senior level to discuss current position and next steps f) ERF funding continues in H2 with lower threshold	a) Joint communications groups established to oversee messaging to patients and system. b) Joint approach to the roll-out of referral support systems to support minimum data sets for referrals, to support effective clinical assessment and triage c) New series of specialty specific Joint Clinical Interface Sessions launched across the Kirklees system d) Specialty T&F groups established, following CCG PMO process, weekly review meetings	a) CCGs and referrers are not fully sighted on progress and issues and implications for patients b) Current system challenges have put system reset plans at risk - we do not yet understand the full impact - but likelihood of significant patient harm c) Understanding the implications/risks of IS sector contract changes and the resulting reduction in surgical lists d)Further modelling will be required as the system moves through Q4 and out of surge			Increasing
1932	18/08/2021	Quality	16	(I4xL4)	6	(I3xL2)	Marion Redford	Vicky Dutchburn	Updated: 14/12/21 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 - 2 Archive(s)
1859	19/05/2021	Quality	16	(I4xL4)	9	(I3xL3)	Helen Moreton	Vicky Dutchburn	There is a risk of the lung health check programme being delayed/not being delivered in the timeframe required by NHSE due to a lack of availability of resources including clinical staff, and conflicting priorities partly due to COVID. This has already resulted in delayed start date and is now significantly limiting delivery to the target population against required trajectories. This means that increasing numbers of 24 month follow up scans will fall outside the national timeframe resulting in a future financial risk for the CCG. Also low levels of performance at the front end of the pathway by Curo is resulting in significant underutilisation of the contract with BTHFT and Cobalt Health for Low Dose CT with associated financial implications/ poor value for money.	Contract in place with CURO Healthcare for the Lung Health Check element of the pathway. Recruitment has resulted in one good Lung Health Check nurse. Advertisement re-opened two additional times for additional nursing support. Options paper completed for Radiology and Respiratory service. In response MYHT confirmed in writing they are unable to support the service. PIN completed for the Respiratory and Radiology elements of the service to replace MYHT. Bradford Teaching hospital were the only provider to meet all criteria. Paper on agenda for SMT (08.04.2021) and Governing body (14.04.2021) to enable direct contract award to Bradford Hospital. Contract being finalised with the contracting team at BTHFT. Contract signed on 22nd October but contract variations requested by CCGs. Procurement of LDCT Is complete and the contract awarded to Cobalt Siemens. Scanning has commenced. WY&H Cancer Alliance Board receives Highlight Reports and regular updates. (Delivery of the National TLHC is a national requirement within the Cancer Alliance Operational Plan)	Curo contract variation has been signed but was significantly delayed, alongside concerns about their capacity to deliver. Initial recruitment process for Lung Health Check Nurses resulted in very low numbers of applicants, but one good candidate recruited to team leader role. Advertisement re-run twice with supporting social media campaign only resulted in one additional nurse and a further 3 bank staff who were due to join the team in November. To date these post have not been secured. This is not sufficient to meet the required run rate and offers no resilience for absence. Performance by Curo against required trajectories for the past 3 months has been approximately 80% below required run rate, which presents an increasing challenge to the delivery of the project and risk to the funding model. This has a significant knock on impact on the contract with BTHFT as the numbers are not flowing into the Radiology/Respiratory service at the levels that are funded Contract for Radiology and respiratory services signed by all parties but with caveats from the CCG asking for immediate contract variation are currently ongoing. Concerns raised by NHSE regarding the funding model for the project and the level of assurance in contracts with providers. Assurance requested by NHSE by 5th November before funding was released to covers the cost to year end. Follow up assurance meeting on the 3rd February was requested. To date	Lung Health Check Steering Group Meetings are arranged on a monthly basis. Meetings are minuted and action log in place Head of Strategic Planning, Performance & Delivery is SRO for the project and linked into SMT and other CCG governance Project plan, risk register and highlight reporting in place and reviewed at Steering Group Meetings. Contract review meetings commenced with Curo Health to address under-performance Project Dashboard developed by CCG Business Intelligence team updated weekly to monitor project performance Regular discussions between the CCG, Cancer Alliance Project team and NHS England TLHC Team with regard to Project status and funding availability WY&H TLHC director Jason Pawluk to replace Professor Duffy on the National Delivery Group meetings. Responsible Clinician Leanne Cheyne to attend monthly National Delivery Group and Clinical Directors meeting.	Regular discussions with NHS England TLHC Programme Team regarding progress. Quarterly Stocktake and revised project trajectories submitted to NHSE for assurance. NHSE have been made aware of the lack of progress against agreed trajectories Bi-monthly highlight reports presented to Steering Group and Cancer Alliance Board Weekly Performance dashboard developed to monitor provider performance and feed into contract review meetings.	Project Start Date - Project started scanning on 21st October with 2 days of Lung Health Check. This was significantly below the planned 'soft launch' trajectory and NHSE asked for assurance on catch up before releasing funding. This was given but in subsequent months the numbers delivered by Curo have fallen further behind. Both Lung Health Checks and scans completed for November and December were approximately 80% below required performance levels. Challenges with recruitment of LHC workforce presents an ongoing risk to the project. Current staffing levels are too low to meet the required number of Lung Health Checks and currently offer no flexibility to increase/ catch up or resilience for staff absence/sickness The contract between the CCG and BTHFT has been signed but a request for immediate amendments to the contract by the CCG remain outstanding Contract review meeting has taken place and a remedial action plan will be in place with Curo by mid January			Increasing
1905	12/07/2021	Quality	19	(I5xL3)	10	(I5xL2)	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 Jan '22 - winter / seasonal pressures non-recurrent monies allocated to increase system capacity	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 Jan '22 regional lack of CAMHS bed capacity reported through ICS	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 Jan '22 - winter / seasonal pressures non-recurrent monies allocated to agreed schemes(agreed through MH alliance & A&E delivery board) to increase system capacity SWYPFT have agreed to convert a small number of adult beds to Support CAMHS patients over Quarter 4	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 Jan '22 - winter / seasonal pressures agreed schemes have begun mobilisation to increase system capacity SWYPFT have mobilised a small number of beds to Support CAMHS patients during Quarter 4	none			Static - 2 Archive(s)

Appendix 2

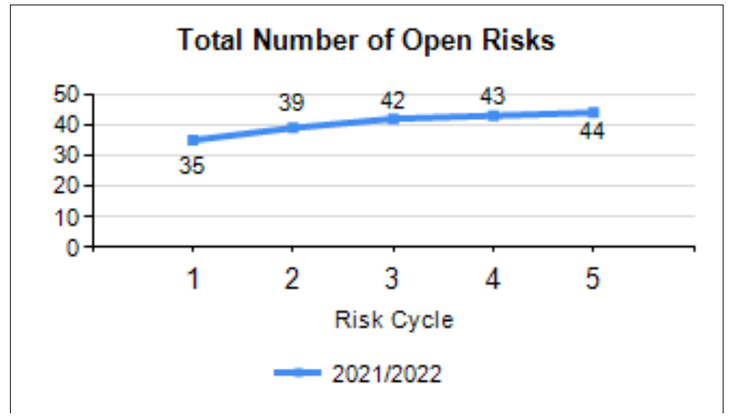
Risk Cycle 5: December 2021 – February 2022

Kirklees Clinical Commissioning Group Risk on a Page Report for Governing Body – 9 February 2022

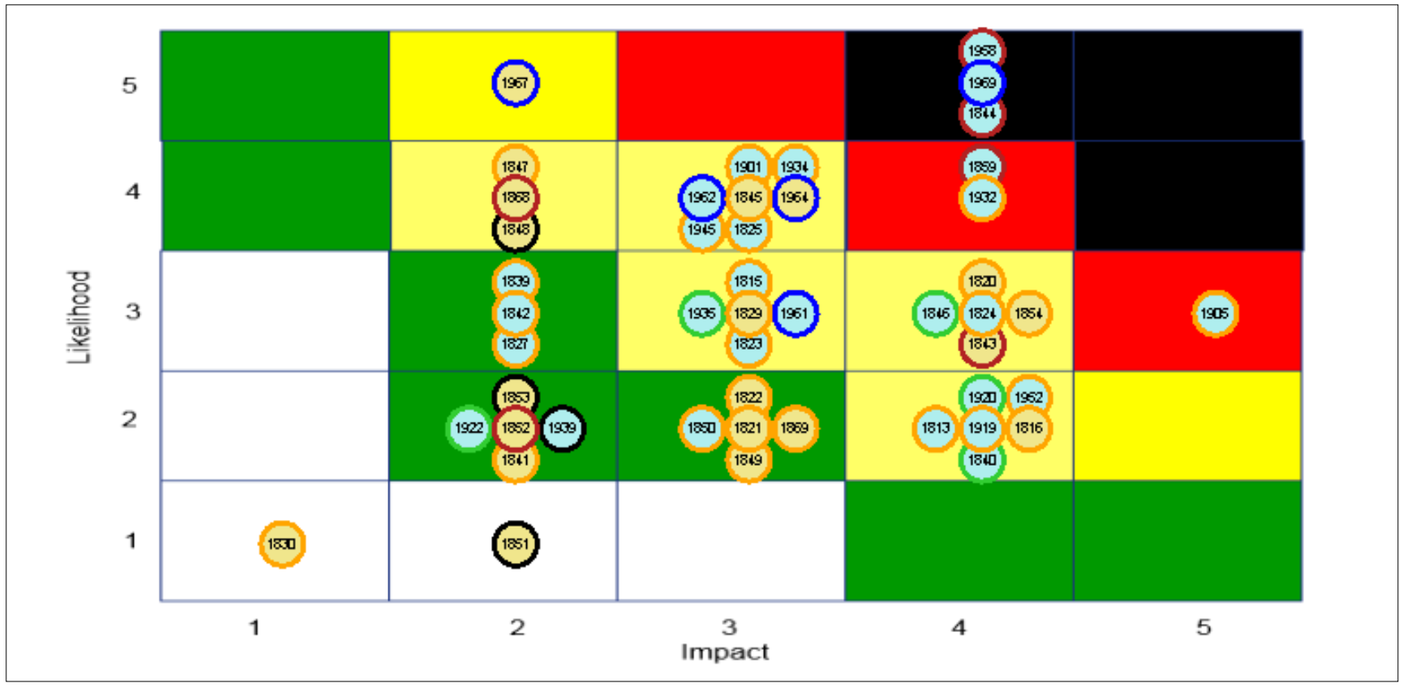
NHS Kirklees Clinical Commissioning Group

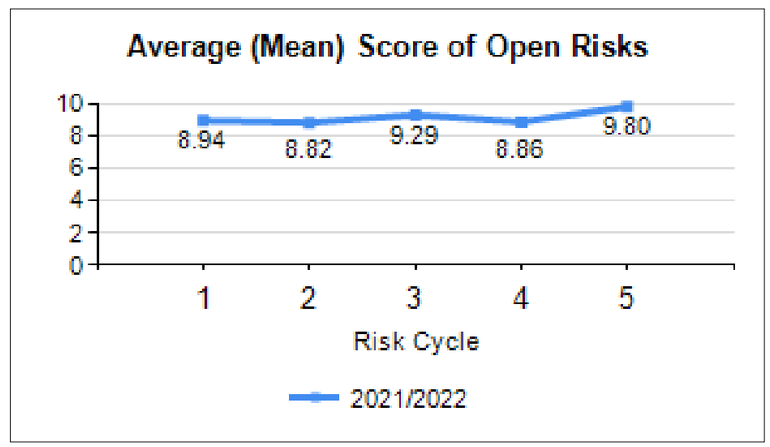
Total Risks	48 (44 open risks)
Fin, Perf & Cont	20 (17 open risks)
Quality	28 (27 open risks)

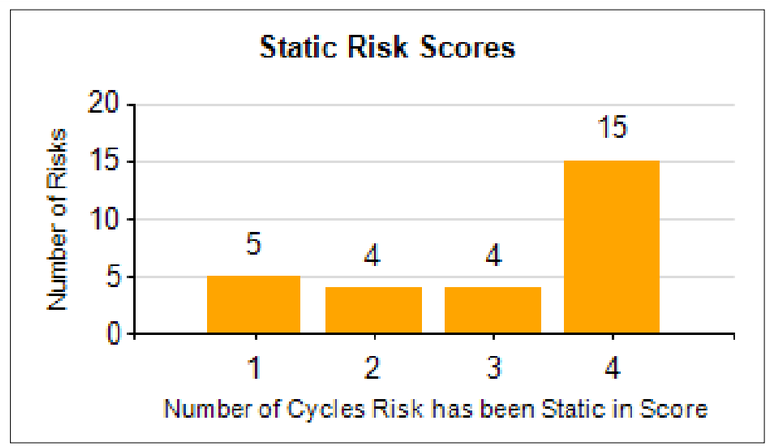
Movement of Risks		Risk Score Increasing	6
New	5	Risk Score Static	28
Marked for Closure	4	Risk Score Decreasing	5



Risk Overview







Key

Fin, Perf & Cont Risk

Quality Risk

New Risk

Closed Risk

Risk Score Increasing

Risk Score Decreasing

Risk Score Static

Score	Risk Level
1-3	Low risk
4-6	Moderate risk
8-12	High risk
15-16	Serious risk
20-25	Critical risk

Static Risk Descriptions in this Cycle

There are 14/44 (32%) open risks with a static description this cycle.

Minutes of Audit Committee
Meeting held at 9.00 am on 20 October 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		
Rachel Carter	(RC)	Programme Manager (minute 55)
Tim Cutler	(TC)	External Audit (minutes 42 - 54)
Rosie Dickinson	(RD)	Local Counter Fraud Specialist
Laura Ellis	(LE)	Head of Corporate Governance
Jonathan Hodgson	(JH)	Internal Audit Manager
Nick Lamper	(NL)	Governance Manager (minutes 50 - 51)
Alison Needham	(AN)	Acting Chief Finance Officer
Pat Patrice	(PP)	Senior Manager: Governance and Corporate Affairs (minute 53)
Martin Pursey	(MP)	Head of Contracting & Procurement
Apologies		
James Boyle	(JB)	External Audit, KPMG
Danielle Hodson	(DH)	Assistant Internal Audit Manager
Helen Kemp-Taylor	(HKT)	Head of Internal Audit
Rob Willis	(RW)	Acting Head of Finance

42 Welcome, Apologies and Declarations of Interest

MW welcomed those present to the meeting and apologies were as set out above.

There were no declarations of interest.

43 Vision and Values

The Kirklees CCG vision and values had been circulated and were noted.

44 Accuracy of Minutes from 21 July 2021, Matters Arising and Action Logs

Minutes of NHS North Kirklees CCG Audit Committee

The minutes of the meeting held on 21 July 2021 were **APPROVED** as a correct record, and LE provided assurance that the confidential part of the minutes from the last meeting would be redacted before the minutes went into the public domain.

Action Log

The Committee reviewed the action log.

23 - External Audit Update - LE confirmed the Annual Audit Report was on the CCG website. **CLOSE**

26 - Violence Prevention & Reductions Standards Proposal - RD advised that assurance would be provided through a progress report to the Audit Committee in September and an annual report at the end of the year. This approach would need to be reviewed for the ICB Audit Committee following closedown of the CCGs. RD advised that a draft policy was currently being prepared and would be shared with CFOs in the next few weeks. **CLOSE**

30 - Integrated Governance Report – LE advised that she had sought advice from the NECS Training Team and would share with DV in respect of mandatory training records. **CLOSE**

34 - Review of Risks, Controls & Assurances – Finance – RW had circulated the information prior to the meeting. **CLOSE**

35 - CCG Policies - LE confirmed the paragraph numbering had been amended prior to the Plan being finalised. **CLOSE**

Matters Arising

There were no matters arising.

45 External Audit Technical Update

TC introduced the technical update and drew the Committee's attention to the newly published National Audit Office good practice guide aimed at helping Audit and Risk Assurance Committees in respect of climate change risk.

TC went on to outline the initial meeting between audit firms, National Audit Office and NHSE/I around audits for the current year and potential risks such as loss of corporate memory to answer auditor queries at year end as the CCGs transitioned to the ICB. Other areas of discussion included year end timetabling and the assurances that would be needed from organisations closing down.

TC also provided an update on the Mental Health Investment Standard.

HT asked about auditor capacity and whether the sector was facing recruitment and retention challenges.

In response to a question from HR, AN provided assurance that maintaining corporate memory was an important part of the CCG closedown processes.

The Audit Committee **RECEIVED** the update from External Audit.

46 a) Internal Audit Progress Report

JH presented the report and drew the Committee's attention to the summary of progress set out at page 1 of the report. He asked for the Committee's approval to the proposed changes to the Audit Plan for 2021/22.

LE asked for an update on the plan for the scheduled audit of the Data Security and Protection Toolkit, following updated guidance that this would not be required as CCGs closed down. JH advised that a small number of the planned days would be used to support closedown and transition, but a full audit would not be undertaken.

AN advised the Committee that she had been working with Heads of Service to identify any audits that could be brought forward to ensure all were completed before the end of the year.

The draft report in respect of the Collaboration audit was being reviewed, and AN advised she was also discussing with JH the possibility of using a number of the primary care days to focus on sustainability of practices.

JH went on to provide assurance that the audit work was on track and drew the Committee's attention to page 10 of the report which included a new format style summary of the recommendations and actions to be taken by the organisation. The recommendations were RAG rated and JH re-iterated what the definition of the colours were.

The current position showed:

- There were currently no overdue recommendations.
- There were currently no recommendations that had missed their original target dates, but not their revised target dates.
- Eight recommendations had been completed in this period.
- Two recommendations had not yet fallen due and would be followed up in due course.

JH welcomed feedback on the new recommendation summary format and asked if there were any questions in relation to the rest of the report.

AN commented that she felt the presentation of the recommendation summary was easier to read. She advised she would discuss the two yellow recommendations with the Head of CHC to ensure that the due date of December 2021 was met.

ACTION: AN to liaise with the Head of CHC to review and complete the yellow rated recommendations due to be completed by December 2021.

It was noted that there was an error in the RAG rating colour on the Recommendations Not Yet Due (Based on Original Target Date), page11 of the report; this was showing amber, and it should be yellow.

ACTION: JH to amend the amber RAG rating colour to yellow on page 11 of the report.

MW commented that the report was showing an excellent position in the current circumstances and thanks were conveyed to everyone involved in completing and chasing up actions.

The Audit Committee **RECEIVED** the Internal Audit Progress Report and **AGREED** to the changes to the Audit Plan for 2021/22.

b) Counter Fraud Progress Report

RD presented the report highlighting that the Fraud Prevention Masterclasses had started. There was good take up on the sessions across staff levels and positive feedback had been received. There would also be a prevent and deter cyber fraud training module added in December.

In relation to the NHSEI standards published in December 2020, Audit Yorkshire's Local Security Management Specialist, was currently drafting a Violence Prevention and Reduction Policy on behalf of several Clinical Commissioning Groups, including Kirklees CCG. The draft policy was projected to be ready for review by the end of October 2021.

Appendix B of the report detailed results of data matching and RD highlighted that out of the total number of matches in the report, there were two identified for further review. Where overpayments were identified, these were being recovered.

RD updated on the Counter Fraud Functional Standard Return Overview which was discussed on a Counter Fraud Webinar. As the standards had been published in January 2021, there were some of the new requirements where the CCG rated red, and this was due to the requirements not being fully adopted before the end of the financial year. Actions had been taken and the CCG was on track to meet the standards for 2021/22.

In relation to progress against the Counter Fraud Plan, RD updated that 60% of the planned days had been used and she felt this was right for this point in time of the year.

There was a discussion regarding the billions of pounds of NHS money lost to fraud each year, publication of this in the public sphere, learning from national fraud and overpayments and the impact of financial losses to the CCG and providers. It was noted that, out of the number of transactions reviewed, the CCG had a small number of transactions that were selected for further review.

MW commented in terms of the functional standards, that other organisations had rated themselves as green on areas where the CCG felt it wasn't in a position to rate itself green and questioned whether the CCG's position was realistic. RD responded that it was anticipated that the rating would be green this year due to the work being done.

The Chair thanked RD for a comprehensive report and the team for the work that was being done.

The Audit Committee **NOTED** the Counter Fraud Progress Report.

47 Q2 2021/22 Losses and Special Payments

AN presented the short paper that set out details relating to debt and special payments. She was proud to report on the work the team had done to actively chase debts which had resulted in a reduction of aged debts from £362k to £59k. The team continued to chase the remaining debts and carry out due diligence on duplicate payments.

At the 31 March 2021 there were nil provisions required in the accounts for losses. There had been no further provisions required to the 30 September 2021.The finance team would work to identify any items which required approval for a provision for loss as the CCG moved towards integration into the ICS structure. The aim would be to keep this to a minimum whilst working to ensure that the balance sheet was clear of legacy issues.

The Chair commented that it was good to see the reduction in debts and HT cautioned against spending time chasing very small amounts on credit notes eg; £7.20.

The Audit Committee:

1. **NOTED** there were no new losses and two new special payments in the period to 30 September 2021.
2. **NOTED** that aged debts over 120 days and outstanding credits were being actively pursued for collection.

48 Q2 2021/22 Tenders, Tender Waivers and Contracts Register

MP presented the Q2 report that highlighted waivers authorised, in the pipeline and procurement activity in relation to completed tenders.

Appendix 2 provided an overview of the Kirklees CCG Contract Register up to 1 October 2021 and the contract status. There were sixty-nine contracts rated red and of these sixty-seven related to GP enhanced services. MP explained the reasons for the delay in issuing these and mentioned that a decision had been made to withhold the April variations.

The Chair summarised that there were lots of contracts on the register rated as red but there was a rationale behind not issuing these contracts. It was also good to have this contract register and good processes in place as it would help with the transition to the ICS.

The Audit Committee **RECEIVED** and **NOTED** for assurance the content of the report, appendices, and progress to date.

49 Minute Redacted

NL joined the meeting.

50 Registers of Interests– Quarter 2 2021/22

NL presented the report setting out an update on the work carried out in Q2 on the registers of interests, with the latest versions of the registers appended to the report for assurance.

NL advised that during Q2 the main focus had been on bringing the membership register up to date. The staff register was now complete and, all but one Governing Body (GB) member had made declarations. There were three with outstanding queries that were under review and work was ongoing with the GB member to enable them to access the portal or manually submit their declaration.

LE raised caution on how much time during Q3/4 was spent on the membership register as post April 2022, there would not be a requirement to hold a record of members interests. It was anticipated though that the portal would be used by the ICB going forward and any work done on this now would help with transparency and transition.

The Audit Committee:

1. **NOTED** the good work and actions taken in respect of the Registers of Interests and Register of Gifts and Hospitality; and
2. **REVIEWED** the registers to identify any matters for discussion.

51 Integrated Governance Report – Q2 2021/22

LE presented the report that provided information on the current position across a range of governance functions and provided assurance that the work presented within the report was being effectively and efficiently managed in-line with all relevant legislation and guidance.

LE advised that in respect of Health and Safety, the data in the report should indicate that for moving and handling, the Governing Body figure should show 100% compliance.

She highlighted that the number and severity level of Corporate incidents had increased from 2 in Q1 to 7 in Q2 and these related to IG incidents. None of the incidents met the threshold for reporting to the Information Commissioner, however the position was being kept under review should any further incidents of a similar nature occur, due to a potential cumulative impact. The Data Protection Officer had also asked the IG team to consider how learning could be shared from these incidents.

LE highlighted that there would be a discussion the following day at SMT in relation to the Q2 statutory mandatory training compliance, and there would be a particular focus on the poor Governing Body compliance. The Committee discussed the different ways to support individuals to complete the training and what actions could be taken if they consistently remained non-compliant, as this could be seen to be a breach of policy. KN followed up each month with Governing Body members to ensure that they had all completed the training however this did not appear to be addressing a number of individuals with longstanding non-compliance.

Concerns were raised that there were no penalties for Governing Body members who had persistently not completed their training and the risk to the organisation was recognised when Governing Body members were making decisions without having completed core training such as conflicts of interest.

ACTION: LE to raise Audit Committee concerns around poor Governing Body compliance with statutory/mandatory training and the need for action to SMT and feedback outcome of discussion/any actions for Audit Chair to take forward.

The Audit Committee **REVIEWED** the Integrated Governance Report for assurance, discussed any areas for concern and considered content for future reports.

The Committee took a break at this point. NL left the meeting.

52 IG Policy and Procedure Book

LE advised that it had been necessary to bring the IG Policy and Procedure Book ahead of its planned review, due to the amendments required to meet the Data Security and Protection Toolkit requirements. The amendments related mainly to password length and complexity.

The Audit Committee **APPROVED** the amendments to the IG Policy and Procedure Book.

PP joined the meeting.

53 Emergency Preparedness Response and Resilience (EPRR) Annual Report and Self-Assessment

PP presented the annual report that detailed the work undertaken by the EPRR lead since October last year to provide assurance that Kirklees CCG was compliant with its duties relating to the NHS England EPRR core standards. The report confirmed that the CCG had submitted a 'fully compliant assurance' rating for the 2020/21 NHS England and EPRR Core Standards assurance process.

Appended with the report were a suite of documents for the Committee to approve and note:

- Core Standards
- Statement of Compliance
- Incident Response Plan
- EPRR Training and Exercise plan.

The Audit Committee acknowledged that lots of work had been done over the last year and conveyed thanks to the team for continuing the good work.

The Audit Committee **APPROVED**

1. EPRR Annual Report
2. Core Standards
3. Statement of Compliance, and **NOTED** the contents within the
4. Incident Response Plan
5. EPRR Training and Exercise plan.

PP left the meeting.

54 Governing Body Assurance Framework (GBAF) Update and Deep Dive

LE presented the updated Q2 GBAF and highlighted that all outstanding gaps had now been filled; risk owners had reviewed each risk; and she had amended the wording of the strategic objective relating to the ICS to ensure it reflected up to date language.

The Chair asked LE if she felt that the GBAF was reflective of the risk appetite discussion at the recent Governing Body development session. LE felt that this had helped to inform the scoring by risk owners and that whilst some target scores

seemed overly ambitious, risk owners had a better understanding of the Governing Body's appetite for risk and the relevant committees were monitoring these on a regular basis. It was noted that most of the risks did not have mitigating actions against them, as the risk owners did not feel that there were any gaps in control or assurance, and LE assured the Committee that this was kept under review.

Members discussed the outcome of the deep dive on principal risk 2.3. This risk had been chosen by the Chair as it related to staff welfare, whilst most of the other risks were looked at in detail in other committees, this was reviewed by SMT. The Committee agreed that they were assured by the outcome of the 'deep dive'. Committee members felt that it could be hard for them to receive informal feedback from staff or pick up vibes due to there being limited interaction in the workplace and working from home arrangements due to Covid; however, there were a range of controls in place that focused on staff engagement and communications.

The Audit Committee:

1. **REVIEWED** the Governing Body Assurance Framework Q2 update; and was
2. **ASSURED** by the 'deep dive' into Principal Risk 2.3.

TC left the meeting at this point.

55 ICS Transition and Development Update

RC presented the paper which provided an update on development of plans to close down the CCG and transfer responsibilities to the ICB. A group to oversee the work had been established and was working on an approach in line with National guidance and medium risk level. In terms of transparency, HT raised a declaration that she held a role with the ICS and was also helping to inform the development of work in Kirklees place.

Appendices to the update report provided detail on the West Yorkshire (WY) ICS transition proposed approach to due diligence, NHS Kirklees CCG Transition Programme and proposed high-level Kirklees Place-based Partnership supporting structure. The Chief Officer of the CCG would be required to sign off final plans after all due diligence has been completed and assurances provided.

Key risks identified were workforce capacity as existing teams were also dealing with Covid recovery and there was still uncertainty and ambiguity around the subsidiarity debate and consistency across West Yorkshire. It was also acknowledged that there was a risk of higher levels of turnover of staff in the transition period, so there would need to be robust vacancy control processes and mitigating actions in place in readiness for April 2022.

There was a discussion on the importance of keeping a record of decisions taken by the CCG that could impact future design and transition for historical evidence. Also, provision of resource to hand over work when RC left the CCG and ensuring there was a comprehensive central list of items that needed to be included in the transition such as counter fraud, crime prevention and fraud reduction policies, sign off of Annual Report/Accounts and arrangements for security management, with identified responsible owners.

ACTION: RC to check comprehensiveness of systems to ensure that outstanding assurance actions were carried forward into the new ICS world.

ACTION: LE to canvass for Audit Committee members availability to hold an extra meeting before January to review ICS transition and development plans if required.

There were no items identified to raise with the Transition Board the following week.

The Chair thanked RC.

The Audit Committee:

1. **REVIEWED** and **CONFIRMED** its approval of the recommended approach and framework to West Yorkshire transition due diligence.
2. **AGREED** to meet in common with the audit committees of the other West Yorkshire CCGs (in February 2022) to enable a common approach to providing input and assurance of due diligence process and outputs.
3. **REVIEWED** and **CONFIRMED** its approval of the proposed formal transition programme arrangements within Kirklees.
4. **REVIEWED** process and progress for the development of Kirklees Place-based Partnership, offering any suggestions for improvement.

RC left the meeting.

56 Review of Committee Minutes

Minutes of the following meetings were received for information and assurance.

- Kirklees Primary Care Commissioning Committee – 28 April, 23 June, 14 July
- Kirklees Quality Committee, Sandwich, Finance, Performance and Contracting Committee – 26 May, 28 July (except Sandwich as not yet ratified)

The Audit Committee **RECEIVED** and **NOTED** the minutes set out above.

57 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, that everything required was included and noted the proposal to hold an Audit Committee meeting in common in February 2022.

The Audit Committee **REVIEWED** the plan.

58 Review of Meeting

The meeting was reviewed, with all agreeing that the discussion had been positive and well Chaired.

Items agreed to be escalated to the Governing Body were:

- SMT and Audit Committee recommendations for action in relation to non-compliance of some GB members in completing statutory mandatory training.
- Convey Audit Committee assurance on process and plans for the transition to ICS.

59 Any Other Business

No other business was raised.

60 Date and Time of Next Meeting

It was noted that the date of the next meeting needed to be changed to reflect Committee members' availability, and that Wednesday 26th January at 2.00pm appeared to be suitable for everyone.

The meeting concluded at 11.14 am.

Kirklees CCG Primary Care Commissioning Committee
9.00 am, Wednesday 27 October 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	(CMc)	Chief Officer
Alison Needham	(AN)	Acting Chief Finance Officer
Rob Willis	(RW)	Acting Head of Finance
Penny Woodhead	(PW)	Chief Quality and Nursing Officer
Martin Wright	(MW)	Lay Member: Audit and Governance

In Attendance

Dr Dil Ashraf	(DA)	Chair, Council of Members
Dr N Chandra	(NC)	Local Medical Committee Representative
Joanne Davies	(JD)	Senior Primary Care Manager
Laura Ellis	(LE)	Head of Corporate Governance
Jan Giles	(JG)	Senior Primary Care Manager
Dawn Ginns	(DG)	NHSE representative
John Laville	(JL)	Patient Representative
Chris Nicholls	(CN)	Primary Care Manager
Martin Pursey	(MP)	Head of Contracting and Procurement
Mahmood Yaqoob	(MY)	Other Primary Care Professional Practice Member
Catherine Wormstone	(CW)	Head of Primary Care Strategy and Commissioning
Lisa Purvis	(LP)	(Minutes)

Apologies

Hilary Thompson	(HT)	Lay Member: Finance and Remuneration
Dr Steve Ollerton	(SO)	GP Member
Dr Yasar Mahmood	(YM)	GP Member
Dr Bert Jindal	(BJ)	Local Medical Committee Representative
Stacey Appleyard	(SA)	Healthwatch
Richard Parry	(RP)	Kirklees Council
Vicky Dutchman	(VD)	Head of Strategic Planning, Performance and Delivery
Lindsay Greenhalgh	(LG)	Head of Medicines Management

33. Welcome, Apologies and Declarations of Interest

BH welcomed those present to the meeting and introduced LP who was attending the meeting for the first time to take the minutes. Apologies were as set out above.

Conflicts of Interest:

LE advised the committee:

Minutes of last meeting – It was noted that there was a number of items at the last meeting in which individuals were conflicted but as the minutes were for confirming accuracy only further discussion was not expected and no further action was required to manage the conflict.

Primary Care Budgets / Contracting – It was noted that there were individuals working in local practices who had a direct financial interest in the item. These were recognised and if required conflicted individuals would retire to the virtual public gallery.

Broughton House – LE was not aware of anyone that had an interest in any of the bidders and no conflicts to manage were raised in the meeting.

Branch Closure Update – LE was not aware of anyone that had an interest in any of the practices and no conflicts to manage were raised in the meeting.

34. Vision and Values

The Kirklees CCG vision and values had been circulated and were noted.

35. Accuracy of Minutes from 25 August 2021, Matters Arising and Action Log

The minutes of the meeting held on 25 August were **APPROVED** as a correct record with the addition of RW to the attendance list.

Actions Log

32a – Kirklees Frailty Scheme Funding
JD confirmed that all actions and communications to practices had been completed.
CLOSED

33a – Carr- Hill Funding Formula
CMc confirmed that all of aspects of this action had been completed.
CLOSED

33b – Carr- Hill Funding Formula
DG agreed to check and feedback if the action to do further mapping across West Yorkshire and nationally had been completed.
OPEN

42 – Primary Care Dashboard Update
It was confirmed that DL had completed this action with VD and agreed that the QOF measure could reflect the six-point measure.
CLOSED

43 – National GP Patient Survey Results
It was confirmed that DL had sent letters to all practices, acknowledging pressures and a number of positive responses had been received from practices.
CLOSED

Matters Arising

There were no matters arising.

36. Questions from Members of the Public

There were no questions from the public.

37. Patient Story

PW presented the Patient Story which related to 'M' who was from West Africa but living in the UK. The individual had contracted Covid and was now living with the effects of Long Covid.

'M' had shared their story to help raise awareness of the seriousness of the illness, the physical and mental impact of living with Long Covid and the continuous symptoms they were experiencing as a result of this. Even though 'M' had received good support from their GP, they felt ashamed to keep ringing the centre, not wanting to be a pain.

Other areas of contact that had helped 'M' were sharing his experiences on a Facebook group hearing from other people with similar symptoms and how they were managing these. 'M' had also heard of the work the Patient Reference Group at the White House Centre (WHC) were doing facilitating developing an easy read Covid 19 leaflet including how the NHS works and FAQs in different languages. This would help with participation and gaining feedback from these population groups. 'M' remained hopeful that they would get stronger and live Covid free in the future.

The Committee reflected on the story and commented on the positive information regarding PPI assurance request to look at the impact of long covid for patients and how the Patient Reference Group was picking up around information leaflets and translation working to help patients. There was a brief discussion regarding the work to establish long covid clinics, recognising and valuing nationally the work GPs were doing and the disconnect on patient experience and how far practices were going to meet demand.

Members credited the work of WHC, who were a small team, on how responsive they had been in the last few months dealing with the increase in workload and managing other aspects such as 'pop up' clinics for vaccinations. It was also noted that Bradford had established a dedicated long covid clinic with dieticians and psychologists.

Ratified

Question was raised regarding translation costs and the source of funding from where these costs would be covered. PW advised that some of the funding would come from allocation in the WHC budget and the interpreting service that the Kirklees CCG covered.

38. 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 finance report highlighting that the CCG had implemented the changes to the Primary Care Commissioning Budgets as outlined to the committee in the previous finance report. This was explained in section 3.3 of the update report circulated.

The report showed a forecasted small net overspend of £0.098m at month 6, which was illustrated in section 4 of the report. This was expected to be reported in line with plan once other non-recurrent mitigations were reflected in the position later in the year.

The CCG received an allocation in month 5 for £0.221m for the Long Covid Enhanced Service.

Work was ongoing to build plans for H2 planning following the guidance published on the 30 September. The national deadline for submission of plans to NHS England was on 16 November and the CCG was taking the plans through the governance process for review and approval prior to submission.

The budgets for H2 were being collated as part of a wider ICS footprint across the West Yorkshire and Harrogate ICS. The allocation for Co-commissioning was £302.1m which was the same as H1, however, additional allocations might come through.

In relation to the £0.221m allocation for Long Covid Enhanced Service, JL asked if RW or JG had the detail of what this covered. RW advised that he would provide this to JL as he didn't have the detail in the meeting.

ACTION: RW to send JL information on what the allocation of £0.221m for the Long Covid Enhanced Service covers.

The Primary Care Commissioning Committee:

1. **NOTED** the movements of the H1 2021-22 budgets at month 6.
2. **NOTED** the forecast out-turn at month 6 and,
3. **NOTED** the expectation of a H2 2021-22 planning timetable and processes.

Ratified

39. 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.)

MW presented the update report highlighting the applications received from corporations on novation of contracts, stating that there was a time delay from approving the application and when the novation agreement took effect.

In relation to GP Community Lead Services, extension of the services until 31 March 2022 had been approved and revised contracts would be issued in due course.

There had been movement in the Primary Care Network as the Clinical Director for Spen Health and Wellbeing Network (SHAWN) PCN had resigned. A revised Mandate Network Agreement had been signed by all member practices confirming Dr Hannah Hughes as Clinical Director with effect from 24 June 2021.

The CCG allocations for the Weight Management Enhanced Service would be made in March 2022, depending on the number of referrals made, up to the notional allocations. CCGs would be able to access reports via CQRS in order to monitor the number of claims made by practices to ensure they did not exceed their allocation without prior agreement. All Kirklees practices had signed up before the required deadline.

The Primary Care Commissioning Committee:

1. **RECEIVED** and **NOTED** the contents of the report.

40. Broughton House Surgery – Contract Decision

The report provided detail on the robust process and outcome of the open tendering procedure for expressions of interest from suitably qualified and experienced providers to deliver Primary Care Medical Services for a GP practice in Batley, West Yorkshire currently identified as Broughton House Surgery.

There were five expressions of interests received and these were evaluated by a qualified panel; the threshold set for all procurement was at 60% in order to be considered for award of contract. The report included detail of the initial scores of responses pre moderation and the rationale consensus of the panel for the bidders. Bidder 4 scored the highest overall, so the recommended bidder for awarding the contract was Bidder 4. As experience had shown, awarding contracts did not always progress as anticipated, therefore, the Committee was asked to confirm their approval to award the contract to the next highest scoring bidder should the preferred bidder not be able to proceed.

CW assured the Committee that there were a number of disciplines that the procurement process went through including discussion on sustainability of practices and pressures on Primary Care providers.

JL asked if the lowest scoring bidder were a current provider of services and whether this low score would raise any warning flags. MP advised that the provider was known to the CCG, however the low scoring was more about not providing good responses rather than there being issues with the services. There was support and guidance provided for providers who requested it when they are submitting a tender and feedback would be provided to all unsuccessful bidders.

MW highlighted the Conflict of Interest declared in section 4.7.1 of the report. To minimise the risk of challenge, he asked MP to confirm that the Evaluator who declared the interest had not been involved in any part of process. MP agreed to check this prior to award of contract.

Further to a question from NC, MP advised that the Tier 2 rate had recently had a local uplift applied (0.22 p per patient), which could potentially increase the estimated contract value if the weighted list size remained a similar size into 2022.

The Primary Care Commissioning Committee:

1. **NOTED** the content of the report and was assured that a robust process had been followed.
2. **NOTED** the outcome of the process and recommendation in respect of the preferred bidder.
3. **APPROVED** proceeding with the Contract Award to the recommended highest bidder with approval agreement to award to second highest scoring bidder if not able to award to highest bidder (subject to confirmation of management of conflict of interest).

41. Branch Closure Update

JG presented the report that detailed updates and next steps on re-opening of branches following their closure due to Covid 19. There were two branches that had now re-opened, and a request had been made to extend the temporary closure period for Keldregate until 27 January 2022 so that the practice can carry out actions to rectify issues identified during an Infection Prevention and Control Audit, and a Health and Safety premises inspection. The Infection Prevention and Control and Health and Safety reports had identified a number of areas that needed to be resolved including structural building issues before re-opening.

IA commented that three months was a long period and asked what type of actions were recommended to rectify the issues. JG responded that there were some issues that were easily rectified but structural building issues such as improving entrance/exits was more complex and would take longer to resolve.

PW recognised that the temporary closure was due to Covid 19, however, the Infection Control Report had identified other issues on maintenance and fabric of building and questioned whether it was fit for purpose to deliver a general practice service. She asked if these issues were known about before Covid and

a plan in place to resolve them. JG responded that there were some long-standing procedural and structural issues that were ongoing with the Landlord.

JL commented that Covid had helped to identify issues in this practice and wondered how many other small practices would benefit from an Infection Control Inspection.

The Committee accepted the timeline with the caveat that issues were resolved before the three-month period ended.

ACTION: JG/CW to discuss soft intelligence and surveillance processes on practices with the Infection Control Team and what extra support could be provided.

The Primary Care Commissioning Committee:

1. **NOTED** the re-opening of branch sites:
   Bond Street – branch surgery of B85015 Wellington House Surgery and,
   York House - branch surgery of B85655 - Cherry Tree Surgery
2. **NOTED** receipt of Infection Prevention and Control and Health and Safety reports about:
   Keldregate branch surgery of B85028 – The Grange Group Practice
   and that these reports identify a number of issues that need to be resolved in order to enable the site to safely re-open.
3. **SUPPORTED** the continuation of the temporary branch closure of Keldregate – due to the limitations of the Keldregate premises - pending discussion and agreement of works that would enable the site to safely re-open.
4. **APPROVED** continuation of the temporary closure of Keldregate until 27th January 2022 to enable rectification of the Infection Prevention and Control and Health and Safety issues.

42. Committee Work Plan

LE presented the workplan which focussed on the regular updates for information.

It was noted that there was an additional meeting of the committee scheduled to be held on the 17 November 2021 to focus on estates.

The Primary Care Commissioning Committee:

1. **RECEIVED** the Workplan.

43. Date and Time of Next Meeting

An additional meeting of the Kirklees Primary Care Commissioning Committee had been scheduled for 9.00am, 17 November 2021, via Microsoft Teams.

The next routine meeting of the Kirklees Primary Care Commissioning Committee had been scheduled for 9.00 am, 15 December 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 9.55 am.

Ratified

Minutes of the NHS Kirklees CCG

Quality Committees

held on Wednesday 24 November 2021, 9am – 10.18am

via MS Teams

Quality Committee Members Present:

Dr Razwan Ali	RA	GP Practice Representative and Chair
Dr Muhammad Dadibhai	MD	GP Practice Representative
Dr Iqbal Khan	IK	GP Practice Representative
Penny Woodhead	PW	Chief Quality and Nursing Officer
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
Susan Savage	SS	Quality Manager
Catherine Wormstone	CW	Head of Primary Care Strategy and Commissioning
Judith Stones	SJ	Medicines Optimisation Pharmacist
Tracey Singleton	TS	Senior Infection Prevention and Control Nurse
Clare Robinson	CR	Head of Nursing and Safeguarding
Juline Broadie	JB	Governance Manager (Customer Information and Complaints)
Emily Addison	EA	Project Support Officer, Calderdale CCG (observer)

Minutes:

Sam Parkinson	SP	Project Support Officer, Quality (minute taker)

045 Apologies and Declarations of Interest

Apologies were received and noted from Carol McKenna and Deven Vani.

Penny advised that as Razwan would be attending the meeting after the 9am start time, she would be Chairing the meeting until Razwan's arrival.

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, no conflict of interests was identified. It was agreed that this would be kept under review throughout the meeting.

046 Visions and Values

The Chair highlighted the visions and values and Members of the Committee were asked to reflect on these as the meeting progressed.

047 Minutes

The minutes of the meeting held on 29 September 2021 were reviewed for accuracy and **APPROVED** as an accurate record.

Action Log

036 - Quality and Safety Report, Quality Dashboard and Mid Yorkshire NHS Hospital Trust Quality Report - 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 – it was noted that the dip in performance was due to changes in what is recorded and where. More in-depth detail was provided at the meeting and

based on this information, the Committee **AGREED** that the action could be **closed**.

036 - Quality and Safety Report, Quality Dashboard and Mid Yorkshire NHS Hospital Trust Quality Report - Susan to request further information from the local CQC inspector in relation to Primary Care inspections – this was discussed with the local CQC inspector, who confirmed that the changes to the inspections were to enable a focussed and proportionate approach to the level of risk to patient safety. Sources of the information reviewed are detailed on the website and Susan provided a more detailed brief to the CQC's approach to the inspection and monitoring of GP services. The Committee **AGREED** that this action could be **closed**.

Matters Arising

There were no Matters Arising.

Judith Stones joined the meeting

048 NICE Technology Appraisals

Judith presented the report which outlined the Technology Appraisals (TAs) published by NICE in September and October 2021. Judith confirmed that 2 of the TAs published during this time period were for consideration by the CCG:

- TA723 – Bimekizumab for treating moderate to severe plaque psoriasis
- TA733 - Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia

Razwan Ali joined the meeting

Judith explained that no significant impact on resources was expected in relation to TA723. There were some issues to note regarding TA733, which included a lack of long-term data around safety. This treatment will be initiated and managed in a primary care setting and Judith advised that as work was

currently ongoing to develop the care pathway to ensure the correct patients receive this treatment, as well as guidance for clinicians, it is currently advised that clinicians do not prescribe this treatment. Penny added that rules around approval had been revised for this piece of guidance and the usual 3 months given had been revised to 30 days. Penny asked if the timescale for the pathway and guidance to be developed was known; Judith explained that this was being led at a West Yorkshire level and the deadline for completion was not yet known. Beth also asked if there was any patient involvement in the new pathway; Judith advised that any treatment received would involve a 2-way discussion between the patient and clinician. Support was offered from the Quality Team in relation to patient experience and suggested involving the Patient Reference Group in this work if required.

Following further discussion, it was agreed that support material for patients as well as advice, training and guidance for prescribers would be required. It was also agreed that communication should be circulated to all GP practices to advise on the current status of this treatment.

The Committee **AGREED** to **SUPPORT** the adoption of the NICE Technology Appraisals discussed, with the actions agreed for TA733.

Judith Stones
left the meeting

049 Quality and Safety Report, Quality Dashboard and Mid Yorkshire Hospital NHS Trust Quality Report

Susan presented the quality and safety report which included information relating to a number of areas of quality, including the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) project manager role, system pressures and the quality impact and an update on the work Quality for Health and Wellbeing.

The following information was also highlighted:

Flu vaccinations – Susan provided information in relation to a fridge malfunction in general practice which resulted in flu vaccinations being potentially compromised. Actions taken were outlined which have been shared with clinicians via the Primary Care Network (PCN) leads.

Prostate cancer follow ups – a look back exercise has been carried out to review the robustness of the follow up arrangements following the introduction of a Shared Care Pathway. Work with the PCNs and appropriate actions are ongoing, and a further update would be provided at the next meeting.

National Patient Survey, provider results – results have recently been published for both the Urgent and Emergency Care and Adult Inpatient Surveys. Results both nationally and locally were shared. Mid Yorkshire NHS Hospital Trust (MYHT) was an outliner in the Adult Inpatient Survey. This is currently being reviewed and a further update on actions being taken would be provided at the next meeting.

System Quality Group – preparatory work continues following the National Quality Board setting out the key requirements for quality oversight within the Integrated Care Systems.

Razwan highlighted the importance of reviewing the shared care pathways across the Kirklees and Calderdale footprint in order to ensure a consistent approach. Penny advised of a delay in agreeing a shared care pathway for the prostate-specific antigen test for patients and felt that the Committee should receive an update on when this issue will be resolved. Razwan agreed to speak to the CCG's Head of Strategic Planning, Performance and Delivery about this issue, as well as the process for future pathways, and would provide feedback at the next meeting.

ACTION: Razwan to discuss shared care pathways with the CCG's Head of Strategic Planning, Performance and Delivery and provide feedback to the Committee.

Catherine thanked teams for the support provided in relation to the fridge incident and advised of the importance of the systems and processes in place in general practice to avoid this situation in future. Following further discussion, it was agreed that information would be collated for the PCN Governing Body leads to cascade this information to the practices.

ACTION: Catherine to provide information on fridge maintenance systems and process for general practice, to be circulated to PCN Governing Body leads and cascaded to practices.

Penny provided further information regarding system pressures and advised that although there had been numerous discussions regarding operational issues, felt that there needed to be more of a focus on the safety, experience and outcomes for patients. Razwan agreed and provided further examples of areas of system pressures, including Local Care Direct.

Susan Savage left the meeting

Gemma presented the Quality Dashboard and highlights included:

Calderdale and Huddersfield NHS Foundation Trust (CHFT) – Percentage Non-elective #Neck of Femur (NOF) Patients with Admission to Procedure of < 36 Hours – Best Practice Tariff (BPT) based on discharge - The trust commissioned a review of the performance of this indicator due to their performance against the 36-hour admission to surgery target reducing. The Trust has also commissioned a deep dive review of hip fracture mortality which is currently ongoing. A number of emerging themes and trends have been recognised and further actions have been identified as part of the review process.

South West Yorkshire Partnership Foundation Trust (SWYPFT) – Complaints – Gemma had recently met with the Deputy Director of Nursing to discuss quality

and assurance and complaints was also discussed. The Trust confirms that this is still a high priority and focussed work continues to take place in areas identified as hot spots. The CCG has also introduced the Trust to the Heads of Patient Experience (HOPE) Network.

Information Governance breaches – a total of 12 breaches were logged during September 2021. It was noted that this indicator had recently been removed from the Enhanced Quality Surveillance of the Quality Dashboard due to recent improvements. This would remain as a watch in brief.

MYHT – Patient Safety Walkabouts (PSWs) – a series a PSWs have recently taken place which have been extremely informative in understanding the pressures faced by both the organisation and staff, as well as highlighting the positive work and commitment.

Locala – System Pressures – pressures remain, with daily reviews of patient needs and risk assessments being carried out for any deferred visits. Locala continue to work with the CCG Quality Team regarding risks and actions.

Penny noted the issues around complaints for SWYPFT that have been ongoing for some time and suggested that this was discussed at the next meeting with the Senior Team at the Trust. Feedback would be provided as part of the next Quality Dashboard update.

Razwan advised that intelligence is being received from various sources regarding system pressures within Locala which may have an impact on services like the Long-Term Condition reviews. Razwan confirmed that a meeting was taking place with Locala in November and Debbie advised that assurances are being requested in relation to processes, governance arrangements and risk assessments. A further update would be provided at the next meeting as part of the Quality and Safety Report.

Debbie added that feedback from the recent Patient Safety Walkabouts at MYHT had been fed back to the Trust and this information was being fed into internal discussions.

The Committee **RECEIVED** and **NOTED** the report and quality dashboard.

Tracey Singleton joined the meeting

050 Infection, Prevention and Control (IPC) update report

Tracey Singleton presented the report which provided an update on the current Healthcare Associated Infections (HCAIs), as well as work undertaken during the pandemic and current IPC activity. Tracey advised that work continues to support schools to manage covid and that care home audits have now recommenced following a pause during the pandemic. Further updates included details of outbreaks and outbreak management, as well as work around training and support to the acute trusts.

Penny thanked Tracey for her detailed report, which included a good level of detail regarding providers and related analysis and actions taken. Penny suggested that this information could be cross-referenced when the Quality Team carry out any Patient Safety Walkabouts (PSWs); Debbie confirmed that this information is considered and included in the feedback provided. Tracey confirmed that the IPC Team attend the providers' internal meetings to obtain further details and information, and SWYPFT provide a separate update. Gemma advised that she was in receipt of the SWYPFT co-vaccination information for SWYPFT and agreed to send to the IPC Team.

The Quality Committee **RECEIVED** and **NOTED** the current issues and assurances described in the report.

Tracey Singleton left the meeting

Clare Robinson joined the meeting

051 Joint Safeguarding Children/Adults update report

Clare presented the report which provided an overview of the safeguarding work carried out between May and October 2021. The report included an update on the current position of current safeguarding cases, as well as assurances on provider engagement. Clare highlighted the following:

GP Safeguarding Leads meetings – these are now more tailored to what GPs have said they would like to discuss, which has seen an increase in attendees.
Governing Body safeguarding mandatory training – the low number of members completing the training has been previously raised. Clare confirmed that the next round of figures would be reviewed, and contact would be made with individuals to understand any issues to completion should the numbers remain low.
Safeguarding Commissioning Assurance Toolkit – this is in the process of being completed and the deadline for completion is 31.12.12.

The increase in attendees at the Safeguarding Leads meeting was noted as a positive, and Razwan confirmed that email reminders have been sent to Governing Body members regarding the mandatory training.

Penny advised that the CCG continue to provide status checks in relation to new Liberty Protection Standards, despite a delay in guidance being issued by NHS England confirming what needs to be implemented. Penny confirmed that this has been added to the corporate Risk Register and support has been requested from Internal Audit to help assess the work to date and identify any potential gaps.

The publication of the outcome of an historic mental health homicide investigation was imminent and Penny agreed to provide a short briefing to the Governing Body once published. Ongoing assurances regarding this case have been regularly provided to the Governing Body. Penny also advised that the

Chair of the Kirklees Safeguarding Children partnership has recently stepped down. A short-term solution is being worked on but recognised that there would be a gap in the interim.

The Committee **RECEIVED** and **NOTED** the report

Clare Robinson left the meeting

Juline Broadie joined the meeting

052 Complaints and PALS update report

Juline Broadie presented the report which provided an overview of the number and nature of complaints and PALs queries and lessons learned during Quarters 1 and 2 2021/22. Key headlines were provided and response times for provider responses were also outlined. Beth noted information in relation to a provider not being able to provide voice recordings due to the length of time between events and the complaint being raised, and asked if this is something that could be provided for any future requests. Juline agreed to speak to the provider concerned to check.

ACTION: Juline to contact the provider discussed to check if there was now a system in place to provide historical voice recordings should they be requested.

Penny asked if there were any concerns with particular providers around response times to complaints; Juline provided examples and Penny suggested that these could be fed into future quality discussions.

The Committee **RECEIVED** the report and **NOTED** the 6-monthly report.

Juline Broadie left the meeting

053 Quality and Safety Committee Work plan 2021-22

The work plan for 2021-22 was **RECEIVED** and **NOTED**.

Penny advised that a piece of work had begun to review current governance arrangements with a view to moving to the new Integrated Care System in April 2022, and consideration for these new arrangements would be required. It was agreed that discussions on future arrangements would take place over the next couple of meetings.

054 Items for attention of Governing Body

The Committee **AGREED** to refer the following item to the Governing Body:

- A condensed version of the quality and safety report and information from the quality dashboard

055 Minutes to receive

The following minutes were received for scrutiny and information:

- Kirklees Primary Care Operational Group 8.9.21 & 13.10.21
- West Yorkshire IUC/999 Clinical Quality Group 21.7.21

056 Any Other Business

There were no items under Any Other Business.

057 Date and time of next meeting

It was **CONFIRMED** that the next meeting is scheduled for Wednesday 26 January 2022 at 9am via MS Teams.

Minutes of Finance, Performance and Contracting Committee and Quality Committee – Sandwich Meeting
Meeting held at 10.45 am on 24 November 2021
Held as a VIRTUAL meeting

Members	Initials	Role
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
Dr Khalid Naeem	(KN)	Clinical Chair
Alison Needham	(AN)	Interim Chief Finance Officer
Dr Gareth Price	(GP)	GP Member
Martin Wright	(MW)	Lay Member: Audit and Governance
Penny Woodhead	(PW)	Chief Quality and Nursing Officer
In Attendance		
Joanne Davis	(JD)	Senior Primary Care Support Manager (minute 40)
Joanna Dunne	(JDu)	Senior PMO Manager
Vicky Dutchburn	(VD)	Head of Strategic Planning, Performance and Delivery
Laura Ellis	(LE)	Head of Corporate Governance
Nick Lamper	(NL)	Governance Manager (minutes 36 – 39)
Rachel Millson	(RM)	Senior Strategic Planning and Development Manager (minute 40)
Martin Pursey	(MP)	Head of Contracting and Procurement
Rob Willis	(RW)	Acting Head of Finance
Debbie Winder	(DW)	Head of Quality
Catherine Wormstone	(CW)	Head of Primary Care Strategy and Commissioning
Lisa Purvis (minutes)	(LP)	Governance Manager
Apologies		
Natalie Ackroyd	(NA)	Senior Strategic Planning, Performance and Service Transformation Manager
Carol McKenna	(CM)	Chief Officer
Dr Deven Vani	(DV)	Secondary Care Advisor

36 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.

HT confirmed that agenda item 4 ‘Notification of Urgent Decisions’ would be discussed in the FPC meeting.

Conflicts of Interest
Minutes of last meeting – There were a number of individuals that had conflicts in items considered last time who had been excluded from various parts of the meeting. The minutes were reviewed before distribution and agreed appropriate to

share these in full. As the minutes were for approval of accuracy only, conflicted members were able to remain present with the caveat that if there was further discussion, conflicts would be managed at that point.

Tiers 3 and 4 LES Review update – There were a number of individuals working in local member practices that had different direct financial interests in this item. It was agreed to group the update and then hold a short, conflicted discussion on them all, and then ask conflicted members to leave the call to enable a non-conflicted discussion and decision.

Microsuction Service – Conflicted individuals were identified as MD, NG and KN and they would be excluded for the duration of the item.

37 Vision and Values

The Kirklees CCG vision and values had been circulated and were noted.

38 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 29 September 2021.

Minutes

The minutes of the meeting held on 29 September 2021 were **APPROVED** as a correct record. No amendments were identified.

Matters Arising

There were no matters arising.

Action Log

14 Shared Referral Pathway - VD & CW to agree how to communicate the process to Primary Care and the LMC.
Update: *CW advised that work was ongoing and further communications were being sent out on payments. A system wide meeting had been held, there would be conversations with LMC to confirm the date payments would commence and an update presentation was provided to the Council of Members last week. On this basis, CW requested this action be closed and shared referrals were detailed in the finance paper.*
Action completed

22 Risk Registers - NL and DW to ensure the Risk Scores for Risk 1939 and 1945 were amended prior to submission to Governing Body.
Update: *NC confirmed that the risk scores had been amended.*
Action completed

39 Risk Registers

The risk report provided details of all Quality and Finance, Performance and Contracting risks on the Risk Register on the 15 November 2021, following SMT review.

Quality Risks - NL drew attention to the newly identified quality risk detailed in 2.2.3 that related to patient data having been lost due to flawed processes in the iQA database. The Continuing Care team were working to correct the records and determine the total number of patient records that had been affected.

SMT had requested an additional quality risk be added to reflect the fact that the system was at a mitigated OPEL 4 level, as the risk profile did not fully reflect this. NL confirmed that this risk had not yet been added to the register.

PW asked NL if this risk could be added to the risk register for the Governing Body to demonstrate that the CCG was sighted on risk to the population.

ACTION: PW and NL to discuss adding the quality risk to reflect the fact that the system was at a mitigated OPEL 4 level to the Governing Body risk register.

There were two high level risks detailed at 2.2.5 of the report that the Committee was familiar with, scoring 15 or 16, which was one fewer than at the last risk cycle.

Finance risks -
NL highlighted there were no newly identified risks, there was one risk detailed in 3.2.4 marked for closure and one high level open risk scoring 15 or above detailed in 3.2.5.

GP raised whether there was any provision or arrangements being made for staff to return to working in the office to assist with CCG staff who were feeling isolated working from home. LE advised that since July 2021 there had been a hybrid model of working with all staff coming into the office at least one day per week.

AN suggested that it would be useful if section 2.2.4 explained which system it was referring to.

PW updated on the SMT conversation relating to risks on system pressures advising that although Kirklees CCG was not at OPEL 4, it was undertaking mitigations as if it was. PW assured the Committee that risks on the register that related to individual providers were being managed.

The Committee:

1. **RECEIVED** the Quality risks and Finance, Performance and Contracting risks and was,
2. **ASSURED** in respect of the effective management of the risks and the controls and assurances in place.

NL left the meeting
RM and JD joined the meeting

40 Tier 3 and Tier 4 Primary Care Local Enhanced Services (LES) Review update

(There were a number of individuals working in local member practices that had different direct financial interests in this item. It had been agreed to present the full update and then hold a short, conflicted discussion, and then ask conflicted members to leave the call to enable a non-conflicted discussion and decision.)

The paper detailed progress on Tier 3 and Tier 4 Local Enhanced Services (LES) and included an update on ceasing of a number of the current LES from the 31 March 2022 with the rationale behind the decision. CCG funding made available from ceasing any of the current LES would be utilised to fund new Tier 3 / 4 enhanced service schemes starting from the 1 April 2022.

In addition, the paper outlined a recommendation to the Committee that the Primary Care Health Inequalities Scheme and Frailty scheme carry on for an additional year, from the 1 April 2022 until the 31 March 2023. Funding has been allocated to support the continuation of these schemes for that period and allow new schemes to embed.

The Committee held a conflicted discussion that included the differences and reason for separation between Tier 3 and 4 services, the importance of having these services ready and money transferred by April 2022 including the twenty-four ambulatory elements and recognising the risks if there was disagreement or delays beyond April 2022.

MD, NG, IK and GP left the meeting.

The Committee held a non-conflicted discussion that included acknowledgement of the work that had been undertaken, decisions that had been made and the importance of completing all the work within the end of March 2022 timeframe, especially from a governance and finance perspective. The volume of work was recognised and the need to have a pragmatic approach working with LMC colleagues to agree and move forward preparation for the transition to the ICS.

Following the discussion, the Committee confirmed they were happy to support the recommendations recognising the risk in volumes of work and that discussions were taking place.

The Committee:

1. **SUPPORTED** the proposal to no longer continue the same day appointment, online booking and bypass numbers scheme (elements of the current Greater Huddersfield Good Practice Bundle1). As the CCG would not continue to commission these services through the T3/T4 enhanced service scheme, payments for the schemes would cease from 31 March 2022.
2. **APPROVED** not to continue the North Kirklees 24 Ambulatory Monitoring Scheme beyond 31 March 2022 as funding would form part of the overall funding for enhanced services.
3. **APPROVED** not to continue the 24 Ambulatory Monitoring element of the Greater Huddersfield Good Practice Bundle beyond 31 March 2022 as funding would form part of the overall funding for enhanced services.
4. **APPROVED** not to continue the remaining elements of the North Kirklees Quality Access Scheme beyond 31 March 2022 as funding would form part of the overall funding for Tier 3 / 4.
5. **APPROVED** extending the Health Inequalities and Frailty Schemes to the 31 March 2023 to enable full evaluation.

RM and JD left the meeting.
MD, NG, IK and GP re-joined the meeting.

41 Efficiency and Recovery Group Update

In NA's absence, VD advised that the Efficiency Group was fully established and was meeting monthly, with delivery meetings also taking place monthly.

A detailed paper had been submitted to SMT and VD confirmed that she would circulate this, and the presentation NA was going to present to members for information. It was acknowledged that a highlight report would be provided to the Committee meeting from next month onwards for assurance purposes and VD advised that herself and NA continued to work with partners across the system.

ACTION: VD to circulate the Efficiency and Recovery Group update presentation and SMT paper for information to the group.

The Committee conveyed their best wishes to NA and **NOTED** the verbal update provided.

MD, NG and KN left the meeting.

42 Micro-suction Service

(It had been identified that MD, NG and KN were conflicted and agreed that they would be excluded for the duration of the item.)

MP outlined the open, competitive tender procurement process undertaken to attract provider bids to provide a Micro-suction Service for the population of Kirklees. The intended service start date was 1 November 2021 and the contract term until 31 March 2023 (with option to extend up to 31 March 2024). The financial envelope for the contract was estimated to be £406,000 however, there was no commitment and payment would depend on activity, therefore the contract value was £0.

There were twelve suppliers that registered an interest and of these, five submitted their response and relevant documentation by the deadline date. The routine AQP accreditation process was used to evaluate, score and agree the top three highest scoring providers. MP advised that one of the top three providers was subject to some ongoing concerns relating to other commissioned or contracted services they provided. Whilst these concerns did not impact on the accreditation of the applicant to meet the specification for this service, it reduced the level of confidence the CCG had of them having capacity to mobilise the service immediately. Therefore, the recommendation was to delay issuing the contract to this provider for up to three months to allow them to resolve the issues. If the issues were unable to be resolved, agreement was sought to be able to award the contract to the next highest scoring bidder. MP confirmed that as soon as the provider demonstrated they had resolved the issues, the contract would be issued.

The Committee discussed the mechanisms to manage the stages of bids, the differences and reason for keeping the two tiers separate, understanding the reasons for the small number of providers that showed interest, what plans were in place to address any demand surge, quality of patient experience and the risks and impact of capping AQP contracts.

Following feedback from providers and building on review process assumptions on the previous provision, demands from Primary and Secondary Care on EMT list, resulted in the service being moved to a longer-term contract.

It was acknowledged that AQP contracts were the most appropriate as they were accredited for a period of time and could be reviewed and amended periodically if required.

IK raised whether GP practices had knowledge of the criteria and were confident that staff could be trained to deliver this service. He mentioned the differences in kits required for different settings and the need to future proof services into primary care by training staff now. MP responded that there were open windows of opportunity for practices and providers to understand the criteria that included the expected standard as this was in the public domain.

AN provided assurance that decisions relating to awarding contracts for this service had not been taken lightly, that there were some conflicts to manage and sensitivity around this and that quality and performance would be reported on as this was a new service.

The Committee:

1. **NOTED** the content of the report and were assured that a robust process had been followed.
2. **NOTED** the outcome of the process and recommendation in respect of the accreditation of providers to be offered a contract.
3. **APPROVED** proceeding with the award of contract to respective bidders as indicated in the paper.
4. **NOTED** comments on different processes going forward.

MD, NG and KN re-joined the meeting.

43 Items for the attention of the Governing Body

There were no items raised to bring to the attention of the Governing Body.

44 Minutes for information

The Committee **RECEIVED** and **NOTED** the minutes/notes of the following meetings:

1. Primary Care Operational Group 8 September and 13 October 2021.
2. Kirklees Integrated Health and Care Leadership Board 2 and 30 September 2021.
3. Joint Acute Strategic Oversight Board 7 October 2021.

Next meeting 26 January 2022

The meeting concluded at 11.40 pm

Minutes of Finance, Performance and Contracting Committee
Meeting held at 11.55 am on 24 November 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
Dr Gareth Price	(GP)	GP Member
Martin Wright	(MW)	Lay Member: Audit and Governance
In Attendance		
Vicky Dutchburn	(VD)	Head of Strategic Planning, Performance and Delivery
Laura Ellis	(LE)	Head of Corporate Governance
Nick Lamper	(NL)	Governance Manager
Martin Pursey	(MP)	Head of Contracting and Procurement
Rob Willis	(RW)	Acting Head of Finance
Catherine Wormstone	(CW)	Head of Primary Care Strategy and Commissioning
Apologies		
Natalie Ackroyd	(NA)	Senior Strategic Planning, Performance and Service Transformation Manager
Carol McKenna	(CM)	Chief Officer
Dr Deven Vani	(DV)	Secondary Care Adviser

36 Welcome, Apologies and Declarations of Interest

HT welcomed those present to the meeting. Apologies were as set out above.

Conflicts of Interest

NG, KN and GP declared direct financial interests in the item on Shared Referral Pathway (SRP) Funding (minute 46 below) as their practices were recipients of payments under the scheme and would withdraw from the meeting during the consideration of the item.

37 Accuracy of Previous Minutes, Matters Arising and Action Log

Minutes
The minutes of the meeting held on 29 September 2021 were **APPROVED** as a correct record.

Matters Arising
There were no matters arising.

Action Log

There were no outstanding open actions.

38 Notification of Urgent Decisions

A Notice of Urgent Decision in respect of the Financial and Activity Plan H2 2021/22 was submitted. Reference was also made to an urgent decision in respect of the Issue of a Remedial Notice, which would be reported in detail within the Contracting Report later in the meeting (minute 41 below refers).

The Finance, Performance and Contracting Committee **NOTED** the action taken.

39 Performance Report against Key Performance Indicators for September 2021

VD presented a report detailing performance at Month 6 of 2021/22 against ALL NHS Constitutional Standards for Kirklees CCG.

Standards not achieving the national thresholds were highlighted in the report along 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.

VD led the committee through the detail of the report.

KN asked whether there was an opportunity for the acute trusts (within and beyond Kirklees) to learn from each other where there were performance differences.

VD advised that some of the performance differences were due to MYHT having started utilising outsourcing to other providers earlier than CHFT, and there had been work on the WYAAT footprint in respect of sharing capacity (eg in the case of orthopaedic joint replacement).

GP noted performance differences in relation to invasive and non-invasive diagnostics between the two acute trusts (eg MRI scans) and asked whether this was because of the specialities they had chosen to target. VD explained that in part this was down to the equipment they had been able to bring in, and in part depended upon their starting point. Work was currently being undertaken in respect of MRI.

In relation to the performance of YAS, GP related how his practice's supply of oxygen had been used up waiting for the arrival of an ambulance and the first responder had then acquired the supply of the local fire station and used that up. VD advised that all delays were fully scrutinised and all cases reviewed where there was clinical impact or a knock-on effect. One recent case was currently the subject of a root cause analysis.

MP added that a feedback loop was in operation whereby YAS and others could feed in via the CCG as lead commissioner, and the West Yorkshire Quality Group would be the ultimate point of conversation. Occurrences similar to that referred to by GP should be fed into the Quality or Contracting teams.

KN asked whether the red button system was still in operation and VD confirmed that it was, and DW's team was working with the LMC to reinforce its use.

The Finance, Performance and Contracting Committee **NOTED** the NHS Kirklees CCG, Calderdale and Huddersfield Foundation Trust and Mid Yorkshire Hospitals Trust performance against the key outcomes and measures for 2021/22 and the actions in place to address areas of over/under performance.

40 Finance Report Month 7, 2021/22

RW presented a report providing a full year budget and forecast as of October 2021 (month 7) following approval of H2 plans and an update in respect of the approved financial plan for H2.

The report included detailed analysis and information in respect of financial investment plans and highlighted the potential risk of slippage, along with an update on risks and mitigations.

RW led the committee through the detail of the report, which had now consolidated H1 and H2 into a full-year plan and forecast. The aim was to achieve a break-even position at year end, while there was currently a financial gap of £4.5m as indicated in section 8 of the report.

Referring to investments and slippage, AN advised that only local investments had slippage. She added that the system may receive additional support by way of the elective recovery fund and winter pressures funding. The projections had built in a lot of independent sector activity and had probably been overly prudent.

NG asked whether it was intended to continue with aligned incentive contracts with the acute trusts in what he described as a major reset position, or to return to tariff-based, payment-by-results contracts. MP advised that there was talk around a blended approach to allow more flexibility to enable things to be moved around more, but the guidance had not yet been published. The approach was likely to be more outcomes-based but more hybrid. The demand plan needed to reflect changes in pathways.

AN added that the CCG was in a commissioner/provider environment at the moment but in 2022/23 this would have morphed into one body. The key would be how to work together to bring about the best outcomes for patients.

NG believed that referral had been easier under an activity-based system and suggested that a “door-closure culture” had set in.

AN thought that, once all organisations were “in one room” together as place , there would be a better opportunity to have those conversations. MP added that there did need to be an element of resetting, having lost two years of development of aligned-incentive systems.

The Finance, Performance and Contracting Committee **NOTED** the content of the report, including the combined H1 and H2, annual budget and forecast at month 7 along with the risks and mitigations, particularly in respect of anticipated pressures in 2022-23.

41 Contracting Report, Month 6, 2021/22

MP presented a report to update the committee on Month 6 (September) of the 2021/22 contract position, highlighting various issues where appropriate.

The report also notified the committee of an urgent decision which had been made in October in relation to the issue of a Remedial Notice to the Extended Access service provided by Curo.

He reminded the committee that, under the current arrangements, the CCG had no contractual relationship with NHS providers but bilateral contracts with non-NHS providers. Contract reviews were under way in preparation for the transition to the ICB.

Referring to waiting times, KN noted that waits of over 52 weeks (as well as other waiting time targets) were in significant numbers, and asked whether current plans to address this were considered accurate.

VD indicated that the acute trusts were contacting those on the lists regularly to review their position; national discussions were taking place in respect of 104-week waits. In addition, a number of patients were choosing to wait, and some were turning up to appointments saying they no longer required the relevant treatment.

The Finance, Performance and Contracting Committee **NOTED** the content of the report, including the action taken in respect of the issue of the Remedial Notice to the Extended Access service provided by Curo.

42 Committee Work Plan

LE presented the committee's work plan.

The Finance, Performance and Contracting Committee **RECEIVED** and **NOTED** the work plan.

43 Items for the attention of the Governing Body

The financial risks in relation to the new financial year would be highlighted in the Finance Report to the Governing Body.

44 Any Other Business

No items were raised.

45 Date and Time of Next Meeting

The next meeting of the Finance, Performance and Contracting Committee was scheduled for 10.45 am on Wednesday 26 January 2022, via Microsoft Teams.

46 Shared Referral Pathway (SRP) Funding

NG, KN and GP declared direct financial interests in this item as their practices were recipients of payments under the scheme and withdrew from the meeting during the consideration of the item.

NG, KN and GP left the meeting.

VD presented a report outlining how, in July 2021, the CCG had agreed a new 'Shared Referral Pathway' (SRP) scheme to support Kirklees practices from the period from 1 July 2021 to March 2022. The proposal had been for the original scheme to be paid as based on the July actual list size x £2.00, commencing on 1 July, the pro-rata cost being £0.672m.

Following further conversations with general practice and members of the Local Medical Committee, it had been acknowledged that this work has been on-going from the start of the financial year and a request was now presented to approve that this payment be made retrospectively from April 2021. The additional cost would be £0.224m, also based on the July list size. It was proposed to meet the additional payment from slippage in the Primary Care Co-commissioning budget.

AN advised that the difference with this element of the scheme was that months 4 to 12 would be paid from programme funds whereas months 1 to 3 would be paid from Primary Care funds.

CW confirmed that she was comfortable with the usage of the slippage in the Primary Care Co-commissioning budget in this manner and would report this through to the Primary Care Commissioning Committee.

The Finance, Performance and Contracting Committee:-

- **NOTED** and **APPROVED** the proposal to extend the scheme to cover Quarter 1 of 2021/22 (April to June 2021); and
- **NOTED** the additional cost of £0.224m and the funding of this from in-year slippage in the Primary Care Co-Commissioning budget.

The meeting concluded at 1.00 pm.