Governing Bodies Meetings in Common – 10 July 2019

NKCCG Governing Body
(to be held as committees in common with GHCCG Governing Body)
10.00 am – 1.30 pm, Wednesday 10 July 2019
Briar Suite, Briar Court Hotel, Huddersfield, HD3 3NT

Agenda

Members
Dr David Kelly (DK) Chair
Ian Currell (ICu) Chief Finance Officer
Dr Nadeem Ghafoor (NG) GP Member
Beth Hewitt (BH) Lay Member: Patient and Public Involvement
Dr Indira Kasibhatla (IK) GP Member
Dr Mangipudi Jayashree (MJ) GP Member
David Longstaff (DL) Lay Member: Audit
Dr Yasar Mahmood (YM) GP Member
Carol McKenna (CM) Chief Officer
Dr Khalid Naeem (KN) GP Member
Julie Pieske (JP) Advanced Nurse Practitioner Member
Sarah Sowden (SS) Advanced Nurse Practitioner Member
Dr Chunda Sri-Chandana (CSC) Secondary Care Member
Hilary Thompson (HT) Lay Member: Finance and Remuneration (Vice Chair)
Penny Woodhead (PW) Chief Quality and Nursing Officer

Apologies

In Attendance
Dr Steve Ollerton (SO) GH CCG Clinical Leader (Chair)
Natalie Ackroyd (NA) Senior Strategic Planning, Performance and Service Transformation Manager
Dr Razwan Ali (RA) GH GP Practice Representative
Dr Dil Ashraf (DA) GH GP Practice Representative
Rachel Carter (RC) Turnaround Director
Jenny Cullearn (JC) GH Practice Representative
Vicky Dutchburn (VD) Head of Strategic Planning, Performance and Delivery
Laura Ellis (LE) Head of Corporate Governance
Alix Ewen (AE) GH Advanced Nurse Practitioner Practice Representative
Dr Jane Ford (JF) GH GP Practice Representative and Deputy Clinical Leader
Makrand Goré (MG) Head of Medicines Management
Siobhan Jones (SJ) Head of Communications and Engagement
Pat Keane (PK) Chief Operating Officer, NK
Angela Monaghan (AM) GH Nurse Advisor
Alison Needham (AN) Head of Finance
Richard Parry (RP) Strategic Director for Adults and Health, Kirklees Council
Emily Parry-Harries (EPH) Consultant in Public Health, Kirklees Council (substitute for Director of Public Health)
Martin Pursey (MP) Head of Contracting and Procurement
Helen Severns (HSe) Service Director: Integrated Commissioning
Catherine Wormstone (CW) Head of Primary Care Strategic Commissioning
<table>
<thead>
<tr>
<th>ITEM</th>
<th>Time</th>
<th>By</th>
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<tbody>
<tr>
<td>1. Welcome and introductions</td>
<td></td>
<td>SO/DK</td>
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<tr>
<td>- To open the meeting with any new introductions.</td>
<td></td>
<td>SO/DK</td>
<td>004</td>
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<tr>
<td>2. Vision, Values and Behaviours</td>
<td>10.00</td>
<td>SO/DK</td>
<td>007</td>
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<tr>
<td>- The GH Vision and Values and NK Values and Behaviours are attached for reference.</td>
<td></td>
<td>SO/DK</td>
<td>010</td>
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<tr>
<td>3. Apologies and Declarations of Interest</td>
<td></td>
<td>SO/DK</td>
<td>030</td>
</tr>
<tr>
<td>- To note and record any apologies.</td>
<td></td>
<td>SO/DK</td>
<td>031</td>
</tr>
<tr>
<td>- Copies of the Governing Bodies members’ declarations of interest are appended for information. Those in attendance are asked to declare any interests presenting an actual/potential conflict of interest arising from matters under discussion.</td>
<td></td>
<td>SO/DK</td>
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<tr>
<td>4. Accuracy of Minutes from 8 May 2019, Matters Arising, Action Logs</td>
<td></td>
<td>SO/DK</td>
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<tr>
<td>- Greater Huddersfield CCG Governing Body</td>
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<tr>
<td>- North Kirklees CCG Governing Body</td>
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<td>SO/DK</td>
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<tr>
<td>- To approve the minutes/review matters arising/outstanding actions.</td>
<td></td>
<td>SO/DK</td>
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<tr>
<td>5. Questions from Members of the Public</td>
<td>10.10</td>
<td>SO/DK</td>
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<tr>
<td>- The relevant guidance is attached for reference.</td>
<td></td>
<td>SO/DK</td>
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<tr>
<td>- To note (NK) and ratify (GH) the action taken.</td>
<td></td>
<td>SJ</td>
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<tr>
<td>Contact: Martin Pursey, Head of Contracting and Procurement</td>
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<tr>
<td>ITEMS FOR DECISION</td>
<td>10.30</td>
<td>VD</td>
<td>045</td>
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<tr>
<td>7. North Kirklees CCG Recovery Plan 2019/20 (NK only)</td>
<td></td>
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</tr>
<tr>
<td>- To approve the plan.</td>
<td></td>
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<tr>
<td>Contact: Vicky Dutchburn, Head of Strategic Planning, Performance and Delivery</td>
<td></td>
<td></td>
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<tr>
<td>8. Communications and Engagement Strategy</td>
<td>10.40</td>
<td>SJ</td>
<td>081</td>
</tr>
<tr>
<td>- To approve the strategy.</td>
<td></td>
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<tr>
<td>Contact: Siobhan Jones, Head of Communications (and Engagement)</td>
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<tr>
<td>- To approve the plan.</td>
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<tr>
<td>Contact: Laura Ellis, Head of Corporate Governance</td>
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<tr>
<td>ITEMS FOR ASSURANCE</td>
<td>11.00</td>
<td>EPH</td>
<td>124</td>
</tr>
<tr>
<td>10. Kirklees Joint Strategic Assessment (KJSA) Update</td>
<td></td>
<td></td>
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<tr>
<td>- To receive the update.</td>
<td></td>
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<tr>
<td>Contact: Emily Parry-Harries, Consultant in Public Health, Kirklees Council</td>
<td></td>
<td></td>
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<tr>
<td>11. Working Together – Integration Update</td>
<td>11.10</td>
<td>SB</td>
<td>142</td>
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<tr>
<td>- To receive the update.</td>
<td></td>
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<tr>
<td>Contact: Steve Brennan, SRO, Working Together</td>
<td></td>
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<tr>
<td>- To receive the report.</td>
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<tr>
<td>Contact: Laura Ellis, Head of Corporate Governance</td>
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<tr>
<td>BREAK: 11.30 – 11.45</td>
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<tr>
<td>ROUTINE REPORTS</td>
<td>11.45</td>
<td>CM</td>
<td>174</td>
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<tr>
<td>13. Chairs’ and Chief Officer’s Report</td>
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<tr>
<td>- To receive the report.</td>
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<tr>
<td>Contact: Carol McKenna, Chief Officer</td>
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<td>14. Finance, Contracting and QIPP</td>
<td>11.50</td>
<td>ICu / VD</td>
<td>193</td>
</tr>
<tr>
<td>(a) Finance and Contracting Report</td>
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<td>(b) QIPP Report</td>
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<td>- To consider the reports.</td>
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<tr>
<td>Contact: Ian Currell, Chief Finance Officer/Vicky Dutchburn, Head of Strategic Planning, Performance and Delivery</td>
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<tr>
<td>15. Quality and Safety Report and Dashboard</td>
<td>12.05</td>
<td>PW</td>
<td>208</td>
</tr>
<tr>
<td>- To receive the update and consider any issues raised.</td>
<td></td>
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<tr>
<td>Contact: Penny Woodhead, Chief Quality and Nursing Officer</td>
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### Governing Bodies Meetings in Common – 10 July 2019

**Agenda**

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<thead>
<tr>
<th>ITEM</th>
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<tbody>
<tr>
<td>16. Performance Report against Key Performance Indicators for 2018/19</td>
<td>12.20</td>
<td>NA</td>
<td>244</td>
</tr>
<tr>
<td>- To receive the update and consider any issues raised.</td>
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<tr>
<td><strong>Contact:</strong> Natalie Ackroyd, Senior Strategic Planning, Performance and Service Transformation Manager</td>
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<tr>
<td>17. Risk Report and High Level Risk Log</td>
<td>12.30</td>
<td>LE</td>
<td>267</td>
</tr>
<tr>
<td>- To review and be given assurance regarding the risk register and log.</td>
<td></td>
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<tr>
<td><strong>Contact:</strong> Laura Ellis, Head of Corporate Governance</td>
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**ITEMS FOR INFORMATION**

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<tbody>
<tr>
<td>18. Governing Bodies Work Plan</td>
<td>12.40</td>
<td>LE</td>
<td>287</td>
</tr>
<tr>
<td>- To review the work plan.</td>
<td></td>
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<tr>
<td><strong>Contact:</strong> Laura Ellis, Head of Corporate Governance</td>
<td></td>
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<tr>
<td>19. Receipt of Minutes</td>
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<tr>
<td>- To receive copies of minutes for information purposes</td>
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<tr>
<td>- GH Primary Care Commissioning Committee – 3 April 2019</td>
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<tr>
<td>- NK Primary Care Commissioning Committee – 17 April 2019</td>
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<tr>
<td>- GH Quality Committee – 24 April and 29 May 2019</td>
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<tr>
<td>- NK Quality Committee – 24 April and 29 May 2019</td>
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<tr>
<td>- GH Finance, Performance and Contracting Committee – 24 April and 29 May 2019</td>
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<tr>
<td>- NK Finance, Performance and Contracting Committee – 24 April and 29 May 2019</td>
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<tr>
<td>20. Any Other Business</td>
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<tr>
<td>- To discuss any other business raised and not on the agenda.</td>
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<tr>
<td>21. Date and Time of Next Meeting</td>
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<tr>
<td>10.30 am, Wednesday 14 August 2019, Dewsbury Town Hall, Dewsbury, WF12 8DG</td>
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</table>

The Governing Bodies are recommended to make the following resolution:

“That representatives of the press and members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”

**ROUTE REPORTS**

<table>
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<tr>
<th>ITEM</th>
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<tbody>
<tr>
<td>22. Declarations of Interest (private session)</td>
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<tr>
<td>- To declare any interests arising from matters under discussion.</td>
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<tr>
<td>23. Accuracy of Minutes from 8 May 2019 (private session), Matters Arising and Action Logs</td>
<td>12.55</td>
<td>SO/ DK</td>
<td>375</td>
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<tr>
<td>- Greater Huddersfield CCG Governing Body</td>
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<tr>
<td>- North Kirklees CCG Governing Body</td>
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<td>- To approve the minutes/review matters arising/outstanding actions.</td>
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<tbody>
<tr>
<td>24. Private Quality and Safety Report</td>
<td>13.00</td>
<td>PW</td>
<td>387</td>
</tr>
<tr>
<td>- To receive the update and consider any issues raised.</td>
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<tr>
<td><strong>Contact:</strong> Penny Woodhead, Chief Quality and Nursing Officer</td>
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<tr>
<td>25. Receipt of Minutes</td>
<td>13.10</td>
<td>SO/ DK</td>
<td>403</td>
</tr>
<tr>
<td>To receive copies of minutes for information purposes</td>
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<tr>
<td>- Private GH Primary Care Commissioning Committee – 3 April 2019</td>
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<tr>
<td>- Private NK Primary Care Commissioning Committee – 17 April 2019</td>
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<tr>
<td>26. Any Other Business</td>
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<tr>
<td>- To discuss any other business raised and not on the agenda.</td>
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**Meeting Close**

Review of meeting – the meeting review checklist will be completed following the meeting.
Our Vision, Values, Ambitions & Objectives

**Our vision**

Working together for better health

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

**Our ambitions**

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

**Our strategic objectives**

- Contribute to the development of a sustainable NHS workforce to support the delivery of high quality care.
- Build a collective sense of responsibility, amongst all those involved in health care, for the effective management of resources.
- Work with partners and the public to improve health awareness, emotional wellbeing, community and personal resilience.
- Shift healthcare spend towards community and primary care services to meet patient need and ensure value for money.
- Ensure appropriate use of hospital services.
- Improve health related experiences and outcomes for people with long term conditions, particularly those that experience significant inequalities.
- Reduce avoidable variation in healthcare and patient experience.
- Work with the Local Authority to commission a range of health and social care services.
- Deliver our financial plans.
- Invest in the health, well-being and personal development of our staff.
Our Values

1. Patient First
2. Strive for excellence
3. Value each other
4. Lead from every seat
5. Engage, involve and include

Behaviours That Define Our Values

1. Patient first
   We will:
   - Achieve the best for our community
   - Consult, engage and involve patients as part of our day-to-day business
   - Put our community at the heart of our decision-making
   - Ensure good quality and best value
   - Learn from and respond to patient and community feedback
   - Advocate for our patients

2. Strive for excellence
   We will:
   - Be clear about our goal and vision
   - Commission safe, good quality, clinically-effective and best value services
   - Hold our providers to account with rigour
   - Continually improve
   - Learn from our mistakes
3. Value each other
   We will:
   - Treat each other with respect
   - Give timely, honest and sincere appreciation
   - Bring a positive attitude to work – take responsibility for our actions and reactions
   - Support each other, especially when times are hard
   - Work as one team

4. Lead from every seat
   We will:
   - Embrace improvement and innovation
   - Embrace opportunities
   - Take pride in the work we do
   - Be consistent in our messages
   - Be clear about our objectives
   - Be personally accountable in our role and function
   - Hold each other to account
   - Commit to learning: we are a learning organisation

5. Engage, involve and include
   We will:
   - Work fully in partnership with our community, members and colleagues
   - Be open, honest and transparent in our processes
   - Listen and encourage feedback because everyone’s feedback counts
   - Recognise and respect differences amongst us
From the 31/7/17 I have been appointed as interim CFO (12 month period) for North Kirklees CCG alongside my Employed by Greater Huddersfield CCG as Chief Quality and Nursing Officer and in shared post with Calderdale I am a Lay Member of the Joint Committee of Clinical Commissioning Groups within the West Yorkshire and I am the clinical director of the Greenwood Primary Care Network, I am also a member of a GP practice- the My brother has been appointed as a project manager for IT installations for KPMG. He does not support NHS or I am a member of the National Union of Journalists. I am a Governing Body member of North Kirklees CCG. I am a Lay Member of the Joint Committee of Clinical Commissioning Groups for South Yorkshire and Bassetlaw. I am the Director of Investors in Carers Community Interest Company. I am a Lay Member of the joint Committees of Clinical Commissioning Groups within the West Yorkshire and Harrogate Health and Care Partnership. My husband is a Director and Shareholder of M.S Health Limited which trades as Healthcheck Pharmacy. My Husband is a Director and Shareholder of M.S Health Limited, which trades as Healthcheck Pharmacy. My wife is a senior lecturer in Nursing for Huddersfield University. My Husband is a Director and Shareholder of M.S Health Limited; which trades as Healthcheck Pharmacy. My Husband is a Director and Shareholder of M.S Health Limited; which trades as Healthcheck Pharmacy. My sister in law has been appointed as a senior finance manager for Yorkshire Ambulance Service. The CCG directly commissions 111 services from YAS and I help lead those discussions. My sister in law has not been a part of those discussions. My sister in law has been appointed as a deputy director of finance for Yorkshire Ambulance Service. The CCG directly commissions 111 services from YAS. My sister is a senior lecturer in Nursing for Huddersfield University. I am a GP partner at the Grange Group Practice which is a member of the Greater Huddersfield CCG. I am a GP partner at Synergy P+ an online pharmacy company. I am a GP partner at the Grange group practice who is a member of a GP consortium - My Health Hub. I am the clinical director of the Greenwood Primary Care Network, I am also a member of a GP practice- the Grange Group Practice that is a member of this network and thus it is a direct financial interest.
<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Relationship to the CCG</th>
<th>Start Date</th>
<th>End Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Razwan Ali</td>
<td>Practice is member of Tolson Partnership Primary care network</td>
<td>Financial</td>
<td>10/06/2019</td>
<td>Ongoing</td>
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</tr>
<tr>
<td>Steve Ollerton</td>
<td>Partner at Skelmanthorpe Family Doctors who provide primary care medical services to the CCG</td>
<td>Financial</td>
<td>18/07/2017</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Steve Ollerton</td>
<td>Director in Denby Prestige Healthcare which is a dormant healthcare company who do not currently provide any services to any commissioners</td>
<td>Financial</td>
<td>18/07/2017</td>
<td>Ongoing</td>
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<tr>
<td>Steve Ollerton</td>
<td>Director in DRG medical services who provide ad-hoc commissioning / management services and clinical sessions</td>
<td>Financial</td>
<td>18/07/2017</td>
<td>Ongoing</td>
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<tr>
<td>Steve Ollerton</td>
<td>Director in SRO medical services who provide ad-hoc commissioning / management services and clinical sessions</td>
<td>Financial</td>
<td>01/04/2019</td>
<td>Ongoing</td>
<td></td>
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<tr>
<td>Steve Ollerton</td>
<td>SORO medical services who provide ad-hoc commissioning / management services and clinical sessions</td>
<td>Financial</td>
<td>01/03/2017</td>
<td>Ongoing</td>
<td></td>
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<tr>
<td>Steve Ollerton</td>
<td>Partner in Skelmanthorpe Family Doctors who are a member of the Mast Primary Care Network who hold a network contract with the CCG</td>
<td>Financial</td>
<td>05/06/2019</td>
<td>Ongoing</td>
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</tr>
<tr>
<td>Steve Ollerton</td>
<td>Member of the Yorkshire and Humber Clinical Senate who advise commissioners and providers about health system redesign projects</td>
<td>Non-Financial Professional</td>
<td>18/07/2017</td>
<td>28/02/2019</td>
<td></td>
</tr>
<tr>
<td>Steve Ollerton</td>
<td>Member of the Yorkshire and Humber Clinical Senate who advise commissioners and providers about health system redesign projects</td>
<td>Non-Financial Professional</td>
<td>17/07/2018</td>
<td>Ongoing</td>
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</tr>
<tr>
<td>Steve Ollerton</td>
<td>West Yorkshire and Harrogate ICS Capital and Estates strategy board</td>
<td></td>
<td>01/03/2019</td>
<td>Ongoing</td>
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<tr>
<td>Name</td>
<td>Description</td>
<td>Interest Type</td>
<td>Direct/Indirect</td>
<td>Date From</td>
<td>Date To</td>
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<tr>
<td>Sarah Sowden</td>
<td>Employee of Greater Huddersfield CCG and Governing Body member for North Kirklees CCG</td>
<td>Financial</td>
<td>Direct</td>
<td>06/09/2019</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Khaled Naeem</td>
<td>Partner at Member practice</td>
<td>Financial</td>
<td>Direct</td>
<td>06/09/2019</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Indira Kasibhatla</td>
<td>GP principal Albion Mount Medical Practice, Dewsbury</td>
<td>Financial</td>
<td>Direct</td>
<td>09/01/2019</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Indira Kasibhatla</td>
<td>My practice is a CCG member</td>
<td>Financial</td>
<td>Direct</td>
<td>09/01/2019</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Indira Kasibhatla</td>
<td>Clinical Editor appointed by Wakefield CCG but work for both CCG's, it is paid role</td>
<td>Financial</td>
<td>Direct</td>
<td>09/01/2019</td>
<td>Ongoing</td>
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<tr>
<td>Indira Kasibhatla</td>
<td>Interim Clinical director Dewsbury Thornhill PCN</td>
<td>Financial</td>
<td>Direct</td>
<td>11/04/2019</td>
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<td>Indira Kasibhatla</td>
<td>Hospital poultry project leader in M/Hospital NHS Trust</td>
<td>Financial</td>
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<td>09/01/2019</td>
<td>Ongoing</td>
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<tr>
<td>Indira Kasibhatla</td>
<td>Honorary lecturer Leeds University and currently medical student mentor working towards becoming GP trainer</td>
<td>Financial</td>
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<td>09/01/2019</td>
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<td>Julie Elliott</td>
<td>Director of Finance, Planning and Performance National Coal Mining Museum for England Caphouse Colliery New Road Otterton Wakefield WF4 4RH</td>
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<td>Julie Pawsey</td>
<td>Advanced Nurse Practitioner Mirfield Health Centre Doctor Lane Mirfield WF4 1BDU</td>
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<td>Julie Pawsey</td>
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<td>Julie Pawsey</td>
<td>Husband Director PJ Health Care LTD Share holder PJ Healthcare Ltd</td>
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<tr>
<td>Julie Pawsey</td>
<td>Husband Senior GP Partner Mirfield Health Centre Doctor Lane Mirfield WF4 1BDU</td>
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<tr>
<td>Mohammed Jayashlee</td>
<td>GP Principal Windass Medical Centre Dewsbury</td>
<td>Financial</td>
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<td>07/01/2019</td>
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<tr>
<td>Mohammed Jayashlee</td>
<td>working as out of hours GP for Local Care Direct, WY CCG GP service</td>
<td>Financial</td>
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<tr>
<td>Mohammed Jayashlee</td>
<td>Director of Limited company Mirfield Osteome Ltd</td>
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<td>Direct</td>
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<tr>
<td>Mohammed Jayashlee</td>
<td>Practice is member of Dewsbury and Thornhill Primary Care Network</td>
<td>Financial</td>
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<tr>
<td>Mohammed Jayashlee</td>
<td>Practice is a member of Curo Federation</td>
<td>Financial</td>
<td>Direct</td>
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<tr>
<td>Mohammed Jayashlee</td>
<td>Performance Tutor for Health Education England Yorkshire and Humber</td>
<td>Financial</td>
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<tr>
<td>Nadleen Ghaffar</td>
<td>GP Principal in North Kirklees practice</td>
<td>Financial</td>
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<tr>
<td>Nadleen Ghaffar</td>
<td>Member of GP Federation (Curo)</td>
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<td>Direct</td>
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<tr>
<td>Penny Woodhead</td>
<td>Employed by Greater Huddersfield CCG as Chief Quality and Nursing Officer and in shared post with Calderdale CCG and North Kirklees CCG</td>
<td>Financial</td>
<td>Non-Financial</td>
<td>01/08/2019</td>
<td>Ongoing</td>
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<tr>
<td>Sarah Swindon</td>
<td>Employee of Greater Huddersfield CCG and Governing Body member for North Kirklees CCG</td>
<td>Financial</td>
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<td>06/09/2019</td>
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Minutes of the NHS Greater Huddersfield CCG
Governing Body Meeting (Public Session)
(held as committees in common with the NHS North Kirklees CCG Governing Body)
held at 10.30 am on Wednesday 8 May 2019
Briar Suite, Briar Court Hotel, Huddersfield, HD3 3NT

Governing Body Members Present:
Dr Steve Ollerton  (SO)  CCG Clinical Leader (Chair of meeting)
Dr Razwan Ali  (RA)  GP Practice Representative
Jenny Cullearn  (JC)  Practice Representative
Ian Currell  (ICu)  Chief Finance Officer
Alix Ewen  (AE)  Advanced Nurse Practitioner Practice Representative
Dr Jane Ford  (JF)  GP Practice Representative and Deputy Clinical Leader
Dr David Hughes  (DH)  GP Practice Representative
Fatima Khan-Shah  (FKS)  Lay Member
Priscilla McGuire  (PM)  Lay Member: Patient and Public Involvement (Vice Chair)
Carol McKenna  (CM)  Chief Officer
Dr Chunda Sri-Chandana  (CS)  Secondary Care Advisor
Penny Woodhead  (PW)  Chief Quality and Nursing Officer

In Attendance:
Dr David Kelly  (DK)  NK Chair
Natalie Ackroyd  (NA)  Senior Strategic Planning, Performance and Service Transformation Manager (minute 28)
Rachel Carter  (RC)  Turnaround Director
Vicky Dutchburn  (VD)  Head of Strategic Planning, Performance and Delivery
Laura Ellis  (LE)  Head of Corporate Governance
Dr Nadeem Ghafoor  (NG)  NK GP Member
Siobhan Jones  (SJ)  Head of Communications
Pat Keane  (PK)  Chief Operating Officer, NK
Dr Yasar Mahmood  (YM)  NK GP Member
Dr Khalid Naeem  (KN)  NK GP Member
Richard Parry  (RP)  Strategic Director for Adults and Health, Kirklees Council
Emily Parry-Harries  (EPH)  Consultant in Public Health, Kirklees Council
Julie Pieske  (JP)  NK Advanced Nurse Practitioner Member
Martin Pursey  (MP)  Head of Contracting and Procurement
Helen Severns  (HSe)  Service Director: Integrated Commissioning
Sarah Sowden  (SS)  NK Advanced Nurse Practitioner Member
Catherine Wormstone  (CW)  Head of Primary Care Strategy and Commissioning

Apologies:
Dr Dil Ashraf  (DA)  GP Practice Representative
Makrand Goré  (MG)  Head of Medicines Management
Dr Indira Kasibhatla  (IK)  NK GP Member
David Longstaff  (DL)  Lay Member: Audit
Angela Monaghan  (AM)  Nurse Advisor

Minutes:
Shelley Aston  (SA)  Personal Assistant
Nick Lamper (from 11.45)  (NL)  Governance Manager (Corporate Governance and Risk)

One member of the public was in attendance.
18 Welcome and Introductions
SO, as chair of the meeting, welcomed everyone to the meeting.

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

20 Apologies and Declarations of Interest
Apologies were received as detailed above.
No interests were declared.

21 Accuracy of Minutes from 10 April 2019, Matters Arising and Action Log

Greater Huddersfield CCG
Minutes
The minutes of the meeting held on 10 April 2019 were APPROVED as a correct record.

Matters Arising
There were no matters arising.

Action Log

8 – 2019/20 Annual Planning Round: Activity and Key Performance Indicators – NA to clarify the standard by which IAPT is being measured. Information included in Corporate Performance Report. CLOSED

10 – Finance and Contracting Report – ICu to send KN the list of areas of the current year plan identified by the finance team as potentially likely to underspend. Completed. CLOSED

North Kirklees CCG
Minutes
The minutes of the meeting held on 10 April 2019 were APPROVED as a correct record.

Matters Arising
There were no matters arising.

Action Log

8 – 2019/20 Annual Planning Round: Activity and Key Performance Indicators – NA to clarify the standard by which IAPT is being measured. Information included in Corporate Performance Report. CLOSED
10 – Finance and Contracting Report – ICu to send KN the list of areas of the current year plan identified by the finance team as potentially likely to underspend. Completed.
CLOSED

22 Questions from Members of the Public

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

A member of the public who had recently heard that the Physiotherapy Service had been removed from Dewsbury Hospital asked whether this was true. DK clarified that the service had not been completely removed and was still accessible through the Musculo-Skeletal Service.

With reference to minute 3 (10 April 2019) – Contracting Report – the member of the public asked whether the term “under-trades” meant that the services have not been given enough work to complete? SO advised that this was not the case, but rather that the CCGs set out projections of what they thought would be spent at the beginning of the financial year, but then only paid for the work actually undertaken.

23 Joint Commissioning Working Group JACWG) – Review and Outcomes (NK only)

PK presented a report outlining how the Governing Bodies for NHS North Kirklees and NHS Wakefield Clinical Commissioning Groups had previously established a joint working group of the CCGs known as the Joint Acute Commissioning Working Group (JACWG).

It had been agreed that a formal review of the working group would take place six months after its establishment to determine effectiveness and future governance arrangements.

Following a survey of the group’s membership, the group had considered the findings and formulated recommendations which had been presented to Wakefield CCG Senior Management Team, Wakefield CCG Integrated Governance Committee (IGC), and Greater Huddersfield/North Kirklees CCGs’ Senior Management Team.

Revised terms of reference for the group (including the proposal to rename it the Mid-Yorkshire System Executive Group) and revised system governance arrangements were submitted for approval by the NK Governing Body.

KN sought clarification in relation to the structure of the group and whether it would control a budget. PK confirmed its partnership status and that it had no delegated budget.

The North Kirklees Governing Body NOTED the content of the report and APPROVED the revised Terms of Reference for the Mid-Yorkshire System Executive Group and revised system governance arrangements.

24 Chief Officer and Clinical Leaders' Report

CM presented a report providing updates on the following issues:-

- Care Home Support Team Procurement (national changes since the Business Case was approved)
- Update on Right Care, Right Time, Right Place
DH asked if any “soft intelligence” was available in relation to the Care Home Support Team Procurement and CM acknowledged the potential conflict in relation to the item and clarified that this report was to provide an update only.

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

25 Finance and Contracting Report

ICu and MP presented the Integrated Finance and Contracting Report.

The report updated the Governing Bodies on the financial out-turns for the two CCGs at Month 12, which were currently under audit review.

In addition, it informed the Governing Bodies of the key contract monitoring messages which were based on Month 11 (February) of the 2018/19 contract position, highlighting other issues where appropriate.

ICu confirmed that the overall position had remained unchanged from Month 11, with the forecast out-turn for Greater Huddersfield CCG being a £2.083m surplus (target £1.0m surplus) and for North Kirklees CCG a £11.0m deficit (target £11.0m deficit), which had been match funded by commissioner sustainability funding of £11.0m leading to a breakeven position.

IC noted that the Audit Committees’ walkthroughs of the draft annual reports and accounts would be taking place that afternoon.

The Greater Huddersfield and North Kirklees Governing Bodies NOTED the content of the report.

26 Turnaround Report

RC presented a report updating the Governing Bodies on performance against 2018/19 QIPP targets, including the latest available data, year to date position and forecast outturn against each QIPP scheme. The current position was as follows:-

Greater Huddersfield CCG:
- YTD - £5,780k (£423k above £5,357k plan for identified schemes)
- FOT - £7,418k (£2,282k below net target £9,700k; 2.2% of allocation)
- FOT reported last month was £7,677k (decrease of £259k)

North Kirklees CCG:
- YTD - £7,146k (£298k below £7,444k plan for identified schemes)
- FOT - £7,501k (£881k below net target £8,382k; 2.6% of allocation)
- FOT reported last month was £7,654k (decrease of £153k)

Referring to the discussion on underperforming schemes (including Medicine Management) which had taken place at the April meeting of the Finance, Performance and Contracting Committees, VD sought acknowledgement of the savings made with the scheme and the work actively taking place on plans.

FKS asked whether this applied to other schemes and VD confirmed that this was the case, clarifying the variations in the way this was recorded. FKS enquired as to the meaning of the “new rebate” referred to in the table in the section on Medicine Management schemes, and ICu advised that this was part of the pricing mechanism for
drug companies. In response to a further question, he also confirmed that the rationale behind the savings Continuing Health Care was being evaluated, although it was necessary to assess some of the savings on the basis of average cost.

The Greater Huddersfield and North Kirklees Governing Bodies NOTED the 2018/19 year-to-date and forecast outturn positions against QIPP plans and target for each CCG.

27 Quality and Safety Report and Dashboard

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

- National Patient Experience Survey results – Maternity
- Signs of progress on Learning from Deaths
- Commissioning for Quality and Innovation (CQUINs) 2019/20
- Mid Yorkshire Hospital Trust – Care Quality Commission Action Plan and workforce update

The report also included a copy of the Quality Dashboard for March 2019, providing quality and safety information for the CCGs’ main providers.

PW led the Governing Bodies through the main points of the report.

PW drew the Governing Bodies’ attention to section 5 of the report (Commissioning for Quality and Innovation (CQUINS) 2019/20), highlighting that the total value of this year’s indicators was now 1.25%.

With reference to section 6 (Mid-Yorkshire Hospital Trust – Care Quality Commission Action Plan and Workforce Update), PW confirmed David Melia, Director of Nursing and Quality/Deputy Chief Executive at MYHT was attending meetings of the NK Quality Committee twice yearly.

The Children’s Directorate of Calderdale and Huddersfield NHS Foundation Trust had been the first Paediatric Service in the UK to be awarded CHKS accreditation, and PW invited the Governing Bodies to review the YouTube video created by the Children’s Directorate, a hyperlink to which was included within the report.

The core services were likely to be visited by CQC inspectors in May/June 2019 and the Governing Bodies would be kept updated on progress.

In relation to the NHS 111/Local Care Direct Overview/Triangulation (March 2019), PW highlighted a quality risk due to a significant increase in DX 11 emergency dispositions and the possibility of deterioration not being observed; she provided assurance that conversations with commissioners were ongoing and if there was any deterioration ‘walkabouts’ would take place.

In relation to Kirklees Care Homes, PW confirmed there had been a positive change regarding CQC inspections and the position had improved.

PM sought confirmation that patient safety walkabouts were undertaken in Greater Huddersfield and PW provided this, noting that the reporting arrangements through the Quality Board were different. She also confirmed that Locala reports could be reviewed at individual ward level.
In relation to a perceived lack of quality impacts, DH asked whether the triangulation of impact perspective was included as it was not highlighted. PW clarified that while there may be deterioration in relation to the one hour performance code, this had not reached Serious Incident level.

FKS stated she had found it really helpful that David Melia, Director of Nursing and Quality/Deputy Chief Executive at MYHT had attended Quality Committee and asked how the success of the care homes and the positive change in CQC inspections was being shared. RP confirmed their work was ongoing in relation to care homes and explained how feedback could be triangulated outside the CQC inspections. FKS described this as a tangible and good example of the benefits of integration.

The Greater Huddersfield and North Kirklees Governing Bodies RECEIVED the update on Quality and Safety information to provide assurance regarding their main providers, along with the updates on:-

- National Patient Experience Survey results – Maternity
- Signs of progress on Learning from Deaths
- Commissioning for Quality and Innovation (CQUINs) 2019/20
- Mid Yorkshire Hospital Trust – Care Quality Commission Action Plan and workforce update

28 Performance Report against Key Performance Indicators for 2018/19

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

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

Referring to section 3.1 of the report (18 weeks Referral to Treatment Times (RTT)), NA highlighted that the aggregate performance for Incomplete Pathways across all providers in February 2019 had been 92.4% for GH CCG and 87.8% for NK CCG. Turning to the number of patients waiting more than 52 weeks, she advised that there had been seven pathway breaches for GH and six for NK. All reported breaches related to spinal patients at Leeds Teaching Hospitals and all actions to reduce the breaches had been reported.

NA referred the Governing Bodies to the diagnostic test waiting times, noting that patients waiting for a diagnostic test should have been waiting less than six weeks from referral. GH had scored 93.1%, which was due to staffing issues in the Cardiology Department and it had taken six months to clear the backlog. In respect of the maximum two-week wait for those referred urgently with suspected cancer by a GP, NKCCG had scored 86.8% against the 93% standard. NA further highlighted that there had been 76 breaches in NK and 134 breaches across the two-week waiting standards. NA made the Governing Bodies aware of one patient who had been waiting 205 days for treatment (coded administrative delay) and that discussions were taking place with the Trust concerning this case.

**ACTION:** PW to ascertain whether the 205 days to treatment case (coded administrative delay) had been reported as a Serious Incident.

RA highlighted that, in relation to the waiting time breaches in respect of echocardiography, a pilot scheme was under way; he raised concerns that a delay in care could lead to deterioration and affect outcomes. He stated that patients waiting six
months to be seen was not acceptable and requested that further action be taken to address this.

**ACTION:** NA to pursue further action in relation to waiting time breaches in respect of echocardiography.

In relation to the Breast Cancer update, PM noted that the difference between GH and NK implied that where a patient resided in Kirklees impacted upon the quality of the service they received – which presented a health inequalities issue. NA acknowledged that, comparing the data to the previous year’s data, there was a significant difference due to increased demand. CM stated that the issue had been discussed at the April meeting of the Finance, Performance and Contracting Committees and it had been confirmed that patients could theoretically be referred to other trusts but it was acknowledged that those other trusts were also often at capacity.

CM added that the two-week wait issue had been escalated and DK confirmed that CHFT would accept referrals for two-week wait patients and communications would shortly be sent to GPs advising of this. PK noted that the current waiting time had improved to 16 days but this was in the short term due to extra locum support and there was still a longer term issue; a Quality Impact Assessment was being undertaken and an update would be circulated later that week.

FKS confirmed that, following David Melia’s attendance at Quality Committee, communications were now being sent to patients. Acknowledging that it was possible to refer patients to CHFT, EPH noted that its location meant that some patients found it difficult to get to. MJ believed that this was a long term safety issue and PK noted that there was a wider issue over sustainability due a lack of radiologists.

The Greater Huddersfield and North Kirklees Governing Bodies **NOTED** the CCGs’ performance against the key outcomes and measures for 2018/19, and the actions being taken to address areas of over/under performance.

### 29 Risk Report and High Level Risk Log

LE presented a report along with the High Level Risk Reports and Logs and the CCG Risk on a Page Reports as at the end of the current risk review cycle (Cycle 1 2019/20).

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

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

HS noted that the NK Finance, Performance and Contracting Committee had sought and received assurance in relation to Risk 470 (the risk that the System Resilience for unplanned care would not deliver anticipated performance due to resources not being in place to meet the activity resulting in non-achievement of the 95% A&E standard and other operational measures) and LE confirmed that this was the case.

NL joined the meeting.

Alongside the risks included on the register, LE drew the attention of the NK Governing Body to a fairly significant risk which had been identified late in the current cycle and would be added to the register at the beginning of the new cycle. She explained that it
would not have been appropriate to add this between the committees’ consideration of the risk register and reporting to Governing Body, as it would not have been through the process of review and moderation by the risk owner, senior reviewer, Senior Management Team and Quality Committee (being a quality risk), which were an important part of ensuring risks were appropriately worded and scored, with the correct controls, assurances and gaps identified.

This risk was that of not achieving the two-week wait cancer standards for the fast track pathways and symptomatic breast pathway due to current challenges in breast cancer services at Mid Yorkshire Hospitals Trust and partner trusts within the West Yorkshire and Harrogate Cancer Alliance, resulting in poor patient experience, poor clinical outcomes and non-achievement of the CCG Quality Premium. The risk was being added to the risk registers of North Kirklees and Wakefield CCGs. Although the risk and appropriate relevant detail would be added to the register in the review period at the beginning of cycle 2, it had been considered of sufficient significance to ensure the Governing Body was sighted on it ahead of that.

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

30 **Committees – Terms of Reference**

LE presented a report setting out proposed changes to the Terms of Reference of the GH and NK Audit Committees, and the GH Primary Care Commissioning Committee.

FKS noted that the GH PCCC Terms of Reference referred to the Lay Member leading on “audit, governance and conflicts of interest” at section 4.1 but the NK Audit Committee Terms of Reference described the portfolio as “audit, remuneration and conflict of interest matters” at section 2.1. LE confirmed that the GH PCCC reference was correct and the Audit Committee one would be corrected.

The Greater Huddersfield Governing Body APPROVED the proposed amendments to the Terms of Reference of:

1. GH Audit Committee
2. GH Primary Care Commissioning Committee

The North Kirklees Governing Body APPROVED the proposed amendments to the Terms of Reference of:

1. NK Audit Committee, subject to the above amendment.

31 **Governing Bodies Work Plan**

LE presented the Governing Bodies’ joint work plan for information.

The Governing Bodies RECEIVED and NOTED the work plan.

32 **Receipt of Minutes**

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

- GH Audit Committee – 16 January 2019
- NK Audit Committee – 16 January 2019
33 **Any Other Business**

Noting that this would be her last Governing Body meeting for both CCGs, FKS thanked the Governing Bodies for their support and stated she was grateful for having had the opportunity to serve on them.

SO asked the member of the public present whether she had any further questions.

She stated that she had recently submitted two enquiries by e-mail and SJ confirmed that these had been received and were being dealt with.

The member of public thanked FKS for her work on the Governing Bodies.

PM asked the member of public if there was anything in her opinion that would make the Governing Body meetings more accessible to the public. She replied that sometimes the information discussed could be difficult for a lay person to understand and it could also be hard to hear what was being said on occasions.

34 **Date and Time of Next Meeting**

It was **CONFIRMED** that the next meeting of the Governing Bodies would be held at 10.30 am on Wednesday 12 June 2019 at Dewsbury Town Hall, Dewsbury, WF12 8DG.

The Governing Bodies then resolved:

“That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”

The public part of the meeting concluded at 11.55 am.
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<th>Action</th>
<th>Owner (Initials)</th>
<th>Due Date</th>
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<tr>
<td>08/05/19</td>
<td>28(a)</td>
<td>Performance Report against Key Performance Indicators for 2018/19 PW to ascertain whether the 205 days to treatment case (coded administrative delay) had been reported as a Serious Incident.</td>
<td>PW</td>
<td>July 2019</td>
<td>Initial review suggests it is not a two week cancer breach; further information in relation to delay causing harm has been requested.</td>
<td>OPEN</td>
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<td>08/05/19</td>
<td>28(b)</td>
<td>Performance Report against Key Performance Indicators for 2018/19 NA to pursue further action in relation to waiting time breaches in respect of echocardiography.</td>
<td>NA</td>
<td>July 2019</td>
<td>Response has been provided directly to RA who raised the issue.</td>
<td>Propose CLOSED</td>
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**CLOSED IN PREVIOUS MONTH**

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<tbody>
<tr>
<td>10/04/19</td>
<td>8</td>
<td>2019/20 Annual Planning Round: Activity and Key Performance Indicators NA to clarify the standard by which IAPT is being measured.</td>
<td>NA</td>
<td>May 2019</td>
<td>Information included in Corporate Performance Report at May meeting.</td>
<td>CLOSED</td>
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<tr>
<td>10/04/19</td>
<td>10</td>
<td>Finance and Contracting Report ICu to send KN the list of areas of the current year plan identified by the finance team as potentially likely to underspend.</td>
<td>ICu</td>
<td>May 2019</td>
<td>Completed.</td>
<td>CLOSED</td>
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Minutes of the NHS North Kirklees CCG
Governing Body Meeting (Public Session)
(held as committees in common with the Greater Huddersfield CCG Governing Body)

held at 10.30 am on Wednesday 8 May 2019
Briar Suite, Briar Court Hotel, Huddersfield, HD3 3NT

Governing Body Members Present:
Dr David Kelly (DK) Chair
Ian Currell (ICu) Chief Finance Officer
Dr Nadeem Ghafoor (NG) GP Member
Fatima Khan-Shah (FKS) Lay Member: Patient and Public Involvement
Dr Mangipudi Jayashree (MJ) GP Member
Dr Yasar Mahmood (YM) GP Member
Carol McKenna (CM) Chief Officer
Dr Khalid Naeem (KN) GP Member
Julie Pieske (JP) Advanced Nurse Practitioner Member
Sarah Sowden (SS) Advanced Nurse Practitioner Member
Dr Chunda Sri-Chandana (CS) Secondary Care Member
Penny Woodhead (PW) Chief Quality and Nursing Officer

In Attendance:
Dr Steve Ollerton (SO) GH CCG Clinical Leader (Chair of meeting)
Natalie Ackroyd (NA) Senior Strategic Planning, Performance and Service Transformation Manager (minute 28)
Dr Razwan Ali (RA) GH GP Practice Representative
Rachel Carter (RC) Turnaround Director
Jenny Cullearn (JC) GH Practice Representative
Vicky Dutchburn (VD) Head of Strategic Planning, Performance and Delivery
Laura Ellis (LE) Head of Corporate Governance
Alix Ewen (AE) Advanced Nurse Practitioner Practice Representative
Dr Jane Ford (JF) GH GP Practice Representative and Deputy Clinical Leader
Dr David Hughes (DH) GH GP Practice Representative
Siobhan Jones (SJ) Head of Communications and Engagement
Pat Keane (PK) Chief Operating Officer, NK
Priscilla McGuire (PM) GH Lay Member: Patient and Public Involvement
Richard Parry (RP) Strategic Director for Adults and Health, Kirklees Council
Emily Parry-Harries (EPH) Consultant in Public Health, Kirklees Council
Martin Pursey (MP) Head of Contracting and Procurement
Helen Severns (HSe) Service Director: Integrated Commissioning
Catherine Wormstone (CW) Head of Primary Care Strategy and Commissioning

Apologies:
Dr Dil Ashraf (DA) GH GP Practice Representative
Makrand Goré (MG) Head of Medicines Management
Dr Indira Kasibhatla (IK) GP Member
David Longstaff (DL) Lay Member: Audit
Angela Monaghan (AM) GH Nurse Advisor

Minutes:
Shelley Aston (SA) Personal Assistant
Nick Lamper (from 11.45) (NL) Governance Manager (Corporate Governance and Risk)

One member of the public was in attendance.
Welcome and Introductions
SO, as chair of the meeting, welcomed everyone to the meeting.

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

Apologies and Declarations of Interest
Apologies were received as detailed above.
No interests were declared.

Accuracy of Minutes from 10 April 2019, Matters Arising and Action Log

Greater Huddersfield CCG
Minutes
The minutes of the meeting held on 10 April 2019 were APPROVED as a correct record.

Matters Arising
There were no matters arising.

Action Log
8 – 2019/20 Annual Planning Round: Activity and Key Performance Indicators – NA to clarify the standard by which IAPT is being measured. Information included in Corporate Performance Report. CLOSED

10 – Finance and Contracting Report – ICu to send KN the list of areas of the current year plan identified by the finance team as potentially likely to underspend. Completed. CLOSED

North Kirklees CCG
Minutes
The minutes of the meeting held on 10 April 2019 were APPROVED as a correct record.

Matters Arising
There were no matters arising.

Action Log
8 – 2019/20 Annual Planning Round: Activity and Key Performance Indicators – NA to clarify the standard by which IAPT is being measured. Information included in Corporate Performance Report. CLOSED

10 – Finance and Contracting Report – ICu to send KN the list of areas of the current year plan identified by the finance team as potentially likely to underspend. Completed. CLOSED
Questions from Members of the Public

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

A member of the public who had recently heard that the Physiotherapy Service had been removed from Dewsbury Hospital asked whether this was true. DK clarified that the service had not been completely removed and was still accessible through the Musculo-Skeletal Service.

With reference to minute 3 (10 April 2019) – Contracting Report – the member of the public asked whether the term “under-trades” meant that the services have not been given enough work to complete? SO advised that this was not the case, but rather that the CCGs set out projections of what they thought would be spent at the beginning of the financial year, but then only paid for the work actually undertaken.

Joint Commissioning Working Group JACWG) – Review and Outcomes (NK only)

PK presented a report outlining how the Governing Bodies for NHS North Kirklees and NHS Wakefield Clinical Commissioning Groups had previously established a joint working group of the CCGs known as the Joint Acute Commissioning Working Group (JACWG).

It had been agreed that a formal review of the working group would take place six months after its establishment to determine effectiveness and future governance arrangements.

Following a survey of the group’s membership, the group had considered the findings and formulated recommendations which had been presented to Wakefield CCG Senior Management Team, Wakefield CCG Integrated Governance Committee (IGC), and Greater Huddersfield/North Kirklees CCGs’ Senior Management Team.

Revised terms of reference for the group (including the proposal to rename it the Mid-Yorkshire System Executive Group) and revised system governance arrangements were submitted for approval by the NK Governing Body.

KN sought clarification in relation to the structure of the group and whether it would control a budget. PK confirmed its partnership status and that it had no delegated budget.

The North Kirklees Governing Body NOTED the content of the report and APPROVED the revised Terms of Reference for the Mid-Yorkshire System Executive Group and revised system governance arrangements.

Chief Officer and Clinical Leaders’ Report

CM presented a report providing updates on the following issues:-

- Care Home Support Team Procurement (national changes since the Business Case was approved)
- Update on Right Care, Right Time, Right Place

DH asked if any “soft intelligence” was available in relation to the Care Home Support Team Procurement and CM acknowledged the potential conflict in relation to the item and clarified that this report was to provide an update only.
The Greater Huddersfield and North Kirklees Governing Bodies RECEIVED the report and NOTED its content.

25 **Finance and Contracting Report**

ICu and MP presented the Integrated Finance and Contracting Report.

The report updated the Governing Bodies on the financial out-turns for the two CCGs at Month 12, which were currently under audit review.

In addition, it informed the Governing Bodies of the key contract monitoring messages which were based on Month 11 (February) of the 2018/19 contract position, highlighting other issues where appropriate.

ICu confirmed that the overall position had remained unchanged from Month 11, with the forecast out-turn for Greater Huddersfield CCG being a £2.083m surplus (target £1.0m surplus) and for North Kirklees CCG a £11.0m deficit (target £11.0m deficit), which had been match funded by commissioner sustainability funding of £11.0m leading to a breakeven position.

IC noted that the Audit Committees’ walkthroughs of the draft annual reports and accounts would be taking place that afternoon.

The Greater Huddersfield and North Kirklees Governing Bodies NOTED the content of the report.

26 **Turnaround Report**

RC presented a report updating the Governing Bodies on performance against 2018/19 QIPP targets, including the latest available data, year to date position and forecast outturn against each QIPP scheme. The current position was as follows:-

Greater Huddersfield CCG:
- YTD - £5,780k (£423k above £5,357k plan for identified schemes)
- FOT - £7,418k (£2,282k below net target £9,700k; 2.2% of allocation)
- FOT reported last month was £7,677k (decrease of £259k)

North Kirklees CCG:
- YTD - £7,146k (£298k below £7,444k plan for identified schemes)
- FOT - £7,501k (£881k below net target £8,382k; 2.6% of allocation)
- FOT reported last month was £7,654k (decrease of £153k)

Referring to the discussion on underperforming schemes (including Medicine Management) which had taken place at the April meeting of the Finance, Performance and Contracting Committees, VD sought acknowledgement of the savings made with the scheme and the work actively taking place on plans.

FKS asked whether this applied to other schemes and VD confirmed that this was the case, clarifying the variations in the way this was recorded. FKS enquired as to the meaning of the “new rebate” referred to in the table in the section on Medicine Management schemes, and ICu advised that this was part of the pricing mechanism for drug companies. In response to a further question, he also confirmed that the rationale behind the savings Continuing Health Care was being evaluated, although it was necessary to assess some of the savings on the basis of average cost.
The Greater Huddersfield and North Kirklees Governing Bodies noted the 2018/19 year-to-date and forecast outturn positions against QIPP plans and target for each CCG.

27 Quality and Safety Report and Dashboard

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

- National Patient Experience Survey results – Maternity
- Signs of progress on Learning from Deaths
- Commissioning for Quality and Innovation (CQUINs) 2019/20
- Mid Yorkshire Hospital Trust – Care Quality Commission Action Plan and workforce update

The report also included a copy of the Quality Dashboard for March 2019, providing quality and safety information for the CCGs’ main providers.

PW led the Governing Bodies through the main points of the report.

PW drew the Governing Bodies’ attention to section 5 of the report (Commissioning for Quality and Innovation (CQUINS) 2019/20), highlighting that the total value of this year’s indicators was now 1.25%.

With reference to section 6 (Mid-Yorkshire Hospital Trust – Care Quality Commission Action Plan and Workforce Update), PW confirmed David Melia, Director of Nursing and Quality/Deputy Chief Executive at MYHT was attending meetings of the NK Quality Committee twice yearly.

The Children’s Directorate of Calderdale and Huddersfield NHS Foundation Trust had been the first Paediatric Service in the UK to be awarded CHKS accreditation, and PW invited the Governing Bodies to review the YouTube video created by the Children’s Directorate, a hyperlink to which was included within the report.

The core services were likely to be visited by CQC inspectors in May/June 2019 and the Governing Bodies would be kept updated on progress.

In relation to the NHS 111/Local Care Direct Overview/Triangulation (March 2019), PW highlighted a quality risk due to a significant increase in DX 11 emergency dispositions and the possibility of deterioration not being observed; she provided assurance that conversations with commissioners were ongoing and if there was any deterioration ‘walkabouts’ would take place.

In relation to Kirklees Care Homes, PW confirmed there had been a positive change regarding CQC inspections and the position had improved.

PM sought confirmation that patient safety walkabouts were undertaken in Greater Huddersfield and PW provided this, noting that the reporting arrangements through the Quality Board were different. She also confirmed that Locala reports could be reviewed at individual ward level.

In relation to a perceived lack of quality impacts, DH asked whether the triangulation of impact perspective was included as it was not highlighted. PW clarified that while there may be deterioration in relation to the one hour performance code, this had not reached Serious Incident level.
FKS stated she had found it really helpful that David Melia, Director of Nursing and Quality/Deputy Chief Executive at MYHT had attended Quality Committee and asked how the success of the care homes and the positive change in CQC inspections was being shared. RP confirmed their work was ongoing in relation to care homes and explained how feedback could be triangulated outside the CQC inspections. FKS described this as a tangible and good example of the benefits of integration.

The Greater Huddersfield and North Kirklees Governing Bodies RECEIVED the update on Quality and Safety information to provide assurance regarding their main providers, along with the updates on:-

- National Patient Experience Survey results – Maternity
- Signs of progress on Learning from Deaths
- Commissioning for Quality and Innovation (CQUINs) 2019/20
- Mid Yorkshire Hospital Trust – Care Quality Commission Action Plan and workforce update

28 Performance Report against Key Performance Indicators for 2018/19

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

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

Referring to section 3.1 of the report (18 weeks Referral to Treatment Times (RTT)), NA highlighted that the aggregate performance for Incomplete Pathways across all providers in February 2019 had been 92.4% for GH CCG and 87.8% for NK CCG. Turning to the number of patients waiting more than 52 weeks, she advised that there had been seven pathway breaches for GH and six for NK. All reported breaches related to spinal patients at Leeds Teaching Hospitals and all actions to reduce the breaches had been reported.

NA referred the Governing Bodies to the diagnostic test waiting times, noting that patients waiting for a diagnostic test should have been waiting less than six weeks from referral. GH had scored 93.1%, which was due to staffing issues in the Cardiology Department and it had taken six months to clear the backlog. In respect of the maximum two-week wait for those referred urgently with suspected cancer by a GP, NKCCG had scored 86.8% against the 93% standard. NA further highlighted that there had been 76 breaches in NK and 134 breaches across the two-week waiting standards. NA made the Governing Bodies aware of one patient who had been waiting 205 days for treatment (coded administrative delay) and that discussions were taking place with the Trust concerning this case.

ACTION: PW to ascertain whether the 205 days to treatment case (coded administrative delay) had been reported as a Serious Incident.

RA highlighted that, in relation to the waiting time breaches in respect of echocardiography, a pilot scheme was under way; he raised concerns that a delay in care could lead to deterioration and affect outcomes. He stated that patients waiting six months to be seen was not acceptable and requested that further action be taken to address this.

ACTION: NA to pursue further action in relation to waiting time breaches in respect of echocardiography.
In relation to the Breast Cancer update, PM noted that the difference between GH and NK implied that where a patient resided in Kirklees impacted upon the quality of the service they received – which presented a health inequalities issue. NA acknowledged that, comparing the data to the previous year’s data, there was a significant difference due to increased demand. CM stated that the issue had been discussed at the April meeting of the Finance, Performance and Contracting Committees and it had been confirmed that patients could theoretically be referred to other trusts but it was acknowledged that those other trusts were also often at capacity.

CM added that the two-week wait issue had been escalated and DK confirmed that CHFT would accept referrals for two-week wait patients and communications would shortly be sent to GPs advising of this. PK noted that the current waiting time had improved to 16 days but this was in the short term due to extra locum support and there was still a longer term issue; a Quality Impact Assessment was being undertaken and an update would be circulated later that week.

FKS confirmed that, following David Melia’s attendance at Quality Committee, communications were now being sent to patients. Acknowledging that it was possible to refer patients to CHFT, EPH noted that its location meant that some patients found it difficult to get to. MJ believed that this was a long term safety issue and PK noted that there was a wider issue over sustainability due a lack of radiologists.

The Greater Huddersfield and North Kirklees Governing Bodies noted the CCGs’ performance against the key outcomes and measures for 2018/19, and the actions being taken to address areas of over/under performance.

29 Risk Report and High Level Risk Log

LE presented a report along with the High Level Risk Reports and Logs and the CCG Risk on a Page Reports as at the end of the current risk review cycle (Cycle 1 2019/20).

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

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

HS noted that the NK Finance, Performance and Contracting Committee had sought and received assurance in relation to Risk 470 (the risk that the System Resilience for unplanned care would not deliver anticipated performance due to resources not being in place to meet the activity resulting in non-achievement of the 95% A&E standard and other operational measures) and LE confirmed that this was the case.

NL joined the meeting.

Alongside the risks included on the register, LE drew the attention of the NK Governing Body to a fairly significant risk which had been identified late in the current cycle and would be added to the register at the beginning of the new cycle. She explained that it would not have been appropriate to add this between the committees’ consideration of the risk register and reporting to Governing Body, as it would not have been through the process of review and moderation by the risk owner, senior reviewer, Senior Management Team and Quality Committee (being a quality risk), which were an important part of
ensuring risks were appropriately worded and scored, with the correct controls, assurances and gaps identified.

This risk was that of not achieving the two-week wait cancer standards for the fast track pathways and symptomatic breast pathway due to current challenges in breast cancer services at Mid Yorkshire Hospitals Trust and partner trusts within the West Yorkshire and Harrogate Cancer Alliance, resulting in poor patient experience, poor clinical outcomes and non-achievement of the CCG Quality Premium. The risk was being added to the risk registers of North Kirklees and Wakefield CCGs. Although the risk and appropriate relevant detail would be added to the register in the review period at the beginning of cycle 2, it had been considered of sufficient significance to ensure the Governing Body was sighted on it ahead of that.

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

30 Committees – Terms of Reference

LE presented a report setting out proposed changes to the Terms of Reference of the GH and NK Audit Committees, and the GH Primary Care Commissioning Committee.

FKS noted that the GH PCCC Terms of Reference referred to the Lay Member leading on “audit, governance and conflicts of interest” at section 4.1 but the NK Audit Committee Terms of Reference described the portfolio as “audit, remuneration and conflict of interest matters” at section 2.1. LE confirmed that the GH PCCC reference was correct and the Audit Committee one would be corrected.

The Greater Huddersfield Governing Body APPROVED the proposed amendments to the Terms of Reference of:

(1) GH Audit Committee
(2) GH Primary Care Commissioning Committee

The North Kirklees Governing Body APPROVED the proposed amendments to the Terms of Reference of:

(1) NK Audit Committee, subject to the above amendment.

31 Governing Bodies Work Plan

LE presented the Governing Bodies’ joint work plan for information.

The Governing Bodies RECEIVED and NOTED the work plan.

32 Receipt of Minutes

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

- GH Audit Committee – 16 January 2019
- NK Audit Committee – 16 January 2019
- GH Primary Care Commissioning Committee – 6 March 2019
- NK Primary Care Commissioning Committee – 20 March 2019
- GH Quality Committee – 27 March 2019
- NK Quality Committee – 27 March 2019
• GH Finance, Performance and Contracting Committee – 27 March 2019
• NK Finance, Performance and Contracting Committee – 27 March 2019

33 Any Other Business

Noting that this would be her last Governing Body meeting for both CCGs, FKS thanked the Governing Bodies for their support and stated she was grateful for having had the opportunity to serve on them.

SO asked the member of the public present whether she had any further questions.

She stated that she had recently submitted two enquiries by e-mail and SJ confirmed that these had been received and were being dealt with.

The member of public thanked FKS for her work on the Governing Bodies.

PM asked the member of public if there was anything in her opinion that would make the Governing Body meetings more accessible to the public. She replied that sometimes the information discussed could be difficult for a lay person to understand and it could also be hard to hear what was being said on occasions.

34 Date and Time of Next Meeting

It was CONFIRMED that the next meeting of the Governing Bodies would be held at 10.30 am on Wednesday 12 June 2019 at Dewsbury Town Hall, Dewsbury, WF12 8DG.

The Governing Bodies then resolved:
“That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”

The public part of the meeting concluded at 11.55 am.

Chair’s Signature: ........................................................ Date: .....................................
<table>
<thead>
<tr>
<th>Date Raised</th>
<th>Action Ref</th>
<th>Action</th>
<th>Owner (Initials)</th>
<th>Due Date</th>
<th>Progress</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/05/19</td>
<td>28(a)</td>
<td>Performance Report against Key Performance Indicators for 2018/19 PW to ascertain whether the 205 days to treatment case (coded administrative delay) had been reported as a Serious Incident.</td>
<td>PW</td>
<td>July 2019</td>
<td>Initial review suggests it is not a two week cancer breach; further information in relation to delay causing harm has been requested.</td>
<td>OPEN</td>
</tr>
<tr>
<td>08/05/19</td>
<td>28(b)</td>
<td>Performance Report against Key Performance Indicators for 2018/19 NA to pursue further action in relation to waiting time breaches in respect of echocardiography.</td>
<td>NA</td>
<td>July 2019</td>
<td>Response has been provided directly to RA who raised the issue.</td>
<td>Propose CLOSED</td>
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<td><strong>CLOSED IN PREVIOUS MONTH</strong></td>
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<tr>
<td>10/04/19</td>
<td>8</td>
<td>2019/20 Annual Planning Round: Activity and Key Performance Indicators NA to clarify the standard by which IAPT is being measured.</td>
<td>NA</td>
<td>May 2019</td>
<td>Information included in Corporate Performance Report at May meeting.</td>
<td>CLOSED</td>
</tr>
<tr>
<td>10/04/19</td>
<td>10</td>
<td>Finance and Contracting Report ICu to send KN the list of areas of the current year plan identified by the finance team as potentially likely to underspend.</td>
<td>ICu</td>
<td>May 2019</td>
<td>Completed.</td>
<td>CLOSED</td>
</tr>
</tbody>
</table>
Asking Questions at Meetings of the Governing Bodies

The Governing Bodies want to hear the views of the public in relation to the business on their 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 Bodies have 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 Bodies 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.
<table>
<thead>
<tr>
<th>Name of Meeting</th>
<th>Governing Bodies (meetings in common)</th>
<th>Meeting Date</th>
<th>10/07/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of Report</td>
<td>Notification of Urgent Action – Posture and Mobility (Wheelchair) Service: Tender outcome</td>
<td>Agenda Item No.</td>
<td>6</td>
</tr>
<tr>
<td>Report Author</td>
<td>Brenda Powell, Senior Procurement Officer; Martin Pursey, Head of Contracting &amp; Procurement</td>
<td>Public / Private Item</td>
<td>Public</td>
</tr>
<tr>
<td>GB / Clinical Lead</td>
<td>Dr. Farrukh Javid</td>
<td>Responsible Officers</td>
<td>Helen Severns, Service Director – Integrated Commissioning/SRO Greater Huddersfield &amp; North Kirklees CCGs; Rhona Radley, Deputy Head of Service Improvement/SRO Calderdale CCG; Martin Pursey, Head of Contracting &amp; Procurement</td>
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</table>

**Executive Summary**

The purpose of this report is to advise the Governing Bodies of actions taken through the Urgent Decision procedures for both CCGs.

For North Kirklees, this is for INFORMATION AND ASSURANCE only – and for the urgent action to be minuted.

For Greater Huddersfield, as the lead commissioner, this requires FORMAL RATIFICATION of the decision.

The report seeks to provide assurance to Greater Huddersfield CCG & North Kirklees CCG Governing Bodies in respect of the robust engagement, procurement and evaluation process undertaken and decision for the appointment of a provider of the Posture & Mobility (Wheelchairs) Service for Calderdale and Kirklees.

The report sets out the process undertaken, including the urgent decision procedure, for approving the award of the contract to the identified bidder for the service. The report also provides details of the next steps in terms of contract award and mobilisation of the service.

**Previous consideration**

<table>
<thead>
<tr>
<th>Name of meeting</th>
<th>Finance, Performance &amp; Contracting (GH/NK CCGs)</th>
<th>Meeting Date</th>
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<tbody>
<tr>
<td>Name of meeting</td>
<td>Finance &amp; Performance (Calderdale CCG)</td>
<td>Meeting Date</td>
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</table>

**Recommendation(s)**

It is recommended that the North Kirklees Governing Body:

- **NOTES** the process undertaken and confirms their confidence that a robust process has been followed for selecting a provider for the Posture & Mobility (Wheelchairs) Service.

It is recommended that the Greater Huddersfield Governing Body:

- **NOTES** the process undertaken and confirms their confidence that a robust process has been followed for selecting a provider for the Posture & Mobility (Wheelchairs) Service for Calderdale and Kirklees.
- **NOTES** the process for the recommendation to endorse the approval to the award of contract by Greater Huddersfield CCG, on behalf of and North Kirklees.
and Calderdale CCGs, the preferred bidder for appointment.

- **NOTES** and **ENDORSES** the process used to award the contract to the preferred bidder for appointment required to ensure effective mobilisation of the service for 1st October 2019.

<table>
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<tr>
<th>Decision</th>
<th>☐</th>
<th>Assurance</th>
<th>☒</th>
<th>Discussion</th>
<th>☐</th>
<th>Other</th>
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### Implications

#### Quality & Safety implications
A QIA was completed which identified opportunities to make improvements to quality, safety, service user outcomes and service performance. Mitigations are in place for potentially negative impacts. The QIA was used to inform the scope/content of the new service specification. Positive and negative impacts will be monitored during contract mobilisation and implementation.

#### Engagement & Equality implications
The CCGs can demonstrate they have complied with their legal duties under the Health and Social Care Act 2012 and Equality Act 2010. Findings from engagement have been published on the CCG web sites, and shared with stakeholders. An EQIA was completed during and following engagement and was used to inform the scope/content of the new service specification.

#### Resources / Finance implications
The staffing and financial requirements for the new service were reviewed by Greater Huddersfield and North Kirklees SMT and November 2018 Finance, Performance & Contracting Committees. Approval was provided prior to the start of the procurement process.

#### Has a Data Protection Impact Assessment (DPIA) been completed? (Please select)

<table>
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<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>X</th>
</tr>
</thead>
</table>

#### GHCCG:
- Improve health related experiences and outcomes for people with long term conditions, particularly those that experience significant inequalities.
- Reduce avoidable variation in healthcare and patient experience.

#### NKCCG:
- Our patients are at the heart of our commissioning decisions.
- Commissioning equitable services which are fit for

#### Strategic Objectives
(which of the CCG objectives does this relate to?)

#### Risk (include risk number and a brief description of the risk)
GH Risk 1155 / NK Risk 1158:
There is a risk that the Posture and Mobility service will not achieve key performance indicators due to an imbalance between funding and activity which is resulting in a deterioration of the service provided to service users and creating adverse publicity relating to the quality of the service being provided.
<table>
<thead>
<tr>
<th>Legal / CCG Constitutional Implications</th>
<th>Purpose.</th>
<th>Conflicts of Interest (include detail of any identified/potential conflicts)</th>
<th>Any interests will be managed in line with the CCGs policies for managing Conflicts of Interest.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The CCGs will apply appropriate governance, follow procurement policy and ensure sound financial management in doing so.</td>
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1. **Introduction**

1.1 The current Posture and Mobility (Wheelchair) service for Calderdale and Kirklees is jointly commissioned and funded by Calderdale CCG, Greater Huddersfield CCG and North Kirklees CCG with Greater Huddersfield CCG as the Lead Commissioner. The service has been provided by Opcare Ltd since October 2014, with the contract due to end on 30th September 2019.

1.2 A formal procurement process has been carried out in order for a new contract to be in place on 1st October 2019. This began with the advertisement of the Prior Information Notice (PIN) in November 2018.

2. **Background**

2.1 The Posture and Mobility (Wheelchair) Service supports children, young people and adults with long-term mobility problems and associated postural needs who are registered with a General Practitioner within Greater Huddersfield CCG, North Kirklees CCG and Calderdale CCG catchment areas.

2.2 It is designed to provide a comprehensive, person-centred, efficient, cost effective service that supports wheelchair users (plus their families and Carers) to achieve improved quality of life and independence through timely provision of the right wheelchair and associated equipment at the right time.

2.3 In developing the new model and service specification, a number of operating and contracting models and information and intelligence from a range of sources, were considered:

- analysis of cost, demand, activity within the current service;
- service improvement activity carried out by the CCGs with the current provider;
- extensive engagement with wheelchair service users, families, carers, Elected Members, a range of professionals, clinicians and voluntary sector organisations;
- market engagement and a CCGs Bidders’ event to seek the views of potential Providers on different contracting and operating models;
- identification of best practice, including wheelchair services commissioned by other CCGs; Right Chair, Right Time, Right Now; The Wheelchair Charter; NHS England; the National Wheelchair Managers Forum (amongst others).

2.4 The reporting, monitoring and scrutiny arrangements required from a future provider(s) of the service by Commissioners were also strengthened in the Specification.

2.5 The service specification was considered and agreed by the three CCGs Quality Committees in December 2018.

2.6 The financial requirements for the new service were agreed by the GH/NK CCGs Finance, Performance and Contracting Committee in November 2018, and Calderdale CCG Finance & Performance Committee in December 2018.

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3. **Detail**

3.1 Following approval to proceed to procurement, a competitive procurement process was conducted. The overall financial envelope was confirmed as £8,786,295 with a contract length of 5 years, plus an option to extend at the CCGs’ discretion for a further 2 years (overall financial envelope of £12,300,813).

3.2 Throughout the development of the service specification, a panel comprising of the CCG’s GP Lead and representatives from Clinical, Quality, Service Improvement, Equality, Contract and Finance were involved and importantly wheelchair service users and their carers. This ensured each element was shaped by the correct lead and each team had oversight. The panel also jointly developed the tender questions and criteria and agreed the weighting for each question. This thorough process was followed to ensure all members of the panel were involved with this process and each team within the CCGs were represented.

3.3 The procurement was managed using the CCGs’ internal procurement resource and procedures i.e. NHSSourcing (Bravo) e-tendering system and AWARD e-evaluation system. The procurement timetable as agreed is provided below:
3.4 An ‘Open’ procedure, where an Invitation to Tender (ITT) document is issued to all organisations expressing an interest, was used. Thirteen suppliers registered such an interest. The Invitation to Tender was issued in accordance with the timetable and the project plan.

3.5 Seven suppliers submitted the completed ITT documentation by the deadline date. The responses were then subject to evaluation. Details of the service specific questions are attached as Appendix 1.

**Evaluation**

3.6 In accordance with the CCGs’ procedures, the evaluations were undertaken by a suitably qualified and experienced panel, in addition to the service user reference group and their two nominated representatives who attended one of the panel’s consensus meetings which focussed on the questions allocated to them. The responses were evaluated in accordance with the pre-determined percentage weighted criteria.

3.7 Scoring rationale used for this procurement was:

<table>
<thead>
<tr>
<th>Score</th>
<th>Definition</th>
<th>Score</th>
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<tr>
<td><strong>Excellent Response</strong></td>
<td>Bidder demonstrates a clear approach and addresses ALL of the required aspects of the question and provides practical examples</td>
<td>100</td>
</tr>
<tr>
<td><strong>Very Good Response</strong></td>
<td>Bidder demonstrates understanding and a clear approach and the answer addresses ALL the required aspects of the question</td>
<td>90</td>
</tr>
<tr>
<td><strong>Good Response</strong></td>
<td>Bidder demonstrates understanding and a clear approach and the answer addresses the majority of the required aspects of the question</td>
<td>70</td>
</tr>
<tr>
<td><strong>Minor Concerns</strong></td>
<td>Incomplete answer; fails to address some of the required aspects of the question</td>
<td>30</td>
</tr>
<tr>
<td><strong>Moderate Concerns</strong></td>
<td>Incomplete answer; fails to address all the required aspects of the question. Demonstrates a lack of understanding</td>
<td>10</td>
</tr>
</tbody>
</table>
3.8 Bidders were informed they must reach a 60% overall threshold on their scores. The scores would then form the basis of the recommendation to award a contract. The weighting for the scores was subject to an overall 70% weighting for the service delivery and quality elements and 30% for the financial element.

3.9 The AWARD e-evaluation system was used by evaluators to input their score and rationale/comments on the bid received to ensure a full audit trail and to aid feedback following the award of the contract. Following evaluation moderation of scoring took place i.e. a consensus meeting was held to ensure consistency of scoring and to agree the final scores.

3.10 The summary of the aggregate ‘raw’ (pre-moderation) scores and consensus (moderated) scores are detailed below. An example of a consensus extract from the AWARD e-evaluation system is attached as Appendix 2; this shows the breakdown of the different elements. The AWARD system provides a full audit trail to demonstrate the robustness of the process and to provide appropriate detail for feedback to bidders.

<table>
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<tr>
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<th>Moderate Score (%)-Quality</th>
<th>Score (%) - Financial</th>
<th>Overall Score (%)</th>
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<td>25.8</td>
<td>12</td>
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<td>Bidder 7</td>
<td>58.7</td>
<td>59.9</td>
<td>27</td>
<td>86.9</td>
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</table>

3.11 In respect of the financial aspect, all but one of the bids providing a response that was within the affordable financial envelope. The lowest bid was attributed the highest score with the bids ranked and scored based on ‘distance’ away from the lowest.

4. Urgent Action

4.1 On the basis of the outcome of this evaluation it was recommended that the Governing Bodies of the three CCGs consider and be assured of the robust and compliant process undertaken to procure the Posture & Mobility (Wheelchairs) Service for Calderdale and Kirklees. This required Calderdale, Greater Huddersfield and North Kirklees CCGs to demonstrate their confidence in the outcome of the evaluation by endorsing the contract award.

4.2 In Calderdale this endorsement was given by the Governing Body at their meeting held on 13th June 2019.

4.3 In Kirklees the outcome of the procurement process and recommendation to award the contract was scheduled to be presented at the Greater Huddersfield and North Kirklees CCGs Governing Bodies held in common on the 12th June 2019 to ensure that sufficient time be allowed to mobilise the new service to commence on 1st October 2019. However, this meeting was cancelled requiring urgent action in order to facilitate award of contract and to start the mobilisation process on time.
4.4 In North Kirklees, in accordance with Standing Orders, this was undertaken through an Urgent Decision action with the Chair, Chief Finance Officer (as Deputy Chief Officer) and 2 additional Governing Body members. The Urgent Decision action recorded that the Governing Body could be assured of the robustness of the process and recommendation and endorsed the award of contract.

4.5 In Greater Huddersfield, in accordance with Standing Orders, this was undertaken through an Urgent Decision action with the Chair, Chief Finance Officer (as Deputy Chief Officer) and 2 additional Governing Body members. The Urgent Decision action recorded that the Governing Body could be assured of the robustness of the process and recommendation and endorsed the award of contract. This action also included the formal approval to award the contract by Greater Huddersfield CCG acting as the Lead Commissioner.

4.6 Following the approval to award the contract by Greater Huddersfield CCG, the Procurement Team awarded the contract and provided debriefing reports to bidders, this initiated the start of the 10 day ‘standstill’ period to allow further feedback if requested.

4.4 The mobilisation is scheduled to commence on the 9th July 2019 with the service start date of 1st October 2019; this is in line with the submitted procurement timeline (see 3.3 above) and confirmed by bidders as achievable.

5 Implications

5.1 Quality & Safety Implications

5.1.1 A Quality Impact Assessment was carried out. This identified opportunities to make improvements to quality, safety, service user outcomes and service performance. Mitigations are in place for potentially negative impacts. The QIA was used to inform the scope/content of the new service specification.

5.1.2 Positive and negative impacts will be monitored during contract mobilisation and implementation.

5.2 Engagement & Equality Implications

5.2.1 The CCGs can demonstrate they have complied with their legal duties under the Health and Social Care Act 2012 and Equality Act 2010. Extensive engagement was carried out in 2017 and 2018 with a wide range of stakeholders, including wheelchair service users, families, carers, Elected Members, a range of professionals, clinicians and voluntary sector organisations.

5.2.2 The findings were published on the CCG web sites, and shared with stakeholders.

5.2.3 An EQIA completed during and following engagement was used to inform the scope/content of the new service specification.

5.2.4 Positive and negative impacts will be monitored during contract mobilisation and implementation.

5.3 Resources / Finance Implications

5.3.1 The staffing and financial requirements for the new service were reviewed by Calderdale SMT and Greater Huddersfield/North Kirklees JSMT, and presented to November 2018 GH/NK
Finance, Performance and Contracting Committee, and December 2018 Calderdale Finance & Performance Committee. Approval was provided prior to the start of the procurement process.

5.3.2 The Service Specification describes the resource implications of the service, and includes information on demand and activity since 2014.

5.3.3 Supporting documentation with further financial information was provided to potential Providers to support the procurement process.

5.4 **Data Protection Impact Assessment**

5.4.1 Information Governance (IG) has advised that the service specification did not require a Data Protection Impact Assessment. Should it be required, the project team would seek advice from IG for contract mobilisation. Depending on the outcome of procurement, there may be privacy issues related to the transfer of service user and staff data to a new provider, or processing of service user information through a new system.

5.5 **Risk**

5.5.1 The views of patients and the public, engagement findings, quality and equality impacts were actively considered in developing the new service specification. These actions mitigate the risks associated with a potential judicial review.

5.5.2 Post-award, mobilisation of the service will commence on 1 July 2019 for a period of three months to 1st October 2019. Depending on the outcome of procurement, it may be necessary for the successful bidder to work closely with the current provider and the CCGs during the mobilisation phase. Contingency planning is already underway for a range of outcomes, to ensure a smooth transition to new contract arrangements, under the new service specification.

5.5.3 Waiting lists and the creation of a backlog may pose risks to the new contract, depending on the outcome of procurement. Bidders asked for information about this during the Invitation to Tender (ITT) stage of the procurement process. Should it be required, the CCGs have committed to work with the incumbent provider to ensure there would not be an unacceptable backlog at the end of the current contract. In the event of a higher than anticipated backlog at handover, reduction of the backlog at the beginning of the new contract may require to be negotiated with Commissioners.

5.5.4 The CCGs are continuing to actively monitor the performance of the current Wheelchair Services through the CCGs’ internal contracting processes and reporting.

5.5.5 In addition, a review of service demand, activity and performance will be carried out by a CCGs multi-disciplinary team on a quarterly basis within the first 12 months of the contract. After 12 months, the frequency will be agreed by the CCGs and Provider(s).

5.5.6 There is an ongoing risk associated with funding/performance issues in the current service; this is being actively managed by the CCGs’ Contracting Team (Principal Risk numbers 1026 CA, 1155 GH, 1158 NK).

5.6 **Legal / CCG Constitutional Implications**

5.6.1 The CCGs will apply appropriate governance, follow procurement policy and ensure sound financial management in doing so.

5.7 **Conflicts of Interest**
5.7.1 Interests have been managed in line with the CCGs policies for managing Conflicts of Interest.

5.7.2 The previous Calderdale GB Lay Member (Public and Patient Involvement) who is a Wheelchair service user, was involved in the engagement process as a GB Lay Member only, and declared this interest.

5.7.3 The interests of service users involved in the procurement process have been managed by the Engagement and Procurement Teams.

6. Recommendations

It is recommended that the North Kirklees Governing Body:

- NOTES the process undertaken and confirms their confidence that a robust process has been followed for selecting a provider for the Posture & Mobility (Wheelchairs) Service.

It is recommended that the Greater Huddersfield Governing Body:

- NOTES the process undertaken and confirms their confidence that a robust process has been followed for selecting a provider for the Posture & Mobility (Wheelchairs) Service for Calderdale and Kirklees.
- NOTES the process for the recommendation to endorse the approval to the award of contract by Greater Huddersfield CCG, on behalf of and North Kirklees and Calderdale CCGs, the preferred bidder for appointment.
- NOTES and ENDORSES the process used to award the contract to the preferred bidder for appointment required to ensure effective mobilisation of the service for 1st October 2019.

7. Appendices

Appendix 1 – Service specific questions
Appendix 2 – Submission scores (Evaluation)
# Appendix 1 – Service specific questions

## Service Delivery

### 2.1.1 Describe the assessment process from referral through to prescription, to include:
- How you will ensure that assessments are holistic and person-centred in nature
- How you will ensure close collaboration with related services/assessments
- How you will demonstrate the independence of the assessment from the implications of the supply of equipment?
- How you will ensure a seamless service?
- What process do you have in place to advise clients that their wheelchair requires a review

Also, describe your experience of providing standard & special order wheelchairs and equipment and your proposed service delivery model

Maximum word count: 1000 (Weighting 15%)

### 2.1.2 Describe the staff involved in the assessment function, to include:
- Skills, knowledge and qualifications
  - Training and development
  - Skills retention and continuity of service

Maximum word count: 500 (Weighting 6%)

### 2.1.3 Describe your proposed premises and the facilities that will be available. (a floor plan may be attached)

Maximum word count: 500 (Weighting 3%)

### 2.1.4 Describe your IT system and record keeping – including service user records, Stock management, placing orders

Maximum word count: 500 (Weighting 4%)

### 2.1.5 Please describe your experience of developing and delivering Personal Wheelchair Budgets? How will this be delivered in this contract? How would you take a lead role to support service users to identify and obtain additional sources of funding where they would like a wheelchair beyond the scope of their identified ‘health' needs?

Maximum word count: 700 (Weighting 5%)

### 2.1.6 What actions would you take if the forecast activity is likely to exceed the budget?

Maximum word count: 500 (Weighting 5%)

### 2.1.7 Describe your repair and refurbishment process and how it will maximise quality, safety and value for money

How would you ensure that staff, have the appropriate skills, knowledge and resources to provide an effective repair service?

Maximum word count: 1000 (Weighting 8%)

## Service Quality and Patient Experience

### 2.2.1 How would you work with volunteers and the voluntary sector to ensure that wheelchair users are supported through the process and able to maximise their independence?

Maximum word count: 500 (Weighting 3%)

### 2.2.2 How would you work with service users to develop effective means of communication and sharing information? To include complaints and dispute resolution

Maximum word count: 500 (Weighting 5%)

## Performance and Monitoring

### 2.3.1 Please describe your implementation plan for the mobilisation of this contract

Maximum word count: 500 (Weighting 5%)

### 2.3.2 Business Continuity – how would you minimise disruption to service delivery?

Maximum word count: 500 (Weighting 3%)
### 2.3.3 Quality, Continuous Improvement, management information

Please describe your approach to maintaining quality standards, continuous improvement and the collation and presentation of management information?

Include an example of a contract report or dashboard (attachment permitted)

Maximum word count: 500 (Weighting 5%)

### 2.3.4 Please describe how the service will manage and respond to clinical risk, incidents and patient safety including issues relating to safeguarding

Maximum word count: 500 (Weighting 3%)

### Finance

#### 2.4.1 Please complete the Costing Matrix found under the supplier attachment area.

(Weighting – 30%)
## Appendix 2 – Submission scores (Moderated)

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<th>Results Worksheet</th>
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Data generated from AWARD, Copyright Commerce Decisions Limited 2019

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The North Kirklees CCG in-year financial position had worsened every year from the CCG’s inception until 2018/19 when the deterioration was stopped and reversed (2017/18 deficit £15.5m; 2018/19 deficit £11m).

The recovery of the CCGs financial position has been achieved through organisation-wide and system-wide work and a focus on a recovery and financial sustainability discipline which is embedded across the organisation and with its partners.

The CCG has benefited from the Capacity and Capability Review carried out in 2017/18 and has implemented recommended actions, with further analysis to identify additional lessons and opportunities, and to ensure that these are embedded within day-to-day business.

Changes have also been made to the leadership arrangements with a single, integrated Senior Management Team established with Greater Huddersfield CCG since November 2017 and further work during 2018/19 to integrate the teams of both CCGs and to support further integration with Kirklees Council.

Drawing on learning from previous years, a sustainable and realistic approach to financial recovery has been taken, that will further reduce the in-year deficit in 2019/20 and deliver in-year financial balance by 2023.

This recovery plan outlines our approach and shows our commitment to maintaining high quality care that makes best use of the resources available to us.

A draft of the North Kirklees CCG recovery plan was submitted to NHS England on the 4th April 2019. NHS England have reviewed the draft and provided feedback, which has been incorporated into the final draft.

The plan has been further updated to reflect any updates to progress since the initial draft was developed.

The CCG was required to submit a final draft to NHS England by the 30th June 2019. Due to the scheduling of Committee Meetings, the plan was reviewed by at the Senior Management Team Meeting and the Finance, Performance and Contracting Committee prior to submission to NHS England. All changes suggested through these Committees were included in the final draft before submission. The NK Governing Body is asked to receive the final plan for information.
### Previous consideration

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### Recommendation (s)

It is recommended that the NK Governing Body:

1. Receives the final draft of the NKCCG Recovery Plan for information

### Decision

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<td>Resources / Finance implications (including Staffing/Workforce considerations)</td>
<td>Plan to support delivery of the NKCCG financial plan</td>
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<td>Strategic Objectives (which of the CCG objectives does this relate to?)</td>
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<td>Risk (include risk number and a brief description of the risk)</td>
<td>The NKCCG recovery plan relates to the following risks on the CCG risk register: • Risk 1356 Failure to achieve QIPP • Risk 1350 Failure to appoint clinical leads • Risk 1363 Failure to achieve 20% reduction in running costs • Risk 1141 Loss of workforce due to integration</td>
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<td>Legal / CCG Constitutional Implications</td>
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<td>Conflicts of Interest (include detail of any identified/potential conflicts)</td>
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Recovery Plan
2019/20

CCG Plans for Financial Recovery
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<td>Alison Needham, Vicky Dutchburn, Rachel Millburn, Natalie Ackroyd</td>
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<td>Initial changes by RC following NHSE feedback. Additional comments from covering email acted on. Additional Hard Choices slide added (comment 8, new slide 20)</td>
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<td>Vicky Dutchburn, Natalie Ackroyd, Rachel Millson, Helen Shallow</td>
<td>Final draft for submission to FPC, Final submission to Governing Body and NHS England</td>
<td>Updated narrative regarding integrated working arrangements, (VLD) finance further updated (AN).</td>
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- Contract Management arrangements

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- Financial context
- Underlying position
- Financial planning
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Section 4: Recovery Plan
- Capacity and Capability Review
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- 18/19 QIPP development process
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- North Kirklees Place: Harnessing the power of primary care
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Appendices
A: Financial Plan
EXECUTIVE SUMMARY
As a CCG our priority is to ensure that safe, effective and high quality services are available to our population now, and into the future.

We continue to engage across our communities to ensure that we are transparent in our thought processes and that our plans are underpinned by comprehensive quality, equality and privacy impact assessments.

The in-year financial position had worsened every year from the CCG’s inception until 2018/19, when the deterioration was stopped and reversed (2017/18 deficit £15.5m; 2018/19 deficit £11m). This has been achieved through organisation-wide and system-wide hard work and focus on a recovery and financial sustainability discipline which is embedded (and will continue to be embedded further) across the organisation and with its partners.

The CCG has benefited from the Capacity and Capability Review carried out in 2017/18 and has implemented recommended actions, with further analysis to identify additional lessons and opportunities, and to ensure that these are embedded within day-to-day business.

We have made changes to our leadership arrangements with a single, integrated Senior Management Team established with Greater Huddersfield CCG since November 2017 and further work during 2018/19 to integrate the teams of both CCG’s and to support further integration with Kirklees Council. This approach has strengthened the breadth and depth of leadership and management support to the CCG, helping us to draw on best practice elsewhere and apply learning from experience across the NHS. The substantive team has been augmented by a fixed-term Turnaround Director, appointed jointly with Greater Huddersfield CCG in recognition of the scale of the current financial challenge.

We recognise the challenges we continue to face, but also the significant progress we have made and continue to make in difficult circumstances. Drawing on learning from previous years, we have taken a sustainable and realistic approach to financial recovery that will further reduce the in-year deficit in 2019/20 and deliver in-year financial balance by 2023.

This recovery plan outlines our approach and shows our commitment to maintaining high quality care that makes best use of the resources available to us. The plan will be updated as part of the development of the CCG five year financial plan and will ensure a link to all other strategies.

Dr David Kelly
Clinical Chair

Carol McKenna
Chief Officer

Ian Currell
Chief Finance Officer
INTRODUCTION
The CCG leadership has a clear vision and credible strategy to deliver its functions, the NHS Long Term Plan, and our contribution to the West Yorkshire and Harrogate Integrated Care System and other local partnerships.

We have a clear vision and values which have recently been reviewed. These guide our work and underpin the actions we take.

We are a partner in the Kirklees Health and Wellbeing Plan 2018 – 2023 which sets out the priorities for our place, with a particular focus on addressing the triple aim. The plan provides an overview of the planned work across Kirklees to deliver improvement in the health and wellbeing of the population, referencing and drawing upon the wide-range of existing strategies and plans at an organisational, place or system level supporting this delivery. This Plan sits alongside our strategic direction for hospital services – set out in the Meeting the Challenge programme, and our Primary Care Strategy which describes how we will deliver the requirements of the GP Forward View.

The Kirklees Integrated Commissioning Strategy describes our commitment to integrated commissioning and summarises our approach to the creation of an integrated place-based system in Kirklees, through working differently as commissioners, and as commissioners and providers. Its vision is to move towards population-based commissioning across the health and social care system, built around the needs of local people and delivered by a collaboration of organisations covering populations of 30,000 to 50,000 people.

The Governing Body has a strong clinical and multi-professional leadership. Practice representatives work closely with an external clinical advisor (secondary care), multi-disciplinary Lay Members, and senior executives. Representatives from the Local Authority regularly attend the meeting to ensure focus on public health and the interface between health and social care.

The CCG has an established Council of Members meeting with practices, which is held bi-monthly to help shape commissioning strategy and ensure practice involvement.
The CCG is focused on quality, delivery and finance. Discussions at Governing Body centre on driving improvements in quality, safety, outcomes and delivery of constitutional and national standards, within the resources available.

Quality reporting to governing body is based on dashboard reporting, with provider overviews and exception reporting including actions for improvement.

The use of individual “Patient Stories” at Governing Body meetings helps to ground all of our work in the context of what is best for our population.

Our Quality Committee has a clear work plan providing oversight of the three quality domains with a focus on Clinical Effectiveness, Patient Experience and Patient Safety.

The CCG has fully embedded joint quality and equality impact assessments throughout the governance process which supports full oversight of the three quality domains.

We have quality Boards in place with key providers to monitor quality and drive improvements. Our “Go See”/Patient safety walkabouts also feature in our reporting to Quality Committee and to Governing Body.

We also have in place an Integrated Quality Board with Kirklees Council and Greater Huddersfield CCG.
Within the CCG there are clear responsibilities, roles and systems of accountability to support good governance. Quality, performance, and finance risks are understood and managed.

Throughout 2018/19 the CCG has been operating an integrated governance structure with Greater Huddersfield CCG, which helps to support closer working across the Kirklees footprint. As this has been the first full year of operating these arrangements they have been regularly reviewed to ensure they are operating well and supporting good governance.

The establishment of the joint governance arrangements for acute services commissioning between North Kirklees and Wakefield CCG’s is a key enabler in strengthening and aligning commissioning focus. It provides resources to local acute commissioning to agree a clear strategic direction which enables a better balance between capacity and demand and which will continue to be underpinned by robust transformation and delivery plans.

The CCG has an Integrated Risk Management Framework which outlines the effective governance arrangements in place to manage all risks (quality, performance and finance) faced by the organisation. It describes the CCG’s approach to managing risk and risk management processes, the CCG’s risk management objectives, and the CCG’s organisational and individual accountability for risk management. The CCG is committed to ensuring a positive risk management culture is in place that ensures that risk management is an integral part of everything we do. This is supported by a comprehensive system of internal controls and risk management processes aligned to the working of the CCG.

The Governing Body receives regular assurance from the Audit Committee that the CCG’s systems of internal control including governance arrangements are working well. The Governing Body has oversight of all the work carried out by its sub-committees and reviews their minutes at each meeting.
The CCG actively and robustly manages contract performance and, where necessary, acts swiftly to implement actions which ensure that patients continue to receive high quality care and that constitutional standards are met.

Examples of arrangements in place include:

• Development of a shared acute contract commissioning team with Wakefield CCG to make effective use of commissioner contracting resources.

• Shared contract management and procurement function with Greater Huddersfield and Calderdale CCG’s to make effective use of commissioner contracting resources across a wide range of non-acute arrangements.

• Contract management processes are subject to annual assessment and opinion by internal and external audit. The latest internal audit report provided an opinion of Significant Assurance.

• The CCG is fully aware of, and monitors performance against, its constitutional requirements. Performance is reviewed on a monthly basis by the Finance, Performance & Contracting Committee.

• Provider contract performance is reviewed on a monthly basis by the Finance, Performance and Contracting Committee by way of a dedicated Contracting Report.

• Provider quality performance is reviewed on a monthly basis by the Quality Committee.

• A Quality Dashboard, and Finance, Contracting and Performance reports are then reviewed by the Governing Body.

• Robust contract governance processes are in place to ensure we can act swiftly where required.

• Contract Management Boards/Groups, chaired by commissioners, are in place with main providers.

• Clinical Quality Boards, led by GP Governing Body members, are in place with main providers.
Financial position
North Kirklees CCG has faced challenging financial circumstances since its inception. The CCG moved from in-year surplus to in-year deficit in 2015/16 and the in-year deficit further increased in 2016/17.

The CCG’s financial position deteriorated significantly in 2017/18. It had an ambitious savings programme of £15m and although efficiency savings were delivered these were not achieved to the required level. Material in-year cost pressures were also experienced.

As a result in 2017/18 a planned deficit of 2.1m was revised to a deficit of £15.5m (with an out-turn deficit after technical adjustments of £14m). This significant variance from plan triggered a referral by the CCG’s External Auditors to the Secretary of State.

A Capacity and Capability Review was commissioned jointly with NHS England. This was conducted by Price Waterhouse Coopers Ltd and took place during March 2018 with full engagement from the CCG. Following review of the recommendations an action plan was developed, which has been monitored and reported quarterly to Governing Body during 2018/19 and is now incorporated into business-as-usual management.

The finance function has reviewed its structures and integrated with the neighbouring Greater Huddersfield CCG and has set itself high standards, driving efficiency and economies of scale for the Kirklees system. The finance function recently won the 2018 HFMA Yorkshire & Humber non acute finance team of the year.

A control total of a deficit of £11m (reduced from £15.5m in 2017/18) was agreed with NHS England for 2018/19, with Commissioner Support Fund made available to this value and secured following successful delivery of the control total. The CCG has worked hard to improve its overarching financial position and has achieved its target deficit position in 2018/19 through a strong organisation-wide recovery and financial sustainability discipline.

For 2019/20 a control total of a deficit of £8m has been agreed with NHS England and Commissioner Support Fund monies will be available up to this value, dependent on successful delivery of the control total.


The CCG recognises the need to maintain improvements to its underlying financial position as part of the journey in delivering in-year improvements. We will continue to develop our longer-term financial plan setting out the steps and milestones that will ensure success.
Underlying position

The CCG has worked hard to improve its overarching financial position and as a result of this has achieved its target deficit position of £11m for 2018/19. For 2019/20 the CCG has received a new control target of achieving a deficit position of £8m, which is a £3m improvement from 2018/19. The table below provides an overview of the control total and cumulative deficit position of the CCG over the last 3 years.

<table>
<thead>
<tr>
<th>Control Totals</th>
<th>16-17 £m</th>
<th>17-18</th>
<th>18-19</th>
<th>19-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-year target</td>
<td>-</td>
<td>(2.1)</td>
<td>(11.0)</td>
<td>(8.0)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deficits</th>
<th>16-17 £m</th>
<th>17-18 £m</th>
<th>18-19 £m</th>
<th>19-20 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-year achievement</td>
<td>(6.5)</td>
<td>(14.0)</td>
<td>(11.0)</td>
<td>n/a</td>
</tr>
<tr>
<td>Commissioner Sustainability Funding (CSF)</td>
<td>n/a</td>
<td>n/a</td>
<td>11.0</td>
<td>n/a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C’fwd cumulative</th>
<th>16-17 £m</th>
<th>17-18 £m</th>
<th>18-19 £m</th>
<th>19-20 £m</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(2.8)</td>
<td>(16.8)</td>
<td>(16.8)</td>
<td>(16.8)</td>
</tr>
</tbody>
</table>

* The CCG will benefit from CSF Funding in 2019-20 up to a maximum of £8.0m
## 2019/20 Overarching financial plan

### Financial Position - in year

<table>
<thead>
<tr>
<th></th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allocation</td>
<td>277.1</td>
</tr>
<tr>
<td>Growth</td>
<td>14.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>291.7</strong></td>
</tr>
<tr>
<td>Recurrent spend</td>
<td>287.5</td>
</tr>
<tr>
<td>Pressures</td>
<td>0.9</td>
</tr>
<tr>
<td>Investments</td>
<td>3.5</td>
</tr>
<tr>
<td>Inflation and pricing</td>
<td>9.5</td>
</tr>
<tr>
<td>Demographic growth</td>
<td>4.2</td>
</tr>
<tr>
<td>non recurrent pressures</td>
<td>0.1</td>
</tr>
<tr>
<td>QIPP</td>
<td>-5.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>299.7</strong></td>
</tr>
</tbody>
</table>

### North Kirklees High Level Plan 2019/20

#### Budget Areas

<table>
<thead>
<tr>
<th>Area</th>
<th>£000</th>
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</thead>
<tbody>
<tr>
<td>Allocation</td>
<td>291.7</td>
</tr>
<tr>
<td>Acute</td>
<td>154.67</td>
</tr>
<tr>
<td>Mental Health</td>
<td>28.6</td>
</tr>
<tr>
<td>Community</td>
<td>21.8</td>
</tr>
<tr>
<td>Continuing Health Care</td>
<td>14.7</td>
</tr>
<tr>
<td>Primary Care Services</td>
<td>35.53</td>
</tr>
<tr>
<td>Primary Care Co-commissioning</td>
<td>26.9</td>
</tr>
<tr>
<td>Other Primary Care</td>
<td>11.9</td>
</tr>
<tr>
<td><strong>Total Commissioning Services</strong></td>
<td><strong>294.1</strong></td>
</tr>
<tr>
<td><strong>Running Costs</strong></td>
<td><strong>4.1</strong></td>
</tr>
<tr>
<td><strong>Contingency</strong></td>
<td><strong>1.5</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>299.7</strong></td>
</tr>
</tbody>
</table>

### In Year Position/Control Total

<table>
<thead>
<tr>
<th></th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deficit control target</td>
<td>-8.0</td>
</tr>
<tr>
<td>CSF funding</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>-8.0</strong></td>
</tr>
</tbody>
</table>
The Financial Plan is based on realistic assumptions. In summary these are:

**Allocations**
As set out in the 5-year settlement

**Running Costs**
In accordance with national advice, North Kirklees CCG is required to make combined real-terms running cost savings of 20% by April 2020.

- Some have already been achieved (e.g. through increased joint working between Greater Huddersfield and North Kirklees)
- Some will be achieved in 2019/20 (reflecting that allocations are already reduced in real terms and financial plans are being developed to address these pressures).
- Others are in advanced planning stages (e.g. move to new accommodation model).
- Other options are being explored including potential merger of North Kirklees with Greater Huddersfield CCG.

**Commissioner Sustainability Funds**
North Kirklees CCG is eligible for Commissioner Sustainability Funds (CSF). Receipt of CSF is based upon the following conditions:

- Delivery of a financial plan consistent with the control total
- Agreement of a milestone based recovery plan with NHS England
- Achievement of the year to date financial control total for each quarter and provision of a credible and well evidenced forecast in line with the plan.
RECOVERY PLAN
NHS England, jointly with the North Kirklees CCG, commissioned a Capacity and Capability Review in response to the worsening financial position of the CCG during 2017/18. The review was conducted by Price Waterhouse Coopers Ltd and took place during March 2018 with full engagement from the CCG.

Full consideration was given to the recommendations from the review and an action plan developed and approved by North Kirklees Governing Body in June 2018. It was agreed that day to day responsibility for oversight of the Action Plan would sit with the CCG’s Turnaround Director who would provide regular reports to the Senior Management Team and that quarterly reports on progress would be provided to the Governing Body during 2018/19.

The action plan has been monitored closely throughout 2018/19 with steady progress demonstrated and only three minor actions outstanding at the last review, which have now been addressed. The CCG Governing Body (with the agreement of NHS England), has now put in place arrangements to mainstream monitoring against outstanding actions, ensure sustained delivery and benefits realisation, and ensure lessons are learned and embedded for the future.

A Turnaround Report is discussed monthly at Finance, Performance and Contracting Committee and Governing Body. This includes updates on performance against QIPP targets with additional detail where there are material differences between plan and forecast, or material changes since the last report.

Finance, Performance and Contracting Committee is also sighted on progress for the System Recovery Programme for the Mid Yorkshire System and jointly owned by Mid Yorkshire NHS Healthcare Trust, Wakefield CCG and North Kirklees CCG. Throughout the year there have been drill-down reports and discussions on specific issues raised. The governance arrangements have recently been reviewed and membership realigned to strengthen North Kirklees CCG position.

The monthly CCG recovery group is now held jointly with Greater Huddersfield CCG. It is chaired by the Head of Strategic Planning, Performance and Delivery and is attended by the Clinical Leader, with another member practice representative and wide-spread membership including finance, contracting, performance, public health, PMO, and Quality teams. Members in the joint acute commissioning team are also in attendance.
A structure with systems and governance arrangements and sufficient staff with appropriate levels of skills and specialist knowledge.
In 2017/18 North Kirklees began a policy of sharing resources with Greater Huddersfield. In 2017/18 this saw the sharing of Accountable Officer and CFO posts and the establishment of a single senior management team across both CCG’s. 2018/19 saw the establishment of a single structure across both CCG’s for all directorates. The benefit of bringing the two finance teams together included the opportunity to review and improve existing systems and practices with a view to establishing ‘best practice’ in the finance function. The larger staff resource is enabling the development of specialist expertise in specific areas such as continuing care.

The finance function recently won the 2018 HFMA Yorkshire & Humber non acute finance team of the year.

Strong contracting and commissioning. As a commissioning organisation the CCG must be confident that it can contract in a robust manner.

North Kirklees CCG has in place a joint acute commissioning arrangement with Wakefield CCG. This gives the CCG access to a larger contracting and analytical resource with more specialist knowledge than the CCG has previously had access to. Associated with this has been the development of joint system working with Mid Yorkshire Healthcare Trust which delivered an aligned incentive contract for 2019/20.

Transformational projects which can reduce spend while maintaining and where possible improving quality, and not destabilising the local health community.

North Kirklees CCG works with relevant partners to deliver transformation at all levels (Locality, Place, Acute system, ICS). Our processes include:

• Robust process for scheme identification and evaluation
• Strong clinical involvement
• Strong governance arrangements for the project management and monitoring of projects

We have strengthened project management at a ‘place’ level by the consolidation of the PMO functions of North Kirklees and Greater Huddersfield CCG’s. We are further developing the PMO function for integrated projects with the Local Authority and at a ‘system’ level by the strengthening of the PMO function in the Joint Acute Commissioning Team.
QIPP planning for the 19/20 plan has built on the continuous process for QIPP idea generation and development managed through our PMO. Additionally, a QIPP Dashboard has been designed and implemented to allow timely reporting for the CCG.

Ideas are generated consistently and through routine processes, for example through monthly “Support and Challenge” meetings with transformation leads, Transformation Team meetings, SMT routine business, related business cases, Clinical Strategy discussions and Recovery Group. This is augmented through the PMO function’s routine review of best practice including: Right Care, Menu of Opportunities, National QIPP programme, Commissioning For Value packs, and other shared intelligence including ICS benchmarking across West Yorkshire and Harrogate.

The live “QIPP Ideas” list has then been further developed through the annual planning process by a small multi-disciplinary team including the Head of Strategic Planning, Performance and Delivery, PMO, Performance and Finance. Close communication has ensured alignment between the Activity Planning, Contract agreement, Finance Plan development and QIPP plan development processes. Assumptions have been tested with transformation leads and process reported through Finance, Performance and Contracting Committee. All projects that are prioritised as QIPP schemes have an identified clinical lead, this remains under constant review.

The QIPP plan recognises the Aligned Incentive Contract environment in which the CCG operates with its main acute provider. This means that a large part of the CCG’s spend is effectively fixed by the agreed contract value, with limited ability to achieve further cash-releasing savings in-year. This makes it critical to agree QIPP assumptions with our providers and for those assumptions to be built in to the agreed contract value, and this has been achieved.

There are a number of place based community transformational schemes which are robustly monitored regarding the potential impact on activity, demand and quality which is in line with the CCG strategic direction of travel to support and further develop care closer to home.

In addition to QIPP schemes that will deliver in-year financial benefit the CCG is also committed to recognising the other elements of QIPP – including quality benefits and efficiencies that benefit the wider system and will create a beneficial position for future years.
**Decision-making**
The CCG has been in a financially challenged position for several years and has realised the benefit of recognised non-contentious QIPP opportunities. To continue to deliver efficiencies, the benefits and risks of potential schemes are carefully considered to understand the quality and equality impact. This enables us to make informed decisions about how best to achieve sustainable financial balance and reflect on appropriate engagement with our population, member practices and other stakeholders. Where a decision is taken not to pursue a particular scheme at a given time, the reasons for the decision are kept under review to determine whether they remain valid. A balance is sought between the need to deliver short-term control total and the need for longer-term recovery planning, that will sustainably achieve the significant incremental savings required to return the CCG to in-year break-even and cumulative surplus.

For 2019/20 the CCG’s Turnaround Director has reviewed and aligned the current strategic plans and developed a set of investment principles to support the CCG’s decision-making processes.

Following an external audit of the PMO processes, the Head of Strategic Planning, Performance and Delivery implemented the recommendation to review and strengthen the CCG’s decommissioning protocol to withstand any challenge.

**System working**
The CCG is committed to contributing to system-wide recovery, with an emphasis on delivering genuine system-wide efficiencies rather than shifting the burden of risk and cost from one partner to another.

North Kirklees and Greater Huddersfield CCG’s are continuing to expand the integrated commissioning arrangements across health and social care with the Local Authority. This is formalised through the development of the Kirklees Integrated Commissioning Board. A single Kirklees Integrated Provider Board has also been developed to ensure services are delivered in a coordinated and integrated way with local communities and across Kirklees.

We are continuing to work in an “Aligned Incentive Contract” (AIC) arrangement with our main acute provider, Mid Yorkshire Hospitals NHS Trust. This means all parties seek to agree the impact of system efficiencies at the start of the year and build these into contract values. This mitigates the risk of unexpected over trades but limits the ability of the CCG to achieve additional in-year cash-releasing efficiencies through acute activity. The choice to continue with an AIC has been robustly debated through CCG governance and is supported as a constructive approach for the wider health and social care system.
Examples
When 2018/19 in-year financial monitoring identified unmitigated risk to the delivery of the control total, the CCG’s Finance, Performance and Contracting Committee requested additional in-year savings opportunities to be considered. The additional QIPP savings subsequently agreed and implemented included areas with potential impact on patient care. Clinical opinion was an essential part of the decision process and detailed information about potential risks was reviewed. Decisions not to commit investment included provision of additional smoking cessation and weight management support and triage, the delay of complex wound care service transformation, and cost pressure management relating to continence products.

The 2019/20 QIPP programme development has acknowledged that against the required cash-releasing efficiency requirement there is £1.6m of unidentified QIPP schemes. The mitigation of this risk is described within the QIPP plan and represents a hard choice for the CCG as it includes potential for delayed investment in community services which in turn risks differential developments across the Kirklees Place that is shared with Greater Huddersfield and must be managed to ensure equitable services.
The overarching target for the CCG for 2019/20 is £5.915m (2.0% of overall allocation). There is currently £1.6m of unidentified schemes built into the plan and work is ongoing to develop additional robust plans that will deliver in 2019/20.

As an essential part of its financial planning process the CCG has identified risk mitigation measures, which include investments that will only be committed once the CCG is assured on the delivery of QIPP.

### North Kirklees QIPP schemes - High level summary

<table>
<thead>
<tr>
<th>Description</th>
<th>£000</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash Releasing Schemes (to ensure financial balance)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicine Management</td>
<td>0.923</td>
<td></td>
</tr>
<tr>
<td>Continuing Health Care</td>
<td>0.366</td>
<td></td>
</tr>
<tr>
<td>Leeds - Biosimilar</td>
<td>0.110</td>
<td></td>
</tr>
<tr>
<td>Acute POLCE</td>
<td>0.183</td>
<td>27%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1.582</td>
<td></td>
</tr>
<tr>
<td><strong>QIPP cost avoidance/banked - realised at the start of the year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local growth</td>
<td>0.152</td>
<td></td>
</tr>
<tr>
<td>Mid Yorkshire - POLCE</td>
<td>0.300</td>
<td></td>
</tr>
<tr>
<td>Mid Yorkshire - biosimilar</td>
<td>0.800</td>
<td></td>
</tr>
<tr>
<td>Mid Yorkshire cost avoidance - reduce demand</td>
<td>1.446</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2.698</td>
<td>46%</td>
</tr>
<tr>
<td><strong>Unidentified</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QIPP target required</td>
<td>1.635</td>
<td>28%</td>
</tr>
<tr>
<td><strong>Total QIPP</strong></td>
<td>5.915</td>
<td></td>
</tr>
</tbody>
</table>
QIPP in Future Years

In order to deliver the financial plan the CCG needs to continue to deliver ambitious levels of QIPP benefits over a sustained period. The recovery process therefore seeks to balance the need to deliver in-year cash savings, with the delivery of bigger benefits over longer periods through investment in opportunities with higher potential benefits.

The strategy to ensure return to in-year break-even is being refreshed and Finance, Performance and Contracting Committee has included this in its work plan, with detail proposed to be reported in Summer 2019 through the development of a CCG five year financial plan.

The 2019/20 Financial Plan includes proposed investments in care at or closer to home including primary care. A process is being developed to ensure that available investment funds are used to deliver best value. This is intended to take the form of an investment strategy that will consider options for investment and assess aspects such as potential benefit, risk, timescales (for investment and return) and strategic fit. Outputs are expected to include an assessment of the validity of continuing with current investment areas and an approach to prioritising additional investment.
Leadership
NKCCG has undergone some recent changes in its leadership arrangements. From 1 November 2017, a shared Chief Officer with Greater Huddersfield CCG has been in place. Changes have been made to other posts, with a shared Chief Quality & Nursing Officer and shared Chief Finance Officer being put in place during 2017. All three of these post-holders are very experienced individuals, with a strong history of operating in a Board-level capacity in a range of NHS organisations over many years. In June 2018 the CCG appointed an experienced joint Turnaround Director with Greater Huddersfield CCG in recognition of the scale of the financial challenge.

Since November 2017, the CCG has operated with a single, integrated Senior Management Team with Greater Huddersfield CCG. During 2018/19, further work was undertaken to integrate the management teams of both CCG’s, with the majority of teams now operating on behalf of both CCG’s. Integration with the Council has also been strengthened with the CCG’s Joint Head of Transformation also undertaking the role of Service Director, Integrated Commissioning with Kirklees Council. This approach has supported further integration of transformation teams in the CCG’s and the Council, all of whom focus on place-based commissioning.

The Governing Body has a strong clinical and multi-professional leadership. Practice representatives work closely with an external clinical advisor (secondary care), multi-disciplinary Lay Members, and senior executives. Representatives from the Local Authority are regular attendees of the meeting to ensure focus on public health and the interface between health and social care.

The Governing Body continually reviews its performance through regular self-assessment, reflecting on areas for improvement.

The CCG has a regular Council of Members meeting with member practices, which is held bi-monthly to help shape commissioning strategy and ensure practice involvement.

Governing Body members link closely to clusters of practices in bi-monthly meetings as well as linking individually with each practice in between. We have a bi-monthly nursing forum led by our lead nurse involving all practice nurses.

Examples of the clinical leadership arrangements NKCCG has in place are:

• There are 6 GPs (including Clinical Leader) and 2 Advanced Nurse Practitioners on the Governing Body as well as a secondary care specialist advisor and the CCG Chief quality & Nursing Officer.

• The Governing Body is attended by the Local Authority’s Director of Public Health, and public health colleagues attend a number of meetings across the governance structure, including the Clinical Strategy Group.

• The CCG’s senior management team includes a number of clinical professionals including a pharmacist, nurse and GP.

• During 2018/19 the CCG has appointed a second independent GP to sit on the Primary Care Commissioning Committee to support the discharging of delegated responsibility for primary care commissioning.
The Governing Body and Senior Management Team are focused on Organisational Development and leadership across our health and care system in conjunction with Greater Huddersfield CCG and Kirklees Council, and have held a number of joint Organisational Development sessions.

The Joint Senior Management Team for North Kirklees and Greater Huddersfield CCG’s has carried out a review of ways of working, using a maturity matrix structure to assess the extent to which the new joint arrangements are delivering the original aims. Most areas were found to be working or developing well.

Joint posts are in place between North Kirklees CCG, Greater Huddersfield CCG and Kirklees Council and work has taken place to identify other teams who will work together to deliver improvements for the population of Kirklees. There are also joint posts within an acute commissioning team between North Kirklees CCG and Wakefield CCG with oversight from a jointly appointed Chief Operating Officer. The strengthened governance arrangements report into the CCG’s internal processes.

There are routine executive level meetings across North Kirklees CCG, Mid Yorkshire Hospitals and Wakefield CCG to ensure continual robust system oversight.

Together with Greater Huddersfield, the CCG has co-created a behaviour framework with staff which is now part of organisational processes. This articulates clearly the positive behaviours we expect of all our staff and encourages leadership and personal development, providing a framework for identifying and addressing development areas individually and organisationally.

Staff are supported with a range of development opportunities including formal secondments and informal opportunities to work with other organisations. There have also been opportunities for staff to undertake development with colleagues from other organisations, for instance a number of staff members have participated in resilience training with Kirklees Council colleagues.
SYSTEM WORKING & TRANSFORMATION
North Kirklees is part of a wider footprint across Yorkshire with several layers of transformation. The four key layers form planning footprints which include commissioning and transformation of services for the relevant population. Much transformation happens at a local ‘place’ level but there are also priorities which are better commissioned and transformed on a larger footprint. Whilst distinct priorities have been identified for each of the transformation layers, it is also important to understand the golden thread which runs through all layers (for example with cancer services) and the alignment across all the local plans in West Yorkshire.

The West Yorkshire and Harrogate Health and Care Partnership has identified a number of work programmes including urgent and emergency care, mental health, cancer, Specialised Commissioning, Workforce and Prevention at Scale as the key priorities. Link to website here: [https://www.wyhpartnership.co.uk](https://www.wyhpartnership.co.uk)

There is a ‘golden thread’ through all layers of planning which identifies the interdependencies of delivery within local plans and at scale.

Meeting the Challenge reconfiguration was completed in 2017/18. An Acute Commissioning Working Group is established across Wakefield, North Kirklees and Mid Yorkshire Hospital Trust and provides the foundations upon which planned care and unplanned care programmes are being delivered. The interdependencies with primary care are critical to ensure success.

Commissioning and transformation plans are centred on the ‘North Kirklees place’ based on the Joint Strategic Needs Assessment and taking into account national drivers within the Five Year Forward View and the Long Term Plan.

Some elements of transformation can only take place on much larger footprints and need to be on a wider Yorkshire and Humber level. In particular Yorkshire Ambulance Services (of which our partner NHS Wakefield CCG are the contract lead) and some elements of specialised commissioning.

The Y&H YAS, Specialised Commissioning, West Yorkshire Place, ICS Work Programme, Mid Yorkshire Place, Planned care transformation, clinical threshold management, system leadership, interdependencies with primary care, and North Kirklees Place, Addressing local health needs, integration (joint commissioning and planning), Primary Care Networks (working at scale, integration, system leadership and service redesign), all form part of the footprint.
North Kirklees Place: Harnessing the Potential of Primary Care

Primary care is key to the delivery of the CCG’s strategic outcomes, transformation of services and overall vision for North Kirklees. The Primary Care Transformation Programme builds on the arrangements and work already underway to commission improvements in primary care, within the context of General Practice in particular and the main challenges posed by its pivotal role in delivering and supporting healthcare system reform through the NHS Five Year Forward View; both now and in the future.

Despite the challenging financial position of the CCG a number of projects have been progressed across primary care which have attracted additional investment to the area, improved local services and/or resulted in improved outcomes for our local population. Some examples are:

- Implementation of the Atypical Practice Scheme – North Kirklees implemented the guidance with a financial reward scheme for General Practice, this was unique across West Yorkshire.
- Delivered an increase in capacity for extended access from 15 minutes to 30 minutes without additional national investment and with earlier deadline for achievement.
- Continuation of local Incentive schemes and investment through GP Forward View.
- Secured resilience funding through NHS England for General Practices.
- Continued the commitment to fund enhanced services in primary care despite financial challenges. This includes a 24 hour BP service and phlebotomy.
- Progressed transformation of services to support frail people, including the development of a Frailty Unit and the implementation of frailty assessments in primary care through the local Quality Access Scheme.
- Continued to support leadership development and mentoring schemes in primary care.
The dependence of delivery of the NHS Long Term Plan on the success of integrated primary and community care, at locality level, delivered through Primary Care networks is consistent with the direction of travel in North Kirklees, consistent with the North Kirklees Primary Care Strategy and clearly articulated in the Kirklees Health and Wellbeing Plan 2018 – 2021.

Four Primary Care Networks are established in North Kirklees and these are meeting regularly with appointed Clinical Directors. Links have been established and are being strengthened with partner organisations (including Local Authority, Community Provider, Third Sector and Acute and Mental Health Providers) and these are overseen through the Integrated Provider Board. The CCG has put in place appropriate programme management capacity to support development of the PCNs at-pace and the primary care team within the CCG acts as the link and support to each network.

During 2019/20 the PCNs will focus on:

• Establishing their working systems and processes as a network
• Developing relationships both within the networks and with the wider disciplinary team.
• Using data and intelligence to understand their populations and develop their priorities for change
• Delivering extended access across a network footprint
• Further development and retention of the primary care workforce; including the implementation of the new roles outlined in the GP Contract Framework
• Preparation for the contact service specifications which will be in place from April 2020

The service transformation that will be facilitated through the Primary Care Networks and the wider aspects of the five year framework for the GP services contract are recognised as being central to service delivery and long-term sustainability within North Kirklees.
The Kirklees health and care system has come together through its leadership and identified the ambition for the borough and its population and how service delivery, provision and commissioning could be better integrated across partners. A joint management structure has been formed across the North Kirklees and Greater Huddersfield CCG’s, coterminous with Kirklees Council and the lead provider contract for Care Closer to Home is a key vehicle to broaden integration of services at a place based level.

There is system-wide commitment to ensure that the work receives the focus and expertise required to:

- Create a single joint place-based plan describing the ambition for the population of Kirklees, linked to the health and wellbeing strategy, and how this will be delivered.
- Prioritise from the Kirklees place-based plan to identify the key early priorities for delivery and associated governance and structure required to deliver.
- Review national evidence base and models in order to support the development of the plan and prioritisation exercise.
- Engage and work with all relevant stakeholders in the delivery of this work.

There is a longstanding commitment in Kirklees to work collaboratively across the CCG’s and Local Authority. Most of our place-based work is done across the Kirklees footprint.

The Kirklees vision for integrated commissioning is to move towards population based commissioning across the health and social care system, built around the needs of local people, of populations of 30,000-50,000. Our plan to deliver this vision is through the implementation of Primary Care Networks including integration with social care, community services, the voluntary sector and communities themselves.

We need to commission the correct range of community health and adult social care services to support this vision. As a general approach we have already agreed that commissioning these collaboratively is the way in which we want to do this. We have considered when, and if, individual services could be in scope for collaborative commissioning and have agreed indicative timescales for review of service delivery and implementation of new collaborative approaches in terms of: Short term (within next 2 years); Medium term (next 2-3 years); Longer term (3+ years); Potentially never.
The Mid-Yorkshire system is represented by the commissioning and partnership arrangements between Wakefield and North Kirklees CCG’s and Mid Yorkshire Hospitals Trust. A joint system recovery programme is in place to enable improvement in quality, safety and financial performance, underpinned by the following principles:

- **Trust**: Behave in a way which supports mutual trust and do what we say we are going to do
- **Escalation**: Have a clear process of escalation to unblock issues quickly
- **Common goal**: Ensure that across the system we are all working to a common goal
- **No surprises**: Have early, clear and open discussions about our individual intentions
- **Shared data**: Use one agreed data set
- **Shared analysis**: Take a single approach to data analysis with a single understanding of issues
- **No anecdotes**: Stop using ‘numbers and data’ that have no hard evidence base
- **Evidence based decisions**: Make sure all our decisions have an agreed evidence base or rationale

Agreed system recovery priorities which underpin the delivery of the financial plan in 2019/20 and beyond are:

- **Continuation of an aligned incentive contract-type approach**
- **Commitment to system wide transformation programmes for planned care and urgent care**

A joint acute commissioning function is established between North Kirklees CCG and Wakefield CCG, with a shared acute commissioning team working with Mid Yorkshire Hospitals NHS Trust, underpinned by a robust governance process which reports back to North Kirklees CCG.

Acute commissioning relates to the effective and efficient management of all contracts held by North Kirklees and Wakefield CCG’s relating to: Mid Yorkshire Hospital Trust, other Acute Trusts and Independent Sector Providers, acute services in the community (including consultant care which is delivered through a national tariff) and oversight of specialist commissioning/YAS (999/111/PTS). System leadership and governance are aligned to assure, support and oversee transformation and commissioning:

- One joint system of acute commissioning and transformation across North Kirklees and Wakefield;
- Local commissioning footprints which more explicitly reflect cross-boundary patient flow as well as CCG populations;
- Effective interface with local development of place-based models of services at or closer to home;
- Alignment to ongoing development of acute commissioning models on a West Yorkshire and Harrogate footprint.
The CCG is a key member in the West Yorkshire and Harrogate ICS and contributes to the collective strategic direction being delivered on this footprint. The CCG supported the establishment of the WY&H Joint Committee of CCG’s, including the signing of the Memorandum of Understanding, and member practices have approved subsequent updates to the Committee’s work plan. There is clear understanding of the areas for which delegation has been granted and the fact that accountability remains with the CCG. We have an active dialogue with the ICS which we are building on to ensure that our local plans and those of the ICS support and complement each other.

The CCG has dedicated a significant level of resource to ICS-level working, with the CCG taking more leadership responsibility in work-streams following the introduction of shared management arrangements with Greater Huddersfield CCG.

For example:
- Chief Officer is SRO for the Local Maternity System and the Primary & Community work-streams.
- Chief Quality and Nursing Officer has led the ICS approach for Quality and Equality Impact assessments and is currently working with ICS Chief Nurses to roll this work out beyond its initial scope.
- SMT leads provide input and support into a number of work-streams such as Care home/ domiciliary care improvements, Elective care and Cancer.
- Chief Officer is one of two Kirklees representatives on the WY H&CP System Oversight and Assurance Group.
- CCG is a key member of the ICS Mental health and Learning Disability programme and has taken the lead across the footprint to develop a number of community service specifications.

The Governing Body receives briefings on the work of the ICS on a regular basis and these are built in as required to core business of the Governing Body. For example, the recent update to Governing Bodies on the Long Term Plan reflected the role of the ICS and the approach taken to date, setting out how this wider focus linked to work being done locally.
### Appendix A: Financial Plan

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<th>Spend £m incl QIPP</th>
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<th>Bfwd Surplus (deficit) £m</th>
<th>In Year improvement £m</th>
<th>In Year surplus(deficit) as % of allocation</th>
<th>Cumulative Surplus(deficit) as % allocation</th>
<th>QIPP as £m of allocation</th>
<th>QIPP as % of allocation</th>
<th>CSF in plan £m</th>
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<td>Communications and Engagement Strategy</td>
<td>Agenda Item No.</td>
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<tr>
<td>Report Author</td>
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<td>Public / Private Item</td>
<td>Public</td>
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<td></td>
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<tr>
<td>GB / Clinical Lead</td>
<td>Beth Hewitt, Lay Member PPI</td>
<td>Responsible Officer</td>
<td>Siobhan Jones, Head of Communications (and Engagement)</td>
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### Executive Summary

Please include a brief summary of the purpose of the report

This is a strategic document which explains our approach to communications and engagement and sets it in the context of our statutory duties and other responsibilities.

### Previous consideration

<table>
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<tr>
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<tr>
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<td>Patient Engagement and Experience Group (North Kirklees)</td>
<td>Meeting Date</td>
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### Recommendation (s)

To receive and approve the strategy.

### Implications

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<tr>
<td>Resources / Finance implications (including Staffing/Workforce considerations)</td>
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<tr>
<td>Has a Data Protection Impact Assessment (DPIA) been completed? (Please select)</td>
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#### Strategic Objectives

(which of the CCG objectives does this relate to?)

Supports various.

#### Legal / CCG Constitutional Implications

Supports CCGs in meeting their duty to involve.

#### Conflicts of Interest

(include detail of any identified/potential conflicts)

None identified.
1. Introduction

Each year we present strategies relating to communications and engagement to Governing Bodies for assurance. This year, to reflect the integrated nature of NHS commissioning in Kirklees we have developed a single document for both CCGs. This strategy is designed to provide assurance to our Governing Bodies, stakeholders and the general public that the CCGs understand and have plans in place to meet their statutory and other duties.

Our two CCGs have a long history of collaborative working in relation to engagement and communication which will be further strengthened by the adoption of the single, common approach outlined in the strategy. It will also support us as we continue to build and develop our relationship with partners across the Kirklees place and wider West Yorkshire area.

2. Detail

In brief, the strategy sets out how NHS Greater Huddersfield and NHS North Kirklees CCGs intend to engage, involve and communicate with local people, GP member practices and other stakeholders. We highlight the legal and other drivers that underpin our work; demonstrate a commitment to put local people at the heart of the decision making process; and explain how we are increasingly working in partnership with a wide range of organisations across Kirklees and West Yorkshire.

In developing this document we have brought together elements common to both CCGs as well some of the learning and experience from each of our separate organisations. We have also aligned our approach with NHS England statutory guidance in relation to patient and public participation in commissioning health and care; and the Patient and Community Engagement Indicator that forms part of the CCG Improvement and Assessment Framework.

3. Recommendations

It is recommended that the Governing Bodies receive and approve this strategy.
Communications and Engagement Strategy 2019 - 2022
# Communications and Engagement Strategy 2019 - 2022

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1. Purpose of this strategy

This is a high-level document that informs how we work and explains what people can expect from our organisations. In the following pages we set out how NHS Greater Huddersfield and NHS North Kirklees Clinical Commissioning Groups (CCGs) intend to engage, involve and communicate with local people, GP member practices and other stakeholders. We highlight the legal and other drivers that underpin our work; demonstrate a commitment to put local people at the heart of the decision making process; and explain how we are increasingly working in partnership with a wide range of organisations across Kirklees and West Yorkshire.

In developing this strategy, we acknowledge that everyone who works for our organisations has a responsibility to communicate and engage effectively with colleagues as well as with partners, the general public, providers, suppliers and patients as part of their day-to-day work.

We believe that excellent communication and engagement leads to better commissioning decisions and can help to improve the quality of health services and outcomes for patients.
CCGs are membership organisations led by local doctors (GPs) and other health professionals who come together to plan and buy (commission) health services for a population. We are statutory bodies and accountable to local people and stakeholders for how we use our resources. Together, the two CCGs in Kirklees are responsible for the care of almost 450,000 patients and have a total NHS budget in excess of £600 million each year, which is used to pay for:

- care and treatment provided in local hospitals
- GP services
- community health services eg district nurses and physiotherapists
- the medicines prescribed by GPs and other health professionals
- mental health services
- services for people with learning disabilities
Health in Kirklees

Kirklees is a mix of urban and rural communities with a diverse population, including a large South Asian community, mainly in the north of the borough. While there are lots of good things about Kirklees, including the diversity of the people who live here, there are also a range of social, economic and health challenges that affect our residents, impact upon the work of the CCGs and influence our priorities.
3. Working together

Our two Kirklees CCGs have a long history of working together to commission health services. This collaborative approach has been strengthened by a single Chief Officer and senior management team.

Increasingly, NHS and other organisations are joining forces across the borough to manage health and social care budgets. In Kirklees, partners including our two CCGs, council, and service providers are committed to working collaboratively to design, buy and deliver integrated health and social care solutions.

Our CCGs are also part of a wider arrangement as a member of the West Yorkshire and Harrogate Health and Care Partnership. The partnership brings together commissioning and provider organisations to focus on health and care services that benefit from being developed on a regional basis, such as provision for cancer, stroke and urgent care.

Joined-up working between organisations and across geographic boundaries is not new and we already have a well-developed partnership approach to communications and engagement. Over the coming years we will build on and strengthen our relationships and look for further opportunities to work with others to the benefit our population.
There is a high level of interest in the work of the CCGs and wider health system. As publicly funded organisations, we have a responsibility to be open and honest; to raise awareness of our role and priorities; to ensure that people have confidence in us and the way we spend public money; and to protect the reputation of the CCGs and NHS. The NHS Long Term Plan, published in January 2019, includes a commitment to continue to involve stakeholders in discussions about how it will be implemented regionally and locally.

Public engagement enables people to learn more about the work of the local NHS, voice their views, needs and wishes, and to contribute to plans, proposals and decisions about services. We have a legal duty to involve local people but we also know that good public engagement can lead to better quality services, which in turn, help to improve health outcomes.

Working alongside our colleagues in public health and the wider NHS, we also have a role to play in encouraging people to improve their lifestyle choices, manage their own health conditions, and use services appropriately. Communications and engagement activities can help us to do this.
5. Our duties and responsibilities

CCGs have a number of statutory duties under the Health and Social Care Act 2012. Most relevant to this strategy is our duty to involve people in:

1. planning the provision of services, the development and consideration of proposals for changes in the way services are provided, and
2. decisions to be made affecting the operation of services.

The same Act says that each CCG must have a constitution explaining how we will involve the public in the commissioning process, how we ensure transparency of decision making, and the role of Governing Body lay members. We also have a legal duty to:

1. consult the local Scrutiny Board (Health) on any proposal for ‘substantial development or variation of the health services’
2. reduce inequalities in respect of planning and commissioning, in the development and consideration of service change proposals and in decisions affecting commissioning arrangements
3. promote the NHS constitution and to enable patients to make choices, and to promote their involvement in decisions related to their care or treatment.

You’ll find more information about specific legal duties on our websites.

Equality and diversity

We are committed to ensuring that our communications and engagement activity is inclusive, fair and equitable to our patients, carers, communities and staff. The Equality Act 2010 introduced Public Sector Equality Duties for nine protected characteristics, often referred to as equality groups or protected groups. In addition to the groups protected by this Act, we also consider carers and other vulnerable and seldom heard groups. The protected groups are:

- Race
- Sex
- Age
- Disability
- Gender reassignment
- Religion or belief
- Sexual orientation
- Pregnancy and maternity
- Marriage and civil partnership.

When planning engagement activities, we decide which groups are most likely to be affected and consider the best ways to hear their views. The use of Equality Impact Assessments helps us understand how proposed service changes could impact upon protected groups and others. They also help us identify who we need to involve and the best way to reach them. Where groups are underrepresented we may target them specifically and we regularly work with Healthwatch Kirklees and third sector organisations that are able to act on behalf of individuals or communities or engage with them for us.

We aim to ensure that CCG communications and engagement information is accessible, uses plain language and is as free as possible from jargon. All our information is available in alternative formats on request. When engaging particular communities we create appropriate materials, for example in different languages or easy-to-read formats. We distribute any public information we produce, such as leaflets and posters, as widely as possible and often ask partner organisations to support our communication efforts.
6. Involving people

We have opportunities to involve the public, patients and other stakeholders throughout the commissioning process or cycle - as we plan local NHS services, in the design of a particular service or treatment pathway, and as part of our ongoing monitoring of local services.

The term involvement is used interchangeably with engagement, participation and patient or public voice.

The way we involve people depends on a number of factors such as what we are trying to achieve and the needs of different groups or individuals.

Commissioning Cycle
The ‘Ladder of Engagement and Participation’

There are many different ways in which people might participate in health depending upon their personal circumstances and interest. The ‘Ladder of Engagement and Participation’ is a widely recognised model for understanding different forms and degrees of patient and public involvement (based on the work of Sherry Arnstein). Patient and public voice activity on every step of the ladder is valuable, although participation becomes more meaningful at the top of the ladder.

<table>
<thead>
<tr>
<th>Devolving</th>
<th>Placing decision-making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborating</td>
<td>Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution</td>
</tr>
<tr>
<td>Involving</td>
<td>Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered. For example, partnership boards, reference groups and service users participating in groups</td>
</tr>
<tr>
<td>Consulting</td>
<td>Obtaining community and individual feedback on analysis, alternatives and/or decisions. For example, surveys, door knocking, citizens’ panels and focus groups</td>
</tr>
<tr>
<td>Informing</td>
<td>Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solution. For example, websites, newsletters and press releases</td>
</tr>
</tbody>
</table>
7. Our engagement and communications principles

In developing and delivering our communications and engagement activities we will:

1. Provide information that is clear and easy to understand, free of jargon and in plain language

2. Be timely, targeted and proportionate in how we communicate and engage

3. Foster good relationships and trust by being open, honest and accountable

4. Ask people what they think and listen to their views

5. Talk to our communities including those most likely to be affected by any change

6. Provide feedback about decisions and explain how public and stakeholder views have had an impact

7. Work in partnership with other organisations in Kirklees and West Yorkshire when appropriate

8. Use resources well to make sure we get the most out of what we have

9. Review and evaluate our work, using learning to make improvements.

These principles are supported by our patient assurance groups.

Seeking views on mental health services

In 2018 we worked with Kirklees Council and South West Yorkshire Partnership NHS Foundation Trust to gather views on inpatient and community mental health services for people with long-term and complex needs. Using a mix of surveys, face-to-face conversations and group work we generated over 650 responses from service users, their families and healthcare professionals. The valuable feedback we received is being used to inform service development and improvement.
8. Aims and objectives of this strategy

In developing and implementing our communications and engagement work, we want to achieve the following:

**Aim 1: Meet our statutory duty to involve**

*We will do this by:*
Involving patients and stakeholders in planning and designing services and using their feedback to inform decisions

Being clear about our plans and what people can and can’t influence and why

Promoting engagement opportunities widely and publishing our engagement reports

Working with Healthwatch Kirklees and other local partners to help us learn more about patient views

Providing the local authority health scrutiny function/s with the information they need to carry out their role

Supporting providers, including GP member practices, to engage and involve patients and other stakeholders as appropriate

Working with local and regional partners to engage people strategically so that we do it once

**Aim 2: Maintain and strengthen public confidence in the NHS and local services**

*We will do this by:*
Being clear about our communications channels, so people know where they can find the information they need

Letting people know about our commissioning decisions and successes and how their views have been taken into account

Being open and honest about the challenges we face, responding honestly to concerns and dealing robustly with inaccurate or misleading commentary

Promoting awareness of the NHS Constitution and Patient Choice

Promoting healthy living and self-care, and encouraging appropriate use of local NHS services

Providing member practices with practical support and advice on communicating with patients, the media and stakeholders as appropriate

Supporting GP patient reference groups

**Aim 3: Communicate and engage with our staff and GP member practices**

*We will do this by:*
Maintaining and developing a range of internal and practice communication channels

Using these channels to share information with CCG staff and GP member practices

Encouraging staff and GP member practices to share their news and successes

Seeking feedback from staff and GP member practices and using this to improve and develop our approach

**Aim 4: Support partnership working**

*We will do this by:*
Working collaboratively as a member of the West Yorkshire and Harrogate Health and Care Partnership

Working with our local authority and service providers to promote the Kirklees Health and Wellbeing Plan

Supporting the engagement and communication needs of emerging primary care networks

Helping partner NHS organisations to cascade key messages and information to local people
9. Stakeholders

The decisions we make have an impact on a wide range of people including local patients; carers; community and advocacy groups; and others who have an interest or involvement in local health services. We need to involve the right people, in the right way, at the right time.

We have identified three broad groups that the CCGs must communicate and engage with:

- CCG member practices - GPs and staff working in local practices
- Patients and the public - people living, working and studying in Kirklees
- Stakeholders – including NHS organisations and individuals from the wider statutory, voluntary, and charity sectors; elected representatives; and the media.

To support this strategy we have developed a generic stakeholder map which identifies the individuals and organisations we work with routinely along with the communications channels we use most often to reach them. It can be found at the end of this document.

“Community voices is brilliant. It’s given us the opportunity to seek feedback from the grassroots. I feel our community is getting behind it and they want to raise their voices.”

Rashad Bokhari, Huddersfield Pakistani Community Alliance
10. Key messages

Consistent, high-level messages incorporated into our communications give a clear voice to the organisation and highlight our priorities. Our key messages are:

• Improving healthcare services

• Ensuring people can access the right care at the right time, in the right place

• Delivering care closer to home

• Working with partners and taking a joined-up approach

• Doing more with less and making difficult decisions when necessary

11. Implementing this strategy

Each year we produce an annual work plan setting out how this strategy will be implemented. We also develop individual communications and engagement plans when this is appropriate.

We have a number of supporting documents and policies including:

• Engagement and equality checklist

• Media handling protocol

• Paying for involvement policy

We also offer training and guidance for staff, Governing Body and GP member practices.
We have a range of internal and external mechanisms which provide assurance that we are meeting our legal duties and ensure communications and engagement activity is delivered in line with this strategy.

**NHS England Improvement and Assessment Framework**
The national Improvement and Assessment Framework includes an external assessment of CCG performance in the area of patient and public participation. The overall measure of assurance is published on the My NHS website (www.nhs.uk/service-search/Performance/Search).

**The CCG Constitution**
The CCG constitution describes our approach to public involvement and sets out how we will meet the relevant legal duties.

**Annual Report and Accounts and AGM**
Annual Report and Accounts explain how each CCG has met its legal duties – including those relating to patient involvement and engagement. They are presented to the Governing Bodies at Annual General Meetings (AGMs) held in public.

**Governing Body**
A lay Governing Body member has responsibility for overseeing and providing assurance to members in relation to public and patient involvement.

**Quality and Safety Committee**
The Quality and Safety Committee is a sub-committee of Governing Body. The committee provides assurance that the appropriate patient engagement and involvement activity has been undertaken in support of CCG decision-making.

**Patient Assurance Group**
Patient assurance groups scrutinise CCG engagement and communication plans and activities and provides assurance that they are in line with this strategy.

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**Promoting better health**

We worked with Well Pharmacy in Heckmondwike to highlight the benefits of free blood pressure monitoring. Beverley Thornton, Pharmacist and Branch Manager said: “Depending on the outcome of the blood pressure test, we will advise the patient on lifestyle changes, whether any further action is required, such as returning to the pharmacy for another check in a month, or signposting to their GP.”

**Internal Audit**
From time to time the engagement function may be subject to an internal audit review. The outcome of reviews are published in CCG Annual Report and Accounts.

**Consultation and Engagement Annual Review**
Each year CCGs produce an annual review setting out the engagement and communications activity undertaken during the year; the feedback received; and how this has been used to inform decision-making.

**Communications and Engagement Strategy**
The strategy sets out the way the CCG intends to communicate and engage with stakeholders. It is published on the CCG website and subject to approval and review on an annual basis by Governing Bodies.

**Engagement Reports**
We produce engagement reports following each activity. These reports are published on CCG websites.
Evaluation
Ongoing evaluation of our communications and engagement activities helps us to understand how well we are meeting our aims and objectives. Some of the tools we use to do this include:

- Website usage data
- Regular staff communication audit
- National 360° stakeholder survey
- Daily monitoring and reporting of media and social media coverage
- Feedback received from public and stakeholder engagement activities
- Patient, carer and stakeholder feedback through other means eg letters, FOI requests
- Feedback from public, stakeholders and
13. How we involve, engage and communicate with our population

We regularly ask people how they want to be involved in our work and use their feedback to develop and improve our approach. While public events, local newspapers and printed material remain popular with many, in recent years we have increased the use of digital platforms including websites, online surveys and social media to reflect changing needs and expectations. We are also working increasingly with trained community assets and voluntary groups to help us reach and engage with a more diverse audience. Some of our main communications and engagement mechanisms are set out below (listed alphabetically).

**Annual Report and Accounts**
We publish Annual Report and Accounts each year and hold Annual General Meetings (AGMs), where they are presented to the Governing Bodies. AGMs are held in public with opportunities for people to ask questions and give their views.

**Awards and Conferences**
The CCG encourages staff and member practices to enter awards and to present at conferences and events.

**Campaigns**
We support a number of national and regional public health and wellbeing campaigns each year as well as developing our own activities.

**Community Voices**
These are individuals working in the voluntary and community sector who are trained to engage with the local population on our behalf. Working with these assets strengthens and increases the feedback we receive, particularly from seldom heard groups. We also work with community organisations on specific engagement projects and encourage them to share important health messages.

**Corporate Identity**
The NHS identity is one of the most cherished and recognised brands in the world and we adhere to national branding and identity guidelines and ensure they are implemented effectively. We also use our own design styles to differentiate our organisations.

**Elected Representatives**
We continue to work closely with our local health scrutiny functions, Health and Wellbeing Board, and local MPs.

**Equality Health Panel**
The panel provides an opportunity for people from protected groups and representatives to share their views, information and feedback with the CCG and our providers to promote equality in the Kirklees healthcare system.
GP Practice Patient Reference Groups
Practice patient reference groups give people the opportunity to contribute to the continuing improvement of their GP practice.

Media Relations
We continue to develop our relationship with the local media and produce regular proactive media releases to highlight areas of our work, opportunities to get involved and our commissioning decisions.

Meeting in Public
We hold Governing Body meetings in public. At each meeting there is an opportunity for the public to ask questions. Meetings of our Primary Care Commissioning Committees are also held in public. Details of meetings and papers are available on CCG websites and promoted via social media. Both of these decision-making committees include lay member representation.

Membership Engagement
The CCGs continue to use a range of activities to engage and communicate with GP member practices.

NHS Challenge
NHS Challenge is a fun but thought provoking board game which enables us to seek public views about local commissioning priorities from people in an innovative way.

Patient Assurance Groups
These provide assurance that we are involving the right people in the decision-making process.

Patient Reference Group Network
Networks bring together representatives from GP practices to learn more about commissioning plans, consider and discuss proposals and engage with us on decision making.
Promoting the NHS Constitution and Patient Choice
We use our websites to promote awareness of the NHS Constitution and Patient Choice.

Publication Scheme
The Freedom of Information Act requires us to make certain types of information routinely available through a publication scheme, which is available on our websites.

Quarterly Public Events
Public engagement events provide an opportunity for local people and community organisations to find out more about our work, learn how public views have influenced decision making, participate in discussions and ask questions.

Social Media
Social media allows us to talk to people who are interested in our work. We will continue to use Twitter and Facebook as our main social media channels.

Staff Communication
Internal communications channels include our intranet, e-bulletin, team meetings and regular face-to-face briefings.

Stakeholder E-Bulletins
A quarterly external e-bulletin ensures that our stakeholders receive regular updates about our work and successes.

Surveys and Polls
We often use surveys to learn more about the views and expectations of local people. Surveys are made available online and in a printed format and may be targeted at particular service users or promoted more widely.

Website
Much of our communications activity takes place through our websites. Our sites will continue to evolve to support the work of the CCGs and meet the needs of the public.

Your Health, Your Say Network
We maintain a database of local people and community/voluntary organisations who want to get involved in the development of new and existing services and share their experiences of local healthcare.

Targeting social isolation in Kirklees
We’re working with partners across West Yorkshire and Harrogate to support the ‘Looking out for our neighbours’ campaign. It aims to help prevent loneliness in our communities by encouraging people to do simple things to look out for one another.
14. Key risks

The key risks associated with this strategy include:

- Failure to meet our statutory duties
- Reputational damage as a result of negative media coverage/social media posts over a prolonged period
- Loss of credibility as a result of a failure to engage or communicate effectively
- Inability of key audiences to engage with us effectively due to poorly presented information or inappropriate/inadequate opportunities to get involved.

Involving patients in service improvement

We asked local charity PCAN (Parents of Children with Additional Needs) to carry out engagement with service users and carers across Calderdale and Kirklees. The eight-week process included events, face-to-face conversations and a survey. We received 467 responses to the surveys and heard from 112 people at events. By working with PCAN we were able to reach those who would be most impacted by any changes and ensure their views were reflected.
## 15. Stakeholder Map

<table>
<thead>
<tr>
<th>Stakeholder group</th>
<th>Audiences include</th>
<th>Communication and engagement channels</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS related partners and provider organisations</td>
<td>NHS England North&lt;br&gt;Yorkshire Ambulance Service&lt;br&gt;Calderdale and Huddersfield NHS Foundation Trust&lt;br&gt;The Mid Yorkshire Hospitals NHS Trust&lt;br&gt;South and West Yorkshire Partnership NHS Foundation Trust&lt;br&gt;Other local CCGs&lt;br&gt;West Yorkshire and Harrogate Health and Care Partnership&lt;br&gt;Healthwatch Kirklees&lt;br&gt;Locala&lt;br&gt;Other provider organisations&lt;br&gt;Local Medical Council</td>
<td>• Traditional media (new paper, TV, radio)&lt;br&gt;• Social media (Twitter, Facebook)&lt;br&gt;• CCG website&lt;br&gt;• Governing Body meetings&lt;br&gt;• Consultation/engagement activities/events&lt;br&gt;• Health and wellbeing campaigns&lt;br&gt;• Annual Report and Accounts&lt;br&gt;• Annual General Meeting&lt;br&gt;• Quarterly stakeholder e-bulletin&lt;br&gt;• scheduled/routine meetings&lt;br&gt;• Health and Wellbeing Board&lt;br&gt;• Kirklees Health and Adult Social Care Scrutiny Panel&lt;br&gt;• Ad hoc briefings&lt;br&gt;• Health and Wellbeing Board&lt;br&gt;• Integrated Commissioning/Provider Boards&lt;br&gt;• Other scheduled meetings</td>
</tr>
<tr>
<td>Local government partners</td>
<td>Kirklees Council&lt;br&gt;Kirklees Health and Wellbeing Board&lt;br&gt;Kirklees Health Overview and Scrutiny Panel&lt;br&gt;Joint Health Overview and Scrutiny Panels</td>
<td>- Kirklees Council- Kirklees Health and Wellbeing Board- Kirklees Health Overview and Scrutiny Panel- Joint Health Overview and Scrutiny Panels</td>
</tr>
<tr>
<td>Local economy partners</td>
<td>West Yorkshire Police&lt;br&gt;West Yorkshire Fire and Rescue Service&lt;br&gt;Kirklees College&lt;br&gt;University of Huddersfield&lt;br&gt;Other major employers/business organisations</td>
<td>- West Yorkshire Police- West Yorkshire Fire and Rescue Service- Kirklees College- University of Huddersfield- Other major employers/business organisations</td>
</tr>
</tbody>
</table>

Other local CCGs

West Yorkshire and Harrogate Health and Care Partnership

Healthwatch Kirklees

Locala

Other provider organisations

Local Medical Council

Kirklees Council

Kirklees Health and Wellbeing Board

Kirklees Health Overview and Scrutiny Panel

Joint Health Overview and Scrutiny Panels

West Yorkshire Police

West Yorkshire Fire and Rescue Service

Kirklees College

University of Huddersfield

Other major employers/business organisations

Kirklees Health and Adult Social Care Scrutiny Panel

Integrated Commissioning/Provider Boards

Other scheduled meetings
<table>
<thead>
<tr>
<th>Stakeholder group</th>
<th>Audiences include</th>
<th>Communication and engagement channels</th>
</tr>
</thead>
</table>
| **Membership**    | GP practices in Kirklees  
Local Medical Council  
GP federations  
Primary Care Networks | • Practice intranet  
• Practice e-bulletins  
• Council of Members/ Member engagement meetings and practice protected time  
• Ad hoc briefings and updates  
• E-mail  
• Practice visits  
• Local Medical Council  
• GP federations |
| **General public** | Patients/service users and their representatives  
Practice patient reference groups  
Local residents  
Carers | • Traditional media (newspaper, TV, radio)  
• Social media (Twitter, Facebook)  
• CCG website  
• Governing Body meetings  
• Consultation/engagement activities/events  
• Patient reference groups/patient reference group networks  
• Health and wellbeing campaigns  
• Annual Report and Accounts  
• Annual General Meeting  
• Quarterly engagement events (North Kirklees)  
• Patient/public surveys and polls  
• FOI requests  
• Stakeholder e-bulletin  
• Printed materials (posters, leaflets etc)  
• Community Voices |
| **Community and voluntary sector organisations** | Community groups  
Voluntary sector organisations  
Faith-based groups | |
<table>
<thead>
<tr>
<th>Stakeholder group</th>
<th>Audiences include</th>
<th>Communication and engagement channels</th>
</tr>
</thead>
</table>
| Elected representatives | Councillors, MPs | • Regular face-to-face meetings  
• Ad hoc written and verbal briefings  
• Media/social media  
• CCG website |
| Media | Editors/journalists, local newspapers, Editors/journalists, radio and TV news stations, Online news outlets | • Media releases  
• Statements  
• Briefings  
• Interviews  
• Letters  
• Website/social media |
| CCG Staff | | • Intranet  
• Fortnightly staff briefings  
• Monthly E-bulletins  
• Staff forum  
• TV and PC screens  
• E-mail  
• Staff-side representatives  
• Team meetings |
Alternative formats

Our publications are available in alternative formats such as audio, braille or different languages on request. Please get in touch using the contact details below.

Contact

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@nhsnkccg
Facebook.com/nhsnorthkirkleesccg

www.greaterhuddersfieldccg.nhs.uk
Telephone: 01484 464000
Email: contactus@greaterhuddersfieldccg.nhs.uk
@nhsghccg
Facebook.com/nhsghccg
**Name of Meeting**  
Governing Bodies (meetings in common)  

**Meeting Date**  
10/07/19  

**Title of Report**  
Joint Sustainable Development Management Plan 2019-20  

**Agenda Item No.**  
9  

**Report Author**  
Laura Ellis, Head of Corporate Governance  

**Public / Private Item**  
Public  

**GB / Clinical Lead**  
Ian Currell, CCGs’ Sustainability Lead  

**Responsible Officer**  
Ian Currell, CCGs’ Sustainability Lead  

---  

### Executive Summary

Please include a brief summary of the purpose of the report

Sustainable development and carbon management are corporate responsibilities. The CCGs are required to have a Governing Body approved Sustainable Development Management Plan and this represents the second shared plan for the two organisations.


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### Previous consideration

<table>
<thead>
<tr>
<th>Name of meeting</th>
<th>Meeting Date</th>
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</thead>
<tbody>
<tr>
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<td>Click here to enter a date.</td>
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<tr>
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</tr>
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<tbody>
<tr>
<td>-</td>
<td>Click here to enter a date.</td>
</tr>
</tbody>
</table>

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### Recommendation (s)


---  

### Implications

**Quality & Safety implications**  
None directly arising from this report

**Engagement & Equality implications**  
None directly arising from this report

**Resources / Finance implications**  
None directly arising from this report

**Has a Data Protection Impact Assessment (DPIA) been completed?** (Please select)  
Yes | No | N/A | ❌ Yes  

**Strategic Objectives**  

<table>
<thead>
<tr>
<th>(which of the CCG objectives does this relate to?)</th>
<th>Risk (include risk number and a brief description of the risk)</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Legal / CCG Constitutional Implications**  

| None | Conflicts of Interest (include detail of any identified/potential conflicts) | None identified |
1. Introduction

1.1 A Sustainable Development Management Plan (SDMP) is a plan approved at a board level that assists organisations to clarify their objectives on sustainable development and set out a plan of action.

1.2 It should help an organisation to:
   - meet legislative, contractual and mandatory requirements related to sustainable development
   - Save money through increased efficiency and resilience
   - Ensure that health and wellbeing in the UK and beyond is protected and enhanced
   - Improve the environment in which care, or the functions of an organisation are delivered, for service users and staff
   - Have robust governance arrangements in place to monitor progress
   - Demonstrate a good corporate reputation for sustainability
   - Align sustainable development requirements with an organisation’s strategic objectives

1.3 Last year, the CCGs set out the first Joint Sustainable Development Management Plan for the two CCGs with a view to supporting the increased integrated working between the two organisations. The report has been developed for this second year.

2. Detail

2.1 The Sustainable Development Unit emphasises the importance of NHS organisations having an SDMP in place, highlighting that the NHS is:
   - England’s largest procurer of goods and services
   - England’s largest employer
   - One of the largest custodians of infrastructure
   - Through staff, visitors and supply chain, one of the largest single sources of road travel and traffic related pollution

2.2 The way that NHS services are delivered can have a very significant impact on prevention through impact on the wider determinants of health in the communities we serve. Directly, improvements in air quality, employment and local opportunity can reduce poor health and health inequalities reducing demand for NHS services. Through influence and example, NHS organisations can support community wide change and public health; particularly the decisions that are made in corporate responsibility, supply chain innovation, procurement, staff welfare, social value and environmental protection. (Source: SDU SDMP Guidance).

2.3 Commissioners are well placed to influence the delivery of sustainable services, which deliver quality services and social benefits to the communities they serve.

2.4 The NHS Constitution has recognised the responsibility of being a sustainable public sector organisation and in doing so has included it as one of the seven key principles that guide the NHS:

   “The NHS is committed to providing best value for taxpayers’ money and the most effective, fair and sustainable use of finite resources.”

2.5 The CCGs were initially required to make a commitment to sustainability as part of their authorisation process.

2.6 In January 2014, the Sustainable Development Unit published ‘Sustainable, Resilient, Healthy People & Places – A Sustainable Development Strategy for the NHS, Public Health and Social
Care System'. The Strategy outlined a vision of a sustainable health and care system by reducing carbon emissions, protecting natural resources, preparing communities for extreme weather events and promoting healthy lifestyles and environments.

2.7 The Strategy asked all NHS organisations to:
- Have a Board approved Sustainable Development Management Plan including carbon reduction, adaptation plans, and actions across the sustainability agenda.
- Measure, monitor and report – statement of progress and action on sustainable development and adaption performance with recognisable core standard figures in the annual report.
- Evaluation – for instance with the Good Corporate Citizen self-assessment tool (subsequently replaced with the Sustainable Development Assessment Tool), to ascertain areas of strengths and opportunities for development.
- Engage staff, service users and the public to help understand and support the development of a more sustainable and resilient health and care system.

2.8 In ‘A Guide to Sustainable Development for Clinical Commissioning Groups’, jointly published by the NHS Sustainable Development Unit and Royal College of General Practitioners, commissioning for sustainable development is defined as “the process by which commissioners improve both the sustainability of an organisation, and the way it provides services and interacts with people in the community. It is about striking the right balance between the three key areas of financial, social and environmental sustainability when making commissioning decisions.”

2.9 This second joint SDMP sets out the CCGs’ progress against its sustainability ambitions 2018/19, and looks forward to 2019/20 and beyond, making a number of commitments in an action plan, which has been developed following self-assessment against the Sustainable Development Assessment Tool.

3. Next Steps

3.1 Following approval, the Joint SDMP will be published on the CCGs’ websites. A six monthly progress update will be presented to the Governing Bodies in January 2020.

4. Implications

As set out on the cover page.

5. Recommendations

It is recommended that the Governing Bodies APPROVE the Joint Sustainable Development Management Plan.

6. Appendices

Joint Sustainable Development Management Plan 2019/20
Introduction

‘Sustainable development is development that meets the needs of the present, without compromising the ability of future generations to meet their own needs.’ [Brundtland Report]

As a part of the NHS, the CCGs have a duty to contribute to the ambition to reduce the carbon footprint of the NHS, public health and social care system. The SDU highlights that the NHS is England’s largest procurer of goods and services; largest employer; one of the largest custodians of infrastructure; and, through staff, visitors and supply chain, one of the largest single sources of road travel and traffic related pollution. The way that NHS services are delivered can have a very significant impact on prevention through impact on the wider determinants of health in the communities we serve. Through influence and example, NHS organisations can support community wide change and public health. [SDU website https://www.sduhealth.org.uk/about-us/why-its-important.aspx]

The CCGs are committed to developing sustainable working practices within our role to commission healthcare services for the people who live in Kirklees.

This is the second year of producing a joint Sustainable Development Management Plan for NHS Greater Huddersfield and NHS North Kirklees CCGs. In our Plan, we have set out our assessment of our current position against the SDU’s Sustainable Development Assessment Tool and set out our objectives and targets for the year ahead. High quality reporting on sustainability is recognised as a key way organisations can show their commitment to embedding environmental, social and financial sustainability.

We welcome your suggestions on how we can improve our performance on sustainability. Please get in touch at: Contactus@greaterhuddersfieldccg.nhs.uk or Contactus@northkirkleesccg.nhs.uk

Ian Currell, Sustainability Lead for the CCGs
About Us

**NHS Greater Huddersfield CCG** is a membership organisation of 37 general practices. The CCG is responsible for commissioning the health care services for the 247,000 people who live in the area.

**NHS North Kirklees CCG** is a membership organisation of 27 general practices. The CCG is responsible for commissioning the health care services for the 194,000 people who live in the area.

The work of both CCGs is led by senior clinicians across the healthcare system and is based on principles of collaboration and partnership between commissioners, providers and the public. It is our responsibility to ensure that the services we commission are high quality, safe and sustainable and that in doing so we manage out budgets efficiently and effectively.

Local authorities and CCGs have to develop Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), on behalf of the Health and Wellbeing Board. The KJSA was developed to provide a picture of the health and wellbeing of Kirklees people and this is used to inform the commissioning strategies and plans of the local authority, Greater Huddersfield CCG, North Kirklees CCG, and the local voluntary and community sector. An extract showing an overview of the Kirklees population can be seen opposite. The full KJSA can be viewed at: [http://www.kirklees.gov.uk/beta/delivering-services/joint-strategic-needs-assessment.aspx](http://www.kirklees.gov.uk/beta/delivering-services/joint-strategic-needs-assessment.aspx)
Our Vision and Values

Kirklees 2020 Vision for our health and social care system:
No matter where they live, people in Kirklees live their lives confidently and responsibly, in better health, for longer and experience less inequality

Greater Huddersfield CCG’s Vision is: “Working together for better health”
This vision describes the purpose of the CCG and is underpinned by a number of values that guide us in seeking to achieve our vision.

North Kirklees CCG’s Vision is: “Enabling the population of North Kirklees to live longer, healthier and happier lives”
This vision describes the purpose of the CCG and is underpinned by a number of values that guide us in seeking to achieve our vision.
What is sustainable development?

The UK is a signatory nation to the UN global development framework ‘Transforming our World: the 2030 Agenda for Sustainable Development’. As such, the UK is committed to delivering against the 17 Sustainable Development Goals and 169 targets which came into force on 1st January 2016.

**17 Sustainable Development Goals**

1. End poverty in all its forms everywhere
2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture
3. Ensure healthy lives and promote well-being for all at all ages
4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
5. Achieve gender equality and empower all women and girls
6. Ensure availability and sustainable management of water and sanitation for all
7. Ensure access to affordable, reliable, sustainable and modern energy for all
8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
9. Build resilient infrastructure, promote inclusive and sustainable industrialisation and foster innovation
10. Reduce inequality within and among countries
11. Make cities and human settlements inclusive, safe, resilient and sustainable
12. Ensure sustainable consumption and production patterns
13. Take urgent action to combat climate change and its impacts
14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development
15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
17. Strengthen the means of implementation and revitalise the global partnership for sustainable development

More information is available at: [https://sustainabledevelopment.un.org/](https://sustainabledevelopment.un.org/)
The Sustainable Development Unit’s Sustainable Development Assessment Tool (SDAT) is designed to help health and social care organisations assess progress in sustainable development, identify how local action is contributing to the UN Sustainable Development Goals and support development of an organisation’s Sustainable Development Management Plan (SDMP).

The SDAT tool has been an evolution from the Good Corporate Citizen Self-Assessment Tool, which has been used by both CCGs previously. It is an online self-assessment tool to help organisations understand their sustainable development work, measure progress and help make plans for the future. It uses four cross-cutting themes, and is made up of ten modules:

**Themes**
- Governance and policy
- Core responsibilities
- Procurement and supply chain
- Working with staff, patients and communities

**Modules**
- Corporate approach
- Asset management and utilities
- Travel and logistics
- Adaptation
- Capital projects
- Green space and biodiversity
- Sustainable care models
- Our people
- Sustainable use of resources
- Carbon/GHGs

The tool recognises that an organisation’s sustainable journey is unique and the modules allow each organisation to demonstrate their progress in a way that mirrors and individual organisation’s journey.

Progress in sustainability for health and social care can be difficult to evidence, with data often providing only part of the picture. The SDAT provides a method to assess the harder to quantify value and progress of sustainability, social value and community engagement in a consistent way across health and social care.

Each module is made up of a number of statements, each of which has four potential answers:
- Yes – where the CCG can demonstrate action, process or outcome(s) that fulfil the statement
- In progress – this allows the CCG to gain some credit for fulfilling at least 50% of the statement, having a process in development or where a policy draft is awaiting approval
- No – where no or less than 50% progress has been made against the statement
- N/a – where the statement definitely cannot apply to the CCG e.g. a CCG will probably answer N/a to the majority of the capital projects module due to our inability to own, design and build new buildings. CCGs can select a maximum of 15% of statements as N/a

On the following pages, we have set out the CCGs’ current positions and progress since 2018/19.
NHS Greater Huddersfield CCG - Self-Assessment

July 2018

July 2019
NHS North Kirklees CCG - Self-Assessment

The chart shows the self-assessment percentages for different areas over two years, July 2018 and July 2019. The areas include Corporate Approach, Asset Management & Utilities, Travel & Logistics, Adaptation, Capital Projects, Green Space & Biodiversity, Sustainable Care Models, Our People, Sustainable Use of Resources, and Carbon / GHGs. The percentages are compared side by side for each area in both years.
Reducing our carbon footprint

The CCGs have found it challenging for a number of years to accurately report on our carbon footprint. As tenants in multi-occupier buildings, it has been difficult to identify energy usage, and changes to the way we work have made it difficult to establish baselines for travel. We recognise, as a part of the NHS, we have a duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. During 2019/20 it is anticipated that the CCGs will be able to develop a reporting mechanism with more accurate data.

Contextual Information:
- Floor space (our headquarters) (m²)
- Number of staff

Energy Use:
- Gas (kWh and tCO₂e) / Electricity (kWh and tCO₂e)
- Total Energy tCO₂e
- Total Energy spend (£)

Water
- Mains (m³ and tCO₂e)
- Water and sewage spend (£)

Waste
- Recycling / reuse (tonnes and tCO₂e)
- Landfill (tonnes and tCO₂e)

Travel
- Staff commute (miles and tCO₂e)
- Business travel (miles and tCO₂e)

Paper
- Paper used (tonnes and tCO₂e)
Governance and Accountability

In this section, we set out the governance and accountability arrangements for ensuring the plan is delivered and the benefits realised.

Our SDMP is approved annually by the CCGs’ Governing Bodies, with six monthly progress updates scheduled to report on progress against the Plan. The CCGs also include a sustainability report within their Annual Reports each year. Our 2018/19 reports are available to view on our websites at:

- Greater Huddersfield - https://www.greaterhuddersfieldccg.nhs.uk/key-publications/key-documents/annual-reports/
- North Kirklees - https://www.northkirkleesc.cg.nhs.uk/annual-reports/

Ian Currell, our shared Chief Finance Officer, acts as the CCGs’ Executive Sustainability Lead, encouraging the Governing Bodies to focus on sustainability in the course of their business.

The CCGs’ SDMP supports our overarching organisational visions and values, set out earlier in the document.
## Progress against SDMP Action Plan 2018/19

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>SDMP Objective and Plan</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Corporate Approach</strong></td>
<td>To schedule six monthly updates on progress against the Sustainable Development Management Plan to Governing Bodies.</td>
<td>Update reports are regularly scheduled on the Governing Bodies’ work plan.</td>
</tr>
<tr>
<td><strong>All</strong></td>
<td>To develop a monthly communications plan to promote sustainable development to staff.</td>
<td>This is currently in development.</td>
</tr>
<tr>
<td><strong>Corporate Approach</strong></td>
<td>To review the possibility of including ‘sustainability implications’ as a section on the corporate report template, with accompanying guidance.</td>
<td>This has not been achieved during 2018/19, however the Sustainability Lead will be taking this forward with a team of ‘sustainability champions’ during the early part of 2019/20.</td>
</tr>
<tr>
<td><strong>Corporate Approach</strong></td>
<td>To establish and support a cross CCG forum of team sustainability champions, with a focus on sharing information and promoting opportunities for development.</td>
<td>The CCGs’ Sustainability Lead has actively sought to recruit sustainability champions from across the CCGs during 2018/19. It is hoped that the role of the champions will develop during 2019/20.</td>
</tr>
</tbody>
</table>
| **All** | To schedule dedicated 1-2-1 sessions with key teams to work through specialist indicators in further detail:  
- Contracting & Procurement  
- Engagement  
- Planning, Performance & Delivery  
- Integration | Progress has been made against all areas of the Sustainable Development Assessment Tool. Focussed meetings with specialist areas will continue during 2019/20. |
| **Asset Management & Utilities / Sustainable Use of Resources** | To work with onsite contractors to ensure they help:  
- Reduce our use of hazardous/toxic chemicals  
- Reduce our water and energy usage | This is in development. |
<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>SDMP Objective and Plan</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel &amp; Logistics</td>
<td>To undertake a staff travel survey and develop a Governing Bodies approved healthy/active travel plan.</td>
<td>A staff travel survey has been undertaken during the year, and work is underway to develop an active travel plan. This is being taken forward through the Travel &amp; Transport workstream in preparation for the CCGs’ move to new accommodation during 2019/20. Resources available through West Yorkshire Metro are being explored to assist with the development of a travel plan.</td>
</tr>
<tr>
<td>Travel &amp; Logistics</td>
<td>To proactively use business travel/mileage claims to assess trends on high users (by service areas) to allow us to report trends, and implement and measure actions to reduce business mileage.</td>
<td>The CCGs have moved to a new electronic expenses system during 2018/19, which will allow further analysis of claim data. Staff are being encouraged to explore alternatives to personal car usage.</td>
</tr>
<tr>
<td>Travel &amp; Logistics</td>
<td>To develop our websites to provide detailed information to visitors on how to avoid using a car when visiting our sites.</td>
<td>This is in development with the Communications Team.</td>
</tr>
<tr>
<td>Our People / Sustainable Care Models</td>
<td>To develop the new starter induction process to ensure staff are given information about the CCGs' sustainability plans and objectives and how they can support them.</td>
<td>This has not been achieved during 2018/19, however the Sustainability Lead will be taking this forward with a team of ‘sustainability champions’ during the early part of 2019/20.</td>
</tr>
<tr>
<td>Our People</td>
<td>To ensure that sustainability is part of our staff annual appraisals.</td>
<td>This has not been achieved during 2018/19, however the Sustainability Lead will be taking this forward with a team of ‘sustainability champions’ during the early part of 2019/20.</td>
</tr>
</tbody>
</table>
## SDMP Action Plan 2019/20

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>SDMP Objective and Plan</th>
<th>Time Frame</th>
<th>Lead</th>
<th>Metrics to measure performance</th>
<th>Baseline figure</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>To develop a monthly communications plan to promote sustainable development to staff.</td>
<td>August 2019 onwards</td>
<td>Head of Corporate Governance / Comms Team</td>
<td>Monthly bulletins</td>
<td>N/a</td>
</tr>
<tr>
<td>Corporate Approach</td>
<td>To review the possibility of including 'sustainability implications' as a section on the corporate report template, with accompanying guidance.</td>
<td>October 2019</td>
<td>Head of Corporate Governance</td>
<td>Number of reports with implications included (if progressed as action)</td>
<td>0</td>
</tr>
<tr>
<td>Corporate Approach</td>
<td>To develop the role of the cross CCG forum of team sustainability champions, with a focus on sharing information and promoting opportunities for development.</td>
<td>September 2019</td>
<td>Chief Finance Officer (as Sustainability Lead)</td>
<td>Number of sustainability champions</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Number of meetings held</td>
<td></td>
</tr>
<tr>
<td>All</td>
<td>To schedule dedicated 1-2-1 sessions with key teams to work through specialist indicators in further detail.</td>
<td>December 2019</td>
<td>Head of Corporate Governance with named Heads of Service</td>
<td>SDAT scores</td>
<td>GH – 45%, NK – 35%</td>
</tr>
<tr>
<td>Asset Management &amp; Utilities / Sustainable Use of Resources</td>
<td>To work with onsite contractors to ensure they help: Reduce our use of hazardous/toxic chemicals Reduce our water and energy usage</td>
<td>December 2019</td>
<td>Head of Corporate Governance</td>
<td>Development of guidelines for onsite contractors</td>
<td>N/a</td>
</tr>
<tr>
<td>Area of Focus</td>
<td>SDMP Objective and Plan</td>
<td>Time Frame</td>
<td>Lead</td>
<td>Metrics to measure performance</td>
<td>Baseline figure</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>-------------------------------------------</td>
<td>------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td><strong>Travel &amp; Logistics</strong></td>
<td>To proactively use business travel/mileage claims to assess trends on high users (by service areas) to allow us to report trends, and implement and measure actions to reduce business mileage.</td>
<td>December 2019</td>
<td>Head of Corporate Governance</td>
<td>Analysis of claims</td>
<td>To be determined</td>
</tr>
<tr>
<td><strong>Travel &amp; Logistics</strong></td>
<td>To develop our websites to provide detailed information to visitors on how to avoid using a car when visiting our sites.</td>
<td>January 2020</td>
<td>Head of Corporate Governance / Head of Communications</td>
<td>Analysis of website visitors</td>
<td>N/a</td>
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<tr>
<td><strong>Our People / Sustainable Care Models</strong></td>
<td>To develop the new starter induction process to ensure staff are given information about the CCGs' sustainability plans and objectives and how they can support them.</td>
<td>December 2019</td>
<td>Chief Finance Officer (as Sustainability Lead)</td>
<td>Induction checklist</td>
<td>N/a</td>
</tr>
<tr>
<td><strong>Our People</strong></td>
<td>To ensure that sustainability is part of our staff annual appraisals.</td>
<td>December 2018</td>
<td>Chief Finance Officer (as Sustainability Leaf) / HR &amp; OD Manager</td>
<td>Appraisal paperwork</td>
<td>N/a</td>
</tr>
</tbody>
</table>
**Executive Summary**

The report provides an update on the Kirklees Joint Strategic Assessment (KJSA) to describe how it is managed, developed, updated and utilised.

This report is supported by a set of slides to be presented/ shared at the Governing Body meeting.

**Previous consideration**

- **Name of meeting**
  - Meeting Date

**Recommendation(s)**

1. Support the continued development of the KJSA product and process via membership of the KJSA steering group.
2. Support and promote the contribution of CCG colleagues (clinical, communications, quality & commissioning, etc.) to specific aspects of KJSA development as required.
3. Support appropriate communication and engagement work across the CCGs to increase awareness and use of the KJSA and to ensure the connections between intelligence, actions, strategies and outcomes are promoted and understood.

**Implications**

- **Quality & Safety implications**
  - N/A
- **Engagement & Equality implications**
  - Data and intelligence in the KJSA will support the EIA process.
- **Resources / Finance implications**
  - Ongoing representation from the CCGs on the KJSA steering group and support for KJSA updating/ promotion is required.
- **Has a Data Protection Impact Assessment (DPIA) been completed?**
  - Yes
  - No
  - N/A
  - X
- **Strategic Objectives**
  - Supports the Kirklees Health & Wellbeing Plan and the JHWS
- **Legal / CCG Constitutional Implications**
  - N/A
- **Conflicts of Interest**
  - N/A
1. Introduction

1.1 Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs), through the Health and Wellbeing Board.

1.2 In February 2015 the Health and Wellbeing Board approved a new approach to JSNA development in Kirklees. The re-named Kirklees Joint Strategic Assessment (KJSA) continues to be developed and updated on an ongoing basis to ensure that clear and comprehensive intelligence about local needs, assets and inequalities is available on a timely basis to support commissioning and planning decisions.

1.3 A multi-agency KJSA steering group oversees the development of the KJSA and the Health and Wellbeing Board is provided with updates on a regular basis. An updating schedule for KJSA sections is reviewed regularly by the KJSA steering group.

1.4 A communications plan for the KJSA is in place and reviewed regularly. A blog is used to promote newly updated sections of the KJSA and to highlight how intelligence in the KJSA has been and can be used to inform commissioning decisions.

2. Detail

2.1 KJSA content

The web-based KJSA enables easy navigation via intuitive menus (see slide 3 in the attached). It provides a number of useful place-based and over-arching intelligence summaries (including a CCGs summary) as well as detailed sections under the four themes of wider factors, health behaviours, health conditions and people and life events.

As requirements for insight and intelligence change over time, driven by the changing local environment and realignment of priorities, the structure of the KJSA also changes. Where additional detail is required new sections are created, and where topics converge some sections are merged. This provides a closer link to the actions required across partner organisations.

The KJSA includes an increasing number of visual and dynamic elements and uses infographics and videos in place of narrative, where appropriate, to bring content to life and highlight key messages. There is a strong emphasis on understanding local ‘assets’ and embedding an approach which starts with ‘what’s strong not what’s wrong’.

The ‘Kirklees Overview’ provides a high-level summary of the key issues and challenges affecting the health and wellbeing of the Kirklees population (see slide 7). This is refreshed annually and presented to the Health and Wellbeing Board for approval (the 2018/19 Kirklees Overview was approved in Nov 2018).

Much of the local insight included within the KJSA is taken from surveys of the Kirklees population – either the Young People’s Survey (now carried out annually, see slide 8), or the adult CLiK (Current Living in Kirklees) survey (last carried out in 2016, and due to be repeated in 2020). This locally derived intelligence is essential to give the full picture across many of the KJSA sections, plugging the gap between national surveys and local performance measures.

2.2 Understanding inequalities

Dynamic indicator tables which present clear information about inequalities between geographic and demographic groups in Kirklees are embedded in the KJSA (see slide 6). These will be improved on an ongoing basis to enable progress towards reducing inequalities to be clearly understood.
In addition, new ‘Community Intelligence’ profiles are being developed alongside a refresh of the ‘Population’ section. These profiles will give additional insight into protected characteristic groups, and are being shaped and informed by the Council’s Inclusion and Diversity Hub (see slides 9-10). The ‘Kirklees Overview’ will continue to be a key resource for monitoring and understanding the local picture of health inequalities, and a refreshed ‘Inequalities’ section is in development, which will incorporate the new Index of Multiple Deprivation (IMD) data when released later this year (see slide 11).

All KJSA sections include a number of recommendations for commissioners and service planners to consider. These are based on the evidence and intelligence summarised elsewhere in the section and should be focused on what actions are needed to improve outcomes and reduce inequalities.

2.3 Supporting Primary Care Networks and Population Health Management
The KJSA will provide a route to supporting Primary Care Networks (PCNs) with their data and intelligence needs (see slide 12). PCN data packs are currently in development and insight from these data packs will be incorporated into the KJSA in the upcoming months. The KJSA plays an important role in supporting the move towards Population Health Management (PHM), not only providing insight at PCN level, but also a broader understanding of the health needs and assets of the population across Kirklees and evidence to support a preventative approach.

2.4 KJSA governance and timescales
A rolling updating schedule for all KJSA sections is in place (see slide 13) and reviewed regularly by the KJSA steering group. Section updates are timed to coincide with the availability of new data/intelligence – for example, insight from our latest Kirklees Young People’s Survey is being woven into the relevant sections (see slide 8).

The Kirklees Public Health Intelligence team leads on KJSA development and engages with a wide range of stakeholders from Kirklees Council and partner organisations with relevant expertise for specific section updates. Several KJSA steering group members and wider colleagues act as KJSA or asset ‘champions’ to support a more asset-based KJSA, facilitate wider engagement with the KJSA products and processes and ensure the KJSA captures relevant local voice and insights.

2.5 Communication & engagement
In addition to the processes outlined above, a communications plan for the KJSA is in place and reviewed regularly. A blog is used to promote newly updated sections of the KJSA and provides links to relevant campaigns/activities. The blog posts also exist to highlight how intelligence in the KJSA has been and can be used to inform commissioning decisions.

2.6 Evaluation
In the year 2018/19, the KJSA site had 5,485 users with 15,870 page views; the blog currently has 80 subscribers.

The JHWS and the local Health and Wellbeing Plan are strongly underpinned by the intelligence in the KJSA. In addition, the KJSA has been the key intelligence resource for the commissioning of the Healthy Child Programme (now ‘Thriving Kirklees’) and the design of the Integrated Wellness Service. Intelligence in the KJSA also supported the focus of the Kirklees Mental Health Needs Assessment (jointly undertaken by the CCGs and the Council in January 2018).

3. Next Steps
3.1 The Governing Bodies will be provided with updates on the KJSA on a regular basis (frequency to be agreed).
4. Implications

4.1 Quality & Safety Implications

4.1.1 N/A.

4.2 Engagement & Equality Implications

4.2.1 Data and intelligence in the KJSA will support the EIA process, in particular the new ‘Community Intelligence’ profiles in development.

4.3 Resources / Finance Implications

4.3.1 Ongoing representation from the CCGs on the KJSA steering group is required.

4.4 Data Protection Impact Assessment

4.4.1 Not applicable – no figures are shared through the KJSA at a level that could identify individuals.

4.5 Risk

4.5.1 N/A.

4.6 Legal / CCG Constitutional Implications

4.6.1 N/A.

4.7 Conflicts of Interest

4.7.1 N/A.

5. Recommendations

It is recommended that the Governing Bodies:

1. Support the continued development of the KJSA product and process via membership of the KJSA steering group.
2. Support and promote the contribution of CCG colleagues (clinical, communications, quality & commissioning, etc.) to specific aspects of KJSA development as required.
3. Support appropriate communication and engagement work across the CCGs to increase awareness and use of the KJSA and to ensure the connections between intelligence, actions, strategies and outcomes are promoted and understood.

6. Appendices

Slides to support this report are attached.
Update on Kirklees Joint Strategic Assessment (KJSA)

• CCG Joint Governing Body, 12 June 2019
• Owen Richardson, Intelligence Lead for Public Health
What is the KJSA?

- Local authorities and CCGs have equal and joint duties to prepare Joint Strategic Needs Assessments (JSNAs)
- Change of approach approved by Health and Wellbeing Board, Feb 2015
  - Renamed: Kirklees Joint Strategic Assessment
  - Entirely web-based: www.observatory.kirklees.gov.uk/jsna
- Includes place-based and over-arching intelligence summaries as well as detailed sections under the four themes of wider factors, health behaviours, health conditions and people and life events
Four key themes

Over-arching summaries
Section format

- Content has an asset focus
- Considers impact across the life course
- Raises awareness of inequalities and protected characteristics
- Strong emphasis on use of infographics and data visualisation in presentation
- Includes recommendations for commissioners and service planners to consider to improve outcomes and reduce inequalities
Recent activity

• 5,485 users, 15,870 page views (FY 2018/19); 80 blog subscribers
• Sections refreshed or added (since Feb 2018): Planning and preparing for emergencies | Healthy ageing | Air quality | Disabled adults | Work and worklessness | Child sexual exploitation | Infectious disease | Cancer | Food, physical activity and obesity | Safeguarding adults
• Blog posts on range of topics
• Indicator tables launched April 2018
  • Around 50 indicators, split by 18 demographic/geographic groups
• Kirklees overview approved by HWB, Nov 2018
## Indicator Table

### Behaviours - Healthy Weight (% Adults)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
<th>Lower Confidence Interval</th>
<th>Upper Confidence Interval</th>
<th>Kirklees</th>
<th>Trend</th>
<th>Significance</th>
<th>Comparison</th>
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</thead>
<tbody>
<tr>
<td>Healthy weight in Adults (% Adults) - Male (2016)</td>
<td>36.5</td>
<td>34.9</td>
<td>38</td>
<td>41.5</td>
<td></td>
<td>worse</td>
<td>![Comparison Icon]</td>
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<tr>
<td>Healthy weight in Adults (% Adults) - Female (2016)</td>
<td>46.2</td>
<td>44.6</td>
<td>47.8</td>
<td>41.5</td>
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<td>better</td>
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</tr>
<tr>
<td>Healthy weight in Adults (% Adults) - Age 16-44 (2016)</td>
<td>49.2</td>
<td>47.5</td>
<td>50.9</td>
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<td>34.3</td>
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<tr>
<td>Healthy weight in Adults (% Adults) - Ethnicity All BME (2016)</td>
<td>43</td>
<td>40.4</td>
<td>45.6</td>
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<td>Healthy weight in Adults (% Adults) - Ethnicity White (2016)</td>
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<td>40.2</td>
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<tr>
<td>Healthy weight in Adults (% Adults) - Ethnicity Black (2016)</td>
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<td>18</td>
<td>31.4</td>
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<td>Healthy weight in Adults (% Adults) - Ethnicity South Asian (2016)</td>
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<td>42.4</td>
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<tr>
<td>Healthy weight in Adults (% Adults) - Least Deprived (2016)</td>
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<td>41.5</td>
<td>48.7</td>
<td>41.5</td>
<td></td>
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</tr>
<tr>
<td>Healthy weight in Adults (% Adults) - Most Deprived (2016)</td>
<td>39.5</td>
<td>37.5</td>
<td>41.5</td>
<td>41.5</td>
<td></td>
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</tr>
<tr>
<td>Healthy weight in Adults (% Adults) - Dewsbury and Mirfield DC (2016)</td>
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<td>38.1</td>
<td>42.4</td>
<td>41.5</td>
<td></td>
<td>none</td>
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</tr>
<tr>
<td>Healthy weight in Adults (% Adults) - Huddersfield DC (2016)</td>
<td>40.2</td>
<td>37.5</td>
<td>42.8</td>
<td>41.5</td>
<td></td>
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<tr>
<td>Healthy weight in Adults (% Adults) - Kirklees Rural DC (2016)</td>
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<td>40.8</td>
<td>44.8</td>
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<tr>
<td>Healthy weight in Adults (% Adults) - Greater Huddersfield CCG (2016)</td>
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<td>40.2</td>
<td>44.5</td>
<td>41.5</td>
<td></td>
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</tr>
<tr>
<td>Healthy weight in Adults (% Adults) - North Kirklees CCG (2016)</td>
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<td>41.1</td>
<td>44</td>
<td>41.5</td>
<td></td>
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<td>![Comparison Icon]</td>
</tr>
</tbody>
</table>

Overview section

Wider determinants of health

- As little as 10% of a population’s health and wellbeing is linked to access to health care.
- Wider determinants are a diverse range of social, economic, and environmental factors which impact on people’s health. Social determinants of health are the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources.
- Socioeconomic Status: There is a clear social gradient for all health indicators, including life expectancy.
- Physical Environment: Our local environment impacts directly on our health—from adverse weather conditions to exposure to air pollution, access to green spaces and safe spaces to walk and cycle, and the housing and neighbourhoods we live in.
- Education: There is a strong correlation between children’s socioeconomic environment and educational attainment, which in turn is linked to better health outcomes. It can determine future employment and income.
- Social Environment: Support from family, friends and the local community helps prevent isolation and loneliness.

Inequalities in life and healthy life expectancy

- Largest gap between overall life expectancy and years in good health.
- In some wards, people will spend on average more than 20 years in poor health, and most people will spend part of their working life in poor health.

The changing population

- The number of older people in Kirklees is predicted to rise...
- And the proportion of working age people will decrease...
- ...leading to an increase in the dependency ratio.

Starting well

- Physical factors: Kirklees is no longer amongst the highest in the region.
- Mental & Emotional Health: Mental health is influenced by life events and relationships. It’s important to be aware of your own mental health and to seek help when you need it.
Utilising new intelligence

- Local population survey data underpins much of the insight in the KJSA
- For example, recent Kirklees Young People’s Survey findings...
More about our population

• Refresh of Population section is ongoing
• To include new ‘Community Intelligence’ profiles
  • Focus on protected characteristic groups
  • Guided by our Inclusion and Diversity Hub
  • First profile looks at disability, structured around 7 Kirklees outcomes
• To be followed by others on: minority ethnic groups, men/women, older people, LGBT+, low income/poverty, carers, refugees and asylum seekers, looked-after children, Gypsy and Traveller community (this is a draft list, completion order to be determined)
Inequalities

- New Index of Multiple Deprivation (IMD) to be released Summer 2019
- Upcoming Health and Wellbeing Board workshop on wider factors to include strong emphasis on inequalities
Primary Care Networks and PHM

• New PCN data packs in development
• Incorporate this insight into KJSA
• KJSA supports a Population Health Management (PHM) approach
• Includes population health needs and assets and evidence of preventative approach
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<th>Date Complete</th>
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<td>Bailey and Spen summary</td>
<td>30/04/2016</td>
<td>Red</td>
</tr>
<tr>
<td>Victims of child sexual exploitation</td>
<td>28/02/2019</td>
<td>Green</td>
</tr>
<tr>
<td>Kirklees Overview</td>
<td>30/11/2016</td>
<td>Green</td>
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<tr>
<td>Inequalities overview</td>
<td>In development</td>
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<td>Poverty</td>
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<td>Domestic abuse</td>
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<td>Corers</td>
<td>31/08/2016</td>
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<tr>
<td>Safeguarding children and adults</td>
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<td>Mental health and emotional wellbeing</td>
<td>30/03/2016</td>
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<td>Population summary</td>
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<td>Dying &amp; Bereavement</td>
<td>30/11/2016</td>
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<td>Former members of armed forces</td>
<td>30/11/2016</td>
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<td>Dementia (to link to DNA)</td>
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<td>Huddersfield summary</td>
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<td>Dewsbury &amp; Mirfield summary</td>
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<td>Vulnerable children</td>
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<td>Children with SEND</td>
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<td>People helping people</td>
<td>31/08/2017</td>
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<td>Kirklees Overview</td>
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<td>Joint CCG summary</td>
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<td>Learning and skills</td>
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<td>Ageing Well</td>
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<td>Disabled people (incl. autism spectrum)</td>
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<td>Cancer</td>
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<td>Transport &amp; active travel</td>
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<td>Tobacco, Alcohol, Drug Misuse</td>
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<tr>
<td>Asthma &amp; COPD, CVD, CKD and liver</td>
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<tr>
<td>Parenting &amp; family support?</td>
<td>To Do</td>
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<tr>
<td>Air quality</td>
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<tr>
<td>Chronic pain</td>
<td>To Do</td>
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<td>Crime &amp; community safety</td>
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<tr>
<td>Planning &amp; preparing for emergencies</td>
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<td>Housing &amp; homelessness</td>
<td>To Do</td>
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<tr>
<td>Green spaces</td>
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<td>Amber</td>
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<tr>
<td>Accidents (in the home &amp; outside)</td>
<td>To Do</td>
<td>Amber</td>
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<tr>
<td>Climate change</td>
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<tr>
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</tr>
</tbody>
</table>

**Updating schedule**

- Completed or reviewed in past 36 Months
- Due for review
- To be completed
- In Development

---

**Notes:**

1. As of 8/14/2017
2. As of 9/14/2017
Ongoing CCG support/benefits

• Please use the KJSA to aid decision-making
  • Encourage partner organisations to do the same
  • Useful source of evidence for PHM, prioritisation, bids, etc.
• Provide support through steering group and individual section updates
  • Particularly those with a clinical focus (e.g. CVD section in progress)
• Sign up to the blog for the latest updates
• Re-use our infographics (please credit the KJSA where appropriate)
• Give us feedback (positive and constructive)
  • KJSA@kirklees.gov.uk
<table>
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<th>Name of Meeting</th>
<th>Governing Bodies (meetings in common)</th>
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<td>Working Together – Integration Update</td>
<td>Agenda Item No.</td>
<td>11</td>
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<tr>
<td>Report Author</td>
<td>Steve Brennan, SRO Working Together</td>
<td>Public / Private Item</td>
<td>Public</td>
</tr>
<tr>
<td>GB / Clinical Lead</td>
<td>David Kelly/Steve Ollerton</td>
<td>Responsible Officer</td>
<td>Carol McKenna</td>
</tr>
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</table>

**Executive Summary**

Please include a brief summary of the purpose of the report

This report provides an update on the ongoing work to support greater working together across Kirklees and the closer integration of commissioning and service delivery.

**Previous consideration**

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**Recommendation (s)**

It is recommended that the Governing Bodies note the contents of this paper.

**Decision**

☐ Assurance  ☒ Discussion  ☐ Other

**Implications**

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<table>
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<th>Strategic Objectives</th>
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<tbody>
<tr>
<td>Sustainable Organisation (NKCCG)</td>
</tr>
<tr>
<td>Work with the Local Authority to commission a range of health and social care services (GHCCG).</td>
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<td>(include detail of any identified/potential conflicts)</td>
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</table>
1. **Introduction**

1.1 This report provides an update on the ongoing work to support greater working together across Kirklees and the closer integration of commissioning and service delivery.

2. **Detail**

2.1 As previously reported to the Governing Bodies, the main arrangements we have put in place to oversee integrated commissioning and service delivery are the Integrated Commissioning Board and the Kirklees Integrated Provider Board. In addition we have established an Integrated Quality Group and the Kirklees Integrated Workforce Development Steering Group. The the Kirklees Health and Care Executive Group continues to meet. There are the existing Kirklees Health and Wellbeing Board arrangements.

3.2 **Integrated Commissioning Board (ICB)**

2.2 The ICB has met on a monthly basis since its establishment in April 2018. In the first 12 months is focused on the priority areas set out in its terms of reference:

- A unified approach to Quality
- Communications, Engagement, and Equality
- A unified approach to Outcomes
- Integrated Commissioning Strategy
- Integrated Provision and Early Initiatives
- A unified approach to Intelligence

2.3 The Terms of Reference were reviewed in April 2019 and in addition to the above the following priority areas were added into them:

- A Kirklees Digital Strategy
- A Kirklees Estates Strategy

2.4 Lead officers have been identified for each area and project teams established. Regular updates are provided to the ICB and work is progressing in all areas. A summary of the work being done in each area is included as Appendix A, which is taken from the update report provided to the June ICB.

2.5 The ICB also receives finance, performance, and quality information where these are dependent on cross organisational working and co-operation and during 2019 it has received regular updates on Kirklees wide performance on hospital discharge and stranded patients.

2.6 In addition the ICB continues the work required to oversee and drive the areas within the Better Care Fund.
3.3 Kirklees Integrated Provider Board (KIPB)

2.7 One of the ways in which we want to drive integration is through working with existing providers to encourage and support them to work together in more integrated ways to join up services and care around the needs of patients. The IPB has been set up to help take this forward. The establishment and ongoing operation of the IPB is being led by Sue Richards (Service Director for Integration) and the meeting is chaired by Karen Jackson (Chief Executive of Locala). It consists of senior representatives of both GP Federations, both acute trusts, SWPFT, Locala, Kirklees Neighbourhood Housing, and the voluntary sector including Kirkwood Hospice. In addition commissioners attend the meeting to help to ensure it is working in co-ordination with the ICB.

2.8 The IPB has met monthly since it was established in July. During early 2018/19 it reviewed the areas where providers can work together to help to implement the Integrated Commissioning Strategy and the Kirklees Health and Wellbeing Plan. A summary of these is provided in Appendix B.

2.9 Many of the areas included are also in the priority areas identified by the ICB. As we move forwards we recognise that the work of the IPB and ICB will be focusing on the same areas. In order to reflect this we are considering running joint or overlap sessions of the 2 Boards to minimise the duplication of effort.

3.4 Kirklees Health and Care Executive Group

2.10 This has met on a monthly basis since June 2018. It consists of the Chief Executives of Kirklees Council, SWYPFT, CHFT, MYHT, Locala, the CCGs Chief Officer and representatives of NHS England Yorkshire and Humber including the Director of Commissioning Operations.

2.11 One of its key aims is to establish a forum where leaders of organisations come together on a regular basis to talk about Kirklees as a place rather than focusing on different organisational footprints. Part of this role is to help to continue to build working relationships with the Yorkshire and Harrogate Health and Care Partnership so that Kirklees is fully involved in this work.

2.12 The Group oversaw the development of a narrative to support the implementation of the Health and Wellbeing Plan and the 7 Kirklees outcomes that help to shape this. This is included in Appendix C.

3.5 Kirklees Health and Wellbeing Board (KH&WB)

2.13 The KH&WB continues to receive regular updates on progress on working together and integration. This will continue as we progress the work summarised in this paper.
3.6 Other Work and Areas of Focus

2.14 The following paragraphs provide a brief summary of other ongoing work to support integration.

2.15 **Organisational Development:** Many of the changes that we want to make will require new ways of working and new relationships to be formed. During 2018/19 we worked with organisations in Kirklees, the West Yorkshire and Harrogate Health and Social Care Partnership, and the NHS Leadership Academy to develop a programme of organisational development to support this.

2.16 We ran 3 Kirklees wide Systems Leadership Development Events during February and March 2019. The main aim of this work was to create a community of system leaders who will lead across health and social care in Kirklees as if we are one organisation, enabling the best health and wellbeing outcomes for Kirklees people.

2.17 There were just under 140 attendees across the 3 events, from over 40 organisations working across Kirklees. The events were very well received and we have secured funding from the West Yorkshire and Harrogate Care Partnership to continue this work during 2019/20 and we will run a programme of events later in the year taking into account the feedback received from the first 3 events.

2.18 **Workforce:** Workforce challenges are one of the key issues facing health and social care and will continue to be so in the future. Working in integrated and collaborative ways can both help to address some of these issues whilst at the same time creating new challenges in how we recruit, train, and retain staff who can work in these ways.

2.19 We are working with NHS England and the West Yorkshire and Harrogate Health and Social Care Partnership and have established a Kirklees steering group to focus on primary and community care workforce planning. This includes representatives from primary care, community care, secondary care, social care and the voluntary and third sectors. It is now meeting on a monthly basis. It also feeds into a West Yorkshire and Harrogate Primary and Community Care Workforce Steering Group.

2.20 The Group has been working on a Kirklees Integrated Workforce Development Strategy which will be signed off at its July meeting. The strategy does not duplicate the work of individual organisations, but looks to add value by working on areas which are best suited to a Kirklees wide approach. These are:

- Improved wellbeing of the workforce
- Promoting jobs and careers in health and care within Kirklees
- Integrated and shared learning and development
- 2 supporting enablers:
  - Carers in our workforce
  - Data

2.21 We are also working on an implementation plan to deliver the strategy and this is expected to be completed by the end of the summer.

2.22 **Economic Strategy:** The Council has now refreshed the Kirklees Economic Strategy and strengthens the links with the Health and Wellbeing Plan and opportunities to work to
deliver both of these. The workforce strategy links to the Economic Strategy and the work plan will include work streams to help deliver this.

2.23 Other CCG and Council: We are increasingly working in more integrated ways with the Council. These include:

- Helen Severns working as the Service Director – Integrated Commissioning across the CCGs and Council. This will help to ensure that the commissioning resources of the Council and CCGs are more closely aligned and begin to work as a unified team.
- Monthly Joint CCG and Council Senior Management Team meetings. This helps to discuss operational matters and gain a greater understanding of the ongoing work of each organisation.

3. Next Steps

3.1 Work is ongoing and further updates can be provided as necessary.

4. Recommendations

It is recommended that the Group note the contents of this paper.

5. Appendices

Appendix A: Summary of Integrated Commissioning Board Priority Areas
Appendix B Summary of Integrated Provider Board Priority Areas
Appendix C Summary of Kirklees Health and Wellbeing Plan
### Purpose of paper

1.1. This paper provides the Integrated Commissioning Board (ICB) with an update on progress against the key areas of focus in its terms of reference.

### Background

2.1. The list of key areas of focus identified in the terms of reference are:

- Integrated Commissioning Strategy
- Outcomes Framework
- Quality
- Communications, Engagement and Equality
- Intelligence
- Integrated Provision and Early Initiatives
- Kirklees Digital Strategy
- Kirklees Estates Strategy.

### Updates

#### Integrated Commissioning Strategy

3.1. Updates are provided under a standing agenda item. Detailed updates are provided quarterly with exception reports provided in the intervening months. The next detailed update is due to come to the August meeting. This month’s exception report is covered under agenda item 5.

#### Outcomes Framework

3.2. The Outcomes Framework was signed off at the December meeting. Since then work has been progressing to understand how this can now be used in practice. A more detailed update on this is provided later on this agenda.

#### Quality

3.3. The Integrated Quality Group has been meeting for several months. The work plan for this includes that of the existing Public Health Clinical Governance Group and is now also beginning to include areas of work from the Integrated Commissioning Strategy.

3.4. The Group is still operating primarily as an integrated assurance process, although it has assumed the role of the existing Public Health Group. At the appropriate time we need to
consider our collective ambition to establish this as a formal place based group with delegated authority to act in its own right. It is suggested that this is considered in November 2019.

3.5. Minutes of the Integrated Quality Group will be submitted to this Board.

Communications

3.6. The communications lead for the CCGs, Locala, and Council continue to work together to support joint initiatives where appropriate. The next planned piece of work is a joint winter campaign.

3.7. Work is progressing to develop a suite of case studied to support telling the story of what we are doing in Kirklees, although this is taking longer than hoped. In addition, it is intended to hold a meeting with communications leads from other provider organisations to see if there is an appetite for any further joint working.

Engagement

3.8. Work has been completed to align the approach to engagement between the 2 CCGs including paper work and processes.

3.9. Work is ongoing between the CCGs and Council to explore opportunities for supporting each other across 3 broad areas of work: statutory duties, gathering information to help inform commissioning and service delivery, individual and community empowerment to support them to engage with formal services.

3.10. There is now greater shared visibility of approaches across the CCGs and Council and therefore how going forward we may be able to make better shared use of these. These include Citizen’s panels, Place Based Standard Tool, Involve database, Community Voices, CCG participation in the Citizen Engagement Reference Group, and Co-production work.

3.11. However, ongoing work and discussion are required to coalesce this into a more unified approach.

3.12. Work has also begun to think about how best to support the emerging primary care networks to help them understand the role of engagement in how they need to work. The intention is to help them understand what engagement mechanisms already exist so that they can make use of these and build on them if appropriate. However, this work is still in the early stages of development.

Equality

3.13. The CCGs and Council have begun to meet to discuss their current approaches to
equality (and diversity) and to see if there are opportunities to work together and support each other. This has included the sharing of work plans.

3.14. Initial thoughts on where opportunities might lie include:
- Opening up Council staff networks to CCG staff (BAME, Young Employees, LGBT)
- Scoping if a place based approach to developing talent, inclusive leadership and unconscious bias training would be worthwhile and viable.
- Considering if the Equality Health Panel’s scope could be widened to include the Health and Care

3.15. The early discussions have identified that there is potentially significant scope to work together. However, they have also identified that limited capacity across the system is likely to be the limiting factor to how much and how quickly this can be progressed.

Intelligence

3.16. The focus of the intelligence work is on supporting the emerging primary care networks and on understanding the intelligence aspects of population health management. In this respect:
- **Supporting primary care networks:** work is underway to understand the intelligence needs of primary care networks and to produce intelligence packs for each network to address these. A first draft of an intelligence pack has been produced and shared with network contacts for comments. A meeting with the networks is being arranged to further discuss this so that it can be amended and then 9 network specific will be packs produced.
- **Understanding the intelligence aspects of population health management:** work is underway to articulate what intelligence is required to support population health management and in particular population segmentation and risk stratification. This includes talking to a range of organisations and stakeholders across Kirklees, mapping current intelligence flows and information governance arrangements, assessing the scope of ambition, and scoping options and timescales for implementation.

3.17. Both of these pieces of work are due to be substantially completed by the end of June and detailed updates will be brought back to the Board in future meetings.

Integrated Provisions and Early Initiatives

3.18. The key initiatives for 2019/20 flowing from the Health and Wellbeing Plan are primary care networks, implementing a Kirklees wide frailty model, and establishing a Kirklees mental health provider alliance. Each of these has also been identified as a priority area for the Integrated Provider Board.

3.19. Primary care networks and the Kirklees wide frailty model are both key elements of the Integrated Commissioning Strategy and updates on progress are provided in the routine reporting on the strategy.
3.20. The establishment of mental health provider alliance is currently being overseen by the Health and Care Executive Meeting. It is referenced, but not specifically included, in the Integrated Commissioning Strategy. It is due to be discussed again at the Executive meeting in June and it is suggested that as part of this discussion consideration is given to moving the oversight of this to the Integrated Commissioning Board, and integrated into monitoring of the Integrated Commissioning Strategy.

Kirklees Digital Strategy

3.21. The Kirklees Digital Transformation Board continues to meet to prioritise and progress areas of work. At the April meeting it identified the following as priorities to progress in the short to medium term:

- Digital transformation funding and trying to ensure that Kirklees is well placed to bid for this
- Integration of care records and sharing information on various initiatives around this to provide oversight
- Developing a digital strategy informed by an understanding of what is required to support service transformation requirements rather than one driven by technical possibilities. The Board will be writing to transformational leads to ask for their support and input into this.

3.22. Capacity to deliver on this agenda is likely to be a limiting factor and a risk to this effect has been placed on the Integrated Risk Register.

Kirklees Estates Strategy

3.23. A first meeting of the embryonic Estates Group took place during May 2019. The aim of the group is to develop a pipeline of estates schemes, provide oversight to joint schemes, and review estates usage to maximise utilisation.

3.24. An immediate priority is to have the pipeline in place by the end of May 2019 so that we are able to respond to funding requests that will be managed by West Yorkshire and Harrogate Partnership.

4. Financial Implications

4.1. There are no financial implications arising directly from this paper.

5. Sign off

Steve Brennan, SRO Working Together

6. Next Steps

6.1. Work will continue to be progressed and updates brought to future ICB meetings on a monthly basis.
7. Recommendations

7.1. It is recommended that the ICB:
- Note the progress being made as set out in section 3 of this report.
- Note that further updates will be provided to the ICB on a monthly basis.
- Consider if it would like to assume oversight of the mental health alliance work as set out in paragraph 3.20.

8. Contact Officer

Steve Brennan, SRO Working Together, steve.brennan@northkirkleescg.nhs.uk, 01924 504913
Kirklees Integrated Provider Board (IPB)

**Vision**
To improve outcomes for the population of Kirklees by delivering excellent experience of integrated care

**Purpose**
As providers of health and care services work collaboratively to develop and deliver integrated models of care

**Principles**
- Focus on outcomes
- People and carers at the centre
- Build relationships
- Collaboration as default
- Set direction
- Support and challenge
- Unblock issues
- Spot opportunities
- Increase efficiency
- Ensure delivery

**Deliverables**
- Developing Primary Care Networks
- Transform Intermediate Care & Reablement
- Implement Kirklees-wide Fraility Model
- Implement Care Home Support Model
- Establishing Mental Health Alliance
- End of Life Care
- Learning Disability

**Enablers**
- Workforce Develop resilient people
- Digital Digital health and social care solutions
- Estates Develop buildings to deliver integrated care
- Population Health Management
- Communications
- Organisational Development

**Maternity Services** – Healthy Pregnancy and first 1,000 days of life

**Children’s Services**
Appendix C: Summary of Kirklees Health and Wellbeing Plan

Kirklees Health and Wellbeing Plan 2018-2023

Shared outcomes with Kirklees Economic Strategy

Our shared outcomes are the pillars that support our overall vision for Kirklees to be a place that combines a strong, sustainable economy with a great quality of life. Our shared outcomes are:

- Children have the best start in life
- People in Kirklees are as well as possible for as long as possible
- People in Kirklees live independently and have control over their lives
- People in Kirklees live in safe, cohesive communities and are protected from harm
- People in Kirklees have aspirations and achieve their ambitions through education, training, employment and lifelong learning
- Kirklees has sustainable economic growth and provides good employment for and with communities and businesses
- People in Kirklees experience a high quality, clean and green environment

We're Kirklees
Executive Summary

Please include a brief summary of the purpose of the report

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 require all Clinical Commissioning Groups to provide an annual report recording complaint activity.

This report sets out the number and nature of complaints and identifies the lessons learned during 2018/19.

Previous consideration

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<tr>
<td>Name of meeting</td>
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</table>

Recommendation (s)

That the Governing Bodies RECEIVE the Complaints and PALS Annual Report 2018/19 and NOTE the CCGs’ complaints activity

Implications

Quality & Safety implications

No implications arising from this report, however consideration of the Annual Report and key themes emerging from complaints is an important part of patient experience

Engagement & Equality implications

None identified

Resources / Finance implications

None identified

Has a Data Protection Impact Assessment (DPIA) been completed? (Please select)

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<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>x</th>
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</table>

Strategic Objectives

- Improve health related experiences and outcomes for people with long term conditions, particularly those that experience significant inequalities
- Reduce avoidable variation in healthcare and patient experience
- Commissioning equitable services which are fit for purpose

Risk (include risk number and a brief description of the risk)

None identified

Legal / CCG Constitutional Implications

Local Authority Social Services and NHS Complaints (England) Regulations (2009)

Conflicts of Interest

None identified
1. **Introduction**

1.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 require all Clinical Commissioning Groups to provide an annual report regarding complaint activity information.

2. **Detail**

2.1 The majority of patients receiving care within the NHS are happy with the care provided. It is recognised however that there will inevitably be circumstances where the expectations of some of the service users are not met and they will need to voice their feelings through the complaints procedure.

2.2 Complaints are viewed positively by both Greater Huddersfield CCG and North Kirklees CCG and every effort is made to identify lessons from complaints to make positive improvements in services for patients.

2.3 This report sets out the number and nature of complaints and identifies lessons learned during 2018/9.

3. **Next Steps**

3.1 Handling and monitoring of complaints is an on-going process. The report highlights the reporting requirements for the CCGs in respect of complaints, which involves an annual report to the Governing Bodies, and the Quality Committees will receive a 6 monthly update.

4. **Implications**

As set out on the cover page.

5. **Recommendations**

5.1 That the Governing Bodies RECEIVE the Complaints & PALS Annual Report 2018/19 and NOTE the CCGs’ complaints activity.

6. **Appendices**

**Appendix 1** – Complaints and PALS Annual Report 2018/19
COMPLAINTS & PALS REPORT 2018/19
Purpose of Report

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (the Regulations) require all Clinical Commissioning Groups (CCGs) to provide an annual report regarding complaint activity information. This includes the number and nature of complaints and identifies the lessons learned.

This is complemented by an additional report to the GH and NK Quality Committees (meeting in parallel) annually and at the six month point, outlining complaint activity information.

This report outlines the complaints received by both CCGs between 1 April 2018 and 31 March 2019. Where possible, the figures have been compared against previous years.

The report also includes activity related to PALS (Patient Advice and Liaison Service) queries during 2018/19 and where possible the data has been compared against 2017/18. PALS queries can be viewed as low level enquiries, concerns and complaints, which can be resolved or answered quickly. Nevertheless, they provide valuable learning and can be used to identify key trends around issues that may be arising from local NHS services.

<table>
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<th>Number received NK</th>
<th>Total</th>
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<td>65</td>
<td>71</td>
<td>136</td>
</tr>
<tr>
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<td>63</td>
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<td>2016/17</td>
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<tr>
<td>2013/14</td>
<td>16</td>
<td>8</td>
<td>24</td>
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## Complaints – Greater Huddersfield CCG

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<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
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<tbody>
<tr>
<td>Complaints received</td>
<td>79</td>
<td>63</td>
<td>65</td>
</tr>
<tr>
<td>PALS enquiries</td>
<td>283</td>
<td>144</td>
<td>347*</td>
</tr>
<tr>
<td>(* 101 related to Clifton House)</td>
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<td></td>
</tr>
<tr>
<td>Complaints investigated by CCG:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(52% of total)</td>
<td>41</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>(59% of total)</td>
<td>(57% of total)</td>
<td>(54% of those investigated)</td>
<td></td>
</tr>
<tr>
<td>Of these: CCG related</td>
<td>24</td>
<td>21</td>
<td>20</td>
</tr>
<tr>
<td>Related to other providers</td>
<td>(41% of those investigated)</td>
<td>(43% of those investigated)</td>
<td>(46% of those investigated)</td>
</tr>
<tr>
<td>CCG responses within deadline</td>
<td>81%</td>
<td>67%</td>
<td>78%</td>
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<tr>
<td>(9% still open)</td>
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<td>20% - Level 4</td>
<td>23% - Level 4</td>
<td>8% - Level 4</td>
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### 1. Number of complaints investigated

Of the 65 complaints received by the CCG in 2018/19, not all were investigated by the CCG. This is for a number of reasons – most commonly because they did not fall within the remit of the CCG and were passed to another organisation to investigate.

<table>
<thead>
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<th>2017/18</th>
<th>2018/19</th>
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<td>28</td>
<td>41</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>Passed to another organisation</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- Calderdale &amp; Huddersfield FT</td>
<td>7</td>
<td>8</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td>- Primary Care / NHS England</td>
<td>2</td>
<td>8</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>- North Kirklees CCG</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>- Calderdale CCG</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>- Kirklees Council</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>- Opcare</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>- SWYPFT</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>- YAS / LCD</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>- Locala</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>- Pain Management Services</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Closed due to lack of consent</td>
<td>2</td>
<td>7</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>
2. **Number of complaints by provider**

Of the 37 complaints investigated by the CCG during 2018/19, 20 related directly to the CCG.

Complainants can choose to complain directly to the provider of an NHS service or the commissioner of that service. Where a complaint is received, the complainant is informed of this option and given advice to facilitate their choice.

The CCG is always sensitive to a complainant’s needs and endeavours to avoid complainants being passed unnecessarily through numerous organisations. In cases where complaints are complex and involve a number of different organisations, the CCG is well placed to coordinate a response to a complainant. However, in many instances, a complainant’s concerns can be best addressed directly by the provider organisation without the CCG acting as an intermediary.

<table>
<thead>
<tr>
<th>Provider</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Huddersfield CCG (in 18/19)</td>
<td>18</td>
<td>24</td>
<td>21</td>
<td>20</td>
</tr>
<tr>
<td>IFR (5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicines Management (3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Governance (1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHC (5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clifton House / The Nook (5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Sensory Assessment (1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bradford Teaching Hospitals FT</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>SWYPFT</td>
<td>1</td>
<td>-</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>BMI</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Locala</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Opcare</td>
<td>-</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Pain Management Solutions</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Calderdale &amp; Huddersfield FT</td>
<td>3</td>
<td>4</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>NHS111 (YAS)</td>
<td>2</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Local Care Direct</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Medequip</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>CareMark</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Socrates Clinical Psychology</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>NHSE / Primary Care</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Multi provider:</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>CHFT, Opcare, Locala, Kirk LA</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>CHFT and YAS</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>CHFT, YAS and Local Care Direct</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>CHFT and Locala</td>
<td>-</td>
<td>-</td>
<td>1</td>
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</tr>
</tbody>
</table>
3. Complaints by category

The 37 complaints investigated by the CCG during 2018/19 can be categorised as:

<table>
<thead>
<tr>
<th>Category of complaint</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to services</td>
<td>12</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Admissions, discharge and transfers excluding delayed discharge due to absence of care package</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Aids, appliances, equipment, premises</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Appointments</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>Attitude of staff</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Care and treatment</td>
<td>6</td>
<td>9</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Communications</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Continuing healthcare process</td>
<td>-</td>
<td>7</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Commissioning decisions made</td>
<td>-</td>
<td>6</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Delays</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Funding</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>IFR process</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Prescribing changes</td>
<td>-</td>
<td>5</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Staff knowledge</td>
<td>-</td>
<td>3</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Travel expenses</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Waiting times</td>
<td>-</td>
<td>3</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

**TOTAL** | **28** | **41** | **37** | **37**

Of the 37 complaints, 18 fell within just 3 categories and are broken down below:
Communication – 6 complaints
- Communication from NHS England regarding home eye tests (1)
- Communication from CCG regarding changes to Clifton House/The Nook (4)
- Communication – Folly Hall – Vulnerable Adult (1)

Care and Treatment – 6 complaints
- GHCCG – Fast Track (1)
- Pain Management solutions (1)
- Locala (1)
- Folly Hall (2)
- CHFT End of Life Care (1)

IFR Process – 6 complaints
- IFR Decision – IVF (2)
- Mental Health Assessment (2)
- Flash Glucose Monitoring (2)

4. Complaints by level

All complaints received by Greater Huddersfield CCG are classified into a category level based on guidance within the Greater Huddersfield CCG complaints procedure. The definitions of each level are as follows:

Level 1- Simple complaints
- Concerns on waiting times
- Concerns about appointments
- Concerns about the contact details for different trusts and services

Level 2 – Low/simple, non-complex issues
- Delayed or cancelled appointments
- Event resulting in minor harm e.g. cut or strain
- Loss of property
- Lack of cleanliness
- Transport problems
- Single failure to meet care needs e.g. missed call back
- Medical records missing

Level 3 – Moderate /complex, several issues relating to a short period of care requiring a written response and investigation by provider
- Event resulting in moderate harm (e.g. fracture)
- Failure to meet care needs
- Miscommunication or misinformation
- Medical errors
- Incorrect treatment
- Staff attitude or communication
Level 4 – High/complex multiple issues relating to a longer period of care, often involving more than one organisation or individual requiring a written response and investigation by provider

- Event resulting in moderate harm (e.g. fracture)
- Event resulting in serious harm (e.g. neglect)
- Failure to meet care needs
- Miscommunication or misinformation
- Medical errors
- Incorrect treatment
- Staff attitude or communication

The table below shows the classification of complaints received.

<table>
<thead>
<tr>
<th>Level of complaint</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>3</td>
<td>9</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Level 2</td>
<td>1</td>
<td>6</td>
<td>9</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Level 3</td>
<td>12</td>
<td>8</td>
<td>21</td>
<td>18</td>
<td>14</td>
</tr>
<tr>
<td>Level 4</td>
<td>2</td>
<td>5</td>
<td>8</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>18</td>
<td>28</td>
<td>41</td>
<td>37</td>
<td>37</td>
</tr>
</tbody>
</table>

The data indicates a similar trend against previous years with the majority of complaints being classified at level 2 and 3.

5. **Complaints by deadline**

The NHS Greater Huddersfield CCG standard for complaints investigation, as outlined in the complaints procedure/framework, is that all complaints received are acknowledged in writing within three working days. Once the appropriate consent is received back from the complainant and areas for investigation are outlined, complainants are advised of the date by which they can expect a response to their complaint.

The standard timeframe given is 28 working days. If for any reason this cannot be met, complainants are kept updated on progress where it is not possible to meet deadlines and an explanation of the delay is provided.

The CCG is often dependent on other organisations for providing a response, and some providers have longer standard deadlines. For example, our main acute providers have a standard deadline of 40 working days for complaint investigation, depending on the severity of the complaint. The confirmed deadline is given to the CCG when a new complaint is checked and logged by the provider and this is then communicated to the complainant.

The tables below show whether the final response was sent to the complainant within the original agreed timeframe, both overall and by the investigating provider.
### Final Response sent within agreed timeframe

<table>
<thead>
<tr>
<th>Final Response sent within agreed timeframe</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>25</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
</tr>
<tr>
<td>Resolved Informally</td>
<td>5</td>
</tr>
<tr>
<td>Still Open at time of report</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>37</strong></td>
</tr>
</tbody>
</table>

For 2018/19, this can be further broken down:

<table>
<thead>
<tr>
<th>Final Response sent within agreed timeframe by Provider</th>
<th>Yes</th>
<th>No</th>
<th>Still Open</th>
<th>Resolved Informally</th>
</tr>
</thead>
<tbody>
<tr>
<td>GH CCG</td>
<td>15</td>
<td>3</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>NHS England</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Locala</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Pain Management Services</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Primary Care</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>CAMHS</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>SWYMHT</td>
<td>2</td>
<td>-</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>CHFT</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>BMI</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Opcare</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Multi Agency (BMI, Locala, CHFT, Primary Care)</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25</strong></td>
<td><strong>4</strong></td>
<td><strong>3</strong></td>
<td><strong>5</strong></td>
</tr>
</tbody>
</table>

In one instance where the CCG did not send the response to the complainant within the agreed timeframe, the complainants were contacted prior to the agreed response date to advise that the complaints response was still under review. In this instance the delay was due to the complexity of the case and the multiple agencies involved.

In the three other cases the response times were 29 days, 31 days and 34 days respectively.

6. **Parliamentary and Health Service Ombudsman**

Any complainant who remains dissatisfied with the CCG’s handling of their complaint has the right to contact the Parliamentary and Health Service Ombudsman (PHSO). Information on how to do this is provided to all complainants as part of the CCG’s response to each complaint.

The PHSO has not carried out any full reviews of complaints in 2018/19.
7. **Learning from complaints**

The CCG is committed to learning from complaints and wherever possible complaint responses include a section which highlights the learning from the complaint and how this will be shared or used in the future.

Detailed learning from two complaints was shared at the Quality Committee, however it is challenging to share detailed learning from complaints with the Governing Bodies whilst maintaining the confidentiality of complainants. A short summary of each is shared below:

**Complaint 1**
The CCG received 4 complaints from patients unhappy with the CCG’s communication regarding the changes to Clifton House and the Nook Surgery during quarters 1 and 2 of 2018/19. In all instances, the CCG responded to the complainants to outline the background to the changes and the rationale for the way that information was communicated. Assurance was provided in respect of the impact on patients of the changes, and CCG staff attended the Patient Reference Groups to answer patient concerns. Staff were briefed on the issues coming through the complaints and PALS routes so that they could respond appropriately.

**Complaint 2**
A complaint was received relating to Continuing Healthcare, specifically on difficulties experienced with a particular care provider and a delay in an end of life fast track referral. Following the investigation, steps were introduced to ensure that the correct process is always followed and to ensure that the wishes of family members are considered. The CCG apologised to the patient’s family and invited them to meet in person to discuss the issues further.

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**PALS – Greater Huddersfield CCG**

PALS queries can be viewed as low level enquiries, concerns and complaints, which can be resolved or answered quickly. Nevertheless, they provide valuable learning and can be used to identify key trends around issues that may be arising from local NHS services.

Information on the number and theme of Patient Advice and Liaison Service (PALS) queries for 2018/19 has been compared against the year 2017/18 where possible. Please note that the recording of PALS queries started in November 2015, therefore no information is held prior to this date.

2018/19 saw a significant increase in the number of Greater Huddersfield PALS enquiries. This increase was due to the large number of requests received in the first quarter relating to changes affecting Clifton House and The Nook Surgery (101).
Through our recording of the source of contact we know that 290 (83.5%) of PALS contacts were from patients or a patient’s representative, and 57 (16.5%) have been made from other sources such as GP staff.

8. **Number of queries**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1</td>
<td>14</td>
<td>75</td>
<td>153</td>
</tr>
<tr>
<td>Quarter 2</td>
<td>25</td>
<td>67</td>
<td>65</td>
</tr>
<tr>
<td>Quarter 3</td>
<td>26</td>
<td>78</td>
<td>63</td>
</tr>
<tr>
<td>Quarter 4</td>
<td>79</td>
<td>63</td>
<td>66</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>144</td>
<td>283</td>
<td>347</td>
</tr>
</tbody>
</table>

9. **Query theme**

<table>
<thead>
<tr>
<th>Theme</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice about GP</td>
<td>-</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Advice about pharmacy</td>
<td>-</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Advice on complaining to provider</td>
<td>-</td>
<td>11</td>
<td>-</td>
</tr>
<tr>
<td>Advice on finding an NHS dentist</td>
<td>-</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Advice on medical records</td>
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<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Advice on patient transport</td>
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<td>4</td>
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</tr>
<tr>
<td>Advice on raising query with provider</td>
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</tr>
<tr>
<td>Advise on care homes</td>
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<tr>
<td>Advocacy advice</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Changes to repeat prescription arrangements</td>
<td>13</td>
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</tr>
<tr>
<td>CHC query</td>
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<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Complaint about BMI Hospital</td>
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<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Complaint about care home</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Complaint about CHFT</td>
<td>7</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Complaint about Dentist</td>
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<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Complaint about GP</td>
<td>17</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>Complaint about GP and Locala</td>
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<td>-</td>
</tr>
<tr>
<td>Complaint about hospital out of GH CCG area</td>
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<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Complaint about Locala</td>
<td>5</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Complaint about NHS 111</td>
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<td>3</td>
</tr>
<tr>
<td>Complaint about ÖpCare Wheelchair service</td>
<td>7</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Complaint about Pharmacist</td>
<td>-</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Complaint about Socrates</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Complaint about Spire Hospital</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Complaint about SWYPFT</td>
<td>10</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Complaint about the CCG</td>
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</tr>
<tr>
<td>Complaint on local services</td>
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<td>5</td>
</tr>
<tr>
<td>Complaint with GP practice</td>
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<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Complaint about YAS</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Compliment about 111/ GP OOH service</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Compliment about GP service</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Compliment about Hospital service</td>
<td>1</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Flash glucose monitoring system policy</td>
<td>-</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Gluten free prescribing</td>
<td>20</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>Health Optimisation concern</td>
<td>-</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>IFR advice</td>
<td>4</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>IG incident</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Low level concern</td>
<td>-</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Medical record request</td>
<td>-</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td>Prescribing advice</td>
<td>-</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Prescribing changes including infant formula, vitamins, emollients, tube feeding</td>
<td>11</td>
<td>18</td>
<td>25</td>
</tr>
<tr>
<td>Prescribing query</td>
<td>5</td>
<td>12</td>
<td>-</td>
</tr>
<tr>
<td>Query about GP</td>
<td>4</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td>Query about medical forms</td>
<td>-</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Query about NHS Fraud</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Query on FreeStyle Libre system funding</td>
<td>-</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Query on funding.</td>
<td>4</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Query on IVF funding query</td>
<td>-</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Query on local services</td>
<td>-</td>
<td>58</td>
<td>36</td>
</tr>
<tr>
<td>Query on MSK service/pathway.</td>
<td>-</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Query of referrals</td>
<td>-</td>
<td>-</td>
<td>12</td>
</tr>
<tr>
<td>Query on secondary care</td>
<td>-</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>Query on travelling expenses.</td>
<td>-</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Query re Mental Health/SWYPFT</td>
<td>1</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>RCRTRP query</td>
<td>2</td>
<td>6</td>
<td>-</td>
</tr>
<tr>
<td>Safeguarding concerns</td>
<td>-</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Seeking medical advice</td>
<td>13</td>
<td>15</td>
<td>-</td>
</tr>
<tr>
<td>Clifton House / The Nook</td>
<td>-</td>
<td>-</td>
<td>101</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>144</strong></td>
<td><strong>283</strong></td>
<td><strong>347</strong></td>
</tr>
</tbody>
</table>
## Complaints – North Kirklees CCG

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints received</td>
<td>107</td>
<td>86</td>
<td>71</td>
</tr>
<tr>
<td>PALS enquiries</td>
<td>55</td>
<td>116</td>
<td>231</td>
</tr>
<tr>
<td>Complaints investigated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>by CCG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of these:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complaints CCG related</td>
<td>Data recorded in a different format</td>
<td>41 (58% of total received)</td>
<td></td>
</tr>
<tr>
<td>Complaints related to</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>other providers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCG responses within</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>deadline</td>
<td>Not reported</td>
<td>(78%)</td>
<td>78% (2% still open)</td>
</tr>
<tr>
<td>Level (section 4 provides</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a definition of the</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>levels)</td>
<td>Not reported</td>
<td>8% - Level 1</td>
<td>0% - Level 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>47% - Level 2</td>
<td>41% - Level 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>45% - Level 3</td>
<td>49% - Level 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0% - Level 4</td>
<td>10% - Level 4</td>
</tr>
</tbody>
</table>

10. **Number of complaints investigated**

Of the 71 complaints received by the CCG in 2018/19, not all were investigated by the CCG. This is for a number of reasons – most commonly because they did not fall within the remit of the CCG and were passed to another organisation to investigate.

<table>
<thead>
<tr>
<th>Initial Response</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigated by CCG</td>
<td>16</td>
<td>59</td>
<td>40</td>
<td>41</td>
</tr>
<tr>
<td>Passed to another organisation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Mid Yorkshire Hospitals</td>
<td>6</td>
<td>12</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>- NHS England / Primary Care</td>
<td>16</td>
<td>14</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>- Greater Huddersfield CCG</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>- Connect Health</td>
<td>-</td>
<td>-</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>- BMI</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>- Opincare</td>
<td>-</td>
<td>-</td>
<td>9</td>
<td>-</td>
</tr>
<tr>
<td>- SWYPFT</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>- Yorkshire Ambulance Service</td>
<td>-</td>
<td>2</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>- Multiple providers</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>- Pain Management</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>- LTH</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>- Medequip</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
**Not counted in total**

**of the 11 complaints that were closed or resolved informally**
- 4 CHC complaints were resolved informally
- 3 complaints were progressing through the complaints process of other providers
- 1 complaint re CAMHS from grandparents closed due to no parental consent
- 1 complaint resolved informally by other provider(s)
- 1 complainant opted for advocacy support to approach SWYPFT
- 1 complaint regarding mental health services did not progress as consent not received

### 11. Number of complaints by provider

Of the 41 complaints investigated by the CCG during 2018/19, 28 related directly to the CCG.

Complainants can choose to complain directly to the provider of an NHS service or to the commissioner of that service. Where a complaint is received, the complainant is informed of this option and given advice to facilitate their choice. The CCG is always sensitive to a complainant’s needs and endeavours to avoid complainants being passed unnecessarily through numerous organisations. In cases where complaints are complex and involve a number of different organisations, the CCG is well placed to coordinate a response to a complainant. However, in many instances, a complainant’s concerns can be best addressed directly by the provider organisation without the CCG acting as an intermediary.

<table>
<thead>
<tr>
<th>Provider</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Kirklees CCG (in 2018/19)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IFR (4)</td>
<td></td>
<td></td>
<td></td>
<td>Not recorded in this format</td>
</tr>
<tr>
<td>Medicines Management (3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHC (17)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Oxygen (1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commissioning Decision (2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referrals / TRISH (1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>55</td>
<td>107</td>
<td>86</td>
<td>71</td>
</tr>
<tr>
<td>Provider</td>
<td>2015/16</td>
<td>2016/17</td>
<td>2017/18</td>
<td>2018/19</td>
</tr>
<tr>
<td>------------------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>Locala &amp; MYHT</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Opcare</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>MYHT</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Connect Health</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Wakefield CCG</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>CAMHS</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>CHFT/BMI</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Primary Care</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td>41</td>
</tr>
</tbody>
</table>

### 12. Complaints by category

The 41 complaints received by the CCG during 2018/19 can be categorised as:

<table>
<thead>
<tr>
<th>Category of complaint</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to services</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Admissions, discharge and transfers excluding delayed discharge due to absence of care package</td>
<td>Info recorded in a different format</td>
<td>-</td>
</tr>
<tr>
<td>Aids, appliances, equipment, premises</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Attitude of staff</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Care and treatment</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Communications</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Continuing healthcare process</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Commissioning decisions made</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>IFR process</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Prescribing changes</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Waiting times</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Safeguarding</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>41</td>
<td></td>
</tr>
</tbody>
</table>

The table below shows the classification of complaints received.

<table>
<thead>
<tr>
<th>Level of complaint</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th><strong>2017/18</strong></th>
<th><strong>2018/19</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Level 2</td>
<td></td>
<td></td>
<td></td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Level 3</td>
<td></td>
<td></td>
<td></td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Level 4</td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>41</strong></td>
<td></td>
</tr>
</tbody>
</table>
13. Complaints by deadline

The NHS North Kirklees CCG standard for complaints investigation, as outlined in the complaints procedure/framework, is that all complaints received are acknowledged in writing within three working days. Once the appropriate consent is received back from the complainant and areas for investigation are outlined, complainants are advised of the date by which they can expect a response to their complaint.

A standard 28 working days is given. If for any reason this cannot be met, complainants are kept updated on progress where it is not possible to meet deadlines and an explanation of the delay is provided.

The CCG is often dependent on other organisations for providing a response, and some providers have longer standard deadlines. For example, our main acute providers have a standard deadline of 40 working days for complaint investigation but this can vary due to the complexity of the complaint and workload of the patient experience team. The response deadline is given to the CCG when a new complaint is checked and logged by the provider. The CCG will then communicate this date to the complainant and maintain regular contact should there be any slippage.

The tables below show whether the final response was sent to the complainant within the original agreed timeframe.

<table>
<thead>
<tr>
<th>Final Response sent within agreed timeframe</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>32</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
</tr>
<tr>
<td>Resolved Informally</td>
<td>4</td>
</tr>
<tr>
<td>Still Open</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>41</strong></td>
</tr>
</tbody>
</table>

Please find further breakdown for 2018/19 below:

<table>
<thead>
<tr>
<th>Final Response sent within agreed timeframe by Provider</th>
<th>Yes</th>
<th>No</th>
<th>Still Open</th>
<th>Resolved Informally</th>
</tr>
</thead>
<tbody>
<tr>
<td>GH CCG</td>
<td>26</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Locala and MYHT</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>MYHT</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Opcare</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Connect Health</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>CAMHS</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>CHFT</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Primary Care</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>32</strong></td>
<td><strong>4</strong></td>
<td><strong>1</strong></td>
<td><strong>4</strong></td>
</tr>
</tbody>
</table>
4 complaints were not responded to within the required timescale.

One provider failed to respond to 2 complaints within the agreed timescale. The first complaint had an agreed response of 28 days (response took 30 days). The second complaint was more complex and took 47 days.

Of the 2 other complaints responses took 30 and 41 days.

The complainants were provided with regular updates on progress.

Learning from complaints

The CCG is committed to learning from complaints, wherever possible, and the majority of responses to complainants include a section which highlights the learning from their complaint and how this will be shared, or used in the future.

Detailed learning from two complaints was shared at the Quality Committee. However it is challenging to share detailed learning from complaints with the Governing Bodies whilst maintaining the confidentiality of complainants. A short summary of each is detailed below:

Complaint 1
A complaint was received regarding a lack of response to a request for a retrospective review in relation to Continuing Healthcare costs for a deceased patient. Following investigation, changes were made to internal processes to track all incoming correspondence and ensure six weekly updates for all local resolution cases to ensure those in the process of appealing decisions are kept regularly updated.

Complaint 2
A complaint was received relating to delays in the provision of an appropriate wheelchair. The CCG worked with Opcare (provider) to investigate the complaint. One of the key outcomes was an increased frequency of the specialist seating clinic.

14. Parliamentary and Health Service Ombudsman

Any complainant who remains dissatisfied with the CCG’s handling of their complaint, has the right to contact the Parliamentary and Health Service Ombudsman (PHSO). Information on how to do this is provided to all complainants as part of the CCG’s response to each complaint.

During 2018/19 the PHSO has not carried out any full reviews on complaints investigated in this period.
15. **Number of queries**

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>55</td>
<td>116</td>
<td>231</td>
</tr>
<tr>
<td>Quarter 1</td>
<td></td>
<td></td>
<td>(50)</td>
</tr>
<tr>
<td>Quarter 2</td>
<td></td>
<td></td>
<td>(53)</td>
</tr>
<tr>
<td>Quarter 3</td>
<td></td>
<td></td>
<td>(52)</td>
</tr>
<tr>
<td>Quarter 4</td>
<td>Information not recorded</td>
<td></td>
<td>(76)</td>
</tr>
</tbody>
</table>

Whilst the reported number of PALS enquiries is showing an increase this is largely due to not all enquiries being captured in previous years as calls were taken by the wider governance team and not always recorded.

16. **Query theme**

<table>
<thead>
<tr>
<th>Theme</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice about GP</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Advice on complaining to provider</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Changes to repeat prescription arrangements</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>CHC query</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Complaint about Ambulance Service / 111</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Complaint about Dentist</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Complaint about GP</td>
<td>9</td>
<td>24</td>
</tr>
<tr>
<td>Complaint about Locala</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Complaint about Opcare Wheelchair service</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Complaint about Optician</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Complaint about Podiatry</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Complaint about Pain Management</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Complaint about Connect Health / MSK</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Complaint about MYHT</td>
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<td>34</td>
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<tr>
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<tr>
<td>Complaint about CHFT</td>
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<tr>
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<td>Feedback on mental health</td>
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<td>-</td>
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<tr>
<td>Finding a dentist</td>
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<td>IFR</td>
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<td>Count 2</td>
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<td>vitamins, emollients, tube feeding</td>
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<td>Choose and Book</td>
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<td>Query about GP</td>
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<td>Seeking medical advice</td>
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<tr>
<td>Compliments</td>
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<td>1</td>
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<td><strong>Total</strong></td>
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**Executive Summary**

This report provides the Governing Bodies with an update on key issues, including:

- WYHJC Minutes, Key Decisions, and Annual Report 2018/19
- Kirklees Safeguarding Children’s Partnership
- NHS Interim People Plan
- Update on Right Care, Right Time, Right Place

**Recommendation (s)**

The Governing Bodies are requested to:
- RECEIVE the report and NOTE its content.

**Implications**

<table>
<thead>
<tr>
<th>Quality and Safety implications</th>
<th>None directly arising from this report.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement &amp; Equality implications</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>(including whether an equality impact assessment has been completed)</td>
<td></td>
</tr>
<tr>
<td>Resources/Finance implications (including Staffing/Workforce considerations)</td>
<td>None directly arising from this report.</td>
</tr>
<tr>
<td>Has a Data Protection Impact Assessment (DPIA) been completed? (Please select)</td>
<td>Yes</td>
</tr>
<tr>
<td>Strategic Objectives (which of the CCG objectives does this relate to?)</td>
<td>All.</td>
</tr>
<tr>
<td>Legal/CCG Constitutional Implications</td>
<td>Not applicable.</td>
</tr>
</tbody>
</table>
1. Introduction

1.1 The report provides the Governing Bodies with an update on current and relevant key issues, and is presented mainly for information.

2. Detail

2.1 West Yorkshire and Harrogate Joint Committee

2.1.1 Appended are the:-

- minutes of the Joint Committee on 5 March 2019
- key decisions from the Joint Committee on 7 May 2019
- Joint Committee annual report for 2018/19

2.2 Kirklees Safeguarding Children’s Partnership

(http://www.kirkleessafeguardingchildren.co.uk/masa.html)

2.2.1 Working Together 2018 has introduced Safeguarding Children Partnerships to replace Local Safeguarding Children Boards. The responsibility for this partnership locally rests with the three safeguarding partners, Kirklees MBC, West Yorkshire Police, Clinical Commissioning Groups (Greater Huddersfield and North Kirklees), who have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of all children in a local area.

2.2.2 As a Safeguarding Partnership, Kirklees partners aim to promote high standards of safeguarding work and to foster a culture of continuous improvement, underpinned by ambition and innovation. Whilst each partner retains its own existing line of accountability for safeguarding and performance monitoring, how we work as a whole system, is of crucial importance. We are committed to a strengths-based approach, learning from work that has been successful in safeguarding children and risks they face, as well as reviewing and reflecting on poor practice to facilitate improvements.

2.2.3 In order to do this statutory partners, relevant agencies and co-opted members are all clear that safeguarding children and protecting their welfare is everybody’s business: all partners are committed to working together and to share responsibility to keep children and young people safe and to reduce risk.

2.2.4 In accordance with Section 14 of the Children Act 2004, the core purposes of the Partnership are to coordinate what is done by each person or body represented for the purposes of safeguarding and promoting the welfare of children in the area: and, to ensure the effectiveness of what is done.

2.2.5 In addition we want our new partnership to enable:

- Partners to hold each other to account
- Whole system learning
- Horizon scanning that considers and responds to new and emerging risk and vulnerability
- Greater engagement with front line practice to encourage and develop learning across the whole system
- Excellent practice that builds on strong multi agency working

2.2.6 As part of the independent scrutiny of the Partnership, the partnership will appoint an Independent Person. This person will have considerable experience at a senior level in the
strategic coordination of multi-agency services to promote the welfare of children and deliver effective safeguarding. This person will work closely with all agencies and with young people to provide assurance on the effectiveness of arrangements.

2.2.7 The Chief Quality and Nursing officer will continue to represent the CCG through these partnership arrangements, CCG governance is unchanged.

2.3 NHS Interim People Plan

2.3.1 Following publication of the NHS Long Term Plan, a national advisory group was established to develop an interim People Plan to further develop the workforce element of the Long Term Plan. This was published at the end of May, with a full plan to be published following the Spending Review. The Plan acknowledges that it does not provide a detailed road map or costings, but it does set out a vision and some immediate areas of focus. The key themes in the interim plan are:

- Making the NHS the best place to work
- Improving NHS leadership culture
- Addressing workforce shortages
- Delivering 21st century care
- Developing a new operating model for workforce

2.3.2 In order to deliver the vision of care set out in the NHS Long Term Plan, the call to reshape the workforce is clear. The Plan specifies the need for a transformed workforce with a more varied and richer skill mix, new types of roles and different ways of working, and the scaling up of new roles via multi-professional credentialing and more effective use of the apprenticeship levy. There are also measures to improve workforce supply and retention, with an immediate focus on nursing. The plan sets out an intention that workforce planning and transformation activities should be carried out at an Integrated Care System (ICS) level, and a maturity matrix is being developed to assess the maturity of ICSs and the readiness to take on activities.

2.3.3 There are a number of actions in the Plan, which are largely at a national or regional level, and in some cases, ICS level. There are no specific actions required of individual organisations at this stage, and links will be maintained with the outputs of the actions, to understand how this informs the work of the CCG and the system.

2.4 Update on Right Care, Right Time, Right Place

2.4.1 The Chief Officer’s update report to the May meeting of the Governing body provided an update on the Right Care, Right Time, Right Place (RCRTRP) programme. The update included: confirmation of the allocation of capital funding of £196m by the Department of Health and Social Care; the agreement by Greater Huddersfield CCG, Calderdale CCG and the West Yorkshire and Harrogate Health and Care Partnership to submit letters of support for CHFT’s Strategic Outline Case (SOC) to NHS England; and information relating to our continued commitment to engage and involve local people, staff and key stakeholders in the next steps to deliver the planned future model for hospital services in Calderdale and Huddersfield.

2.4.2 The Governing Body was informed that the engagement activity required to support the development of more detailed plans would be co-created at a Stakeholder event. The event took place as scheduled on 11th June. It was attended by over 100 people including local councillors, Healthwatch, members of patient reference groups, campaigners and the voluntary sector. The output from the event is being used to produce an engagement plan, that will detail the specific involvement activities and describe the communication material.
required to ensure that local people remain informed and/or involved in the next stage of development for hospital services. It is expected that the draft plan to be presented to the Partnership Transformation Board on 23rd July. A verbal update will be provided to the Joint Health Scrutiny Committee when it meets on 4th July.

2.4.3 It is anticipated that the outcome from the formal process of review and approval of the SOC and associated letters of support by NHS England, NHS Improvement, the Department of Health and Social Care, Treasury and Ministers, will be confirmed by December 2019. The CCG together with Calderdale CCG and CHFT continues to support that process. The Secretary of State for Health and Social Care has requested a joint update on progress in early September.

3. **Next Steps**

3.1 The Chief Officer and Clinical Leaders’ Report will be presented on a monthly basis to provide the Governing Bodies with assurance of the work being undertaken by the CCGs and to highlight any key points to note.

4. **Implications**

4.1 There are no further implications.

5. **Recommendations**

5.1 The Governing Bodies are requested to:-

- **RECEIVE** the report and **NOTE** its content.
West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups
Minutes of the meeting held in public on Tuesday 5th March 2019
Kirkdale Room, Junction 25 Conference Centre, Armytage Road, Brighouse, HD6 1QF

Members | Initials | Role and organisation
--- | --- | ---
Marie Burnham | MB | Independent Lay Chair
Richard Wilkinson | RW | Lay member
Dr Akram Khan | AK | Chair, Bradford City CCG
Dr James Thomas | JT | Chair, NHS Airedale, Wharfedale and Craven CCG
Dr Andy Withers | AW | Chair, NHS Bradford Districts CCG
Helen Hirst | HH | Chief Officer, NHS Bradford City, Bradford Districts and AWC CCGs
Dr Steven Cleasby | SC | Chair, NHS Calderdale CCG
Dr Matt Walsh | MW | Chief Officer, NHS Calderdale CCG
Dr Steve Ollerton | SO | Chair, NHS Greater Huddersfield CCG
Dr David Kelly | DK | Chair, NHS North Kirklees CCG
Carol McKenna | CMc | Chief Officer, NHS Greater Huddersfield CCG and NHS North Kirklees CCG
Dr Alistair Ingram | AI | Chair, NHS Harrogate & Rural District CCG
Amanda Bloor | ABI | Chief Officer, NHS Harrogate & Rural District CCG
Dr Gordon Sinclair | GS | Chair, NHS Leeds CCG
Philomena Corrigan | PC | Chief Executive, NHS Leeds CCG
Dr Phillip Earnshaw | PE | Chair, NHS Wakefield CCG
Jonathan Webb | JWb | Chief Finance Officer, NHS Wakefield CCG (Deputy for Jo Webster)

Apologies
Fatima Khan-Shah | FKS | Lay member
Jo Webster | JW | Chief Officer, NHS Wakefield CCG
Matthew Groom | MG | Assistant Director, Specialised Commissioning, NHS England
Bryan Machin | BM | Finance Director, WY&H HCP

In attendance
Karen Coleman | KC | Communication Lead, WY&H Health and Care Partnership (HCP)
Stephen Gregg | SG | Governance Lead, Joint Committee of CCGs (minutes)
Ian Holmes | IH | Director, WY&H HCP
Anthony Kealy | AKe | Locality Director, West Yorkshire, NHS England North Region
Dave Lee | DL | Programme Lead, Academic Health Science Network
Catherine Thompson | CT | Programme Director - Elective care/standardisation of commissioning policies
### For item 22/19 – Commissioning surgery for severe and complex obesity

Michelle Turner  | MT  | Director of Quality & Nursing, Bradford and Craven CCGs.

3 members of the public were present.

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Agenda Item</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>14/19</td>
<td>Welcome, introductions and apologies</td>
<td>MB welcomed all to the meeting. Apologies were noted.</td>
</tr>
<tr>
<td>15/19</td>
<td>Open Forum</td>
<td>MB advised that no written questions had been submitted before the meeting and asked members of the public present if they had any verbal questions. There were none.</td>
</tr>
<tr>
<td>16/19</td>
<td>Declarations of Interest</td>
<td>MB asked Committee members to declare any interests that might conflict with the business on today’s agenda. There were none.</td>
</tr>
<tr>
<td>17/19</td>
<td>Minutes of the meeting in public – 8th January 2019</td>
<td>The Committee reviewed the minutes of the last meeting. The Joint Committee: Approved the minutes of the meeting on 8th January 2018, subject to the correction of 2 typographical errors.</td>
</tr>
<tr>
<td>18/19</td>
<td>Actions and matters arising – 8th January 2019</td>
<td>The Joint Committee reviewed the action log. SG advised that actions 64/18 and 09/19 had now been completed. The Joint Committee: Noted the action log.</td>
</tr>
</tbody>
</table>
| 19/19    | Spinal policies and pathways                    | Dr James Thomas (JT) presented policies and pathways covering spinal services, as part of the Elective Care/SCP programme. A minor amendment to the pathway was circulated to members. JT explained that the policies and pathways had been prepared in consultation with clinicians and commissioners across WY&H. Waiting time pressures in the specialist spinal pathway were significant. The policies and pathways had been developed to ensure that only patients who would benefit from a consultation with a spinal surgeon would enter that pathway. Other patients would access more appropriate treatments locally. This would reduce variation across WY&H and alleviate waits. Financial savings were not anticipated. JT advised that the new ‘do once and share’ Quality and Equality impact assessment process had been applied and had identified no negative impacts. JT identified three implementation challenges:  
  - Ensuring adequate specialist spinal capacity  
  - Training staff in shared decision making  
  - Providing supporting therapies in local places  
The changes represented relatively minor changes across the 9 CCGs, and formal public consultation had not been required. Exceptions to the policies and pathways would continue to be dealt with through established mechanisms. |
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<th>Item No.</th>
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<td></td>
<td>In response to questions from HH about implementation, MW acknowledged that there were challenges for CCGs in ensuring that the right local services were available. In line with the approach to other agreed WY&amp;H policies, full implementation was envisaged over a 12 month period, with commissioners and providers working collaboratively to achieve this. <strong>Action:</strong> The Programme team to circulate communication and engagement materials to providers to support implementation.</td>
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<td>In response to a question from PC, MW advised that the approach would not require increased specialist spinal capacity. The aim was to manage demand more effectively at local level, protecting specialist capacity for those patients who most needed it.</td>
<td><strong>CT</strong></td>
</tr>
<tr>
<td></td>
<td><strong>The Joint Committee:</strong> 1. <strong>Adopted</strong> the West Yorkshire and Harrogate Spinal pathways and policies in the nine CCGs of West Yorkshire and Harrogate.</td>
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<tr>
<td>20/19</td>
<td><strong>Liothyronine commissioning policy</strong></td>
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<td>Dr James Thomas (JT) presented a commissioning policy for liothyronine as part of the Elective Care/SCP programme. JT explained that Liothyronine is a drug used for the treatment of hypothyroidism (an underactive thyroid). In most cases the first line drug is levothyroxine and for the majority of people levothyroxine will improve symptoms and quality of life. A small number of people do not get adequate symptom relief from levothyroxine alone, and some people report symptom improvement with the introduction of an additional drug, liothyronine. There is no robust clinical evidence to support the subjective reports of improvement. A commissioning policy was published in 2017 by NHS England as part of their Low Value Medicines programme. The policy had not been adopted by all CCGs in WY&amp;H resulting in variation in access. Recently there have been significant increases in the cost of liothyronine, and whilst it is prescribed to relatively small numbers of people across WY&amp;H the impact of the rising drug costs have been notable. CCG pharmacy leads and Consultant Endocrinologists from across WY&amp;H had been engaged in the development of the Liothyronine policy, which was a development of national guidance. NHSE had undertaken a public consultation as part of the NHS England Low Value Medicines programme and a national quality and impact assessment had also been carried out. The Elective Care/SCP programme Board had considered 3 options – do nothing, adopt the NHSE policy or adopt stricter criteria which applied in Harrogate. If the NHSE policy was adopted, a 12 month period for implementation was proposed. SO said that the pattern of use in WY&amp;H mirrored national patterns. Patients became attached to Liothyronine, even though there was no clinical evidence of its efficacy. He also highlighted the high cost of the drug in the UK compared to elsewhere in Europe.</td>
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<td>AI highlighted a number of concerns about the policy. These included issues around interpreting blood tests and assessing the impact of treatment. Usage in Harrogate, which had been declining, was likely to increase as a result of the policy. AB added that the policy developed in Harrogate had been a direct response to financial pressures and that the new WY&amp;H policy would create a cost pressure. Harrogate supported the proposed change, but there might be a need to revisit the policy in the future. MW acknowledged that the new policy might widen inequity of usage. The absence of clinical evidence meant that the conversation between patient and clinician about whether they felt better was critical. CT said that there might be variation in uptake, but that the standardised policy created a consistent framework and that work was ongoing to develop clear outcome measures. <strong>Action:</strong> Programme team to circulate information about the new approach to support implementation. GS added that the long term challenge was to support clinicians to work with their patients to standardise practice. MW suggested that the Joint Committee support national lobbying in relation to the high cost of liothyronine.</td>
<td>CT</td>
</tr>
<tr>
<td></td>
<td><strong>The Joint Committee:</strong> 1. <strong>Adopted</strong> the West Yorkshire and Harrogate liothyronine policy on behalf of the nine CCGs of West Yorkshire and Harrogate.</td>
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<tr>
<td>21/19</td>
<td><strong>Healthy Hearts</strong></td>
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<td>Amanda Bloor (ABl) and Steve Ollerton (SO) presented the report. ABl advised that in June 2018, the Joint Committee had recommended that the WY&amp;H CCGs adopt the Healthy Hearts improvement project, which built on fantastic work in Bradford. The project aimed to identify more people with high blood pressure, help them to control it better and as a result reduce the risk of heart attacks and strokes. ABl was now presenting simplified treatment guidance for the treatment of uncomplicated hypertension (high blood pressure) in adults aged below 80. SO said that the guidance was strongly supported by clinical staff and pharmacists. He noted that it was built on the Bradford work and that a website was now live, featuring a wide range of information about the project. SO also noted that there were some differences from National Institute for Health and Care Excellence (NICE) guidance, but that the differences had been fully explained. This was guidance, not a protocol and its application would be at the discretion of individual clinicians. In response to a question from DK about dual therapies, SO said that he would provide the detailed evidence underpinning the guidance.</td>
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<td><strong>The Joint Committee:</strong> 1. <strong>Reviewed</strong> the guidance and the rationale for it. 2. <strong>Considered</strong> the quality and breadth of the clinical engagement process and the Quality and Equality Impact Assessment and; 3. <strong>Agreed</strong> the guidance for use by clinicians across West Yorkshire and Harrogate.</td>
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<tr>
<td>Item No.</td>
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<tr>
<td>22/19</td>
<td>Commissioning surgery for Severe and Complex Obesity (Bariatric Surgery)</td>
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Michelle Turner (MT) presented the paper. In June 2018, the Joint Committee had recommended to the CCGs that there was a strong clinical case to commission more bariatric surgery over the next 2 to 5 years and to address inequities in access across the region. This recommendation had been accepted by the CCGs. MT noted that despite this, there had been a recent reduction in activity levels.

It was now proposed that a new policy for surgery for complex and severe obesity would be agreed for all CCGs. This was because as bariatric surgery had previously been commissioned by NHS England, CCGs had no specific policy to guide access to, and standards of, bariatric surgery in WY&H. The new commissioning policy had been supported by the Elective Care and Standardisation of Commissioning Policies Programme Board at its meeting in January 2019 and was now brought to the Joint Committee for approval, together with a standard service specification.

MT explained that the proposed policy did not differ significantly from the NHS England policy, but clarified some aspects of it. The policy would address inequity of access across West Yorkshire and Harrogate. The service specification set out the expectations for commissioners.

To support implementation, commissioners had been exploring the best means to manage the contract between CCGs and provider trusts. HH added that a separate piece of work was underway with the West Yorkshire Association of Acute Trusts (WYAAT) to explore how commissioners and providers could work together collaboratively going forward.

Members supported the ambition of the policy and service specification. There was a lengthy discussion about implementation and Members identified a number of issues that needed to be taken into account:

- each place in WY&H to ensure that local assessment and treatment services linked effectively to the tier 4 services.
- patients’ expectations would need to be managed carefully in relation to their eligibility for surgery.
- joint work with WYAAT and individually with local providers to ensure that capacity was available and services were delivered to a consistent standard.
- engage with the independent sector on capacity once work with WYAAT completed
- work was needed to understand the reasons behind the recent reduction in activity, including workforce constraints, referral patterns and patient and clinician behaviours
- Important to fully understand the financial impacts of the changes.

Members requested that a progress report on implementation be brought back to the Committee.

**Action:** To support implementation, circulate briefing material to commissioners and providers.
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<tr>
<th>Item No.</th>
<th>Agenda Item</th>
<th>Action</th>
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<tr>
<td><strong>Recommendations:</strong></td>
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<tr>
<td><strong>The Joint Committee:</strong></td>
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<tr>
<td>1. <strong>Noted</strong> that the Elective Care and Standardisation of Commissioning Policies programme had reviewed and supported the bariatric work programme suite of documents.</td>
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<tr>
<td>2. <strong>Agreed</strong> the <em>Obesity Surgery Commissioning Policy for Adults</em> with effect from 1st April 2019.</td>
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<td>3. <strong>Agreed</strong> the <em>Obesity Surgery Service Specification</em> with effect from 1st April 2019.</td>
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<tr>
<td>4. <strong>Agreed</strong> to contract for bariatric surgery via the main CCG commissioners’ existing provider contracts by adding the new service specification, commissioning policy and proposed activity and financial to commence by 1st April 2019.</td>
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<td>5. <strong>Agreed</strong> to work with the West Yorkshire Association of Acute Trusts to explore how commissioners and providers could work together collaboratively.</td>
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<td>6. <strong>Requested</strong> that a report on implementation in each place be brought back to the Committee in six months.</td>
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**23/19 Risk Management**

Stephen Gregg (SG) presented the significant risks to the delivery of the Joint Committee’s work plan. Currently 4 risks were scored at 12 or above after mitigation. An IT interoperability risk to delivery of the integrated urgent care service had been added since the last meeting and there were 3 risks to the Elective care/standardisation of commissioning policies. 1 risk had been downgraded following review.

In response to a question from PC, AK advised that interoperability was a key focus of the Partnership digital work stream. IH advised that the risk was presented to the Joint Committee for information and would be managed through the digital work stream.

**The Joint Committee:**

1. **Reviewed** the risk management framework and the actions being taken to mitigate the risks identified.

**24/19 Any other business**

There was none.

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**Next Joint Committee in public** – Tuesday 7th May 2019, Kirkdale Room, Junction 25 Conference Centre, Armytage Road, Brighouse, HD6 1QF.
West Yorkshire & Harrogate (WY&H) Joint Committee of Clinical Commissioning Groups

Summary of key decisions - Meeting in public, Tuesday 7 May 2019

**Musculoskeletal pathway**

The Committee considered a musculoskeletal (MSK) pathway. The Committee heard that demand for MSK services was high across West Yorkshire and Harrogate and that local services varied. The pathway set out an expectation that all but the most urgent MSK cases would be managed in primary care or through referral to an MSK service. The aim was to ensure that patients received the right care in the right place at the right time. The pathway reflected key messages from patient and public engagement, including support for self-management, an increase in the range of services available in GP practices and better co-ordination of services.

It was expected that most of the pathway would be implemented in each place within one year. Capacity in mental health services and the development of holistic pain management services and first contact practitioners may take up to three years due to workforce challenges. The Programme Team would continue to work with planned care leads to support local implementation. The Team was also working on standardising a range of commissioning policies for MSK conditions which would align with the pathway.

**The Joint Committee: Agreed** the WY&H MSK pathway for adoption in the nine CCGs of West Yorkshire and Harrogate.

**Urgent and emergency care**

Following the Joint Committee’s recommendation to appoint Yorkshire Ambulance Service as the provider of the new Integrated Urgent Care service, the Committee heard that the service had gone live on 1st April 2019. The main changes included an increase in clinical advice and direct booking and greater collaboration and integration with local services. By the end of March 2019, 46.7% of patients in Yorkshire and Humber (Y&H) who could benefit from clinical advice received it, against a national target of 50%+. Bookable face to face appointments in primary care were at 51.4% in WY&H against a target of 30%.

**The Joint Committee: Noted** the urgent and emergency care update.

**Joint Committee governance**

The Committee reviewed its draft annual report for 2018/19, which had been sent to each CCG for inclusion in their annual governance statement and annual report. It would be circulated to key stakeholders and posted on the Joint Committee web pages alongside a more ‘public friendly’ version. The Committee reviewed the findings of its recent self-assessment. Much of the feedback was very positive, particularly around Committee processes and levels of trust, collaboration and cooperation. Areas for improvement included how the Committee focuses on health inequalities and value for money and how it ensures that agreed actions are being implemented in each place. The Committee was also updated on other governance issues.

**The Joint Committee:**

a) **Approved** the draft Joint Committee Annual Report
b) **Agreed** proposals for developing the work of the Committee in 2019/20.
c) **Noted** the vacancy for one of the Joint Committee CCG lay members and the proposal to seek expressions of interest for the role.
d) **Noted** the proposed changes to 111/999 decision making at Yorkshire and Humber level, including the proposal that Hambleton, Richmondshire and Whitby CCG becomes an associate member of the WY&H Joint Committee for 111/999 decision making only.

The Joint Committee has delegated powers from the WY&H CCGs to make collective decisions on specific, agreed WY&H work programmes. It can also make recommendations to the CCGs. The Committee supports the wider HCP, but does not represent all of the partners. Further information is available on the Joint Committee web pages: [https://wyh-jointcommitteeccg.co.uk/](https://wyh-jointcommitteeccg.co.uk/) or from Stephen Gregg, stephen.gregg@wakefieldccg.nhs.uk.
West Yorkshire & Harrogate Joint Committee of Clinical Commissioning Groups

Annual report
2018/2019
Chair’s foreword

I’m really proud to introduce the second Annual Report of the West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups (CCGs). Now in its second year, it’s been a year of sustained achievement for the Committee.

We have:

› Agreed improvements in the vital care that people receive in the first 72 hours after having a stroke.
› Led work to better identify and treat high blood pressure and reduce the risk of people having heart attacks and strokes.
› Agreed policies which help reduce health inequalities and avoid the ‘postcode lottery’.
› Agreed new ways of providing integrated urgent care services.
› Supported work to reduce smoking, increase early stage cancer diagnosis and improve support for people living with and beyond cancer.

The Joint Committee plays a vital role in the West Yorkshire and Harrogate Health and Care Partnership and links directly into the Partnership’s priorities. It brings together the Clinical Commissioning Group (CCG) leaders from our local places – Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield – to take collective decisions that help improve the health and wellbeing of our people and communities.

It is important that, as the Lay Chair, I am independent of the CCGs. I’m supported by two CCG Lay Members - Fatima Khan-Shah and Richard Wilkinson. We make sure that the Joint Committee puts people rather than organisations first, and that its decisions are transparent, fair and robust.

I’ve been greatly encouraged by the level of public attendance at meetings and the quality of the questions that the public have asked us. The questions – although often challenging - are always helpful in informing both our discussions and the decisions that we take.

I’ve also been encouraged by the willingness of my CCG colleagues to explore new ways of working together to achieve our shared aims. I am looking forward to working with the Committee over the next 12 months to further develop new and more collaborative approaches to commissioning.

Marie Burnham
Independent Lay Chair, West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups

10 April 2019
1. Key responsibilities

The Joint Committee is part of the West Yorkshire and Harrogate Health and Care Partnership. The Committee enables the CCGs to work together effectively – ensuring that when it makes sense, work is ‘done once and shared’ across West Yorkshire and Harrogate.

2. Membership and attendance

The Committee is made up of two representatives from each CCG – usually the Clinical Chair and the Accountable Officer. To make sure that decision making is open and transparent, the Committee has an independent lay chair and two CCG lay members. Representatives from the Health and Care Partnership team and NHS England also attend. The Committee met six times in 2018/19.

3. Public and patient involvement

Reports to the Committee identify the patient and public involvement (PPI) that has already taken place or is planned. In this way, the Committee ensures that the voice of people is at the centre of its decisions. Committee meetings are held in public and are also streamed ‘live’ on the internet. The Committee invites questions about its business and answers them at each meeting. Full written answers to all questions are published on our website at www.wyhpartnership.co.uk after each meeting.
4. Achievements

The Committee has led important work to improve health and wellbeing. This includes:

**Stroke**

Specialist hyper acute stroke care is the vital care that people receive in the first 72 hours after a stroke. After extensive consultation with patients, the public and health care professionals, the Committee agreed that the best way to ensure that hyper acute stroke services are sustainable and fit for the future is to have 4 units across WY&H:

- Bradford Teaching Hospitals NHS Foundation Trust – Bradford Royal Infirmary
- Calderdale and Huddersfield NHS Foundation Trust – Calderdale Royal Hospital,
- Leeds Teaching Hospitals NHS Trust – Leeds General Infirmary and;
- Mid Yorkshire Hospitals NHS Trust – Pinderfields Hospital.

The Committee agreed a common approach for commissioning hyper acute stroke services and all stages from prevention to recovery. It agreed to set up a Clinical Network to bring stroke health care professionals together. **It also led work to improve the detection and treatment of Atrial Fibrillation (AF), a fast and erratic heartbeat which is a major cause of stroke.**

**Healthy Hearts**

The CCGs adopted the Healthy Hearts improvement project, building on successful work in Bradford. **The project aims to identify more people with high blood pressure, help them to control it better and as a result reduce the risk of heart attacks and strokes.** To support the project, the Committee approved simplified guidance for treating high blood pressure in adults aged below 80.

You can find out more on our website here [www.westyorkshireandharrogatehealthyhearts.co.uk](http://www.westyorkshireandharrogatehealthyhearts.co.uk)
Reducing variation in planned care

The Committee agreed policies which address the ‘postcode lottery’ and help reduce health inequalities:

Evidence based interventions

The Committee adopted NHS England guidance on Evidence Based Interventions. The guidance identified four interventions that should only be offered to patients in exceptional circumstances and thirteen that should only be offered when certain clinical criteria are met. The aim is to:

- Prevent avoidable harm to patients and avoid unnecessary operations
- Free up time and resources for evidence-based interventions
- Ensure equitable access and tackle unwarranted variation.

Spinal policies and pathways

The Committee approved policies and pathways designed to ensure that only patients who will benefit from a consultation with a spinal surgeon will enter that pathway. Other patients will access more appropriate treatments locally. This will help tackle waiting time pressures and reduce variation.

Liothyronine

The Committee agreed a policy for liothyronine, a drug used to treat an underactive thyroid. NHS England has published a policy as part of their Low Value Medicines programme and the Committee adopted a policy for West Yorkshire and Harrogate which clarified some parts of the NHS England policy.

Surgery for severe and complex obesity (bariatric surgery)

The Committee endorsed expert medical advice about the benefits of bariatric surgery for people with severe and complex obesity. The CCGs agreed to commission more bariatric surgery over the next 2 to 5 years and address inequities in access. In support of this, the Committee agreed a new policy and service specification.

Urgent and emergency care

The Committee approved the award of a new contract for Integrated Urgent Care services to Yorkshire Ambulance Service. The new service will help to ensure that people who call 111 needing urgent medical attention receive the most appropriate help. The new contract began on 1 April 2019.

Cancer

The Committee reviewed progress to reduce smoking, increase early stage diagnosis and improve support for people living with and beyond cancer. The Committee supported work to improve cancer waiting times, find more cancers when they are potentially curable and develop more personalised, integrated health and wellbeing support.
5. Working better together
The Committee pioneered new ways for the CCGs to work together:

► Quality and equality impact assessment
The Committee agreed a new approach to assessing the impact of its decisions, avoiding unnecessary duplication across the CCGs. We used this ‘do once and share’ approach to assess new policies and will be exploring how it can be used across the wider Health and Care Partnership.

► Assuring public and patient involvement (PPI)
The Committee established a PPI Assurance Group, made up of the PPI Lay members from each CCG. The Group reviews how PPI has been taken into account in the plans and policies that are presented to the Joint Committee.

This helps to ensure that decisions on the planning, design and evaluation of services have the right level of involvement from patients and the public.

► Commissioning development
At a series of workshops, the Committee explored new ways of working, including further improving joint working with commissioners and service providers.
6. Governance

CCG members agreed a refreshed work plan for the Committee and in March 2019, CCG Accountable Officers signed a 12-month extension of the Memorandum of Understanding which established the Committee.

The Committee keeps a register of members’ interests and declarations of interest are a standing item on all agendas. The Committee regularly reviews the risks to the delivery of its work programme and how they are being tackled.

The Committee evaluated its performance in March 2019. Whilst much of the feedback was very positive, members identified areas for further improvement, including how the Committee focuses on:

- Ensuring clear accountability for implementing agreed actions
- Reducing health inequalities and improving health and well being
- Value for money, productivity and effectiveness
- Promoting innovation.

The Committee will use the learning from this to help develop its work in 2019/20.
This information is available in alternative formats, for example large print, Braille, EasyRead and community languages. For more information contact:

01924 317659

NHS Wakefield CCG
White Rose House
West Parade
Wakefield
WF1 1LT

westyorkshire.stp@nhs.net
www.wyhpartnership.co.uk
@WYHpartnership
### Executive Summary

The Finance Report updates the Governing Bodies on the financial positions of the two CCGs at Month 2 and assesses the risks and potential mitigations available to ensure delivery of the in-year targets for each CCG.

At month 2 the CCG is forecasting that both CCGs will meet their in-year targets for a break-even position for Greater Huddersfield CCG and a £8.0m deficit for North Kirklees CCG.

In addition, the paper informs the Governing Bodies of the key contract monitoring messages which are based on Month 1 (April) of the 2019/20 contract position.

### Previous consideration

<table>
<thead>
<tr>
<th>Name of meeting</th>
<th>Finance, Performance and Contracting Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting Date</td>
<td>26 June 2019</td>
</tr>
</tbody>
</table>

### Recommendation(s)

The Governing Bodies are asked to:
- note the contents of this report.
- note the expectation that North Kirklees CCG will meet its in-year target of £8.0m deficit.
- note the expectation that Greater Huddersfield will meet its in-year target of breakeven.
- note the risks to delivery of the in-year target positions.

### Decision

- ☒ Assurance
- ☐ Discussion
- ☐ Other

### Implications

<table>
<thead>
<tr>
<th>Quality &amp; Safety implications</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement &amp; Equality implications (including whether an equality impact assessment has been completed)</td>
<td>None</td>
</tr>
<tr>
<td>Resources / Finance implications (including Staffing/Workforce considerations)</td>
<td>None</td>
</tr>
<tr>
<td>Has a Data Protection Impact Assessment (DPIA) been completed? (Please select)</td>
<td>Yes</td>
</tr>
<tr>
<td>Strategic Objectives (which of the CCG objectives does this relate to?)</td>
<td>Be a High-performing CCG and Deliver Best Value by Using Our Resources Effectively Improving the Quality of Healthcare Services &amp;</td>
</tr>
<tr>
<td>Risk (include risk number and a brief description of the risk)</td>
<td>850-12; 860-9; 222-6; 180-12; 961-6; 1145-6; 1155-12; 1156-16</td>
</tr>
</tbody>
</table>

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Name of Meeting | Governing Bodies Meeting (meeting as committees in common) | Meeting Date | 10 July 2019
---|---|---|---
Title of Report | Finance and Contracting Report | Agenda Item No. | 14(a)
Report Author | Head of Financial Reporting and Accounting | Public / Private Item | Public
GB / Clinical Lead | Dr David Kelly and Dr Steve Ollerton | Responsible Officer | Ian Currell
Chief Finance Officer

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1. Introduction

1.1 The report has been produced to provide the Governing Bodies with the overarching financial positions of both the Greater Huddersfield and North Kirklees CCGs as at Month 2.

1.2 To note the format of the report has been slightly adapted to reflect more information in respect to the financial risk and potential available mitigations in respect to the financial positions of each CCG.

1.3 In addition, the paper informs the Governing Bodies of the key contract monitoring messages which are based on Month 1 (April) of the 2019/20 contract position.

2. Key Messages – Month 2

2.1 Greater Huddersfield CCG has an in-year target to break-even, and North Kirklees CCG has an in-year target deficit of £8.0m.

2.2 North Kirklees CCG will receive Commissioner Sustainability Funding (CSF) of £8.0m, in the event of the delivery of its in-year target deficit.

2.3 At month 2 the CCGs are reporting to NHS England that forecasts for each CCG will meet set plans.

2.4 In line with business rules both CCGs hold a 0.5% contingency. For Greater Huddersfield CCG this is £1.8m, and North Kirklees CCG £1.46m. These contingencies are unutilised at month 2 and are available to offset future financial pressures should they arise.

2.5 Due to the timing of the report and there is limited activity information available and the position is based predominantly on financial plans set.

2.6 The finance team are currently evaluating any benefit/pressures relating to prior year estimations included within the financial year 2018/19. Any impact of these will be incorporated from month 3 onwards.

2.7 The Governing Bodies are asked to note the information provided in section 7 of this report that highlights the above mentioned financial risks to the reported position and potential mitigations.

3. Financial Duties

3.1 Table 1 below sets out the anticipated current projections financial performance based on current information. Based on current information it is assumes both CCGs will deliver their respective in-year targets.

<table>
<thead>
<tr>
<th>Legal / CCG Constitutional Implications</th>
<th>Each Individual's Experience</th>
<th>Conflicts of Interest (include detail of any identified/potential conflicts)</th>
<th>None</th>
</tr>
</thead>
</table>
3.2 Both CCG’s are on target to achieve all performance targets and indicators.

3.3 Movement in the cash limit for both CCGs is as a result of changing assumptions around working capital requirements which are under constant review.

4. Allocations

4.1 Table 2 below sets out the allocations which have been assigned to each CCG by NHS England.

4.2 The CCGs have not received any non-recurrent allocations at month 2, however it is anticipated that CCGs will receive Extended Access Funding at £6 per head in month 3.

4.3 As highlighted in table 2 the movement in respect to CCG allocations as at month 2, these adjustments are explained in more detail in table 3.

Table 1 – Financial Performance – Month 2

<table>
<thead>
<tr>
<th>Target</th>
<th>NHS Greater Huddersfield CCG</th>
<th>NHS North Kirklees CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliver Planned Surplus / (Deficit)</td>
<td>£0.0</td>
<td>£0.0</td>
</tr>
<tr>
<td>Achieve Commissioner Sustainability Fund (CSF)</td>
<td>£0.0</td>
<td>£0.0</td>
</tr>
<tr>
<td>Management of Non-Recurrent Funds</td>
<td>£0.0</td>
<td>£0.0</td>
</tr>
<tr>
<td>Manage within Running Costs Allowance</td>
<td>£5.3</td>
<td>£5.3</td>
</tr>
<tr>
<td>Manage within Capital Limit</td>
<td>£0.0</td>
<td>£0.0</td>
</tr>
<tr>
<td>Manage within Cash Limit</td>
<td>£321.5</td>
<td>£322.6</td>
</tr>
<tr>
<td>Achieve Public Sector Payment Policy 55%</td>
<td>Green</td>
<td>Green</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Month 2</th>
<th>Month 1</th>
<th>Mvt</th>
<th>RAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliver Planned Surplus / (Deficit)</td>
<td>£0.0</td>
<td>£0.0</td>
<td>£0.0</td>
<td>Green</td>
</tr>
<tr>
<td>Achieve Commissioner Sustainability Fund (CSF)</td>
<td>£0.0</td>
<td>£0.0</td>
<td>£0.0</td>
<td>Green</td>
</tr>
<tr>
<td>Management of Non-Recurrent Funds</td>
<td>£0.0</td>
<td>£0.0</td>
<td>£0.0</td>
<td>Green</td>
</tr>
<tr>
<td>Manage within Running Costs Allowance</td>
<td>£5.3</td>
<td>£5.3</td>
<td>£0.0</td>
<td>Green</td>
</tr>
<tr>
<td>Manage within Capital Limit</td>
<td>£0.0</td>
<td>£0.0</td>
<td>£0.0</td>
<td>Green</td>
</tr>
<tr>
<td>Manage within Cash Limit</td>
<td>£321.5</td>
<td>£322.6</td>
<td>£1.1</td>
<td>Green</td>
</tr>
<tr>
<td>Achieve Public Sector Payment Policy 55%</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
</tr>
</tbody>
</table>

Table 2 – In-Year allocations

<table>
<thead>
<tr>
<th>IN-YEAR ALLOCATIONS</th>
<th>Type</th>
<th>GH</th>
<th>M2</th>
<th>NK</th>
<th>M2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>£’000</td>
<td>£’000</td>
<td>£’000</td>
<td>£’000</td>
</tr>
<tr>
<td>Programme</td>
<td>Recurrent</td>
<td>319,692</td>
<td>261,516</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-Commissioning</td>
<td>Recurrent</td>
<td>33,807</td>
<td>26,052</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Running Costs</td>
<td>Recurrent</td>
<td>5,292</td>
<td>4,134</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programme</td>
<td>Non Recurrent</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-Commissioning</td>
<td>Non Recurrent</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Running Costs</td>
<td>Non Recurrent</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Allocations</td>
<td></td>
<td>358,791</td>
<td>291,702</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3 – Allocations recurrent/non-recurrent

<table>
<thead>
<tr>
<th>NEW ALLOCATIONS IN MONTH</th>
<th>Funding Stream</th>
<th>Type</th>
<th>GH</th>
<th>M2</th>
<th>NK</th>
<th>M2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>£’000</td>
<td>£’000</td>
<td>£’000</td>
<td>£’000</td>
</tr>
<tr>
<td>Brought Forward Surplus/(Deficit)</td>
<td>Programme</td>
<td>Non-Recurrernt</td>
<td>3,439</td>
<td>3,439</td>
<td>(16,773)</td>
<td>(16,773)</td>
</tr>
<tr>
<td>Published Allocations - Running Costs</td>
<td>Programme</td>
<td>Recurrent</td>
<td>5,292</td>
<td>5,292</td>
<td>4,134</td>
<td>4,134</td>
</tr>
<tr>
<td>Published Allocations - Final allocation after place-based pace of change</td>
<td>Programme</td>
<td>Recurrent</td>
<td>319,421</td>
<td>261,178</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Published Allocations - Other funding after pace of change</td>
<td>Programme</td>
<td>Recurrent</td>
<td>171</td>
<td>171</td>
<td>134</td>
<td>134</td>
</tr>
<tr>
<td>Published Delegated Allocations - Final allocation after place-based pace of change</td>
<td>Programme</td>
<td>Recurrent</td>
<td>34,809</td>
<td>26,824</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction for central indemnity scheme</td>
<td>Programme</td>
<td>Recurrent</td>
<td>(1,002)</td>
<td>(1,002)</td>
<td>(772)</td>
<td>(772)</td>
</tr>
<tr>
<td>IR PELs transfer</td>
<td>Programme</td>
<td>Recurrent</td>
<td>269</td>
<td>269</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Funding transfer related to NHSPS market rent allocations</td>
<td>Programme</td>
<td>Recurrent</td>
<td>(199)</td>
<td>(199)</td>
<td>199</td>
<td>199</td>
</tr>
<tr>
<td>TOTAL NEW ALLOCATIONS IN MONTH 2</td>
<td></td>
<td></td>
<td>362,230</td>
<td>274,929</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.4 North Kirklees CCG will continue to receive CSF funding totalling £8m for 2019/20, table 4 sets out the anticipated payment trajectory of this fund for the year.

Table 4 – CSF reconciliation

<table>
<thead>
<tr>
<th>2019-20 Quarter</th>
<th>Share</th>
<th>Cumulative Payment £'000</th>
<th>Anticipated Payment £'000</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>10%</td>
<td>800</td>
<td>800</td>
<td>Month 4 Not due</td>
</tr>
<tr>
<td>Q2</td>
<td>25%</td>
<td>2,000</td>
<td>2,800</td>
<td>Month 7 Not due</td>
</tr>
<tr>
<td>Q3</td>
<td>30%</td>
<td>2,400</td>
<td>5,200</td>
<td>Month 10 Not due</td>
</tr>
<tr>
<td>Q4</td>
<td>35%</td>
<td>2,800</td>
<td>8,000</td>
<td>Month 12 Not due</td>
</tr>
</tbody>
</table>

5. Expenditure

5.1 As at month 2 all areas of expenditure have been forecast to plan, due to limited information received to date. As information starts to flow through, these forecasts will be updated to reflect actual information.

5.2 For information table 5 provides the planned expenditure by category type by each CCG as reported at month 2. The position is subject to financial risks of which are outlined in sections 6 and 7 of this report.

Table 5 – 2019-20 Annual Plan and Forecast Out-turn at Month 2

<table>
<thead>
<tr>
<th>2019-20 Annual Plan Cost Centre Category</th>
<th>GH £'000</th>
<th>NK £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>37,716</td>
<td>29,063</td>
</tr>
<tr>
<td>Acute</td>
<td>178,093</td>
<td>154,476</td>
</tr>
<tr>
<td>Prescribing</td>
<td>36,188</td>
<td>32,468</td>
</tr>
<tr>
<td>Primary Care</td>
<td>38,542</td>
<td>30,282</td>
</tr>
<tr>
<td>Continuing Care</td>
<td>18,910</td>
<td>14,687</td>
</tr>
<tr>
<td>Community Health Services</td>
<td>32,681</td>
<td>21,718</td>
</tr>
<tr>
<td>Other</td>
<td>6,697</td>
<td>10,846</td>
</tr>
<tr>
<td>Reserves</td>
<td>2,868</td>
<td>568</td>
</tr>
<tr>
<td>Contingency</td>
<td>1,804</td>
<td>1,460</td>
</tr>
<tr>
<td>Running Costs</td>
<td>5,292</td>
<td>4,134</td>
</tr>
<tr>
<td><strong>Total Planned Expenditure</strong></td>
<td><strong>358,791</strong></td>
<td><strong>299,702</strong></td>
</tr>
</tbody>
</table>

5.3 There are currently no reported variances due to the timing of information flows at month 2. However, in future months this section will provide comprehensive details of variances from plans set and how these variances are being managed by the CCG.


6.1 As at month 2, it is anticipated that the CCG will meet its respective in-year target position; however, the Governing Bodies are provided with an updated position in respect to the potential risks and mitigations in place in order to allow the CCG to manage its financial position. This is based on best/medium/worst case scenarios.

6.2 The table below identifies to date all available reserves/investments in place for the CCG.
6.3 As at month 2, within all scenarios, it shows that the CCG will still have available reserves to maintain a breakeven position for the year.

6.4 Based on best case scenario it reflects that the community investment reserve has not yet been released, this is due to agreed schemes not being identified or potential slippage, due to commencement dates of any investments agreed in year.

6.5 However, contrary to this, in a worst case scenario the event of non-delivery of the cash releasing savings, the CCG will have to look to its investment reserves to achieve a breakeven position. It is important that the CCG manages its in year position in respect to planned budgets and ensures delivery of the QIPP schemes.

6.6 Greater Huddersfield risks and mitigations

6.6.1 Whilst still early within the financial year, the CCG has identified a number risks that are discussed further below.

6.6.2 QIPP - The CCG has to date £1.7m worth of cash releasing QIPP schemes that it needs to deliver to ensure financial balance. However, in the event of a worst case basis, if £1m is not delivered the CCG would have to release the full contingency reserve. This would potentially place the CCG in a position of having no available reserves to manage any variances to budget in other areas.

6.6.3 Acute risk – since the development of the CCG financial plan a number of additional cost pressures have arisen in respect of Flash Glucose Monitoring and Non Weight Bearing. Work is on-going to understand the costs and start dates of these schemes. The CCG has a small acute reserve to manage these costs.
6.6.4 **Running Costs** - The CCG has currently a recurrent cost pressure of £0.1m, to ensure that it delivers its costs within the set allocation. The CCG has commenced a project to review all running costs for the CCG, how costs can be reduced for the year and in 2020/21 when the allocation reduces for the CCG. This work will be completed mid-July.

7. **North Kirklees CCG - Financial Risks and Mitigations**

7.1 As at month 2, it is anticipated that the CCG will meet its respective in-year target position; however, the Governing Bodies are provided with an updated position in respect to the potential risks in achieving this reported position and available mitigations for the CCG to manage any deviations to plan based on a best/medium/worst case scenario.

7.2 The table below identifies to date all available reserves in place for the CCG.

**Table 7 – North Kirklees Risks and Potential Opportunities**

<table>
<thead>
<tr>
<th>Description</th>
<th>NK</th>
<th>NK</th>
<th>NK</th>
<th>NK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£m</td>
<td>£m</td>
<td>£m</td>
<td>£m</td>
</tr>
<tr>
<td>Risks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QIPP Gap</td>
<td>1.4</td>
<td>1.4</td>
<td>1.6</td>
<td></td>
</tr>
<tr>
<td>Acute Risks</td>
<td>0.1</td>
<td>0.2</td>
<td>0.4</td>
<td></td>
</tr>
<tr>
<td>Non-delivery non cash releasing QIPP</td>
<td>-</td>
<td>0.5</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Running Costs</td>
<td>-</td>
<td>-</td>
<td>0.4</td>
<td></td>
</tr>
<tr>
<td>Other Risks</td>
<td>-</td>
<td>0.2</td>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td>Total Identified Risks</td>
<td>-</td>
<td>1.5</td>
<td>2.3</td>
<td>3.9</td>
</tr>
<tr>
<td>Total Available mitigations month 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contingency</td>
<td>-1.46</td>
<td>-1.30</td>
<td>-1.46</td>
<td>-1.46</td>
</tr>
<tr>
<td>Additional Community Investment</td>
<td>-0.80</td>
<td>-0.40</td>
<td>-0.50</td>
<td>-0.40</td>
</tr>
<tr>
<td>Prior Year benefits 2018/19</td>
<td>-0.20</td>
<td>-0.20</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Potential MH Investments</td>
<td>-0.42</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Acute Risk Reserve</td>
<td>-0.15</td>
<td>-</td>
<td>-0.15</td>
<td>-0.15</td>
</tr>
<tr>
<td>Enhanced Care Homes</td>
<td>-0.40</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Complex wound care</td>
<td>-0.24</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Potential Mitigations</td>
<td>-1.90</td>
<td>-2.3</td>
<td>-2.01</td>
<td></td>
</tr>
<tr>
<td>Net Risk (Mitigation)</td>
<td>-0.40</td>
<td>0.00</td>
<td>3.89</td>
<td></td>
</tr>
</tbody>
</table>

7.3 As at month 2, within all scenarios best and medium, it shows that the CCG will still have available reserves to maintain a breakeven position for the year.

7.4 Based on best case scenario it reflects that the investment reserve has not yet been realised due to the agreed schemes not being identified or has an element of slippage, due to their commencement date of any agreed investments. This would result in an over delivery against target of £8m deficit.

7.5 However, contrary to this on a worst case scenario the impact of the non-delivery of QIPP the CCG would overtrade by £1.89m and would result in the CCG not managing within the allocation and CSF provided. The CCG would need to look to additional slippage in investment areas to bridge this gap. Whilst this could potentially close the gap to £0.4m (based on full release), it will result in delay in service provision in a number of areas. It is important that the CCG manages it’s in year position in respect to budget management and ensure delivery of the QIPP schemes.
7.6 North Kirklees Risks and Mitigations

7.6.1 QIPP (cash releasing)- The CCG has to date £1.5m worth of cash releasing QIPP schemes that need to deliver to ensure financial balance; these are discussed in more detail within the QIPP report. However, in the event of non-delivery of these schemes the CCG would have to release the full contingency reserve. This would potentially place the CCG in a position of having no available reserves to manage any variances to budget in other areas. To mitigate this risk the CCG will potentially require a reduction in the investment reserve, which is currently unallocated.

7.6.2 For the purposes of a realistic forecast the CCG has recognised achievement of half the target.

7.6.3 QIPP (unidentified) - The CCG has a QIPP gap of £1.6m for which the recovery team are actively looking for new schemes to mitigate.

7.6.4 Acute risk – since the development of the CCG financial plan a numbers of additional cost pressures have arisen in respect Flash Glucose Monitoring and. Work is on-going to understand the costs and start dates of these schemes. The CCG has a small acute reserve to manage these costs.

7.6.5 Running Costs - The CCG has currently a recurrent cost pressure of £0.4m, to ensure that it delivers its costs within the set allocation. The CCG has commenced a project to review all running costs for the CCG and how costs can be reduced for the year and 2020/21 when the allocation reduces for the CCG.

7.6.6 Prior year benefits – The CCG is currently working through final activity/costs in relation to estimated values that we included within the 2018/19 financial position, it is anticipated that there may be a benefit for the CCG. For the purposes of the risk table the CCG has identified possible savings of £0.2m, which will support the position. Work continues to validate these numbers.

8. Contracting Report - Key messages

8.1 Calderdale & Huddersfield NHS Foundation Trust (Greater Huddersfield)

The contract agreed is an Aligned Incentive Contract in which GHCCG has a fixed value of £129.9m. The reported position shows how the contract would be performing against an activity and value plan. The contract position as at the end of Month 1 is showing an under-trade of £288k.

8.2 Mid Yorkshire Hospital Trust (MYHT) (North Kirklees)

North Kirklees CCG has agreed a fixed value Aligned Incentive Contract with MYHT the value for 2019/20 is £113.125m. The reported position shows how the contract would be performing against an activity and value plan. The contract position at Month 1 shows an over-trade of £252k.

8.3 Other NHS Acute Providers of which the CCG are an Associate to the contract (Greater Huddersfield)

The contract position at Month 1 with our main acute providers indicates over-trades at Barnsley Hospitals (BHFT) of £72k and Leeds Teaching Hospitals (LTHT) £13k, with under-trades reported at Mid Yorkshire (MYHT) £18k and Bradford Teaching Hospitals...
40k. The contract monitoring report for Month 1 for Sheffield Teaching Hospitals is not available.

8.4 Other NHS Acute Providers of which the CCG are an Associate to the contract (North Kirklees)

The contract position at Month 1 with our main acute providers indicates under-trades at Calderdale & Huddersfield Foundation Trust (CHFT) £13k and Bradford Teaching Hospital (BTHFT) £111k; although there is an over-trade at Leeds Teaching Hospitals (LTHT) £31k.

8.5 Independent Sector Providers (Greater Huddersfield)

The contract position for the main independent sector providers shows over-trades at BMI Huddersfield of £13k and Spire Elland £18k; although there is an under-trade of £26k at The Claremont Hospital.

8.6 Independent Sector Providers (North Kirklees)

The contract position for the main independent sector providers shows under-trades at BMI Huddersfield of £12k, Spire Elland £77k and OneHealth Group £7k; with Yorkshire Clinic showing an over-trade of £28k.

8.7 South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) (Greater Huddersfield and North Kirklees)

The SWYPFT contract has a fixed ‘block’ value; the Greater Huddersfield CCG contract value for 2019/20 is £23.7m, excluding CQUIN and the North Kirklees CCG contract value for 2019/20 is £17.8m, excluding CQUIN. There continues to be pressures in adult inpatient bed days and as a consequence, Out of Area bed days. There is a lower than expected number of adult PICU and adult rehab bed days. The national target (95%) for follow up on CPA within 7 days of discharge was met in Month 1 for both CCGs. The national EIP target (NICE approved care package within 2 weeks) was achieved for both CCG’s in Month 1. SWYPFT have made the CCG aware that some issues with data completeness have been experienced during Month 1, which has affected the availability of some data. This is related to the switch from RIO to SystmOne. Regular updates will be made to commissioners via the monthly contract management and data monitoring meetings.

8.8 Yorkshire Ambulance Service (999) (Greater Huddersfield and North Kirklees)

Initial performance information for Month 1 for Greater Huddersfield shows that 76.9% of Category 1 Calls were reached within 7 minutes whilst 71.2% of North Kirklees Category 1 Calls were reached within 7 minutes. YAS overall average performance for Category 1 indicates that calls were reached within an average of 6:58 minutes, and that 71.3% of all category 1 calls were reached within 7 minutes.

8.9 Integrated Urgent Care (IUC, formerly NHS 111) and West Yorkshire Urgent Care (WYUC) (Greater Huddersfield and North Kirklees)

The contract position at Month 1 based on 2019/20 values shows the validated IUC activity allocated to Greater Huddersfield was 4,719 calls compared with 5,043 in Month 12 of 18/19. The contract position at Month 1 based on 2019/20 values shows the validated IUC activity allocated to North Kirklees was 3,840 calls compared with 3,882 in Month 12 of 18/19. Validated WYUC activity in Greater Huddersfield shows 2,466 cases for Month 1, an increase of 152 (6.6%) compared to the total for Month 12 of 18/19. Validated WYUC
activity in North Kirklees shows 1,648 cases for Month 1, an increase of 255 (19.2%) compared to the total for Month 12 of 18/19.

8.10 Care Closer to Home (CCTH) (Greater Huddersfield and North Kirklees)

Of the 22 core key performance indicators reported in Month 1, 14 met the target, 4 were within 10% of the target and 4 did not meet the target. All of the 10 KPIs specific to NK have achieved target.

8.11 Posture and Mobility Service (Opcare) (Greater Huddersfield and North Kirklees)

The service continues to experience pressure in respect of increased demand and complexity of cases. Some KPIs are currently breaching the target. However, the Referral to Treatment time for those service users whose pathways were completed in Month 1 was 4 weeks for both Greater Huddersfield and North Kirklees.

<table>
<thead>
<tr>
<th>CCG</th>
<th>Service description</th>
<th>Status</th>
<th>Contract start date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NKCCG</td>
<td>Pain Management &amp; MSK</td>
<td>Contract Awarded: Mobilisation period</td>
<td>01.10.19</td>
</tr>
<tr>
<td>GH&amp;NK CCGs</td>
<td>Care Homes Support Service</td>
<td>Procurement underway (Invitation to Dialogue stage 3)</td>
<td>01.10.19</td>
</tr>
<tr>
<td>GH&amp;NK CCGs</td>
<td>Non-Obstetrics Ultrasound Service</td>
<td>Accreditation procurement process: evaluation stage</td>
<td>01.10.19</td>
</tr>
<tr>
<td>GH&amp;NK CCGs</td>
<td>Posture &amp; Mobility Service</td>
<td>Procurement underway (award to be approved at GB)</td>
<td>01.10.19</td>
</tr>
<tr>
<td>GH&amp;NK CCGs</td>
<td>Termination of Pregnancy</td>
<td>Accreditation procurement process: out to tender</td>
<td>25.11.19</td>
</tr>
<tr>
<td>GH&amp;NK CCGs</td>
<td>Adult Hearing</td>
<td>Accreditation procurement process: out to tender</td>
<td>01.10.19</td>
</tr>
</tbody>
</table>

9. Next Steps

9.1 The Governing Bodies will continue to receive monthly updates throughout the financial year which set out the financial positions of the CCGs and in-year risks and mitigations.

9.2 The Governing Bodies will be asked to support mitigating actions to ensure that the required planned in-year positions are delivered.

10. Recommendations

10.1 It is recommended that the Governing Bodies:

- note the contents of this report.
- note the expectation that North Kirklees CCG will meet its in-year target of £8.0m deficit.
- note the expectation that Greater Huddersfield will meet its in-year target of breakeven.
- note the risks to delivery of the in-year target positions.
### Executive Summary

Please include a brief summary of the purpose of the report

This report updates the Greater Huddersfield and North Kirklees Governing Bodies on final performance against 2018/19 QIPP targets and the current position at month 2 for 2019/20, including the latest available data, year to date position and forecast outturn against each QIPP scheme.

2019/20 Greater Huddersfield CCG:
- **YTD** - £705k (£41k below £747k plan for identified schemes)
- **FOT** - £5,255k (on plan)
- FOT reported last month was £5,255k (no movement)

2019/20 North Kirklees CCG:
- **YTD** - £624k (£59k below £683k plan for identified schemes)
- **FOT** - £5,915k (on plan)
- FOT reported last month was £5,915k (no movement)

### Previous consideration

<table>
<thead>
<tr>
<th>Name of meeting</th>
<th>Meeting Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Recommendation(s)

It is recommended the GH and NK Governing Bodies:

**Notes** the 2018/19 final position for each CCG and the Month 2 position for 2019/20.

**Considers** the level of assurance on QIPP.

### Implications

<table>
<thead>
<tr>
<th>Quality &amp; Safety implications</th>
<th>Any implications are considered fully at scheme level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement &amp; Equality implications (including whether an equality impact assessment has been completed)</td>
<td>Any engagement requirements are considered fully at scheme level</td>
</tr>
<tr>
<td>Resources / Finance implications (including Staffing/Workforce considerations)</td>
<td>Please refer to the main report</td>
</tr>
<tr>
<td>Has a Data Protection Impact Assessment (DPIA) been completed? (Please select)</td>
<td>Yes</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td><strong>Strategic Objectives</strong> (which of the CCG objectives does this relate to?)</td>
<td>All</td>
</tr>
<tr>
<td><strong>Legal / CCG Constitutional Implications</strong></td>
<td>Any implications are considered fully and included within each of the individual programmes</td>
</tr>
</tbody>
</table>
1. Introduction

This report updates the Greater Huddersfield and North Kirklees CCG’s Governing Bodies on the year to date actual and forecast outturn (FOT) QIPP savings for 2019/20 for both Greater Huddersfield CCG and North Kirklees CCG.

Reporting for different schemes relies on different data sources, which become available at different times. This report is based on the latest available data for each scheme.

Where there are material differences between plan and forecast, or material changes since the last report, additional narrative is included.

2. QIPP 2019/20

Greater Huddersfield CCG and North Kirklees CCG have internal net QIPP targets of £5,255k and £5,915k respectively for 2019/20.

The month 2 position, with the latest data available identifies a small underperformance for both CCGs.

<table>
<thead>
<tr>
<th>Greater Huddersfield CCG QIPP 2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QIPP Categories</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Cash Releasing (not banked)</td>
</tr>
<tr>
<td>Cash Releasing (banked)</td>
</tr>
<tr>
<td>Cash Releasing (Additional)</td>
</tr>
<tr>
<td><strong>Total QIPP</strong></td>
</tr>
</tbody>
</table>

Greater Huddersfield CCG month 2 year to date plan is £747k; actual performance is £705k and therefore a current underperformance of £41k.

The forecast for year end is on track at £5,255k.

<table>
<thead>
<tr>
<th>North Kirklees CCG QIPP 2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QIPP Categories</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Cash Releasing (not banked)</td>
</tr>
<tr>
<td>Cash Releasing (banked)</td>
</tr>
<tr>
<td>Cash Releasing (Gap)</td>
</tr>
<tr>
<td><strong>Total QIPP Schemes</strong></td>
</tr>
</tbody>
</table>

North Kirklees CCG month 2 year to date plan is £683k; actual performance is £624k and therefore a current underperformance of £59k.

The forecast for year end is on track at £5,915k.
Risks

Greater Huddersfield CCG has £1.8m worth of cash releasing QIPP schemes that it needs to deliver to ensure financial balance. However, in the event that this is not delivered the CCG would have to release the contingency reserve. This would potentially place the CCG in a position of having no available reserves to manage any variances to budget in other areas.

North Kirklees CCG has to date £1.6m worth of cash releasing QIPP schemes that need to deliver to ensure financial balance. However, in the event of non-delivery of these schemes the CCG would have to release the contingency reserve. This would potentially place the CCG in a position of having no available reserves to manage any variances to budget in other areas. To mitigate this risk the CCG will potentially require a reduction in the investment reserve, which is currently unallocated.

Greater Huddersfield CCG has an additional QIPP target of £500k to use for potential reinvestment and North Kirklees CCG has an unidentified QIPP gap of £1.6m for which the recovery team are actively looking for new schemes to mitigate. There are currently no schemes identified.

3. Year to date and Forecast Outturn 2019/20 by scheme

The following tables show the year to date plan and actual values and the forecast full-year QIPP delivery for each CCG, for individual schemes and against the overall CCG QIPP target.

- For some schemes data is available for M2, for others it is only available for M12 18-19; plan values are only released for months where actual data is available.
For both CCGs the month 2 underperformance is in relation to the Medicines Management QIPP Schemes.

4. System QIPP

The Aligned Incentive Contracts (AIC) with CHFT and MYHT reflect agreed system QIPP targets. The system-wide schemes are measured on a cost out basis for CHFT and reporting is intended to illustrate system-wide performance towards system-wide efficiency targets.

Additional reporting from each system will be shared with the committee when available.

5. QIPP 2018/19 final position

The governing bodies have previously been updated on the 2018/19 QIPP performance, the final position by programme is shown in the following tables for each CCG.
Greater Huddersfield CCG final outturn was £7,295k against a target of £9,700k.

<table>
<thead>
<tr>
<th>QIPP Schemes £k</th>
<th>Annual Plan</th>
<th>M12 Outturn</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Closer to Home</td>
<td>1,074</td>
<td>409</td>
<td>(665)</td>
</tr>
<tr>
<td>Acute</td>
<td>581</td>
<td>365</td>
<td>(617)</td>
</tr>
<tr>
<td>Primary Care</td>
<td>585</td>
<td>401</td>
<td>(183)</td>
</tr>
<tr>
<td>Continuing Health Care</td>
<td>622</td>
<td>867</td>
<td>245</td>
</tr>
<tr>
<td>Medicine Management</td>
<td>2,134</td>
<td>1,835</td>
<td>(289)</td>
</tr>
<tr>
<td>Other</td>
<td>41</td>
<td>84</td>
<td>43</td>
</tr>
<tr>
<td>Transactional Schemes</td>
<td>631</td>
<td>2,772</td>
<td>2,141</td>
</tr>
<tr>
<td>System Recovery</td>
<td>4,000</td>
<td>542</td>
<td>(3,458)</td>
</tr>
<tr>
<td><strong>Total QIPP Schemes</strong></td>
<td><strong>10,069</strong></td>
<td><strong>7,295</strong></td>
<td><strong>(2,773)</strong></td>
</tr>
<tr>
<td><strong>QIPP Target</strong></td>
<td><strong>9,700</strong></td>
<td><strong>7,295</strong></td>
<td><strong>(2,405)</strong></td>
</tr>
</tbody>
</table>

North Kirklees CCG final outturn was £7,397k against a target of £8,382k.

<table>
<thead>
<tr>
<th>QIPP Schemes £k</th>
<th>Annual Plan</th>
<th>M12 Outturn</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Closer to Home</td>
<td>1,891</td>
<td>403</td>
<td>(1,489)</td>
</tr>
<tr>
<td>Planned Care</td>
<td>3,165</td>
<td>1,489</td>
<td>(1,676)</td>
</tr>
<tr>
<td>Continuing Health Care</td>
<td>257</td>
<td>573</td>
<td>416</td>
</tr>
<tr>
<td>Medicine Management</td>
<td>1,803</td>
<td>1,509</td>
<td>(304)</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>Transactional Schemes</td>
<td>666</td>
<td>2,297</td>
<td>1,631</td>
</tr>
<tr>
<td>A&amp;O</td>
<td>777</td>
<td>936</td>
<td>159</td>
</tr>
<tr>
<td>System</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total QIPP Schemes</strong></td>
<td><strong>8,559</strong></td>
<td><strong>7,397</strong></td>
<td><strong>(1,162)</strong></td>
</tr>
<tr>
<td><strong>QIPP Target</strong></td>
<td><strong>8,382</strong></td>
<td><strong>7,397</strong></td>
<td>**(95)****</td>
</tr>
</tbody>
</table>

6. Quality & Safety Implications

A Quality Impact Assessment is completed for all appropriate schemes and any implications are considered fully at scheme level.

7. Engagement & Equality Implications

An Engagement and Equality checklist is completed at an early stage of all relevant schemes, and is used to inform any additional requirements for engagement and equality impact assessment and mitigation.

8. Recommendations

It is recommended the Greater Huddersfield and North Kirklees CCG’s Governing Bodies:

Notes the final 2018/19 outturn positions against QIPP plans for each CCG and the month 2 position for 2019/20. Considers the level of assurance on QIPP.
**Executive Summary**

Please include a brief summary of the purpose of the report

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

- Reducing restrictive practices
- Ofsted/Care Quality Commission inspections Special Education needs and Disabilities (SEND)
- Research Management and Governance Process Annual Report

The report also includes a copy of the Quality Dashboard for May 2019, providing quality and safety information for our main providers.

**Previous consideration**

<table>
<thead>
<tr>
<th>Name of meeting</th>
<th>Quality Committee (committees in common)</th>
<th>Meeting Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of meeting</td>
<td>Quality Committee (committees in common)</td>
<td>Meeting Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of meeting</th>
<th>Quality Committee (committees in common)</th>
<th>Meeting Date</th>
</tr>
</thead>
</table>

**Recommendation(s)**

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

1. Receives updates on the following:
   - Reducing restrictive practices
   - Ofsted/Care Quality Commission inspections Special Education needs and Disabilities (SEND)
   - Research Management and Governance Process Annual Report

**Implications**

**Quality & Safety implications**

This paper is applicable to vulnerable and protected patient groups. Concerns and risks relating to quality and safety are highlighted within the paper and reflected in the risk register.

**Engagement & Equality implications**

Not required

**Resources / Finance implications**

CQUINs has a financial value attached to outturn contract value.

**Has a Data Protection Impact Assessment (DPIA) been completed? (Please select)**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>X</th>
</tr>
</thead>
</table>

**Strategic Objectives**

GHCCG: Risk (include risk)
| (which of the CCG objectives does this relate to?) | Contribute to the development of a sustainable NHS workforce to support the delivery of high quality care. Reduce avoidable variation in healthcare and patient experience. Shift healthcare spend towards community and primary care services to meet patient need and ensure value for money. Ensure appropriate use of hospital services. Improve health related experiences and outcomes for people with long term conditions, particularly those that experience significant inequalities. Work with the Local Authority to commission a range of health and social care services. NKCCG: Improving the lives of everyone who lives in North Kirklees. Commissioning equitable services which are fit for purpose. | number and a brief description of the risk | SWYPFT CQC – 1274 HCAI – 1344 Locala CQC – 1121 NKCCG: SWYPFT CQC – 1275 HCAI – 1328 Locala CQC – 1122 |

| Legal / CCG Constitutional Implications | None identified | Conflicts of Interest (include detail of any identified/potential conflicts) | None identified |
1. **Purpose**

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

2. **Purpose and Introduction**

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

2.2 The quality dashboard seeks to provide the Quality Committees 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 Committees to agree the level of surveillance for each provider organisation and also for any individual areas that are performing below expected levels.

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

2.4 Further information on these can be found in the Quality Dashboard, Appendix 1.

3. **Reducing restrictive practices**

3.1 In January 2019 NHS England published draft terms of reference for the National Oversight Group: Reducing Restrictive Practice. General responsibilities for the group in the first instance are giving priority to the issues of long term segregation and the overuse of seclusion where it can potentially restrict individual human rights.

3.2 This group has been set up to agree and oversee the census and work that falls out of this to ensure that there is appropriate assurance, scrutiny and knowledge of these practices and to identify additional learning that leads to recommendations. This work may lead to improvements in the system and recommendations for other work.

3.3 In addition to this, in February 2019 Terms of Reference were published for the North Task and Finish Group: Reducing Restrictive Practice.

The remit of the North regional group being:

- To develop a clear understanding of what ‘Restrictive Practices’ are and share this with partners across the North.
- To understand the practices across the North and develop better ways of getting a clear picture of what ‘Restrictive Practices’ people in the North experience in their Care and Support.
- To share, promote or develop resources and training which is about changing the culture in Health and Social Care services, moving away from Restrictive Practices and towards Person Centered support.
- To work collaboratively throughout with partners, including people with lived experience and family carers.
• To oversee the census and work that falls out of this to ensure that there is appropriate assurance, scrutiny and knowledge of these practices and to identify additional learning that lead to recommendations including appropriate safeguarding actions for individuals.
• To support working within the national group to lead improvements in the system and recommendations for other work.
• To engage with partners across the North to focus on reducing ‘Restrictive Practices’ in Health and Social Care.

The Group will deliver the above objectives through 4 key tasks: Data, Accountability, Empower People and Families and Organisational culture / improving practice.

3.4 The North Task and Finish Group will report to the Regional Operational Group. In the long term, a regional Connecting for Quality Group will be established to have oversight of all the quality aspects of the Learning Disability programme.

4. Ofsted/Care Quality Commission inspections Special Education needs and Disabilities (SEND)

4.1 The Children and Families Act came into force in September 2014 bringing with it a number of legal obligations for Clinical Commissioning Groups (CCGs) to support the implementation of the reforms for children and young people with special education needs and/or disabilities (SEND). Details of CCG responsibilities can be found at the following link:


4.2 To test how well local areas are implementing the changes, inspections are conducted by OFSTED and CQC. The inspection consists of the entire local area, including practice across frontline Education, Health and Care provision to meet needs of children and young people with Special Educational Needs & Disabilities (SEND).

4.3 It is the responsibility of the Local Authority and CCG (Clinical Commissioning Group) to lead the inspection however the inspection consider how everyone in Kirklees is identifying, meeting needs and improving outcomes for children and young people with SEND.

4.4 In preparation, Kirklees commissioned an external Peer review to assist in our improvement journey. The focus of the Peer review was:

• Joint Commissioning
• Strategic Partnership
• Statutory Processes

4.5 The finding from peer review will form the basis of an action plan which will be overseen by the SEND inspection preparation group; this will involve health providers and the CCG. The health actions will have oversight from the Quality Committees. The Committees have also agreed to include a SEND annual report item on its work plan, this is scheduled to be received in September 2019.


5.1 The Quality Committees received the Research Management and Governance Process Annual Report at its meeting on 26th June 2019. The report provided a description of the work that the West Yorkshire Research and Development Team (WY R&D) has undertaken in
delivering a comprehensive research service on behalf of and in collaboration with NHS Greater Huddersfield CCG and North Kirklees CCG to ensure that they have met their statutory obligations with regards to research for the period of 1st April 2018 to 31st March 2019. The CCGs statutory obligations are defined by the following:

5.2 The WY R&D team ensures all the research activity that takes place within the West Yorkshire and Harrogate Health and Care Partnerships member practices is undertaken in accordance with current governance regulatory requirements, ultimately ensuring the safety and quality of care of our patients.

5.3 A copy of the executive summary can be found at appendix 3.

6. Implications

6.1 Quality and Safety Implications

6.1.1 The Committee should note that this report contains information relating to vulnerable patient groups and also contains information in relation to the quality of health services commissioned by the CCG.

6.2 Resources / Finance Implications

6.2.1 CQUINs have a financial value attached to outturn contract value.

7. Recommendations

7.1 It is recommended that the Governing Body:

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

   - Reducing restrictive practices
   - Ofsted/Care Quality Commission inspections Special Education needs and Disabilities (SEND)
   - Research Management and Governance Process Annual Report
8. **Appendices**

Appendix 1 – Quality Dashboard
Appendix 2 – Mid Yorkshire Hospital Trust – Patient Safety and Outcomes Report
Appendix 3 – Research and Development Annual Report executive summary
### Greater Huddersfield CCG and North Kirklees CCG Quality Dashboard
#### May 2019

**GHCCG Exception Report**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Month</th>
<th>Month data from</th>
<th>YTD 2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C-Diff</strong></td>
<td>39</td>
<td>1</td>
<td>March 19</td>
<td>33</td>
</tr>
<tr>
<td><strong>MRSA</strong></td>
<td>0</td>
<td>0</td>
<td>March 19</td>
<td>5</td>
</tr>
<tr>
<td><strong>MSSA</strong></td>
<td>No target</td>
<td>2</td>
<td>March 19</td>
<td>36</td>
</tr>
<tr>
<td><strong>E-Coli</strong></td>
<td>116</td>
<td>18</td>
<td>March 19</td>
<td>156</td>
</tr>
<tr>
<td><strong>Complaints</strong></td>
<td>No target</td>
<td>19</td>
<td>Q4 2018-19</td>
<td>64</td>
</tr>
</tbody>
</table>

**C-Diff** – 1 CDI case in March 2019 – 1 post 72 hour case (CHFT). Final total for the year was 33 cases against a national HCAI objective of no more than 39 cases in 2018/19 which is below trajectory and reflective of the work undertaken.

**MRSA** – 0 MRSA bacteraemia cases in March 2019; therefore final total for the year was 5 cases in GHCCG residents breaching the zero trajectory Following the PIR process, 4 cases assigned to GHCCG, 1 CHFT. Both cases in May and June were relapses and have therefore been agreed as GHCCG cases.

**E-Coli** – 18 E. Coli bacteraemia cases in March 2019 - 12 pre 48 hour cases (11 x CHFT, 1 x LTHT) 6 post 48 hour cases (4 x CHFT, 2 x LTHT). Final total for the year was 156 cases against a HCAI objective of no more than 116 cases which has therefore breached target.

**Complaints** – In Quarter 4, 2018-19 there were 19 complaints:
- 10 passed to other providers
- 7 investigated by the CCG (3 were CCG complaints, 4 were complaints about other organisations coordinated by the CCG) and 2 resolved informally

**NKCCG Exception Report**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>Month</th>
<th>Month data from</th>
<th>YTD 2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C-Diff</strong></td>
<td>37</td>
<td>0</td>
<td>March 19</td>
<td>48</td>
</tr>
<tr>
<td><strong>MRSA</strong></td>
<td>0</td>
<td>0</td>
<td>March 19</td>
<td>5</td>
</tr>
<tr>
<td><strong>MSSA</strong></td>
<td>No target</td>
<td>4</td>
<td>March 19</td>
<td>36</td>
</tr>
<tr>
<td><strong>E-Coli</strong></td>
<td>125</td>
<td>11</td>
<td>March 19</td>
<td>149</td>
</tr>
<tr>
<td><strong>Complaints</strong></td>
<td>No target</td>
<td>16</td>
<td>Q4 18-19</td>
<td>71</td>
</tr>
</tbody>
</table>

**C-Diff** – there were no cases of C-Diff during March 2019. Therefore the final total for the year was 48 cases against a national HCAI objective of no more than 37 cases in 2018/19 breaching the trajectory.

**MRSA** – 0 MRSA bacteraemia cases in March 2019. Final total for the year was 5 cases which breached the zero trajectory.

**E-Coli** – 11 E. Coli bacteraemia cases during March 2019 - 10 pre 48 hour cases (9 x MYHT, 1 x CHFT) and 1 post 48 hour cases (CHFT). Final total for the year was 149 cases against a HCAI objective of no more than 125 cases; therefore trajectory breached.

**Complaints** – In Quarter 4, 2018-19 there were 20 complaints:
- 2 closed due to lack of consent
- 2 resolved informally
- 5 passed to other providers
- 7 investigated by the CCG (3 were CCG complaints, 4 were complaints about other organisations coordinated by the CCG)
This page provides a summary in relation to the Quality and Safety of services provided at Calderdale and Huddersfield NHS Foundation Trust for the period up to March 2019.

**Harm Free Care:** Harm free care (all) has remained consistent in March at 91.62%. The performance and majority of harm has been attributed to pressure ulcers (4 new and 54 old) and falls (8). The majority of old pressure ulcers relate to patients who require ongoing care and treatment for long standing pressure ulcers within the Community Division. Ongoing work with the NHSI collaborative continues with its focus on reducing new pressure ulcers and the prevention of deteriorating old pressure ulcers. The collaborative focuses on early assessment of patients at admission to hospital and at each transfer between ward areas. The quality team were invited and attended a pressure ulcer collaborative meeting in March to understand this work further. While at the meeting the Ward 21 safety huddle video and presentation was shared, this had been shared at a recent NHSI event in London. Plans were discussed how this video could be shared trust wide as an aide memoir for staff when performing daily huddles. The collaborative meetings continue with invitations to the quality team extended.

**Never Events:** The Trust reported 2 Never Events in January 2019. Both incidents related to the incorrect administration of air rather than oxygen, both cases resulted in “no harm” to patients. The Trust have prepared an extensive action plan to address immediate concerns and this was shared with the CCG. The investigations for the Air/Oxygen incidents are complete and have been submitted to the CCG Serious Incident Team for review. Following a review of these incidents the trust will receive feedback in May 2019.

**Duty of Candour Breach:** The Medical Division have reported a duty of candour breach in March. Duty of Candour was completed but not within the expected 10 day timeframe. The Division has investigated the incident and learning has been shared. Immediate actions have been implemented within the division to reduce the risk of recurrence.

**Complaints:** During March 2019, 49% of complaints were closed within target timeframe. The Chief Executive continues to meet with colleagues involved in complaints management to identify areas for improvement. The Corporate and Divisional team are working together to improve the timeliness and the quality of responses. The trust continue to monitor themes and trends from complaints as part of the Quarterly Complaints Report, which is received at Clinical Quality Board

**Workforce:** Over 60 nominations have been made for the Doctors in Training Awards. Judging is underway and the ceremony took place in May 2019. This is an internal awards ceremony to celebrate good practice in junior doctors.

**CQUIN Achievement Quarter 4:** The Trust achieved 52.52% of the available CQUINs. The areas which they did not attend were CQUINs 1a Improving staff health and wellbeing of NHS staff, 2c Reducing the impact of serious infections – antimicrobial resistance and sepsis, antibiotic review and 9a-d Preventing ill health by risky behaviours – alcohol and tobacco. CQUIN 2d which relates to reducing antibiotic consumption will be awarded once the data submitted by the trust has been validated by Public Health England. This validation is expected in July.
<table>
<thead>
<tr>
<th>Quality Domain</th>
<th>Indicator</th>
<th>Reporting Frequency</th>
<th>Period Target</th>
<th>Month/Period</th>
<th>YTD 2018-19</th>
<th>YTD 2019-20</th>
<th>Month / Period / Year data from</th>
<th>Previous Month/Period</th>
<th>Corresponding month 2017-18</th>
<th>Corresponding month 2018-19</th>
<th>Direction of Travel</th>
<th>Trend Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient safety</td>
<td>EMSA</td>
<td>Monthly</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Month-19</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>↑</td>
<td>Movement towards target</td>
</tr>
<tr>
<td></td>
<td>% Complaints closed within target timeframe</td>
<td>Monthly</td>
<td>100%</td>
<td>49%</td>
<td>45%</td>
<td>-</td>
<td>Month-19</td>
<td>↑</td>
<td>↓</td>
<td>-</td>
<td>31%</td>
<td>41%</td>
</tr>
<tr>
<td></td>
<td>% Last minute cancellations to elective surgery</td>
<td>Monthly</td>
<td>&lt; 0.65%</td>
<td>0.64%</td>
<td>0.63%</td>
<td>-</td>
<td>Month-19</td>
<td>↓</td>
<td>↑</td>
<td>-</td>
<td>0.34%</td>
<td>0.44%</td>
</tr>
<tr>
<td></td>
<td>C Diff</td>
<td>Monthly</td>
<td>Max 21 for the year</td>
<td>1</td>
<td>18</td>
<td>-</td>
<td>Month-19</td>
<td>↓</td>
<td>↑</td>
<td>-</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>E Coli</td>
<td>Monthly</td>
<td>n/a</td>
<td>6</td>
<td>52</td>
<td>-</td>
<td>Month-19</td>
<td>--</td>
<td>↓</td>
<td>-</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>EMSA</td>
<td>Monthly</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Month-19</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>UKEA</td>
<td>Monthly</td>
<td>n/a</td>
<td>11</td>
<td>16</td>
<td>-</td>
<td>Month-19</td>
<td>--</td>
<td>↑</td>
<td>-</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Serious Incidents</td>
<td>Monthly</td>
<td>n/a</td>
<td>2</td>
<td>34</td>
<td>0</td>
<td>Apr-19</td>
<td>↑</td>
<td>↑</td>
<td>↑</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Safety Thermometer - % of harm free care</td>
<td>Monthly</td>
<td>n/a</td>
<td>52.6%</td>
<td>-</td>
<td>-</td>
<td>Apr-19</td>
<td>↑</td>
<td>↑</td>
<td>↑</td>
<td>51.0%</td>
<td>54.4%</td>
</tr>
<tr>
<td></td>
<td>Number of Trust wide 'red alerts' per month</td>
<td>Monthly</td>
<td>n/a</td>
<td>7</td>
<td>158</td>
<td>-</td>
<td>Month-19</td>
<td>↑</td>
<td>↑</td>
<td>↑</td>
<td>21</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Overall essential safety compliance</td>
<td>Monthly</td>
<td>=60% Green</td>
<td>90%+ Safety</td>
<td>45% Red</td>
<td>-</td>
<td>-</td>
<td>Month-19</td>
<td>↑</td>
<td>↑</td>
<td>↑</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>NSPA Safety Alerts - 30% alerts completed within deadline</td>
<td>Monthly</td>
<td>&gt;80% green</td>
<td>=80% = red</td>
<td>75.6%</td>
<td>-</td>
<td>-</td>
<td>Nov 19- Apr 19</td>
<td>↑</td>
<td>↓</td>
<td>-</td>
<td>97.8%</td>
</tr>
<tr>
<td></td>
<td>Percentage Non-elective Aed Patient's with Admission to Procedure of c/3 hours</td>
<td>Monthly</td>
<td>85%</td>
<td>87.71%</td>
<td>87.43%</td>
<td>-</td>
<td>Month-19</td>
<td>↓</td>
<td>↓</td>
<td>-</td>
<td>73.66%</td>
<td>87.80%</td>
</tr>
<tr>
<td></td>
<td>VTE Risk Assessment</td>
<td>Quarterly</td>
<td>95%</td>
<td>99.21%</td>
<td>96.88%</td>
<td>-</td>
<td>Nov-19</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
<td>97.18%</td>
<td>97.10%</td>
</tr>
<tr>
<td></td>
<td>12 hour breather in A&amp;E (A&amp;E toilet visits)</td>
<td>Monthly</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>Month-19</td>
<td>↓</td>
<td>↓</td>
<td>-</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Arrow key:**

↑ movement towards target  
↔ no change at/above target  
↔ no change below target  
↔ no change no target set

**Trend Information**

2018-19

2019-20
Calderdale and Huddersfield NHS Foundation Trust
Quality Dashboard – May 2019

**NRLS**
- Significant change
- April 2017 to September 2017: 41.68 incidents per 1,000 bed days
- April 2018 to September 2018: 49.28 incidents per 1,000 bed days
- 6 monthly – updated May 19

**SHMI**
- 100.25
- One year rolling data
- Oct 17 to Sept 18
- Next update due May 19

**HSMR**
- 84.51
- One year rolling data
- Jan to Dec 18
- Next update due July 19

**CQC Rating**
- Inspection rating June 2018 – Good
- Annually – updated June 2018

**CQUINS**
- 52.52%
- Quarter 4 2018-19

**CQC Inpatient Survey – respect & dignity**
- 9.1 – about the same as other trusts.
- Annually – updated June 2018

**CQC Inpatient Survey - involved in care decisions**
- 7.5 – about the same as other trusts
- Annually – updated June 2018

**Staff Survey – quality of work & patient care able to deliver**
- 3.88/5 – no significant change from 3.84/5 in 2017 (average)
- Annually – updated March 19

**Staff Survey – recommend as a place to work or receive treatment**
- 3.72/5 – significant increase from 3.62/5 in 2017 (below average)
- Annually – updated March 19
Calderdale and Huddersfield NHS Foundation Trust
Quality Dashboard – May 2019

**Safety Thermometer**

**Friends and Family Test**

**CHFT - Safety Thermometer**

- New Harms (=total)
- All New Pressure Ulcers
- Catheter and New UTIs
- New VTEs
- Falls with Harm

**% of patients who would recommend**

- A&E
- Inpatient
- Maternity Q1
- Maternity Q2
- Maternity Q3
- Maternity Q4

**% of patients that would not recommend**

- A&E
- Inpatient
- Maternity Q1
- Maternity Q2
- Maternity Q3
- Maternity Q4

**Staff - Place to work**

- % would recommend
- % would not recommend

**Staff - Place to receive care**

- % would recommend
- % would not recommend
The following indicators are below expected levels of performance and are an elevated risk to Quality and Safety. It is recommended that the Committee has a focus on these areas.

### Enhanced Surveillance

<table>
<thead>
<tr>
<th>Area under performance</th>
<th>Why off plan</th>
<th>Proposed actions</th>
<th>When expected back on track</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints</td>
<td>The % of complaints closed within target timeframe remains below target. The major challenge on performance remains in the medical division.</td>
<td>Complaints are monitored on a weekly basis, with action taken at divisional level. From Nov 2018, each complaint will be assigned to a member of the Risk and Governance Senior Management Team to support the divisional handler in completing a timely high quality response.</td>
<td>Further discussion is required to agree when this indicator will be back on track.</td>
</tr>
<tr>
<td>Harm Free Care</td>
<td>Work is underway to identify the causes in relation to reducing pressure ulcers and UTIs. One potential cause is the validity of the data.</td>
<td>Ongoing work with NHSI in the national collaboratives on UTI and Pressure Ulcers. A new process is being tested to improve reliability of data.</td>
<td>Further discussion to be undertaken to understand current position.</td>
</tr>
<tr>
<td>Never Events</td>
<td>The Trust reported 5 Never Events since September 2018. 4 relating to incorrect Air/Oxygen connection and a further one relating to a retained swab.</td>
<td>Focused commissioner visits to wards departments to review actions. The wall air fittings have been disabled. Oxygen administration training has been increased on the competency requirements. An external review of the processes has been commissioned.</td>
<td>The evidence for the Swab incident is planned for review in the joint CCG/provider Serious Incident Meeting. The RCAs for the Air/Oxygen incident have been submitted by the trust and are currently under review by the CCG Serious Incident Team.</td>
</tr>
</tbody>
</table>
Proposed indicators to return to Routine Monitoring:

| Fractured neck of femur time to theatre | Performance in March has decreased to 68.7%. CHFT discussed this as a focused item at the February 2019 Clinical Quality Board. The Quality Committee discussed the content of the report at the Quality Committee and were assured by the ongoing work, the committee agreed that the indicator could be monitored routinely on future dashboards. It is expected that performance in April is back in line with target and will be escalated if this is not the case. |
This page provides a summary in relation to the Quality and Safety of services provided at South West Yorkshire Partnership NHS Foundation Trust for the period up to March 2019.

**Care Quality Commission (CQC)** – Following the publication of the CQC report on 3rd July 2018 the Trust have been rated as Requires Improvement. Progress continues to be made across all areas of the action plan, with 72% of MUST DO actions, and 85% of SHOULD DO either being completed or making good progress.

The CQC visited the Trust again week commencing 6th May and visited the following core services; older people, acute inpatient areas, CAMHS (Barnsley & Wakefield) and community services, they have also undertaken a desk top review of incidents, safeguarding and customer service processes.

The Trust is expecting to receive initial feedback within the next week.

The Well Led assessment will take place on 11th and 12th June 2019. Further update will be given at the meeting.

**Complaints closed within 40 days**

February 2019 has again improved slightly in the percentage of complaints closed in month to 25%, (only 3/12) from 22% in the previous month. However response time remains challenging and the Trust is reporting significant pressures within the customer services team. Complaints response time was discussed at Quality Board in March 2019. Although focussed work has been undertaken no significant improvement has been achieved.

**Information governance breaches**

There were 9 confidentiality breaches during March 2019 which is the least number reported over the past 12 months. No incidents met the threshold for reporting to the information commissioner’s office.

A paper was discussed at Quality Board in March 2019, the Trust continues to target the areas with the greatest number of incidents and is aiming to have an IG breach free month.

**Out of area beds**

The number of out of areas placements has reduced slightly in March, but pressures remain in the system and levels continue to fluctuate.

Work has taken place to establish a priority programme based on the work streams identified by the external review. Resources to support changes are being put in place. This includes delivery leads, clinical leads and project leads.

A new partnership governance structure is being established to support the programme, the first meetings took place in April 2019 and new reporting structures will be in place from May. Project task and finish groups have begun to meet April and May to develop detailed plans and continue change activity.

The new Personality Disorder pathway lead will be in post from mid May and recruitment of bed manager post to support inpatient changes is planned for April 2019.

**CQUIN Achievement Quarter 4**

The Trust achieved 99.63% of the available CQUINs; the one area which they did not achieve was one part of CQUIN 3a, Early Intervention in Psychosis Services BMI Outcome Indicator.
### South West Yorkshire Partnership Foundation Trust
#### Quality Dashboard – May 2019

<table>
<thead>
<tr>
<th>Quality Domain</th>
<th>Indicator</th>
<th>Reporting Frequency</th>
<th>Period Target</th>
<th>Month/Period</th>
<th>YTD 2018-19</th>
<th>YTD 2019-20</th>
<th>Month/Period/Ytd data from</th>
<th>Corresponding month 2017-18</th>
<th>Corresponding month 2016-17</th>
<th>Trend Information 2017-18</th>
<th>Trend Information 2018-19</th>
<th>Trend Information 2019-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELSA</td>
<td>Monthly</td>
<td>N/A</td>
<td>0</td>
<td>Mar-19</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
<td>J T</td>
<td>T R</td>
<td>J T</td>
</tr>
<tr>
<td>% Complaints reul staff attitude as an issue</td>
<td>Monthly</td>
<td>&lt;20%</td>
<td>10%</td>
<td>-</td>
<td>Feb-19</td>
<td>7</td>
<td>1</td>
<td>-</td>
<td>17%</td>
<td>10%</td>
<td>-</td>
<td>5%</td>
</tr>
<tr>
<td>Complaints closed within 48 h</td>
<td>Monthly</td>
<td>50%</td>
<td>5%</td>
<td>-</td>
<td>Feb-19</td>
<td>7</td>
<td>1</td>
<td>-</td>
<td>25%</td>
<td>5%</td>
<td>-</td>
<td>21%</td>
</tr>
<tr>
<td>% of Service Users on CPA given or offered a copy of their care plan</td>
<td>Monthly</td>
<td>30%</td>
<td>70%</td>
<td>-</td>
<td>Jan-19</td>
<td>N/A</td>
<td>N/A</td>
<td>-</td>
<td>82%</td>
<td>5%</td>
<td>1%</td>
<td>86.0%</td>
</tr>
<tr>
<td>Never Events</td>
<td>Monthly</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Apr-19</td>
<td>N/A</td>
<td>N/A</td>
<td>-</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Serious Incidents</td>
<td>Monthly</td>
<td>N/A</td>
<td>N/A</td>
<td>3</td>
<td>Apr-19</td>
<td>N/A</td>
<td>N/A</td>
<td>-</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>CAMHS - under 18’s admitted to adult wards</td>
<td>Monthly</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Mar-19</td>
<td>N/A</td>
<td>N/A</td>
<td>-</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Staffing levels - average fill rate - registered emergency nurses (day)</td>
<td>Monthly</td>
<td>N/A</td>
<td>N/A</td>
<td>89%</td>
<td>-</td>
<td>Mar-19</td>
<td>N/A</td>
<td>N/A</td>
<td>-</td>
<td>10.4%</td>
<td>90.8%</td>
<td>90.0%</td>
</tr>
<tr>
<td>Staffing levels - average fill rate - registered emergency nurses (night)</td>
<td>Monthly</td>
<td>N/A</td>
<td>N/A</td>
<td>103.5%</td>
<td>-</td>
<td>Mar-19</td>
<td>N/A</td>
<td>N/A</td>
<td>-</td>
<td>100.8%</td>
<td>100.4%</td>
<td>100.3%</td>
</tr>
<tr>
<td>Staffing levels - average fill rate - care staff (day)</td>
<td>Monthly</td>
<td>N/A</td>
<td>N/A</td>
<td>95%</td>
<td>-</td>
<td>Mar-19</td>
<td>N/A</td>
<td>N/A</td>
<td>-</td>
<td>127.7%</td>
<td>122.8%</td>
<td>122.8%</td>
</tr>
<tr>
<td>Staffing levels - average fill rate - care staff (night)</td>
<td>Monthly</td>
<td>N/A</td>
<td>N/A</td>
<td>92.5%</td>
<td>-</td>
<td>Mar-19</td>
<td>N/A</td>
<td>N/A</td>
<td>-</td>
<td>97.5%</td>
<td>95.0%</td>
<td>95.1%</td>
</tr>
<tr>
<td>NPSA Safety Alerts - CAS alerts completed within deadline</td>
<td>Monthly</td>
<td>N/A</td>
<td>N/A</td>
<td>95%</td>
<td>-</td>
<td>Mar-19</td>
<td>N/A</td>
<td>N/A</td>
<td>-</td>
<td>7</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Information Governance Confidentiality Breaches</td>
<td>Monthly</td>
<td>N/A</td>
<td>N/A</td>
<td>9</td>
<td>100</td>
<td>Nov-19</td>
<td>N/A</td>
<td>N/A</td>
<td>-</td>
<td>207</td>
<td>315</td>
<td>745</td>
</tr>
</tbody>
</table>

**Arrow key:**

- ↑ movement towards target
- ↓ movement away from target
- ↔ no change at/above target
- ↔ no change below target
- ↔ no change no target set

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South West Yorkshire Partnership Foundation Trust
Quality Dashboard – May 2019

<table>
<thead>
<tr>
<th>NRLS</th>
<th>CQC Rating</th>
<th>Staff Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Image" /></td>
<td><img src="image2.png" alt="Image" /></td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>Inspection rating July 2018 – Requires Improvement</td>
<td>3.80/5 – no significant change from 3.83/5 in 2017 (below average)</td>
<td>Recommend as a place to work or receive treatment</td>
</tr>
<tr>
<td>99.63% achieved of available indicators for Quarter 4 2018-19</td>
<td>No significant change</td>
<td>3.69/5 – no significant change from 3.67/5 in 2017 (average)</td>
</tr>
</tbody>
</table>

### NRLS
- April 2017 to September 2017: 37.02 incidents per 1,000 bed days
- April 2018 to September 2018: 39.21 incidents per 1,000 bed days

### CQUINS
- 99.63% achieved of available indicators for Quarter 4 2018-19

### Staff Survey
- Quality of work & patient care able to deliver
- Recommend as a place to work or receive treatment

CQC Rating
- Inspection rating July 2018 – Requires Improvement

Staff Survey
- Quality of work & patient care able to deliver
- Recommend as a place to work or receive treatment

Annually – updated March 19
The following indicators are below expected levels of performance and are an elevated risk to Quality and Safety. It is recommended that the Committee has a focus on these areas.

<table>
<thead>
<tr>
<th>Area under performance</th>
<th>Why off plan</th>
<th>Proposed actions</th>
<th>When expected back on track</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information governance breaches</td>
<td>For the last 8 months the Trust has reported between 11 and 20 breaches every month, investigation has identified that the breaches are down to isolated teams or individuals and are not a Trust wide issue.</td>
<td>The Trust are targeting the teams and individuals to try to understand why the breaches continue in an attempt to stop them in future.</td>
<td>A report was discussed at Quality Board in March 2019, the board received assurance on the support given to the teams involved and it is hoped that improvement will be seen and sustained over the next 6 months.</td>
</tr>
<tr>
<td>Complaints closed with in 40 days</td>
<td>Performance is improving but remains significantly under the target. Work has been ongoing for 12 months to understand why with the following reasons identified: Increased number of complaints seen and many complex in nature. Sign off process adding to delays.</td>
<td>The Trust has reviewed the complaints sign off and reporting process and has improved the proactive management when first contact the customer services team.</td>
<td>We will continue to monitor. Improvement has been seen however remains considerably below target and it is suggested further changes need to happen to achieve the target.</td>
</tr>
</tbody>
</table>
This page provides a summary in relation to the Quality and Safety of services provided at Locala Community Partnerships C.I.C up to 16th May 2019 (dashboard data to end of March 2019).

**Workforce** - As an organisation the sickness rate within Locala was 3.6% in March 2019. Achievement as an organisation has been within Locala’s internal target during quarter 4, 2018/19. However, sickness within the ICCTs in March was 5.4% and whilst this is a reduction from 7.2% in February it remains over Locala’s internal target.

**Mandatory training** rates continue to be above trajectory as an organisation at 93.4%. However, the ICCTs remain just below target at 89% with an increase from 2 of the 9 teams being below target to 4.

The **appraisal rate** within Locala as a whole has been achieved throughout Q4, 2018/19 and was 90.2% in March. Within the ICCTs the appraisal rate has dropped to 88% in March with 5 teams noted to be below target.

Further information has been requested from Locala in relation to the ICCTs below trajectory and this will be reported verbally into the committee.

**CQC** – No further update, routine monitoring continues.

**Quality Improvement** – Locala continue to explore new ways of working and are looking at pilots with Primary Care Networks, Local authority, YAS and the Voluntary Sector.

**2018/19 CQUIN** – Further information has been requested on the Q4, 2018/19 submission and the staff survey is taking place during May.

**2019/20 CQUIN** – Locala has 3 national indicators and 1 local indicator

- CCG2: Staff Flu Vaccinations
- CCG3a: Alcohol and Tobacco –Screening
- CCG3b: Alcohol and Tobacco –Tobacco Brief Advice
- CCG3c: Alcohol and Tobacco –Alcohol Brief Advice
- CCG7: Three high impact actions to prevent Hospital Falls
- **Local indicator - Urgent response YAS Pathway**

The following indicator is currently suspended as the six month reviews are undertaken by another provider in Kirklees.

- Indicator CCG9: Six Month Reviews for Stroke Survivors
### Locala Quality Dashboard – May 2019

#### CQUINS
- **Locala CQUINS 100%**
- **100% achieved of available indicators for Quarter 2 2018/19**

#### Arrow key:
- ↑ movement towards target
- ↓ movement away from target
- ↔ no change at/above target
- ↔ no change below target
- ↔ no change no target set

#### Table:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Reporting Frequency</th>
<th>Performed Target</th>
<th>Month/Period</th>
<th>YED 2018-19</th>
<th>YED 2019-20</th>
<th>Monitor Period/Year End</th>
<th>Trend Information 2017-18</th>
<th>Corresponding Month 2018-19</th>
<th>Corresponding Month 2019-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of complaints - formal</td>
<td>Quarterly</td>
<td>n/a</td>
<td>30</td>
<td>23</td>
<td>22</td>
<td>Q3 2018-19</td>
<td>↑</td>
<td>↑</td>
<td>↓</td>
</tr>
<tr>
<td>Patients report experience as satisfactory or meeting their requirements</td>
<td>Quarterly</td>
<td>90%</td>
<td>50.4%</td>
<td>50.4%</td>
<td>50.3%</td>
<td>Q4 2019-19</td>
<td>↑</td>
<td>↑</td>
<td>↓</td>
</tr>
<tr>
<td>% of patients who demonstrate an improvement in functioning or return to &lt; 91 days of re-hospitalisation</td>
<td>Monthly</td>
<td>97.6%</td>
<td>57.6%</td>
<td>57.5%</td>
<td>57.5%</td>
<td>1-5</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>% of patients who suffered an injury or cold at the time of their last contact with the service</td>
<td>Monthly</td>
<td>97.5%</td>
<td>53.8%</td>
<td>53.7%</td>
<td>53.7%</td>
<td>1-5</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>% of patients who are seen by a GP within 24 hours</td>
<td>Monthly</td>
<td>97.5%</td>
<td>53.8%</td>
<td>53.7%</td>
<td>53.7%</td>
<td>1-5</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
<tr>
<td>% of patients who received their treatment in the required time period</td>
<td>Monthly</td>
<td>97.5%</td>
<td>53.8%</td>
<td>53.7%</td>
<td>53.7%</td>
<td>1-5</td>
<td>↓</td>
<td>↓</td>
<td>↓</td>
</tr>
</tbody>
</table>

#### Diagram:
- **Locala Safety Thermometer**
- **100% achieved of available indicators for Quarter 2 2018/19**

- **New harms**
- **All new pressure ulcers**
- **Catheters and new UTIs**
- **New VTEs**
- **Falls with harm**

#### Notes:
- **CQUINS 100%**
- **100% achieved of available indicators for Quarter 2 2018/19**

- **(no submission required for Q3)**

---

227
The following indicators are below expected levels of performance and are an elevated risk to Quality and Safety. It is recommended that the Committee has a focus on these areas.

<table>
<thead>
<tr>
<th>Area under performance</th>
<th>Why off plan</th>
<th>Proposed actions</th>
<th>When expected back on track</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Staff Survey</td>
<td>Work undertaken to understand the reasons for the 2017 results and identify improvement.</td>
<td>Detailed action plans are being developed by business units in addition to a corporate response from the organisation. A peer review by NHS Employers has been undertaken around wellbeing, with an encouraging outcome that Locala were undertaking everything expected. Although positive, this is not always reflected in survey results and further work is planned around communications.</td>
<td>Initial results presented to September 2018 joint Quality Board. Benchmarking exercise being undertaken along with identifying further actions required.</td>
</tr>
<tr>
<td>Patients with GOMPs are reviewed annually, within Nationally/Locally agreed standards or more frequently if required. GOMPs are reviewed by a MDT at least 2 times a year or more frequently as required.</td>
<td>Locala believed that there were valid exceptions to the cohort that should be considered against the target and if certain patients were excluded the target could be achieved.</td>
<td>The January 2018 Locala Contract Management Board (CMB) agreed that Locala should submit the findings of their audit to the Joint Operational Group to demonstrate what they considered to be valid exceptions. The conclusions/recommendations from the operational group and further discussion with clinical leads were submitted to the August contract Board agreeing clinical exceptions; noted that improvement should be seen from September 18.</td>
<td>The monthly performance is showing some improvement although the current performance on both indicators remains below target and will be discussed at the next joint Quality Board.</td>
</tr>
</tbody>
</table>
Patient Safety and Outcomes Report
Acute reporting

Quarterly submission to Governing Body

Quarterly submission
July 2019
The quarterly Patient Safety and Outcomes report provides a detailed summary of the quality of care that North Kirklees patients receive based on the services that NHS North Kirklees Clinical Commissioning Group (NKCCCG) commission.

This summary Patient Safety and Outcomes report provides an overview of the quality of care for Quarter 4 2018/19 and focuses on Acute Commissioning (Mid Yorkshire Hospitals Trust).
Mid Yorkshire Hospital Trust (MYHT)

The Patient Safety and Outcomes Provider Dashboard provide a detailed overview and illustrate the trends of quality measures from local healthcare providers for Quarter 4 2018/19.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Trend</th>
<th>Latest data</th>
<th>Q1 18/19</th>
<th>Q2 18/19</th>
<th>Q3 18/19</th>
<th>Jan-19</th>
<th>Feb-19</th>
<th>Mar-19</th>
<th>Q4 18/19</th>
<th>18/19 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B - Better</strong></td>
<td><strong>D - Deteriorated</strong></td>
<td><strong>NC - No Change</strong></td>
<td><strong>Mth / Qtr</strong></td>
<td><strong>RAG</strong></td>
<td><strong>B / D / NC</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid Yorkshire Hospitals Trust (Acute) Healthcare Associated Infections</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of MRSA cases</td>
<td>0</td>
<td>NC</td>
<td>Mar-19</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Number of Clostridium Difficile cases</td>
<td>2 / 26</td>
<td>B</td>
<td>Mar-19</td>
<td>15</td>
<td>16</td>
<td>8</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>7</td>
<td>46</td>
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<tr>
<td>MYHT Maternity Dashboard Measures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of emergency C-Sections - mothers birthed</td>
<td>≤15.70%</td>
<td>D</td>
<td>Feb-19</td>
<td>16.9%</td>
<td>15.3%</td>
<td>17.6%</td>
<td>16.8%</td>
<td>17.7%</td>
<td>-</td>
<td>-</td>
<td>16.7%</td>
</tr>
<tr>
<td>Number of women having major post partum haemorrhage &gt;1500ml as % of women delivered</td>
<td>No target</td>
<td>-</td>
<td>D</td>
<td>Feb-19</td>
<td>4.6%</td>
<td>3.8%</td>
<td>4.0%</td>
<td>2.7%</td>
<td>5.6%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>% of live births resulting in feeding initiation (babies) - breast</td>
<td>≥70.0%</td>
<td>D</td>
<td>Feb-19</td>
<td>68.6%</td>
<td>71.6%</td>
<td>69.5%</td>
<td>68.8%</td>
<td>65.3%</td>
<td>-</td>
<td>-</td>
<td>69.4%</td>
</tr>
<tr>
<td>Quality Measures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of patients risked accessed for Venous Thromboembolism</td>
<td>&gt;95%</td>
<td>D</td>
<td>Mar-19</td>
<td>95.6%</td>
<td>95.4%</td>
<td>89.1%</td>
<td>83.5%</td>
<td>81.9%</td>
<td>81.7%</td>
<td>82.4%</td>
<td>90.4%</td>
</tr>
<tr>
<td>Number of never events: identified in month</td>
<td>0</td>
<td>NC</td>
<td>Mar-19</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Number of new serious incidents for the month</td>
<td>-</td>
<td>D</td>
<td>Mar-19</td>
<td>11</td>
<td>17</td>
<td>19</td>
<td>3</td>
<td>5</td>
<td>6</td>
<td>14</td>
<td>61</td>
</tr>
<tr>
<td>Reported patient safety incidents that are harmful: acute</td>
<td>31%</td>
<td>D</td>
<td>Mar-19</td>
<td>23.8%</td>
<td>24.7%</td>
<td>22.9%</td>
<td>23.1%</td>
<td>23.1%</td>
<td>24.6%</td>
<td>23.6%</td>
<td>23.6%</td>
</tr>
<tr>
<td>Summary Hospital Mortality Indicator</td>
<td>≤100</td>
<td>D</td>
<td>Q2 18/19</td>
<td>92.24</td>
<td>95.01</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Hospital Standardised Mortality Ratio (HSMR)</td>
<td>≤100</td>
<td>D</td>
<td>Jan-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>102.53</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>97.94</td>
</tr>
<tr>
<td>Hospital Standardised Mortality Ratio - emergency weekend admissions</td>
<td>≤100</td>
<td>As expected</td>
<td>D</td>
<td>Jan-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>107.27</td>
<td>-</td>
<td>-</td>
<td>110.04</td>
</tr>
<tr>
<td>WTE registered Nurse vacancies (acute and community)</td>
<td>132.05</td>
<td>B</td>
<td>Mar-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>177.46</td>
<td>-</td>
</tr>
<tr>
<td>WTE registered Midwife vacancies</td>
<td>12.65</td>
<td>B</td>
<td>Mar-19</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>4.87</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>WTE Healthcare Assistant vacancies (acute and community)</td>
<td>87.19</td>
<td>B</td>
<td>Mar-19</td>
<td>-</td>
<td>-</td>
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<td>92.65</td>
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<td>Staff sickness absence</td>
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<td>4.38%</td>
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<td>5.33%</td>
<td>5.16%</td>
<td>4.28%</td>
<td>4.92%</td>
<td>4.72%</td>
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</table>

Some measures are reported monthly or quarterly.
Sentinel Stroke National Audit Programme
During Quarter 3 2018/19 MYHT’s overall SSNAP performance deteriorated and resulted in a Level C. Previously, in Quarter 2 2018/19 MYHT achieved a Level B. Calderdale and Huddersfield Foundation Trust and Doncaster and Bassetlaw Teaching Hospitals both achieved an improved SSNAP score of Level A during Quarter 3 2018/19. Previously, both providers scored a Level B. The other providers remained the same.

Summary Hospital Mortality Indicator (SHMI)
NHS Digital published the latest SHMI data during May 2019 for the reporting period January 2018 – December 2018. All providers remained ‘as expected’ and scored a Band 2 SHMI rating.

Key messages
### MYHT CQUINs Achievement – Acute Contract

**Quarter 4 2018/19**

#### MYHT CQUIN Scheme Quarter 4 Achievement – Acute Contract 2018/19 (Year 2)

<table>
<thead>
<tr>
<th>Category</th>
<th>Indicator</th>
<th>Achievement Status</th>
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<tbody>
<tr>
<td><strong>Health and Wellbeing of NHS Staff</strong></td>
<td></td>
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<tr>
<td>Improvement of staff health and wellbeing</td>
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<tr>
<td>Healthy Food</td>
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<td></td>
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<tr>
<td>Staff Flu Vaccination</td>
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<td><strong>Antimicrobial Resistance and Sepsis</strong></td>
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<td>ED Sepsis Treatment</td>
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<td>Inpatient Sepsis Treatment</td>
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<td>Partial achievement</td>
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<tr>
<td>Sepsis Antibiotic Review</td>
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<td>Antibiotic Reduction</td>
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<tr>
<td><strong>Mental Health in A&amp;E</strong></td>
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<tr>
<td>Reduction in Attendances and Coding/Data Quality</td>
<td></td>
<td>Fully met</td>
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<tr>
<td><strong>Advice and Guidance</strong></td>
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<tr>
<td>Advice and Guidance for referrers</td>
<td></td>
<td>Partial achievement</td>
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<tr>
<td><strong>Preventing Ill health by Risky Behaviours</strong></td>
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<tr>
<td>Tobacco Screening</td>
<td>86% achievement, 8.9% increase from Q2.</td>
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<tr>
<td>Tobacco Brief Advice</td>
<td>10% achievement, -4.3% increase from Q3.</td>
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<tr>
<td>Tobacco Referral and Medication</td>
<td>3% achievement, 0.1% increase from Q3.</td>
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<td>Alcohol Screening</td>
<td>75% achievement, 19.2% increase from Q3.</td>
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<tr>
<td>Alcohol Brief Advice or Referral</td>
<td>67% achievement, -20% increase from Q3.</td>
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</table>

**Exceptions**

1a) **Improvement of staff health and wellbeing.** Deterioration in 2 out of the 3 questions.

Timely treatment for sepsis in ED & Inpatients

2b) 84% achieved for treatment in ED. Required to achieve 90% to meet full indicator. Deterioration from Q3
2b) 76% achieved for inpatients. Required to achieve 90% to meet full indicator. Deterioration from Q3
2c) Not achieved with 78%. Required to achieve 90% to meet full indicator.
2d) needed 2% reduction against 2016 Median (3984) not achieved with 4473
6) **Advice and Guidance.** Partial achievement with 51.8% Q4 needed to be 75% for full achievement
   9a-c) **Preventing Ill health by Risky Behaviours** - Not met the 10% point increase on Q3 data.
Sentinel Stroke National Audit Programme (SSNAP) (1 of 2)

SSNAP Performance Summary – Quarter 3 2018/19

Background

This is a summary update on the results of the quarterly Sentinel Stroke National Audit Programme (SSNAP) reports for October - December 2018. Trusts are ranked between levels A to E (Level A best performing and Level E worst) across a range of domains covering the entire inpatient stroke pathway. The ranking is based on a SSNAP score out of 100.

Results for MYHT

<table>
<thead>
<tr>
<th>October - December 2018 (Period 22)</th>
<th>Team-Centred Key Indicators Levels</th>
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</thead>
<tbody>
<tr>
<td>SSNAP Level</td>
<td>Level C</td>
</tr>
<tr>
<td>SSNAP Score</td>
<td>68.4</td>
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</table>

From April 2018, SSNAP has increased the frequency of reports, returning to reporting every 3 months.

Key messages

- Overall, MYHT's SSNAP performance has deteriorated during October – December 2018. MYHT’s latest performance resulted in a Level C SSNAP Level, with a score of 68.4 (a decrease of 3.8 from the previous score for Quarter 2 2018/19).

- Performance has remained static in Domains: 1, 2, 4, 5, 6, 8, 9 and 10.

- Performance deteriorated in Domains: 3 (Thrombolysis) and 7 (Speech and Language Therapy).

- MYHT remained a Level A for three domains: Occupational Therapy (Domain 5), Standards by Discharge (Domain 9) and Discharge Processes (Domain 10).
## Sentinel Stroke National Audit Programme (SSNAP) (2 of 2)

### SSNAP Performance Summary – Quarter 3 2018/19

<table>
<thead>
<tr>
<th>Period 11</th>
<th>Period 12</th>
<th>Period 13</th>
<th>Period 14</th>
<th>Period 15</th>
<th>Period 16</th>
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### Team-Centred Key Indicators Levels

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<th>1) Scanning</th>
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<th>3) Thrombolysis</th>
<th>4) Specialist Assessments</th>
<th>5) Occupational Therapy</th>
<th>6) Physiotherapy</th>
<th>7) Speech and Language Therapy</th>
<th>8) MDT Working</th>
<th>9) Standards by Discharge</th>
<th>10) Discharge Processes</th>
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Patient Safety Walkabouts (1 of 3)

Quarter 4 2018/19

Patient Safety Walkabouts (PSWs) take place at the Mid Yorkshire Hospitals Trust and involve a small team of clinical and non-clinical staff (from the CCG and volunteers from Healthwatch) walking onto a ward to note their first impressions. The PSW teams speak to patients and staff, review patient documentation and observe the environment and staff interaction to identify areas of good practice and areas for improvement. Below is a summary of all the walkabouts that took place during Quarter 4 2018/19 that captures the patient safety and clinical elements of the visits. The quarterly Experience of Care report details patient experience and feedback.

Pontefract Hospital – 29th January 2019

Elective Orthopaedics
There was plenty of Personal Protective Equipment (PPE) throughout the ward: hand gels, wipes, gloves and aprons. The ward appeared very clean and organised. There were no offensive odours identified. There was lack of storage on the ward and there were some Zimmer frames, chairs and table stored on the corridor which appeared cluttered. Due to staffing challenges, occasionally nurses are taken from the ward to work at Pinderfields Hospital. Patient documentation was reviewed and was up to date with clear plans.

Medical and Stroke Rehab Unit
Falls safety and pressure ulcer safety cross information was displayed. The sluice was clean and tidy with evidence of correct waste segregation. There was evidence of inappropriate items in a yellow lidded sharps. There are sometimes not enough nursing staff to help with patients who require hoisting and AHP’s help with these tasks. The resuscitation trolley was well stocked, equipment was in date and stored neat.

Pontefract Midwife Led Unit (MLU)
The Emergency Trolley was well organised and stored. The Maternity Team were seen using hand hygiene every time they entered the room of a labouring lady. There were many examples of a positive safety climate throughout the MLU, for example, visual guidance for emergency evacuation of birthing pool. Staff said that they were proud of the service provided in Pontefract MLU and community settings.

Pontefract Urgent Treatment Centre (UTC)
The environment was clean, fresh and there were no unpleasant odours. There was plenty of PPE equipment throughout the unit. The manager told the walkabout team about the processes in place to safeguard children and gave examples of what the staff do if a grandparent attends with a child, the child has an ABC flag on their records, or the child has attended 3 or more times. The manager explained that it was occasionally difficult to match the number of staff required to patient demand.
Patient Safety Walkabouts (2 of 3)

Quarter 4 2018/19

Dewsbury Hospital – 13th February 2019

Elective Orthopaedics (Ward 20)
Staff explained that they undertook end of bed handovers at the end of each shift to introduce the patient to the new team responsible for their care. Male and female toilet/shower rooms were clean, tidy and fully stocked. One of the Sluices was cluttered with equipment. Commodes were clean and displayed when last cleaned stickers. Staff were observed giving patients codeine (currently classed as a controlled drug) – the controlled drug protocol was followed on each occasion including countersigning.

Emergency Department (ED)
Hand gels were readily available throughout the department and staff were observed using PPE. All staff were Bare Below the Elbow. A series of store cupboards in the adult ED were found to be unlocked and in some cases open. Among items contained in this area were needles, syringes and items that could be used as potential ligatures. The department has worked on a sepsis pathway and has received a Trust award for this.

Dewsbury Midwife Led Unit (MLU)
The CSW had a wide ranging skill set and was fully capable of supporting the Midwife in the workload, for example, breast feeding support. Equipment was not all clearly labelled to state it was clean and ready to use. In an unlocked ‘storeroom’ there were 3 portable travel ‘kits’ for the midwives when out in the community. Staff felt confident and safe working in an MLU.
Patient Safety Walkabouts (3 of 3)
Quarter 4 2018/19

Pinderfields Hospital – 21st March 2019

Elderly Care (Gate 43)
The treatment room cupboards were locked where appropriate and stock was neatly stored in labelled drawers. The ward Controlled Drugs book was neat and all entries were legible, signed and dated. DNACPR documentation was legible and completed accordingly. There was evidence of incorrect waste segregation in the sluice room. Staff were observed performing hand hygiene prior to using PPE.

Emergency Department (ED)
The unit was not busy at the time of the visit and a good introduction to the facilities was possible. All areas of the unit were clean and tidy. Staff reported that the service provided for children and young people who attend with deliberate self-harm is not as dynamic as it could be, there is often a significant delay in children being seen by CAMHS (once they are medically fit).

Eye Centre
The environment was very clean and organised. Throughout the Eye Centre there was good access to hand gels. Staffing levels were good and there were no agency staff used. The crash trolley was noted to be well stocked and was up to date. Yellow sharps bins were at an appropriate and safe level. It was noted that wheelchairs are not being returned to the Eye Centre.

Surgery (Gate 33)
The ward environment was clean and organised. Gloves and aprons were widely available. The crash trolley was easily accessible on the ward, however, during the two previous months there had been some days where there was no signature to indicate that the trolley had been checked. Notices were clearly displayed by the cubicles of those patients requiring additional infection control precautions.
Quality Visit to Spire Methley Park with NHS Leeds CCG
Quarter 4 2018/19

Spire Methley – 29th March 2019

The hospital visit was undertaken in partnership with Leeds CCG’s Quality and Patient Experience Teams. The Pre-Assessment clinic, In-patient ward, Theatres, Outpatients department and the pharmacy department were visited. A wide variety of staff members were spoken to including health care assistants, registered nurses, senior clinical staff, pharmacists, admin staff as well as other non-clinical managers, matron and hospital director. A number of patients, carers and visitors also took part in discussions. The visit was extremely positive and the team were impressed by the standard of care, team working, communication and the pride taken in the care delivered by all staff.

Examples of good practice:

• The visiting team witnessed the ‘10@10’ briefing which is a huddle of staff (for 10 minutes at 10 am) from all areas to discuss the important indicators of safety and challenge for the day.

• Emergency equipment was located appropriately and evidence was seen of the checking process and documentation.

Recommendations:

• Encourage a Sepsis Lead to join the city wide Sepsis forum group to facilitate shared learning and improvement.

• Consider how to demonstrate assurance on the close observation of higher risk patients furthest away from close view.
2.0 Executive Summary

2.1 In England, the NHS constitution lays out seven key principles to guide the NHS in all that it does. Principle 3 puts research at the heart of the constitution through its commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population. It also pledges to inform all patients of studies in which they may be eligible to participate and to support research and improve care for others with the use of anonymised data. The Health and Social Care Act 2012 reaffirms this through the powers and duty it places on the Secretary of State for Health and others to support and promote research.

2.2 In turn, NHS England will continue to include research in the "standard contract". Following a consultation earlier this year new clauses will be placed within the contract from the 1st October 2018. These clauses will reaffirm the approach the NHS wishes to take for the continuation of research by NHS organisations. Research and the usage of research evidence has also been included in planning guidance issued by NHS England to Providers and Commissioners to ensure they understand the importance of research to delivering high quality care.

2.3 This report provides a description of the work that the WY R&D team has undertaken in delivering a comprehensive research service on behalf of and in collaboration with NHS Greater Huddersfield and NHS North Kirklees CCG to ensure that the CCGs have met their statutory obligations with regards to research and can demonstrate their willingness to participate and use research evidence in its commissioning activities.

2.4 NHS Greater Huddersfield and NHS North Kirklees CCGs member practices are actively involved in the development of new research evidence that could potentially impact on both local and national commissioning policy. They are also upholding the NHS constitution pledge by promoting research to their patients and the public.
   - A key example of the CCGs actively participating in research and potentially contributing to the development of national policy is the patient and family involvement in serious incident investigations project. The project is led by Jane O’Hara, Associate Professor of Patient Safety & Improvement Science, and Deputy Director of the Yorkshire Quality & Safety Research Group based at the Bradford Institute for Health Research. Jane and the research team are through to the second stage of application to the NIHR Health Service and Delivery
Research funding stream. Kathryn Stirk, Manager of the CCGs shared Serious Incident Team will be supporting the research team as a collaborator on the study steering group if they are successful.

- Work on ISCOMAT the NIHR funded programme grant for applied research that aims to improve outcomes for people with heart failure (HF) during their hospital stay and when they are discharged back into primary care is ongoing. The study team have made progress in identifying the data sources to measure primary and secondary Trial outcomes and in making successful applications to the primary outcome sources. They have identified several critical success factors and are addressing the identified risks to delivery. The team are very grateful for the support offered by the CCGs member practices. Recruitment to this study is in hospital but demonstrates that research participation is widely promoted across all of Greater Huddersfield and North Kirklees’ care partners.

2.5 The CCGs and their member practices actively promote research

- To date in 2018-19 16% (n=6) of practices in Greater Huddersfield CCG and 11% (n=3) of practices in North Kirklees CCG are recruiting participants into research. For Greater Huddersfield this remains the same as last year however for North Kirklees this is an improvement on the 4% last year. In order to increase activity we have been working closely with Lisa Jamieson from the Greater Huddersfield GP Federation to enable a practice from each primary care network to become research ready. The practices Good Clinical Practice (GCP) training to kick start this is planned for Thursday 20 June 2019. We would like to work with North Kirklees CCG to achieve the same approach.

- Hospital and community services commissioned by the CCG recruited in excess of 5,000 participants into research last year.

- Greenhead and Elmwood Family Doctors and Eightlands Surgery all took part in ‘How is an enhanced feedback intervention to reduce opioid prescribing perceived and acted upon in primary care? A qualitative study’. This study looked at how the Campaign to Reduce Opioid Prescribing (CROP) audit and feedback reports were received and acted upon (or not) by practices. Qualitative interviews with staff from the above practices explored perceptions of feedback and subsequent actions, and examined the degree to which use of feedback becomes embedded (or not) in practice routines. This work along with the results of the interrupted time series analysis will be presented at the Society for Academic Primary Care Annual Scientific meeting in Exeter 4-6 July 2019.
Every member practice across the Greater Huddersfield and North Kirklees CCGs have contributed to the CROP interrupted time series analysis by providing anonymised aggregated data. This directly supports the NHS constitution by supporting research and improving care for others with the use of anonymised data.

2.6 The CCGs regularly advertise research educational and knowledge transfer events in the weekly staff bulletins in order to provide the CCG and member practice staff opportunities to benefit from the latest local and national evidence.

- The first knowledge transfer event of 2018 chaired by Dr Brendan Kennedy was held on Tuesday 1st May at Horizon in Leeds. The session explored approaches to supporting mental health in primary care.
- Chaired by Professor Sean Duffy, Programme Clinical Director and Alliance Lead for the West Yorkshire & Harrogate Cancer Alliance, our second annual event was held on 24th October 2018 at Horizon Leeds. Speakers from the University of Leeds, the University of Bradford and the West Yorkshire and Harrogate Health and Care Partnership who shared the latest approaches for earlier diagnosis of cancer in primary care.
- Throughout the year the WY R&D team have held stalls with our hospital R&D colleagues to promote Join Dementia Research. This provided a great opportunity to share information about how patients and the public can get involved in health research.

2.7 NHS Greater Huddersfield and NHS North Kirklees CCGs actively use research evidence to inform quality improvement work.

- Sharing the success of our Campaign to Reduce Opioid Prescribing (CROP) some members of project team attended the HSJ Value Awards dinner on Thursday 7th June 2018. We were shortlisted for an award in the Pharmacy and Medicines Optimisation category but pipped to the post by North Staffordshire combined Healthcare Trust with their Medication Reduction in Learning Disability inpatients intervention.
- Following on from the success of CROP we have carried out a further sustained programme of work across the CCGs member practices entitled Rethink. Practices received bi-monthly audit and feedback on their prescribing patterns relating to neuropathic pain management, details of latest evidence and
suggested action plans were also provided. This project has successfully bucked the National trend in year on year growth of gabapentinoid prescribing.

- The WY R&D team are now working with Makrand Gore and the other West Yorkshire and Harrogate Health and Care Partnership CCG heads of Medicines Optimisation to look at the current prescribing activity for antibiotics. Our new project is called ‘Lowering Anti-Microbial Prescribing (LAMP)’ and uses the same audit and feedback methodology as CROP and Rethink. We will be using the award winning locally developed Learning Layers Tool Box to support this project. As part of the European Vocational Skills Week 2018, the European Commission and the European Research Network on Vocational Education and Training (VET) have recognised the Learning Layers project for its excellence in research in VET. The project was selected for the shortlist by an expert commission and following an online public vote won the prestigious award.
<table>
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<tr>
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<th>Governing Bodies (meetings in common)</th>
<th>Meeting Date</th>
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<td>Performance Report against Key</td>
<td>Agenda Item No.</td>
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<tr>
<td>GB / Clinical Lead</td>
<td>Dr Steve Ollerton, Dr David Kelly</td>
<td>Responsible Officer</td>
<td>Vicky Dutchburn</td>
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<td>Head of Strategic Planning, Performance and Delivery</td>
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### Executive Summary

Please include a brief summary of the purpose of the report

This report details performance against ALL NHS Constitutional Standards and are set out in appendix Ai & Aii for Greater Huddersfield and North Kirklees CCGs.

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

### Previous consideration

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<th>Name of meeting</th>
<th>Meeting Date</th>
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### Recommendation (s)

The CCG Governing Bodies are asked to:

- **NOTE** Greater Huddersfield CCG and North Kirklees CCG performance against the key outcomes and measures for 2018/19;

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

### Decision

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<th>Assurance</th>
<th>Discussion</th>
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### Implications

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<tr>
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<td>(including whether an equality impact assessment has been completed)</td>
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<tr>
<td>Resources / Finance implications (including Staffing/Workforce considerations)</td>
<td>Any proposed changes or actions required to improve performance will be assessed for any financial implications</td>
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<td>Has a Data Protection Impact Assessment (DPIA) been completed? (Please select)</td>
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<tr>
<td>Strategic Objectives (which of the CCG objectives does this relate)</td>
<td>Contribute to the development of a sustainable NHS</td>
</tr>
</tbody>
</table>
to?

<table>
<thead>
<tr>
<th>Workforce to support the delivery of high quality care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work with partners and the public to improve health awareness, emotional wellbeing, community and personal resilience.</td>
</tr>
<tr>
<td>Ensure appropriate use of hospital services.</td>
</tr>
<tr>
<td>Improve health related experiences and outcomes for people with long term conditions, particularly those that experience significant inequalities.</td>
</tr>
<tr>
<td>Reduce avoidable variation in healthcare and patient experience.</td>
</tr>
</tbody>
</table>

| 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 |

<table>
<thead>
<tr>
<th>Legal / CCG Constitutional Implications</th>
<th>None Identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conflicts of Interest (include detail of any identified/potential conflicts)</td>
<td>None Identified</td>
</tr>
</tbody>
</table>

| None Identified |
|-----------------|-----------------|
| None Identified |
Monthly Performance Report against Key Performance Indicators for 2018/19

1. Purpose

To inform the Greater Huddersfield CCG (GHCCG) and the North Kirklees CCG (NKCCG) Governing Bodies, the performance against the 2019/20 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.

2. Performance Summary

Appendices Ai and Aii set out the summary positions of GHCCG and NKCCG performance against the National Constitutional Standards for 2018/19 based on the latest reporting period and the year to date position. These measures will be reported on a monthly basis.

Appendices Bi and Bii provide details of the ownership, accountability and responsibility within the CCG for delivery of the national and local priority areas of the Improvement and Assessment Framework (IAF) and sets out a summary position of GHCCG and NKCCG performance against the key 2018/19 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:-

<table>
<thead>
<tr>
<th>Ref No.</th>
<th>Outcome/Measure</th>
<th>NKCCG</th>
<th>GHCCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Con</td>
<td>Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 wks from referral</td>
<td>86.4%</td>
<td>91.7%</td>
</tr>
<tr>
<td>NHS Con</td>
<td>Patients on incomplete pathways waiting more than 52 weeks</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>NHS Con</td>
<td>Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral</td>
<td>93.76%</td>
<td>88.6%</td>
</tr>
<tr>
<td>NHS Con</td>
<td>Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&amp;E department <em>(May 2019 data – CHFT and 21 days May - MYHT)</em></td>
<td>85.25%</td>
<td>92.3%</td>
</tr>
<tr>
<td>NHS Con</td>
<td>Maximum two-week referred urgently with suspected cancer by a GP</td>
<td>85.3%</td>
<td>96.0%</td>
</tr>
<tr>
<td>NHS Con</td>
<td>Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms</td>
<td>9.7%</td>
<td>95.2%</td>
</tr>
<tr>
<td></td>
<td>Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers</td>
<td>93.2%</td>
<td>99.1%</td>
</tr>
<tr>
<td>NHS Con</td>
<td>Maximum one month (31-day) wait for subsequent treatment is surgery</td>
<td>100%</td>
<td>92.3%</td>
</tr>
<tr>
<td></td>
<td>Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer</td>
<td>76.7%</td>
<td>87.1%</td>
</tr>
<tr>
<td>NHS Con</td>
<td>Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers)</td>
<td>66.7%</td>
<td>83.3%</td>
</tr>
<tr>
<td>NHS Con</td>
<td>All handovers between ambulance and A&amp;E must take place within 15 minutes</td>
<td>70.4%</td>
<td>70.4%</td>
</tr>
<tr>
<td>NHS Con</td>
<td>All crews should be ready to accept new calls within a further 15 minutes</td>
<td>61.7%</td>
<td>61.7%</td>
</tr>
</tbody>
</table>

The traffic light status is based on Department of Health thresholds (NHS Performance Assessment Framework refers), if no threshold given, then actual versus plan is applied.
3.1 **18 weeks Referral to Treatment Times (RTT)**

The aggregate performance for NHS Greater Huddersfield CCG for Incomplete Pathways across all providers was 91.7% in April 2019.

The table below shows performance for all providers in April 2019 as well as the total number of incomplete pathways and the total within 18 weeks.

**Greater Huddersfield CCG (GHCCG)**

<table>
<thead>
<tr>
<th>CCG Code</th>
<th>Treatment Function</th>
<th>Total number of incomplete pathways</th>
<th>Total within 18 weeks</th>
<th>% within 18 weeks</th>
<th>Average (median) waiting time (in weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03A</td>
<td>General Surgery</td>
<td>2,096</td>
<td>1,868</td>
<td>89.1%</td>
<td>6.0</td>
</tr>
<tr>
<td>03A</td>
<td>Urology</td>
<td>1,087</td>
<td>956</td>
<td>87.9%</td>
<td>7.8</td>
</tr>
<tr>
<td>03A</td>
<td>Trauma &amp; Orthopaedics</td>
<td>2,390</td>
<td>2,145</td>
<td>89.7%</td>
<td>6.3</td>
</tr>
<tr>
<td>03A</td>
<td>Ear, Nose &amp; Throat (ENT)</td>
<td>1,345</td>
<td>1,231</td>
<td>91.5%</td>
<td>6.3</td>
</tr>
<tr>
<td>03A</td>
<td>Ophthalmology</td>
<td>1,752</td>
<td>1,579</td>
<td>90.1%</td>
<td>7.0</td>
</tr>
<tr>
<td>03A</td>
<td>Oral Surgery</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>03A</td>
<td>Neurosurgery</td>
<td>132</td>
<td>127</td>
<td>96.2%</td>
<td>5.8</td>
</tr>
<tr>
<td>03A</td>
<td>Plastic Surgery</td>
<td>339</td>
<td>260</td>
<td>76.7%</td>
<td>7.9</td>
</tr>
<tr>
<td>03A</td>
<td>Cardiothoracic Surgery</td>
<td>8</td>
<td>7</td>
<td>87.5%</td>
<td>-</td>
</tr>
<tr>
<td>03A</td>
<td>General Medicine</td>
<td>103</td>
<td>100</td>
<td>97.1%</td>
<td>6.3</td>
</tr>
<tr>
<td>03A</td>
<td>Gastroenterology</td>
<td>1,036</td>
<td>980</td>
<td>94.6%</td>
<td>5.2</td>
</tr>
<tr>
<td>03A</td>
<td>Cardiology</td>
<td>782</td>
<td>731</td>
<td>93.5%</td>
<td>7.9</td>
</tr>
<tr>
<td>03A</td>
<td>Dermatology</td>
<td>967</td>
<td>937</td>
<td>96.9%</td>
<td>5.6</td>
</tr>
<tr>
<td>03A</td>
<td>Thoracic Medicine</td>
<td>346</td>
<td>329</td>
<td>95.1%</td>
<td>7.9</td>
</tr>
<tr>
<td>03A</td>
<td>Neurology</td>
<td>522</td>
<td>481</td>
<td>92.1%</td>
<td>7.9</td>
</tr>
<tr>
<td>03A</td>
<td>Rheumatology</td>
<td>412</td>
<td>398</td>
<td>96.6%</td>
<td>6.0</td>
</tr>
<tr>
<td>03A</td>
<td>Geriatric Medicine</td>
<td>79</td>
<td>78</td>
<td>98.7%</td>
<td>8.0</td>
</tr>
<tr>
<td>03A</td>
<td>Gynaecology</td>
<td>974</td>
<td>910</td>
<td>93.4%</td>
<td>5.7</td>
</tr>
<tr>
<td>03A</td>
<td>Other</td>
<td>1,877</td>
<td>1,789</td>
<td>95.3%</td>
<td>5.8</td>
</tr>
<tr>
<td>03A</td>
<td><strong>Total</strong></td>
<td><strong>16,247</strong></td>
<td><strong>14,906</strong></td>
<td><strong>91.7%</strong></td>
<td><strong>6.4</strong></td>
</tr>
</tbody>
</table>

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

In respect of the April there were 16,247 (+221) patients on the waiting list with 1,341 (+63) exceeding 18 weeks. The number of patients waiting has increased by 221 and the breaches have increased by 63 compared with March performance.
Actions taken within CHFT to address under performance

CHFT failed the target for the first time by 0.21%. March performance had been a challenge with significant additional work required to validate, lessons learned from March were not fully taken into the April position with issues highlighted late in the month leaving insufficient time to fully validate.

Several specialties are in escalation with focus on confirmation of RTT timed pathways with clear milestones, reduction in 1st outpatient appointment waiting times and in particular the ASI list and understanding of waiting list profile by specialty and Consultant.

Key themes from validation are being reviewed with a focus on fixing issues at source and refocusing operational capacity on RTT improvement.

A weekly touchpoint meeting with key operational staff, Informatics and Performance has been reintroduced to monitor progress.

### CHFT

<table>
<thead>
<tr>
<th>CCG Code</th>
<th>Treatment Function</th>
<th>Total number of incomplete pathways</th>
<th>Total within 18 weeks</th>
<th>% within 18 weeks</th>
<th>Average (median) waiting time (in weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RWY</td>
<td>General Surgery</td>
<td>3,697</td>
<td>3,279</td>
<td>88.7%</td>
<td>6.5</td>
</tr>
<tr>
<td>RWY</td>
<td>Urology</td>
<td>1,747</td>
<td>1,530</td>
<td>87.6%</td>
<td>7.9</td>
</tr>
<tr>
<td>RWY</td>
<td>Trauma &amp; Orthopaedics</td>
<td>3,171</td>
<td>2,929</td>
<td>92.4%</td>
<td>5.5</td>
</tr>
<tr>
<td>RWY</td>
<td>Ear, Nose &amp; Throat (ENT)</td>
<td>2,794</td>
<td>2,586</td>
<td>92.6%</td>
<td>6.2</td>
</tr>
<tr>
<td>RWY</td>
<td>Ophthalmology</td>
<td>3,424</td>
<td>3,026</td>
<td>88.4%</td>
<td>7.6</td>
</tr>
<tr>
<td>RWY</td>
<td>Oral Surgery</td>
<td>1,286</td>
<td>1,161</td>
<td>90.3%</td>
<td>6.8</td>
</tr>
<tr>
<td>RWY</td>
<td>Neurosurgery</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>RWY</td>
<td>Plastic Surgery</td>
<td>497</td>
<td>355</td>
<td>71.4%</td>
<td>10.7</td>
</tr>
<tr>
<td>RWY</td>
<td>Cardiothoracic Surgery</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>RWY</td>
<td>General Medicine</td>
<td>196</td>
<td>195</td>
<td>99.5%</td>
<td>5.5</td>
</tr>
<tr>
<td>RWY</td>
<td>Gastroenterology</td>
<td>2,020</td>
<td>1,924</td>
<td>95.2%</td>
<td>5.4</td>
</tr>
<tr>
<td>RWY</td>
<td>Cardiology</td>
<td>1,528</td>
<td>1,433</td>
<td>93.8%</td>
<td>8.0</td>
</tr>
<tr>
<td>RWY</td>
<td>Dermatology</td>
<td>575</td>
<td>549</td>
<td>95.5%</td>
<td>5.3</td>
</tr>
<tr>
<td>RWY</td>
<td>Thoracic Medicine</td>
<td>618</td>
<td>589</td>
<td>95.3%</td>
<td>7.7</td>
</tr>
<tr>
<td>RWY</td>
<td>Neurology</td>
<td>1,017</td>
<td>929</td>
<td>91.3%</td>
<td>8.0</td>
</tr>
<tr>
<td>RWY</td>
<td>Rheumatology</td>
<td>748</td>
<td>725</td>
<td>96.9%</td>
<td>6.3</td>
</tr>
<tr>
<td>RWY</td>
<td>Geriatric Medicine</td>
<td>116</td>
<td>113</td>
<td>97.4%</td>
<td>8.1</td>
</tr>
<tr>
<td>RWY</td>
<td>Gynaecology</td>
<td>1,546</td>
<td>1,463</td>
<td>94.6%</td>
<td>5.9</td>
</tr>
<tr>
<td>RWY</td>
<td>Other</td>
<td>2,825</td>
<td>2,748</td>
<td>97.3%</td>
<td>6.0</td>
</tr>
<tr>
<td>RWY</td>
<td><strong>Total</strong></td>
<td><strong>27,805</strong></td>
<td><strong>25,534</strong></td>
<td><strong>91.8%</strong></td>
<td><strong>6.5</strong></td>
</tr>
</tbody>
</table>

Actions agreed as part of escalation meetings:

- Each specialty to have clear pathway timelines so polling ranges are clear, to include understanding of when majority of clocks stop etc. Focus on validation of 16 – 18 week
pathways essential to stop tip and this needs to be carried out by Divisional teams whilst the central team deal with over 18 week pathways.

- Begin to validate patients from 14-18 weeks in conjunction with the demand and capacity work which is being undertaken to look ahead at capacity problems which could result in 18 week breaches.
- Analysis of waiting list by specialty and consultant is needed to help understand issues with chronological dating and capacity opportunities.
- Follow-up meetings are to be held with those that are still selecting the incorrect RTT codes and the next step is to ensure clinic letters are clearly stating if a patient is on active monitoring.
- Priority continues to be given to longest pathways with additional attention on a weekly basis to ensure improved performance.
- The anticipated result is that these actions will improve the consultant understanding of the RTT pathway, and therefore reduce the need for validation.

North Kirklees

The aggregate performance for NHS North Kirklees CCG for Incomplete Pathways across all providers was 86.4% in April 2019 a marginal deterioration on the previous month.

The table below shows performance for all providers in April 2019 as well as the total number of incomplete pathways and the total within 18 weeks.

<table>
<thead>
<tr>
<th>CCG Code</th>
<th>Treatment Function</th>
<th>Total number of incomplete pathways</th>
<th>Total within 18 weeks</th>
<th>% within 18 weeks</th>
<th>Average (median) waiting time (in weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03J</td>
<td>General Surgery</td>
<td>475</td>
<td>421</td>
<td>88.6%</td>
<td>6.5</td>
</tr>
<tr>
<td>03J</td>
<td>Urology</td>
<td>772</td>
<td>673</td>
<td>87.2%</td>
<td>7.5</td>
</tr>
<tr>
<td>03J</td>
<td>Trauma &amp; Orthopaedics</td>
<td>1,143</td>
<td>909</td>
<td>79.5%</td>
<td>9.4</td>
</tr>
<tr>
<td>03J</td>
<td>Ear, Nose &amp; Throat (ENT)</td>
<td>1,684</td>
<td>1,286</td>
<td>76.4%</td>
<td>10.2</td>
</tr>
<tr>
<td>03J</td>
<td>Ophthalmology</td>
<td>1,520</td>
<td>1,377</td>
<td>90.6%</td>
<td>6.9</td>
</tr>
<tr>
<td>03J</td>
<td>Oral Surgery</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>03J</td>
<td>Neurosurgery</td>
<td>25</td>
<td>22</td>
<td>88.0%</td>
<td>9.0</td>
</tr>
<tr>
<td>03J</td>
<td>Plastic Surgery</td>
<td>347</td>
<td>302</td>
<td>87.0%</td>
<td>7.0</td>
</tr>
<tr>
<td>03J</td>
<td>Cardiothoracic Surgery</td>
<td>3</td>
<td>3</td>
<td>100.0%</td>
<td>-</td>
</tr>
<tr>
<td>03J</td>
<td>General Medicine</td>
<td>14</td>
<td>14</td>
<td>100.0%</td>
<td>-</td>
</tr>
<tr>
<td>03J</td>
<td>Gastroenterology</td>
<td>1,095</td>
<td>942</td>
<td>86.0%</td>
<td>8.0</td>
</tr>
<tr>
<td>03J</td>
<td>Cardiology</td>
<td>417</td>
<td>383</td>
<td>91.8%</td>
<td>6.6</td>
</tr>
<tr>
<td>03J</td>
<td>Dermatology</td>
<td>269</td>
<td>231</td>
<td>85.9%</td>
<td>6.1</td>
</tr>
<tr>
<td>03J</td>
<td>Thoracic Medicine</td>
<td>319</td>
<td>269</td>
<td>84.3%</td>
<td>8.6</td>
</tr>
<tr>
<td>03J</td>
<td>Neurology</td>
<td>302</td>
<td>277</td>
<td>91.7%</td>
<td>5.8</td>
</tr>
<tr>
<td>03J</td>
<td>Rheumatology</td>
<td>422</td>
<td>347</td>
<td>82.2%</td>
<td>8.5</td>
</tr>
<tr>
<td>03J</td>
<td>Geriatric Medicine</td>
<td>30</td>
<td>28</td>
<td>93.3%</td>
<td>6.3</td>
</tr>
<tr>
<td>03J</td>
<td>Gynaecology</td>
<td>1,089</td>
<td>936</td>
<td>86.0%</td>
<td>7.6</td>
</tr>
<tr>
<td>03J</td>
<td>Other</td>
<td>2,830</td>
<td>2,596</td>
<td>91.7%</td>
<td>5.0</td>
</tr>
<tr>
<td>03J</td>
<td>Total</td>
<td>12,756</td>
<td>11,016</td>
<td>86.4%</td>
<td>7.1</td>
</tr>
</tbody>
</table>

Specialities below the 92% target are highlighted in red for information.
In April there were 12,756 (+349) patients on the waiting list with 1,740 (+200) patients waiting in excess of 18 weeks.

**Actions taken within MYHT to address under performance**

- 19/20 AIC contract includes growth
- Trust level conversations occurring regarding delivery of the additional activity
- Conversations with CCG colleagues regarding actions to support the Gastroenterology position (e.g. CAS)
- Themes from validation work are being shared to support waiting list maintenance in the future – such as incorrect use of outcome codes.
- Renewed focus on 35+ week waiters to support the Trust target of zero patients waiting beyond 35 weeks.
- Access and Performance meetings held weekly monitor specialities against their RTT predictions, cancer performance and currently include the waiting list actions – this is the opportunity for divisions to escalate issues associated with delivery over Easter period
- 2019/20 Planned Care Transformation schemes are in the final stages of being agreed with associated KPIs
- System-wide collaboration on Waiting List Reduction actions – fortnightly monitoring by NHSI/E through jointly agreed governance.
- Weekly Divisional Access and Performance meetings to support delivery and escalate barriers and key risks
- Weekly Trust Access and Performance meeting to review progress and agree actions to support delivery and escalate barriers and key risks
- Executive chaired Joint Planned Care Improvement programme with local CCGs - fortnightly.
- Director chaired internal planned care improvement group to oversee all workstreams
- System transformation initial draft for 19/20 programme completed
### Treatment Function

<table>
<thead>
<tr>
<th>CCG Code</th>
<th>Treatment Function</th>
<th>Total number of incomplete pathways</th>
<th>Total within 18 weeks</th>
<th>% within 18 weeks</th>
<th>Average (median) waiting time (in weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RXF</td>
<td>General Surgery</td>
<td>815</td>
<td>711</td>
<td>87.2%</td>
<td>6.9</td>
</tr>
<tr>
<td>RXF</td>
<td>Urology</td>
<td>2,142</td>
<td>1,878</td>
<td>87.7%</td>
<td>7.2</td>
</tr>
<tr>
<td>RXF</td>
<td>Trauma &amp; Orthopaedics</td>
<td>2,689</td>
<td>2,252</td>
<td>83.7%</td>
<td>8.3</td>
</tr>
<tr>
<td>RXF</td>
<td>Ear, Nose &amp; Throat (ENT)</td>
<td>4,125</td>
<td>3,052</td>
<td>74.0%</td>
<td>10.7</td>
</tr>
<tr>
<td>RXF</td>
<td>Ophthalmology</td>
<td>3,329</td>
<td>2,998</td>
<td>90.1%</td>
<td>7.5</td>
</tr>
<tr>
<td>RXF</td>
<td>Oral Surgery</td>
<td>1,513</td>
<td>1,278</td>
<td>84.5%</td>
<td>6.9</td>
</tr>
<tr>
<td>RXF</td>
<td>Neurosurgery</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>RXF</td>
<td>Plastic Surgery</td>
<td>1,340</td>
<td>1,187</td>
<td>88.6%</td>
<td>7.1</td>
</tr>
<tr>
<td>RXF</td>
<td>Cardi thoracic Surgery</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>RXF</td>
<td>General Medicine</td>
<td>9</td>
<td>9</td>
<td>100.0%</td>
<td>-</td>
</tr>
<tr>
<td>RXF</td>
<td>Gastroenterology</td>
<td>2,696</td>
<td>2,294</td>
<td>85.1%</td>
<td>8.2</td>
</tr>
<tr>
<td>RXF</td>
<td>Cardiology</td>
<td>1,008</td>
<td>939</td>
<td>93.2%</td>
<td>6.1</td>
</tr>
<tr>
<td>RXF</td>
<td>Dermatology</td>
<td>993</td>
<td>880</td>
<td>88.6%</td>
<td>6.1</td>
</tr>
<tr>
<td>RXF</td>
<td>Thoracic Medicine</td>
<td>886</td>
<td>758</td>
<td>85.6%</td>
<td>7.6</td>
</tr>
<tr>
<td>RXF</td>
<td>Neurology</td>
<td>625</td>
<td>602</td>
<td>96.3%</td>
<td>4.3</td>
</tr>
<tr>
<td>RXF</td>
<td>Rheumatology</td>
<td>1,152</td>
<td>896</td>
<td>77.8%</td>
<td>9.6</td>
</tr>
<tr>
<td>RXF</td>
<td>Geriatric Medicine</td>
<td>119</td>
<td>110</td>
<td>92.4%</td>
<td>6.5</td>
</tr>
<tr>
<td>RXF</td>
<td>Gynaecology</td>
<td>2,937</td>
<td>2,300</td>
<td>78.3%</td>
<td>9.7</td>
</tr>
<tr>
<td>RXF</td>
<td>Other</td>
<td>8,082</td>
<td>7,370</td>
<td>91.2%</td>
<td>6.1</td>
</tr>
<tr>
<td>RXF</td>
<td><strong>Total</strong></td>
<td><strong>34,460</strong></td>
<td><strong>29,514</strong></td>
<td><strong>85.6%</strong></td>
<td><strong>7.5</strong></td>
</tr>
</tbody>
</table>

#### 3.2 Number of patients waiting more than 52 weeks

**Greater Huddersfield CCG**

There were 2 breaches for Greater Huddersfield patients. Both for Trauma and Orthopaedic.

**North Kirklees CCG**

There were 5 breaches for North Kirklees patients. All were in respect of Trauma and Orthopaedics. All 5 were at Leeds.

There were 85 Trauma and orthopaedic 52 week breaches for April 2019 at Leeds Teaching hospital – total 87 (2 categorised as other)
3.3 Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral

**Greater Huddersfield CCG (GHCCG)**

GHCCG achieved 88.6% against a 99% threshold for diagnostics waiting times. Patients should not wait more than 6 weeks for diagnostic tests.

The table below shows the breach percentages for each diagnostic test:

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Breaches</th>
<th>Waiting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magnetic Resonance Imaging</td>
<td>12 (+9)</td>
<td>1,118 (-43) waiting</td>
</tr>
<tr>
<td>Computer tomography</td>
<td>9 (-3)</td>
<td>532 (-6) waiting</td>
</tr>
<tr>
<td>Non obstetric ultrasound</td>
<td>16 (+13)</td>
<td>2,080 (+72) waiting</td>
</tr>
<tr>
<td>Audiology</td>
<td>1 breach</td>
<td>88 waiting</td>
</tr>
<tr>
<td>Echocardiography</td>
<td>500 (+5)</td>
<td>845 (+36) waiting</td>
</tr>
<tr>
<td>Neurophysiology</td>
<td>125 (+74)</td>
<td>484 (no change) waiting</td>
</tr>
<tr>
<td>Respiratory</td>
<td>1 breach</td>
<td>46 waiting</td>
</tr>
<tr>
<td>Urodynamics</td>
<td>2 (-1)</td>
<td>12 (-5) waiting</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>1 (-2)</td>
<td>158 (+4) waiting</td>
</tr>
<tr>
<td>Flexi sigmoidoscopy</td>
<td>2 (-1)</td>
<td>86 (-2) waiting</td>
</tr>
<tr>
<td>Cystoscopy</td>
<td>3 (+1)</td>
<td>82 (+9) waiting</td>
</tr>
</tbody>
</table>

The most significant failure remains with echocardiography, although as can be seen from the information above only 4 tests have achieved the 99% target.

In April a total of 672 (+97, compared to March) breaches were reported across all providers, with 5,896 (-16, compared to March) patients waiting. The breach details are contained below:

- Magnetic Resonance Imaging: 12 (+9) breaches with 1,118 (-43) waiting
- Computer tomography: 9 (-3) breaches with 532 (-6) waiting
- Non obstetric ultrasound: 16 (+13) breaches with 2,080 (+72) waiting
- Audiology: 1 breach with 88 waiting
- Echocardiography: 500 (+5) breaches with 845 (+36) waiting
- Neurophysiology: 125 (+74) breaches with 484 (no change) waiting
- Respiratory: 1 breach with 46 waiting
- Urodynamics: 2 (-1) breaches with 12 (-5) waiting
- Colonoscopy: 1 (-2) breach with 158 (+4) waiting
- Flexi sigmoidoscopy: 2 (-1) breaches with 86 (-2) waiting
- Cystoscopy: 3 (+1) breaches with 82 (+9) waiting
Actions taken within CHFT to address under performance

Diagnostics

% Diagnostic Waiting List within 6 Weeks - target missed in 5 out of last 6 months due to a cohort of requests which had not been entered onto the system; existing staffing capacity constraints is impacting on speed of recovery. In addition staffing issues in Neurophysiology are causing some breaches.

CHFT are working with the EPR team to produce a build for all referrals to be added to a waiting list on EPR, allowing visibility of the backlog of patients waiting and the timeframe they occupy. Until then we have built a spreadsheet to track the referrals and a manual report will be sent to the information team every Monday to build this into the weekly performance report.

An outsourcing company have been commissioned to clear the backlog and provide ongoing support to meet the current demand. Team due to provide adhoc scanning sessions in May and will provide 1 full time member of staff in June with a view to increase to full scanning capacity in July.

As well as this Mid Yorks have offered two Saturday lists per month with capacity to scan 10 patients per Saturday. This is being explored further with the Mid Yorks team. Hoping to go live in June with 20 scans per month.

CHFT Echo team to provide further weekend sessions throughout the months of May/June to move lists so outsourcing team can maximise scanning capacity.

Recruitment for bank/substantive staff is ongoing with a rolling advert out every month (One full time band 7 scanner employed in May due to start July who will be able to provide a further 200 scans per month). Workforce is supporting the department looking at the recruitment and training strategy. One extra full time bank recruit is already in the pipeline.

Neurophysiology recovery plan in place and CHFT are currently:
- increasing the scope of our CESR doctors to perform EMG’s
- increasing the PA’s of our experienced specialty doctors to cover maternity leave
- staff in post are running additional sessions
- several jobs going out to adverts
- we are putting in a new rota to manage the capacity against the demand

The table below shows the diagnostics waiting numbers for CHFT
- Magnetic Resonance Imaging: 7 (-1) breaches with 1,774 (-15) waiting
- Computer tomography: 15 (-1) breaches with 856 (-47) waiting
- Non obstetric ultrasound: 19 (+13) breaches with 3453 (-196) waiting
- Audiology: 1 (no change) breach with 128 (-108) waiting
- Echocardiography: 1,087 (+3) breaches with 1704 (-36) waiting
- Neurophysiology: 208 (+107) breaches with 886 (+4) waiting
- Urodynamics: 3 (no change) breaches with 29 (-11) waiting
- Cystoscopy: 3 (-3) breaches with 190 (-35) waiting

**North Kirklees CCG (NKCCG)**

In April 2019 NKCCG achieved 93.76% against a 99% threshold for diagnostics waiting times. Patients should not wait more than 6 weeks for diagnostic tests.

The table below shows the breach percentages for each diagnostic test:

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Breaches</th>
<th>Waiting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magnetic Resonance Imaging</td>
<td>7</td>
<td>1,774</td>
</tr>
<tr>
<td>Computer tomography</td>
<td>15</td>
<td>856</td>
</tr>
<tr>
<td>Non obstetric ultrasound</td>
<td>19</td>
<td>3453</td>
</tr>
<tr>
<td>Audiology</td>
<td>1</td>
<td>128</td>
</tr>
<tr>
<td>Echocardiography</td>
<td>1,087</td>
<td>1704</td>
</tr>
<tr>
<td>Neurophysiology</td>
<td>208</td>
<td>886</td>
</tr>
<tr>
<td>Urodynamics</td>
<td>3</td>
<td>29</td>
</tr>
<tr>
<td>Cystoscopy</td>
<td>3</td>
<td>190</td>
</tr>
</tbody>
</table>

In April a total of 189 (+8) breaches were reported across all providers, with 3,027 (+22) patients waiting. The breach details are contained below:

- Magnetic Resonance Imaging: 10 (+5) breaches with 778 (-6) waiting
- Computer tomography: 1 breach with 326 waiting
- Echocardiography: 26 (-4) breaches with 242 (+7) waiting
- Colonoscopy: 100 (-6) breaches with 276 (+23) waiting
- Flexi sigmoidoscopy: 21 (+12) breaches with 70 (-16) waiting
- Cystoscopy: 1 (-3) breach with 32 (-24) waiting
- Gastroscopy: 30 (+4) breaches with 167 (+11) waiting
Actions taken within MYHT to address under performance

- Endoscopy to tightly manage their forecast delivery to pull back their monthly surveillance planned follow up position. The service is being supported with weekly meetings and to explore sustainable solutions for long term recovery.
- CT waiting times and waiting lists are being micromanaged to mitigate risks of potential month end breaches due to the equipment replacement programme currently taking place
- Weekly Trust Access and Performance meeting to review progress and agree actions.
- Waiting time data sent out weekly by IMT. This is validated by the speciality teams.
- Weekly challenge and sign off of the weekly position which is submitted to TDA.
- Specialty level action plans and trajectories are expected where not meeting the target.
- Radiology is currently undertaking an extensive equipment replacement programme which will see all appropriate scanners replaced
- From March 2019 the planned surveillance position will be reported as part of the DM01 return. There will be deterioration in performance and an increase in the waiting list size for both DM01 and RTT. There is an agreed trajectory to ensure all planned surveillance patients receive their diagnostic test by Due Date by September 2019.
- There is an endoscopy taskforce meeting weekly consisting of a range of senior operational managers to provide assurance and oversight. Several key actions have been prioritised. These include:
  - Revision of booking and administration Standard Operating Procedures (SOPs)
  - Detailed training and competency assessment of the team against these SOPs
  - Detailed and robust patient by patient management
  - Capacity and demand trajectory planning to support revised forecasting

3.4 Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department

*Please note this is provider activity for all attendances regardless of residence.*

**Calderdale Hospital Foundation Trust**

Performance against the 4 hour Emergency Care Standard for 2018/19 was **91.25%** for all sites.

During the year there were 150,541 (average 413 per day) attendances with 13,165 (average 36 per day) patients waiting in excess of 4 hours. Performance against the 4 hour Emergency Care Standard for 2018/19 was **91.25%** for all sites

<table>
<thead>
<tr>
<th>CRH</th>
<th>HRI</th>
<th>All</th>
<th>attends ave</th>
<th>breach ave</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>92.6%</td>
<td>87.6%</td>
<td>90.2%</td>
<td>433</td>
</tr>
<tr>
<td></td>
<td>6749</td>
<td>6237</td>
<td>12986</td>
<td></td>
</tr>
<tr>
<td></td>
<td>501</td>
<td>772</td>
<td>1273</td>
<td>43</td>
</tr>
<tr>
<td>May</td>
<td>96%</td>
<td>87.6%</td>
<td>92.3%</td>
<td>420</td>
</tr>
<tr>
<td></td>
<td>6647</td>
<td>6362</td>
<td>13009</td>
<td></td>
</tr>
<tr>
<td></td>
<td>266</td>
<td>736</td>
<td>1002</td>
<td>33</td>
</tr>
</tbody>
</table>
**Actions taken within CHFT to address under performance**

Performance was largely impacted by the bank holiday period in April and the learning from the staffing and flow challenges CHFT experienced have been taken forward. CHFT secured funding through the urgent care board for the senior nurse at front door scheme, and it is anticipated that this will reduce the time to triage and support patients to follow alternate pathways in primary care where appropriate. The 2nd consultant in the ED has been extended from 13:00-17:00 to 11:00-17:00 to improve the amount of senior medical support in the department. From May the rota will also include some job planned weekend cover.

There was also an increase in unplanned re-attendances and patients that left without being seen at HRI in April. This correlates with the increased wait times over the Easter. Reliance on bank and agency doctors contributed to the difficult shifts over the bank holidays, as locum staff were cancelling at short notice. Moving forward, the rotas for bank holiday periods will be completed separately to the rolling rota to ensure fair allocated of shifts across all staff and a robust level of cover.

**Please note this is provider activity for all attendances regardless of residence.**

**Mid Yorks Hospital Trust**

Performance against the 4 hour Emergency Care Standard for 2018/19 was **85.77%** for all sites.

During the year there were 254,397 (average 697 per day) attendances with 36,190 (average 99 per day) patients waiting in excess of 4 hours

Performance against the 4 hour Emergency Care Standard for April 2019 was **84.3%**.

```
<table>
<thead>
<tr>
<th></th>
<th>DDH</th>
<th>PIND</th>
<th>PONT</th>
<th>ALL</th>
<th>attends ave</th>
<th>breach ave</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>92.3%</td>
<td>72.3%</td>
<td>99.5%</td>
<td>84.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendances</td>
<td>7580</td>
<td>10487</td>
<td>4241</td>
<td>22308</td>
<td>744</td>
<td>117</td>
</tr>
<tr>
<td>Breeches</td>
<td>585</td>
<td>2908</td>
<td>20</td>
<td>3513</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
```

**Note May relates to 21 days only, MYHT are now piloting new ED measures.**

```
<table>
<thead>
<tr>
<th></th>
<th>DDH</th>
<th>PIND</th>
<th>PONT</th>
<th>ALL</th>
<th>attends ave</th>
<th>breach ave</th>
</tr>
</thead>
<tbody>
<tr>
<td>May</td>
<td>91.55%</td>
<td>75.55%</td>
<td>99.65%</td>
<td>85.25%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendances</td>
<td>4992</td>
<td>7392</td>
<td>2893</td>
<td>15177</td>
<td>723</td>
<td></td>
</tr>
<tr>
<td>Breeches</td>
<td>422</td>
<td>1807</td>
<td>10</td>
<td>2239</td>
<td>107</td>
<td></td>
</tr>
</tbody>
</table>
```
The Pilot’s Proposed Standards

Extract from Systems Executive Group

- Mid Yorks is one of 14 Trusts nationally and one of three regionally supporting the UEC pilot.
- The pilot period is expected to last a total of 14 weeks – end August (approximately).
- 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.

The year end position has been described by MYHT below

Type 1 A&E 4 hours – Performance increased to 85.7% in March 2019, although there was also an improvement across the country, the national average only equated to 79.5% compared to a target of ≥95%. The greater improvement in Trust performance compared to our England peers has also meant that our ranking has improved from 57th to 39th out of 134 reporting Trusts. The number of Trusts achieving the national target increased from 3 to 10 in March 2019. NB. This only reflects Type 1 A&E attendances and does not include the Urgent Treatment Centre at Pontefract Hospital.

Key statistics for 2018/2019:

- Overall, activity was 6% higher in 18/19 than 17/18.
- Year-end performance improved by 0.7% to 85.9%.
- In total, across the two EDs and UTC, a total of 14, 636 more patients were seen and treated by our services.
- The admission pattern fluctuated greatly over the year. The Trust delivered on maintaining a conversion rate below 22%. Overall, 363 less patients were admitted in 18/19 compared to the previous year. It is important to note that there is seasonal variation relating to this.
There are 6 reportable cancer measures this month.

### Quick Summary

**3.5 Cancer performance**

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Baseline</th>
<th>Month</th>
<th>YTD</th>
<th>YTD RAGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.66 Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP</td>
<td>93.0%</td>
<td>96.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.67 Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms</td>
<td>93.0%</td>
<td>95.2%</td>
<td>95.3%</td>
<td></td>
</tr>
<tr>
<td>E.68 Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers</td>
<td>96.0%</td>
<td>99.1%</td>
<td>99.1%</td>
<td></td>
</tr>
<tr>
<td>E.69 Maximum 31-day wait for subsequent treatment where that treatment is surgery</td>
<td>94.0%</td>
<td>92.3%</td>
<td>92.3%</td>
<td></td>
</tr>
<tr>
<td>E.70 Maximum 31-day wait for subsequent treatment where that treatment is anti-cancer drug regime</td>
<td>98.0%</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.71 Maximum 31-day wait for subsequent treatment where that treatment is epiode of radiotherapy</td>
<td>94.0%</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.72 Maximum 31-day wait for subsequent treatment where that treatment is palliative</td>
<td>98.0%</td>
<td>-</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>E.73 Maximum 31-day wait for subsequent treatment where that treatment is either</td>
<td>96.0%</td>
<td>-</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>E.74 Maximum 31-day wait for subsequent treatment where that treatment is all treatments</td>
<td>98.0%</td>
<td>97.9%</td>
<td>97.9%</td>
<td></td>
</tr>
<tr>
<td>E.75 Maximum 62-day wait from urgent GP referrals to first definitive treatment (cancer)</td>
<td>85.0%</td>
<td>87.1%</td>
<td>87.1%</td>
<td></td>
</tr>
<tr>
<td>E.76 Maximum 62-day wait from referral an NHS screening service to first definitive treatment for all cancers</td>
<td>90.0%</td>
<td>94.4%</td>
<td>94.4%</td>
<td></td>
</tr>
<tr>
<td>E.77 Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)</td>
<td>90.0%</td>
<td>83.3%</td>
<td>83.3%</td>
<td></td>
</tr>
</tbody>
</table>

**Quick Summary**

<table>
<thead>
<tr>
<th>Measure Description</th>
<th>Baseline</th>
<th>Month</th>
<th>YTD</th>
<th>YTD RAGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.86 Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP</td>
<td>93.0%</td>
<td>85.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.87 Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms</td>
<td>93.0%</td>
<td>9.7%</td>
<td>9.7%</td>
<td></td>
</tr>
<tr>
<td>E.88 Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers</td>
<td>96.0%</td>
<td>93.2%</td>
<td>93.2%</td>
<td></td>
</tr>
<tr>
<td>E.89 Maximum 31-day wait for subsequent treatment where that treatment is surgery</td>
<td>94.0%</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.90 Maximum 31-day wait for subsequent treatment where that treatment is anti-cancer drug regime</td>
<td>98.0%</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.91 Maximum 31-day wait for subsequent treatment where that treatment is epiode of radiotherapy</td>
<td>94.0%</td>
<td>95.7%</td>
<td>95.7%</td>
<td></td>
</tr>
<tr>
<td>E.92 Maximum 31-day wait for subsequent treatment where that treatment is palliative</td>
<td>98.0%</td>
<td>-</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>E.93 Maximum 31-day wait for subsequent treatment where that treatment is either</td>
<td>96.0%</td>
<td>-</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>E.94 Maximum 31-day wait for subsequent treatment where that treatment is all treatments</td>
<td>98.0%</td>
<td>98.5%</td>
<td>98.5%</td>
<td></td>
</tr>
<tr>
<td>E.95 Maximum 62-day wait from urgent GP referrals to first definitive treatment (cancer)</td>
<td>85.0%</td>
<td>76.7%</td>
<td>76.7%</td>
<td></td>
</tr>
<tr>
<td>E.96 Maximum 62-day wait from referral an NHS screening service to first definitive treatment for all cancers</td>
<td>90.0%</td>
<td>100.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.97 Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)</td>
<td>90.0%</td>
<td>66.7%</td>
<td>66.7%</td>
<td></td>
</tr>
</tbody>
</table>
Cancer Performance breach details

<table>
<thead>
<tr>
<th>Measure</th>
<th>Greater Huddersfield</th>
<th>North Kirklees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP</td>
<td>682 27</td>
<td>627 92</td>
</tr>
<tr>
<td>Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms</td>
<td>104 5</td>
<td>93 84</td>
</tr>
</tbody>
</table>

**Greater Huddersfield.** There were 27 two week wait breaches.
5 x breast – 4 at CHFT and 1 at Barnsley, the Barnsley breach was recorded as patient choice whilst the CHFT breaches were coded as 3 x outpatient capacity and 1 x patient choice.
4 x urological all at CHFT, and all coded as clinic cancellation.
1 x lung at CHFT, other reason not listed.
7 x skin at CHFT, all coded as patient choice
1 x lower GI at CHFT, clinic cancellation
8 x upper GI at CHFT, one clinic cancellation, two coded as patient choice and the remaining 5 coded to outpatient capacity.

There were 5 breaches for breast referrals, 3 at CHFT, 1 at Leeds and 1 at Barnsley. The 3 breaches at Leeds, Barnsley and 1 of the CHFT breaches was coded as outpatient capacity issues and the remaining 2 breaches at CHFT were coded as patient choice.

**North Kirklees.** There were 92 two week wait breaches. 90 attributable to MYHT and 2 at Leeds (both outpatient capacity).

75 x breast, 72 were coded as outpatient capacity delays, 2 were an admin delay and 1 was other reason not listed.

1 x head and neck, patient choice.
8 x upper GI. 1 was administrative delay and the other 7 coded as other reason not listed.
1 x gynaecological, patient choice.
3 x lower GI, 1 patient choice, 1 administrative delay and 1 outpatient capacity.
2 x skin, both patient choice.
1 x urological, outpatient capacity.
1 x lung, other reason not listed.

There were 84 urgent referrals for breast, with the exception of 6 cases (4 coded to admin delay and 2 to other reason not listed) all the breaches were attributed to outpatient capacity (78).

In summary, of the 176 breaches, 159 were breast cancer breaches with 150 of them being as a result of outpatient capacity inadequate (i.e. no cancelled clinic, but not enough slots for this patient).

The average delay for all 2 week wait breaches is 22.9 days (an increase from last month of 3.3 days) with the longest individual recorded delay to treatment being 34 days.

The average delay for all 2 week wait breast breaches is 23.7 days (an increase on the previous month of 4.3 days) with the longest individual recorded delay to treatment being 45 days.
Greater Huddersfield. There was 1 thirty one day wait breaches all were first definitive breaches: A breast breach at Bradford, and all were coded as patient choice.

Both breaches for surgery were at Leeds and were coded as elective capacity, inadequate.

North Kirklees.

There were 4 thirty one day wait breaches:
- Upper GI – Leeds – complex diagnostic pathway
- Head and Neck – Leeds – complex diagnostic pathway
- 2 Urological – MYHT – 1 elective capacity and 1 other reason not listed.

The breach to radiotherapy was at Leeds and was as a result of other reason not listed.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Greater Huddersfield</th>
<th>North Kirklees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure</td>
<td>Referrals</td>
<td>Breaches</td>
</tr>
<tr>
<td>Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers</td>
<td>109</td>
<td>1</td>
</tr>
<tr>
<td>Maximum 31-day wait for subsequent treatment where that treatment is surgery</td>
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<td>2</td>
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<tr>
<td>Maximum 31-day wait for subsequent treatment where that treatment is anti-cancer drug regime</td>
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<td>0</td>
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<tr>
<td>Maximum 31-day wait for subsequent treatment where that treatment is episode of radiotherapy</td>
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<td>0</td>
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<tr>
<td>Maximum 31-day wait for subsequent treatment where that treatment is palliative</td>
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</tr>
<tr>
<td>Maximum 31-day wait for subsequent treatment where that treatment is other</td>
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<td>0</td>
</tr>
<tr>
<td>Maximum 31-day wait for subsequent treatment where that treatment is all treatments</td>
<td>95</td>
<td>2</td>
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</tbody>
</table>

Greater Huddersfield. There were 8 sixty two day wait breaches, first definitive treatment.

3 breaches were for lung, all at Leeds with 2 for health care providers initiated delay to diagnostic test and 1 for complex diagnostic pathway.

There was one breach each for the following types:
- Upper GI complex diagnostic pathway CHFT
- Lower GI elective capacity inadequate CHFT
- Head and neck complex diagnostic pathway Bradford
- Gynaecological complex diagnostic pathway Leeds
- Sarcoma complex diagnostic pathway Leeds
1 breach for lower GI following screening, at CHFT (patient initiated delay).

1 for upper GI at CHFT consultant upgrade health care provider delay to diagnostic test or treatment planning.

**North Kirklees.**

There were 7 sixty two day wait breaches.

3 urological breaches at MYHT – 2 were health care provider delay and the third was other reason not listed.
2 head and neck breaches at Leeds – both were administrative delays.
1 haematology at MYHT delayed for patient choice.
1 gynaecological at MYHT due to a complex diagnostic pathway.

There were 2 breaches following a consultant’s decision to upgrade, 1 lung health care provider initiated delay at Leeds and 1 urological at MYHT delayed for other reason not specified.

**Breaches**

<table>
<thead>
<tr>
<th>Provider</th>
<th>2ww</th>
<th>31 day</th>
<th>62 day</th>
<th>Total</th>
</tr>
</thead>
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<tr>
<td>Greater Huddersfield</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>CHFT</td>
<td>28</td>
<td>0</td>
<td>7</td>
<td>35</td>
</tr>
<tr>
<td>Barnsley</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Bradford</td>
<td>0</td>
<td>1</td>
<td>0.5</td>
<td>1.5</td>
</tr>
<tr>
<td>Leeds</td>
<td>1</td>
<td>2</td>
<td>2.5</td>
<td>5.5</td>
</tr>
<tr>
<td>North Kirklees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MYHT</td>
<td>174</td>
<td>2</td>
<td>7.5</td>
<td>183.5</td>
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<tr>
<td>Leeds</td>
<td>2</td>
<td>3</td>
<td>1.5</td>
<td>6.5</td>
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</tbody>
</table>

Summary of all MYHT 2 week wait breaches – 2018/19.
April data shows there were 2291 referrals with 355 breaches at MYHT in respect of 2 week wait for first outpatient appointment referred urgently with suspected cancer by a GP (84.5%). Compared to the average number of referrals from last year this is an increase of 418 (+22.3%). There was only 1 month (October) last year that saw more referrals 2303. Compared to the average number of breaches from last year this is an increase of 239 (+206%). This is the highest number of breaches recorded over the last 13 months.

April data shows there were 301 referrals with 273 breaches at MYHT in respect of 2 week waits for first outpatient appointment for patients referred urgently with breast symptoms (9.3%). Compared to the average number of referrals from last year this is an increase of 56 (+22.9%). This is the highest number of breaches recorded over the last 13 months. Compared to the average number of breaches from last year this is an increase of 215 (+370%). There was only 1 month (October) last year that saw more referrals 2303. This is the highest number of breaches recorded over the last 13 months.

**Actions taken within MYHT and the broader system to address under performance**

- Urology Summit held and action plan agreed
- Participating in Alliance led improvement work
- Attempting to source alternative capacity
- Utilised Intensive Support team to review pathways and find efficiencies
- Monitoring the breast position carefully as the delays to 2ww may affect the 62 day pathway
- Participating in Alliance led review of region diagnostic capacity
- Specialist commissioning reviewing PET CT provision
- Consultant Radiologists employed in Head & Neck and Lung
- Commitment to and working alongside West Yorkshire & Harrogate Cancer Alliance
- The numbers of patients over 104 and 62 days has decreased although this fluctuates
- In-depth pathway analysis on the 3 pathways is identifying regional capacity concerns which will allow a collaborative approach to resolving the issues.

**Cancer Administrative staffing –**

- Increase in 2ww referral workload puts a strain on the current workforce to administrate cancer pathways
- Interface between Camis and Infoflex interface can’t be completed until Camis PAS has been upgraded and the date of upgrade is unknown. This would will reduce the admin burden on the cancer team
- Alliance has temporarily funded additional posts
- Tracking the Camis upgrade progress through Planned Care
- Review of structure in cancer admin team and cancer informatics team to ensure future proofed structure in both services
- Review of the admin pathways for referral management under review.
**Actions taken within CHFT to address under performance**

Within the Medical Division there are twice weekly meetings with the Cancer tracking team focusing on lung and upper GI pathways. Agenda for meetings set to review 14 days, 38 day, 62 day and 104 days targets and all patients in danger of breaching. There are also three time weekly mini-MDT meetings with the tracking team.

Within Medicine there have been 4 x 14 day breaches in lung in the last 12 months all down to patient choice. Orders for diagnostics for lung pathways are placed in bundles at the start of the pathway (CT, PET, EBUS) to avoid any early delays. Tests can be cancelled later on if not required.

Discussions are ongoing with the CCG on making the CT mandatory with the referral. Currently unable to reject any incomplete referrals. Discussion ongoing with Leeds with regards Pathology on turnaround times and priority of reporting.

Discussion with CHFT Radiology on CT turnaround times as breaching the 14 days target.

An IMS tracker is being developed for Haematology which will show every patient on a suspected cancer pathway so the at risk patients can be predicted sooner.

There is ongoing work with Plastics to develop a better pathway for Dermatology cancer patients.

All pathway are closely monitored by the PPC team within the Surgical Division and delays escalated via the appropriate management team.

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

YAS has introduced a new reporting template which is currently under review and does not currently include the handover and crew clear times.

**4.0 Recommendations**

The Greater Huddersfield and North Kirklees Clinical Commissioning Group Governing Bodies are asked to:-

- **NOTE** Greater Huddersfield CCG and North Kirklees CCG performance against the key outcomes and measures for 2018/19;
- **AGREE** any additional actions required to address areas of over/under performance.

**5.0 Appendices:** Please find attached:

Appendix Ai (Greater Huddersfield CCG) and Aii (North Kirklees CCG) which contains performance against all NHS Constitutional measures.
<table>
<thead>
<tr>
<th>Measure</th>
<th>Target / Baseline</th>
<th>Period Actual</th>
<th>Period RAG</th>
<th>YTD</th>
<th>YTD RAG</th>
<th>Direction of travel</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Referral To Treatment</strong>&lt;br&gt;waiting times for non-&lt;br&gt;urgent consultant-led&lt;br&gt;treatment</td>
<td></td>
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</tr>
<tr>
<td>Patients on incomplete non-emergency pathways (yet to start treatment) should have been&lt;br&gt;waiting no more than 18 wks from referral</td>
<td>92%</td>
<td>91.7%</td>
<td>91.7%</td>
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<tr>
<td>Patients on incomplete pathways waiting more than 52 weeks</td>
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<td>2</td>
<td>2</td>
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<td><strong>Diagnostic Test Waiting</strong>&lt;br&gt;Times</td>
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<td><strong>A&amp;E Waits</strong></td>
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<tr>
<td>Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&amp;E department</td>
<td>95%</td>
<td>90.2%</td>
<td>91.2%</td>
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<tr>
<td>No waits from decision to admit to admission (trolley waits) of more than 12 hours</td>
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<td>0</td>
<td>0</td>
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<tr>
<td><strong>Cancer Waits - 2 week wait</strong>&lt;br&gt;</td>
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<tr>
<td>Maximum two-week wait for first outpatient appointment for patients referred urgently with&lt;br&gt;suspected cancer by a GP</td>
<td>93%</td>
<td>96.0%</td>
<td>96.0%</td>
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<tr>
<td>Maximum two-week wait for first outpatient appointment for patients referred urgently with&lt;br&gt;breast symptoms (where cancer not initially suspected)</td>
<td>93%</td>
<td>95.2%</td>
<td>95.2%</td>
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<tr>
<td><strong>Cancer Waits - 31 days</strong>&lt;br&gt;</td>
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<tr>
<td>Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers</td>
<td>96%</td>
<td>99.1%</td>
<td>99.1%</td>
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<td>Maximum 31-day wait for subsequent treatment where that treatment is surgery</td>
<td>94%</td>
<td>92.3%</td>
<td>92.3%</td>
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<tr>
<td>All handovers between ambulance and A&amp;E must take place within 15 minutes *</td>
<td>95%</td>
<td>70.4%</td>
<td>70.4%</td>
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</tr>
<tr>
<td>All crews should be ready to accept new calls within a further 15 minutes *</td>
<td>95%</td>
<td>61.7%</td>
<td>61.7%</td>
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<tr>
<td><strong>Mixed Sex Accommodation</strong></td>
<td></td>
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<tr>
<td>Minimise breaches</td>
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<td>Number of MRSA reported infections</td>
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<td><strong>C_Diff</strong></td>
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<td><strong>Cancelled Operations</strong></td>
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<td>All patients who have operations cancelled, on or after the day of admission, for non-clinical&lt;br&gt;reasons to be offered another binding date within 28 days, or the patients treatment to be&lt;br&gt;funded at the time and hospital of the patients choice</td>
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<td>0</td>
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<td><strong>Mental Health</strong>&lt;br&gt;Care Programme Approach (CPA): The proportion of people under adult mental illness&lt;br&gt;specialties on CPA who were followed up within 7 days of discharge from psychiatric inpatient&lt;br&gt;care during the period</td>
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<td>Measure</td>
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<td>Period RAG</td>
<td>YTD</td>
<td>YTD RAG</td>
<td>Direction of travel</td>
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<td>Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 wks from referral</td>
<td>92%</td>
<td>86.4%</td>
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<td><strong>Diagnostic Test Waiting Times</strong></td>
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<td>Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral</td>
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<td>93.8%</td>
<td>93.8%</td>
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<td><strong>A&amp;E Waits</strong></td>
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<td>Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&amp;E department</td>
<td>95%</td>
<td>84.3%</td>
<td>92.1%</td>
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<td>No waits from decision to admit to admission (trolley waits) of more than 12 hours</td>
<td>0</td>
<td>0</td>
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<td></td>
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<tr>
<td><strong>Cancer Waits - 2 week waits</strong></td>
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<tr>
<td>Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP</td>
<td>93%</td>
<td>85.3%</td>
<td>85.3%</td>
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<td>Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer not initially suspected)</td>
<td>93%</td>
<td>9.7%</td>
<td>9.7%</td>
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<tr>
<td>Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers</td>
<td>96%</td>
<td>93.2%</td>
<td>93.2%</td>
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<tr>
<td>Maximum 31-day wait for subsequent treatment where that treatment is surgery</td>
<td>94%</td>
<td>100.0%</td>
<td>100.0%</td>
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<tr>
<td>Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen</td>
<td>98%</td>
<td>100.0%</td>
<td>100.0%</td>
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<tr>
<td>Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy</td>
<td>94%</td>
<td>95.7%</td>
<td>95.7%</td>
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<td><strong>Cancer Waits - 62 days</strong></td>
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<td></td>
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<tr>
<td>Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer</td>
<td>85%</td>
<td>76.7%</td>
<td>76.7%</td>
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<td>Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers</td>
<td>90%</td>
<td>100.0%</td>
<td>100.0%</td>
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<tr>
<td>Maximum 62-day wait for first definitive treatment following a consultant’s decision to upgrade the priority of the patient (all cancers)</td>
<td>tba</td>
<td>66.7%</td>
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<td><strong>Ambulance Calls</strong></td>
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<td>All handovers between ambulance and A&amp;E must take place within 15 minutes *</td>
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<td>70.4%</td>
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<tr>
<td><strong>Mixed Sex Accommodation</strong></td>
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<td></td>
</tr>
<tr>
<td>Minimise breaches</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td><strong>MRSA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of MRSA reported infections</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C_Diff</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of C_Diff reported infections</td>
<td>37</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cancelled Operations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care Programme Approach (CPA): The proportion of people under adult mental illness specialities on CPA who were followed up within 7 days of discharge from psychiatric inpatient care during the period</td>
<td>95%</td>
<td>96.6%</td>
<td>97.9%</td>
<td></td>
<td></td>
<td>▼</td>
</tr>
</tbody>
</table>
**Executive Summary**

This report presents the High Level Risk Reports and Logs and the CCG Risk on a Page Reports as at the end of the current risk review cycle (Cycle 2 2019/20).

Following review of individual risks by the Risk Owner and the allocated Senior Manager, all risks on the CCGs' Risk Registers were reviewed by SMT and then by the Quality Committees and Finance, Performance and Contracting Committees of each CCG.

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

### Previous consideration

<table>
<thead>
<tr>
<th>Name of meeting</th>
<th>Quality Committees</th>
<th>Meeting Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of meeting</td>
<td>Fin, Perf and Cont Cttees</td>
<td>Meeting Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation (s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>That the Governing Bodies:-</td>
</tr>
<tr>
<td>- receive and note the High Level Risk Reports and Logs and the CCG Risk on a Page Reports as a true reflection of the CCGs’ risk positions (including the adequate reflection of any risks for the CCGs emerging from the Clinical Quality and Contract Management Boards), following any recommendations from the relevant committees.</td>
</tr>
</tbody>
</table>

**Decision**

☐ Assurance  ☒ Discussion  ☒ Other

**Implications**

<table>
<thead>
<tr>
<th>Quality and Safety implications</th>
<th>Any quality and safety implications relating to individual risks are outlined in the Risk Register extracts (Appendices 1 and 3).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement &amp; Equality implications (including whether an equality impact assessment has been completed)</td>
<td>Any risks relating to engagement are outlined in the Risk Register extracts (Appendices 1 and 3).</td>
</tr>
<tr>
<td>Resources / Finance implications (including Staffing/Workforce considerations)</td>
<td>Any resource implications relating to individual risks are outlined in the Risk Register extracts (Appendices 1 and 3).</td>
</tr>
<tr>
<td>Has a Data Protection Impact Assessment (DPIA) been completed? (Please select)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Strategic Objectives**

- Potentially all.

**Legal / CCG Constitutional Implications**

- Any legal implications relating to individual risks are outlined in the Risk Register extracts (Appendices 1 and 3).

- None identified.
1. Introduction

1.1 The report sets out the process for review of the CCGs’ risks during the current review cycle (Cycle 2 of 2019/20) which commenced on 10 May 2019 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 CCGs’ Risk Registers are provided (Appendices 1 and 3).

1.3 An overview of the CCGs’ risk exposure is provided via the Risk on a Page Reports (Appendices 2 and 4).

2. Detail

2.1 Greater Huddersfield

2.1.1 There are currently 46 risks on the NHS Greater Huddersfield CCG Risk Register. Eight of these risks are marked for closure, leaving a total of 38 open risks (one more than in the previous risk cycle).

2.1.2 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 June 2019.
- 27/46 risks were reviewed by the Finance, Performance and Contracting Committee on 26 June 2019.
- 19/46 risks were reviewed by the Quality Committee on 26 June 2019.

2.1.3 The committees reflected on possible additions/amendments which would be required in the next cycle (due to begin on 12 July).

2.1.4 New Risks

2.1.4.1 There are nine new risks identified in this risk cycle.

<table>
<thead>
<tr>
<th>Risk Number</th>
<th>Risk Wording</th>
<th>Risk Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1362</td>
<td>There is a risk of the CCG not reducing its overall running costs due to the requirement in reducing its costs by 20% by 20/21. The CCG has a small recurrent running cost pressure for 19/20 and has to fund the increases in Agenda for Change pay requirements and increases in running cost contracts. This may result in the CCG not achieving its business rules of running costs being with allocation.</td>
<td>16</td>
</tr>
<tr>
<td>1358</td>
<td>There is a risk that the CCG will fail to achieve the national standards set out in the CCG IAF (Improvement Assessment Framework) resulting in a deterioration in service performance and patient experience. In addition, a detrimental impact on the overall assurance assessment of the CCG and possible reputational damage. With specific relevance to the following KPIs: 6 weeks Diagnostics; 95% A&amp;E emergency care standard; Cancer 2 week waits; IAPT access.</td>
<td>16</td>
</tr>
<tr>
<td>1349</td>
<td>There is a risk of not being able to appoint to all current and forthcoming vacancies on the Governing Body, due to a number of terms coming to an end and difficulties and delays in being able to recruit, resulting in a Governing Body which does not meet constitutional requirements and quoracy implications for Governing Body and committees.</td>
<td>16</td>
</tr>
<tr>
<td>Risk Number</td>
<td>Risk Wording</td>
<td>Risk Score</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>1353</td>
<td>There is a risk to patient safety, experience, the quality of care delivered by Local Care Direct (LCD) – the provider of Out of Hours GP Services via the West Yorkshire Urgent Care (WYUC) contract. This is due to the service receiving more referrals than originally anticipated, resulting in a misalignment of capacity with demand.</td>
<td>12</td>
</tr>
<tr>
<td>1344</td>
<td>There is a risk of not meeting nationally-mandated infection prevention targets due to the number of C.Difficile infections resulting in reputational, patient safety, mortality and morbidity consequences.</td>
<td>12</td>
</tr>
<tr>
<td>1339</td>
<td>There is a risk of the CCG not meeting the national ambition of reducing gram negative blood stream infections by 50% by 2023/24 as part of the CCG’s quality premium and improvement and assessment framework (IAF) due to a significant number of the cases having no previous health or social care interventions resulting in the CCG not achieving the quality premium and improvement and assessment framework (IAF).</td>
<td>12</td>
</tr>
<tr>
<td>1329</td>
<td>There is a risk that individuals could be left without care in their own homes resulting in an extended Acute Hospital stay or Care Home admission due to significant deficits in the Domiciliary Care market across Kirklees. As a consequence, in order to facilitate discharges home, the CHC Team has been required to pay above the agreed domiciliary care rates to source the care packages in a timely manner for CHC funded services users. This has financial implications for the CCG due to there currently being a requirement to fund approximately 8 care packages at a higher rate (£1 - 5 per hour for care packages of average 40 hours per week).</td>
<td>12</td>
</tr>
<tr>
<td>1357</td>
<td>The QIPP Programme 2019/20 annual target is £4.8m with a stretch target of £0.5m. There are schemes in place to deliver the £4.8m. There is a risk that the stretch target will not be met due to lack of capacity and pace, resulting in an opportunity to invest in new service.</td>
<td>9</td>
</tr>
<tr>
<td>1364</td>
<td>There is a risk of the CCG not achieving its financial position for 2019/20 due to overtrades over than the elements incorporated within the overarching financial plan. This will result in the CCG not achieving its business rules for the year and this will impact future years’ financial positions.</td>
<td>8</td>
</tr>
</tbody>
</table>

### 2.1.5 Risks Marked for Closure

2.1.5.1 There are eight risks marked for closure in this risk cycle.

<table>
<thead>
<tr>
<th>Risk Number</th>
<th>Risk Wording</th>
<th>Risk Score</th>
<th>Reason for Closure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1190</td>
<td>There is a risk that the number of Avoidable Health Care Associated Infections (HCAI) will breach the 2018/19 NHSE trajectories due to a failure to follow guidelines, protocols and prescribing practices, resulting in avoidable harm to patients. (2018/19 Trajectories: C-Diff – 39; MRSA – 0; E-Coli – 116.</td>
<td>15</td>
<td>Risk based on 2018/19 trajectories; new risk for 2019/20 aligned across Kirklees.</td>
</tr>
<tr>
<td>1215</td>
<td>There is a risk that the service provision of a Community Ophthalmology Service could be impacted due to lack of progression with the service model, resulting in lack of time to procure a new provider to be in place when the current contract ends.</td>
<td>12</td>
<td>Risk no longer relevant to the CCG.</td>
</tr>
<tr>
<td>1194</td>
<td>There is a risk that the CCG may fail to deliver the in-year QIPP target. This is due to the stretching QIPP challenge in 2018/19 of £9.7m and an existing QIPP gap.</td>
<td>10</td>
<td>Risk no longer relevant to the CCG.</td>
</tr>
<tr>
<td>Risk Number</td>
<td>Risk Wording</td>
<td>Risk Score</td>
<td>Reason for Closure</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td>833</td>
<td>Due to an inability to align capacity with demand, there is a risk to patient safety, experience, the quality of care delivered and consequently to the CCGs reputation as Local Care Direct (LCD) delivering the West Yorkshire Urgent Care (WYUC) contract is failing to deliver the National Quality Requirements (NQRs) for face to face emergency appointments. The NQR standards are for contact to be made within 1 hour (NQR 12a), 2 hours (NQR 12b) and less urgent cases within 6 hours.</td>
<td>10</td>
<td>New risk 1331 added re Quality; existing risk 1005 relates to contract performance.</td>
</tr>
<tr>
<td>1136</td>
<td>There is a risk of patient harm (i.e. Fire, incorrect usage, trip hazard) due to no Home Oxygen service - assessment and review (HOS-AR), due to no clinical oversight, case management and appropriate examination of Greater Huddersfield patients with Home Oxygen, resulting in potential patient harm.</td>
<td>9</td>
<td>Risk no longer relevant to the CCG.</td>
</tr>
<tr>
<td>1159</td>
<td>There is a risk of patient harm due to differing levels of sepsis awareness amongst providers and use of the NEWS2 (National Early Warning Score) by healthcare professionals resulting in avoidable morbidity and mortality.</td>
<td>8</td>
<td>Reached tolerance.</td>
</tr>
<tr>
<td>1139</td>
<td>There is a risk of deterioration in the quality of care provision at CHFT due to the on-going pressures in recruitment and retention of staff, which may impact on patient safety.</td>
<td>6</td>
<td>Reached tolerance following review of target score.</td>
</tr>
<tr>
<td>860</td>
<td>There is a risk that a comprehensive understanding of increases in demand and the trading position are not fully supported by data analysis and that analysis to support transformation investigation and schemes will not be available in a timely manner due to a lack of capacity, knowledge, experience and skills in the BI service which could result in a lack of understanding of intelligence to support manage pressures on key acute and independent sector contracts and to fully support service development and improvement initiatives. 23/3/18 update – eMBED are seeking to further reduce service provision both in terms of ad hoc work and also in terms of the regular reports they produce for us.</td>
<td>2</td>
<td>Risk no longer relevant to the CCG.</td>
</tr>
</tbody>
</table>

### 2.1.6 High Level Risks

2.1.6.1 There are no open risks rated as Critical (scoring 20 or 25), the same as at the last risk cycle.

2.1.6.2 There are six open risks rated as Serious (scoring 15 or 16), four more than at the last risk cycle.

<table>
<thead>
<tr>
<th>Risk Number</th>
<th>Risk Wording</th>
<th>Risk Score</th>
<th>Risk Movement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1362</td>
<td>There is a risk of the CCG not reducing its overall running costs due to the requirement in reducing its costs by 20% by 20/21. The CCG has a small recurrent running cost pressure for 19/20 and has to fund the increases in Agenda for Change pay requirements and increases in running cost contracts. This may result in the CCG not achieving its business rules of running costs being with allocation.</td>
<td>16</td>
<td>New.</td>
</tr>
<tr>
<td>Risk Number</td>
<td>Risk Wording</td>
<td>Risk Score</td>
<td>Risk Movement</td>
</tr>
<tr>
<td>-------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------</td>
<td>---------------</td>
</tr>
<tr>
<td>1358</td>
<td>There is a risk that the CCG will fail to achieve the national standards set out in the CCG IAF (Improvement Assessment Framework) resulting in a deterioration in service performance and patient experience. In addition, a detrimental impact on the overall assurance assessment of the CCG and possible reputational damage. With specific relevance to the following KPIs: 6 weeks Diagnostics; 95% A&amp;E emergency care standard; Cancer 2 week waits; IAPT access.</td>
<td>16</td>
<td>New.</td>
</tr>
<tr>
<td>1349</td>
<td>There is a risk of not being able to appoint to all current and forthcoming vacancies on the Governing Body, due to a number of terms coming to an end and difficulties and delays in being able to recruit, resulting in a Governing Body which does not meet constitutional requirements and quoracy implications for Governing Body and committees.</td>
<td>16</td>
<td>New.</td>
</tr>
<tr>
<td>1214</td>
<td>There is a risk that the proposed Care Home Support Service start date could be impacted due to lack of time to procure a new provider to be in place when the current contract ends.</td>
<td>16</td>
<td>Increasing.</td>
</tr>
<tr>
<td>1005</td>
<td>There is a risk that key performance indicator targets will continue to be adversely affected due to continued pressure on West Yorkshire Urgent Care, Local Care Direct (LCD) capacity to meet demand being placed on the service, resulting in deterioration in service and patient experience and possible reputational damage to the CCG as lead commissioner. Most recently the introduction of changes in the national pathway of NHS111 has significant impact on WYUC service. As a result of that WYUC is receiving significant increase in 1 hour urgent cases. This has an adverse impact on the performance on already stretched service. WYUC have not agreed the Commissioning offer for contract year 2019-20 and currently a Heads of Terms Agreement is in place between two sides until end of Q1. Both Commissioners and providers to agree 2019-20 contract settlement.</td>
<td>16</td>
<td>Static – 1 Archive(s).</td>
</tr>
<tr>
<td>231</td>
<td>There is a risk that the lack of availability of Appointment Slots at Calderdale and Huddersfield Foundation Trust (CHFT) exceed the agreed 4% due to CHFT having fewer outpatient appointments available for patients to book into. This potentially results in patients being unable to access their provider of choice, poor patient experience and reputational damage to both provider and commissioner.</td>
<td>15</td>
<td>Increasing.</td>
</tr>
</tbody>
</table>

2.2 North Kirklees

2.2.1 There are currently 33 risks on the NHS North Kirklees CCG Risk Register. Four of these risks are marked for closure, leaving a total of 29 open risks (five more than in the previous risk cycle).

2.2.2 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 June 2019.
- 18/33 risks were reviewed by the Finance, Performance and Contracting Committee on 26 June 2019.
- 15/33 risks were reviewed by the Quality Committee on 26 June 2019.
2.2.3 The committees reflected on possible additions/amendments which would be required in the next cycle (due to begin on 12 July).

2.2.4 **New Risks**

2.2.4.1 There are nine risks identified and added to the register in this risk cycle.

<table>
<thead>
<tr>
<th>Risk Number</th>
<th>Risk Wording</th>
<th>Risk Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1365</td>
<td>There is a risk of the CCG not achieving its financial position for 2019/20 due to ongoing financial challenges within the CCG due to achieving breakeven position with the support of the CSF, which will result in impacting future years’ ability to reduce the support of external funding to achieve its plan to return to a 1% surplus position.</td>
<td>16</td>
</tr>
<tr>
<td>1363</td>
<td>There is a risk of the CCG not reducing its overall running costs due to the requirement in reducing its costs by 20% by 20/21. The CCG has a small recurrent running cost pressure for 19/20 and has to fund the increases in Agenda for Change pay requirements and increases in running cost contracts. This may result in the CCG not achieving its business rules of running costs being with allocation.</td>
<td>16</td>
</tr>
<tr>
<td>1359</td>
<td>There is a risk that the CCG will fail to achieve the national standards set out in the CCG IAF (Improvement Assessment Framework) resulting in a deterioration in service performance and patient experience. In addition, a detrimental impact on the overall assurance assessment of the CCG and possible reputational damage. With specific relevance to the following KPIs: 18 Weeks RTT; 6 weeks Diagnostics; 95% A&amp;E emergency care standard; Cancer 2 week waits; IAPT access.</td>
<td>16</td>
</tr>
<tr>
<td>1356</td>
<td>The QIPP Programme 2019/20 annual target is £5.9m. The CCG has identified £4.3m cash-releasing QIPP schemes leaving a £1.6m gap. There is a risk that further cash-releasing schemes will not be identified to close the gap.</td>
<td>16</td>
</tr>
<tr>
<td>1351</td>
<td>There is a risk that key performance indicator targets will continue to be adversely affected due to continued pressure on West Yorkshire Urgent Care, Local Care Direct (LCD) capacity to meet demand being placed on the service, resulting in deterioration in service and patient experience and possible reputational damage to the CCG. Most recently the introduction of changes in the national pathway of NHS111 has significant impact on WYUC service. As a result of that WYUC is receiving significant increase in 1 hour urgent cases. This has an adverse impact on the performance on already stretched service. WYUC have not agreed the Commissioning offer for contract year 2019-20 and currently a Heads of Terms Agreement is in place between two sides until end of Q1. Both Commissioners and providers to agree 2019-20 contract settlement.</td>
<td>16</td>
</tr>
<tr>
<td>1350</td>
<td>There is a risk of not being able to appoint to all current and forthcoming vacancies on the Governing Body, due to a number of terms coming to an end and difficulties and delays in being able to recruit, resulting in a Governing Body which does not meet constitutional requirements and quoracy implications for Governing Body and committees.</td>
<td>12</td>
</tr>
<tr>
<td>1332</td>
<td>There is a risk that individuals could be left without care in their own homes resulting in an extended Acute Hospital stay or Care Home admission due to significant deficits in the Domiciliary Care market across Kirklees. As a consequence, in order to facilitate discharges home, the CHC Team has been required to pay above the agreed domiciliary care rates to source the care packages in a timely manner for CHC funded services users. This has financial implications for the CCG due to there currently being a requirement to fund approximately 8 care packages at a higher rate (£1 - 5 per hour for care packages of average 40 hours per week).</td>
<td>12</td>
</tr>
</tbody>
</table>
There is a risk to patient safety, experience and the quality of care delivered by Local Care Direct (LCD) – the provider of Out of Hours GP Services via the West Yorkshire Urgent Care (WYUC) contract. This is due to the service receiving more referrals than originally anticipated, resulting in a misalignment of capacity with demand.

There is a risk of the CCG not meeting the national ambition of reducing gram negative blood stream infections by 50% by 2023/24 as part of the CCG's quality premium and improvement and assessment framework (IAF) due to a significant number of the cases having no previous health or social care interventions resulting in the CCG not achieving the quality premium and improvement and assessment framework (IAF).

2.2.5 **Risks Marked for Closure**

2.2.5.1 There are four risks marked for closure in this risk cycle.

<table>
<thead>
<tr>
<th>Risk Number</th>
<th>Risk Wording</th>
<th>Risk Score</th>
<th>Reason for Closure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1189</td>
<td>There is a risk that North Kirklees CCG will have cases of MRSA bacteraemia within their resident population due to assignment to the CCG following the Post Infection Review process. There is also a risk of the annual objective of 37 Clostridium difficile cases in NKCCG population 2018/19 assigned to the CCG being breached resulting in reputational and patient safety consequences. There is also a risk in 2018/19 that North Kirklees will have more E-Coli Bloodstream Infections than the annual objective allowed. This could have a negative impact on the reputation of the CCG as well as patient safety consequences. The annual objective for E-Coli infections is 125 for North Kirklees.</td>
<td>12</td>
<td>There will be a new risk logged for 2019/20 for HCAI.</td>
</tr>
<tr>
<td>1198</td>
<td>There is a risk that the CCG may fail to deliver the in-year QIPP target due to the stretching QIPP challenge in 2018/19 of £8.4m.</td>
<td>10</td>
<td>Risk no longer relevant to the CCG.</td>
</tr>
<tr>
<td>1269</td>
<td>There is a risk of current and new NK Home Oxygen users not receiving the clinical support that is currently in place via the MYHT Respiratory contract in relation to Home Oxygen assessment and review (HOS-AR). There may also be a backlog in patients requiring annual assessment due to 3-month gap resulting in potential increased hospital admissions and serious incidents due to 3-month gap in HOS-AR service provision.</td>
<td>9</td>
<td>Risk no longer relevant to the CCG.</td>
</tr>
<tr>
<td>1160</td>
<td>There is a risk of patient harm due to differing levels of sepsis awareness amongst providers and use of the NEWS2 (National Early Warning Score) by healthcare professionals resulting in avoidable morbidity and mortality.</td>
<td>8</td>
<td>Reached tolerance.</td>
</tr>
</tbody>
</table>

2.2.6 **High Level Risks**

2.2.6.1 There are no open risks rated as Critical (scoring 20 or 25), the same as at the last risk cycle.

2.2.6.2 There are six open risks rated as Serious (scoring 15 or 16), five more than at the last risk cycle.
## Risk Wording

### Risk Number 1365

There is a risk of the CCG not achieving its financial position for 2019/20 due to ongoing financial challenges within the CCG due to achieving breakeven position with the support of the CSF, which will result in impacting future years’ ability to reduce the support of external funding to achieve its plan to return to a 1% surplus position.

**Risk Score:** 16  
**Risk Movement:** New.

### Risk Number 1363

There is a risk of the CCG not reducing its overall running costs due to the requirement in reducing its costs by 20% by 20/21. The CCG has a small recurrent running cost pressure for 19/20 and has to fund the increases in Agenda for Change pay requirements and increases in running cost contracts. This may result in the CCG not achieving its business rules of running costs being with allocation.

**Risk Score:** 16  
**Risk Movement:** New.

### Risk Number 1359

There is a risk that the CCG will fail to achieve the national standards set out in the CCG IAF (Improvement Assessment Framework) resulting in a deterioration in service performance and patient experience. In addition, a detrimental impact on the overall assurance assessment of the CCG and possible reputational damage. With specific relevance to the following KPIs: 18 Weeks RTT; 6 weeks Diagnostics; 95% A&E emergency care standard; Cancer 2 week waits; IAPT access.

**Risk Score:** 16  
**Risk Movement:** New.

### Risk Number 1356

The QIPP Programme 2019/20 annual target is £5.9m. The CCG has identified £4.3m cash-releasing QIPP schemes leaving a £1.6m gap. There is a risk that further cash-releasing schemes will not be identified to close the gap.

**Risk Score:** 16  
**Risk Movement:** New.

### Risk Number 1351

There is a risk that key performance indicator targets will continue to be adversely affected due to continued pressure on West Yorkshire Urgent Care, Local Care Direct (LCD) capacity to meet demand being placed on the service, resulting in deterioration in service and patient experience and possible reputational damage to the CCG. Most recently the introduction of changes in the national pathway of NHS111 has significant impact on WYUC service. As a result of that WYUC is receiving significant increase in 1 hour urgent cases. This has an adverse impact on the performance on already stretched service. WYUC have not agreed the Commissioning offer for contract year 2019-20 and currently a Heads of Terms Agreement is in place between two sides until end of Q1. Both Commissioners and providers to agree 2019-20 contract settlement.

**Risk Score:** 16  
**Risk Movement:** New.

### Risk Number 470

There is a risk that the System Resilience for unplanned care will not deliver anticipated performance due to resources not being in place to meet the activity resulting in non-achievement of the 95% A&E standard and other operational measures.

**Risk Score:** 16  
**Risk Movement:** Static – 18 Archive(s).

### Next Steps

3.1 Subsequent to the Governing Body meeting, the closed risks will be archived and new risks carried forward to the next risk review cycle which starts on 12 July 2019.
4. **Recommendations**

That the Governing Bodies:-

- receive and note the High Level Risk Reports and Logs and the CCGs' Risk on a Page Reports as true reflections of the CCGs’ risk position (including the adequate reflection of any risks for the CCGs emerging from the Clinical Quality and Contract Management Boards), following any recommendations from the relevant committees.

5. **Appendices**

- Appendix 1: Greater Huddersfield Risk Register extracts (key changes and High Level risks) as at 1 July 2019
- Appendix 3: North Kirklees Risk Register extracts (key changes and High Level risks) as at 1 July 2019
Risk Score

There is a risk of not meeting nationally mandated performance targets for governing body, i.e. the business plan and service level agreements. This could result in failure to achieve multiple service level agreements on time and within budget and could reduce the organization’s reputation and financial performance.

Due to the number of C.Difficile infections anticipated, resulting in a misalignment of capacity for governing body and committees.

Yorkshire Urgent Care (WYUC) contract. This is due to recurrent running cost pressure for 19/20 and has to be reviewed at SMT early July 2019, with a decision as to further requirements to proceed at pace, and secure support from the NHS England, Monitor and CCGs.

Contract Management - the service will also be annualised and count calculated for the CCG.

4. CHFT in感染 prevention and control - CCG’s are working to develop joint ways of working.

- Succession planning discussions with governing body.

Enforcement of health and safety regulations for country risk, patient safety, infection control, and regulatory compliance.

2. CHFT HCAI action plan in place for 2019/20, actions according to misaligned capacity with current and forthcoming vacancies on the governing body.

Working with colleagues in neighboring CCGs to address AMR and implement the AMR clinical governance framework. This will potentially destabilise the service. Escalation is via the Joint Quality Board (JQB).

It has not been possible to recruit to the Lay Commissioner visits to the providers services.

Case definitions. The CDI targets for 2019/20 remain unchanged, and annualised counting, calculations for the CCG.

6. Lessons learnt from preventable CDI cases post infection reviews for each CDI case and identify with the community IPC team to monitor findings of.

3. PIR and panels for GP samples.

- Potential future alterations to NHS Pathways are to be reviewed.

- The potential for high OPEL utilisation is to be reviewed and monitored.

1. NQR performance (1,2,6hrs) remains challenged.

- The review of potential options to change constitutional requirements has not yet been concluded, and will require membership support and consensus.

- Escalation is via the Joint Quality Board (JQB).

- Further visits to be arranged.

- Monthly joint meetings with NHS England, Monitor and CCGs.

- Expressions of interest from membership indicate that further membership is available to fill the service.

- Monthly data from PHE mandatory enhanced surveillance.

3. Update on antimicrobial guidelines for primary care.

- Potential future modelling of the service and impact on patient safety.

- Monthly joint meetings with NHS England, Monitor and CCGs.

- NWCIP monitoring of antimicrobial prescribing.

- Monthly data from PHE mandatory enhanced surveillance.

2. Deep clean and HPV of high risk wards. This has resulted in lower premiums therefore potentially increased premiums.


- Management agreements on extending the service.

The SMT are reviewing the current costs aligned to the running cost budgets, to review their alignment to the 2018 baseline, by the end of Q4 2019/20.

- NQR performance (1,2,6hrs) remains challenged.

1. Community members involved in commisioning - infection prevention and control.

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- Expressions of interest from membership indicate that further membership is available to fill the service.

- Monthly data from PHE mandatory enhanced surveillance.
There is a risk of the CCG not meeting the national financial plan. The FPC needs to be informed of any significant deficit in the budget. The financial position is reported to the FPC and the Governing Body where corrective remedial action will be agreed.

The CCG has a number of controls in place - the Integrated PMO will liaise and work closely with GH to support market development and agreement of the system wide schemes. The PMO is responsible for managing the CCG's and LAs to support packages at home. The system wide schemes across Kirklees. As a consequence, in order to maintain the Financial position, it will result in the CCG not achieving the quality and financial plan. This will result in the CCG not meeting the national financial plan.

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There are schemes in place to deliver the £4.8m. This will be agreed.

Continued liaison with Quality and Contracting team as part of the appropriate governance routes.

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The E-coli reduction target for 2019/20 remains to be confirmed.

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There is a risk that the number of Avoidable Health Care Acquired Infections (HCAI) will not be met.

There is a risk that the number of Avoidable Health Care Acquired Infections (HCAI) will not be met.
There is a risk that the CCG may fail to deliver the in
There is a risk of patient harm due to differing levels

Due to no clinical oversight, case management and

The NQR standards are for contact to be made within

7. Weekly quality and safety huddles will take place

6. CHFT commissioned an external review of Nurse

10. To continue with bi-annual sepsis awareness

1. Medical and Nursing staffing pressures are an on-

4. The external review on Nurse staffing is complete

3. Incident reporting.

2. SPC charts developed to identify trends on

1. The quality dashboard will identify and track any

4. Awareness raising completed at May 2018

3. Awareness raising session at staff briefing - 29th

12. NEWS tool distributed via Care Home Newsletter.

6. Quality Fridays appear to be well received by staff

GP Governing Body Lead.


2. Sepsis Collaborative work at CHFT involving GP

1. National CQUIN indicator (2) Reducing the impact

2. Relevant to Acute Trusts.

incidence of sepsis recognition.

The use of the tool is reiterated in IPC training, Care

The dashboard also includes, nurse staffing

In-post triage, clinicians are able to re-categorise

incidents and incidents reported.

Monitoring patient experience surveys, complaints

Commissioning for Value Meetings (CFV).

Enhanced surveillance.

Risk discussed in various forums via provider risk

Management Board, including achievement of NQRs.

Performance & Contracting Committee & Governing


1159 CCG(J) Jason Price 24/03/2018 Finance 10 (I3xL5) 9 (I3xL3) Joanna Dunne Rachel Carter

1. Monitoring of "Red" shifts, numbers, wards,

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There is a risk that a comprehensive understanding of the current contract will not lead to the development of clear, comprehensive updates when available. Service leads share updates when available.

Open High Level Risks

- Update 26/01/18 - Contractor is in post and some time to procure a new provider to be in place when overall assurance assessment of the CCG and possible non required posts

- 2. Internal CCG BI capacity - Currently one BI analyst

- 860 21/07/2016 Finance 2 (I1xL2) 2 (I1xL2) Fiona Henderson Martin Pursey

- Fiona Henderson; Martin Pursey

- 20/05/2019 - A full review of this risk has been concluded, and will require membership support and knowledge levels of the in house Business Intelligence Analysts coupled with changes / approach

- A review of the planning round has taken place and IST (Improvement Support Team) agreed that the contract negotiations, LCD did not agree with risk number 1142 pending and 1142 is likely to impact on this once report migration begins. The current process will follow through the governance structure once agreed in July

- 26/01/18 update - contractor is in place and some time to procure a new provider to be in place when overall assurance assessment of the CCG and possible non required posts

- 13/12/17 update eMBED are now seeking to reduce costs by 50% of the vacant role, with the appointee now in post. This result in the CCG not achieving its recovery trajectory. Re-education and promotion of the service for primary and community services and workforce stability - Clinicians seeking higher rates of pay and commissioning is on the workload phasing i.e. need for increased resource from eMBED.

- No gaps identified at this time. Regular meetings are taking place

- No change to the eMBED position, plus expressions of interest from membership indicate sufficient interest in filling forthcoming practice director roles. The running cost budgets, to review and complete most of these in house, they now want us to adapt and as far as further requirements to ensure such.

- There are regular meetings arranged and a paper that will go to the FPC

- To support transformation investigation and schemes not fully supported by data analysis and that analysis on WYUC service. As a result of that WYUC is being placed on the service, resulting in deterioration in service performance and patient satisfaction.

- The current process will follow through the governance structure once agreed in July

- The running costs will be managed in SMT with an additional £100k to be redirected to other projects.

- Continual clinical recruitment drive.

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- There are regular meetings arranged and a paper that will go to the FPC
There is a risk that the lack of availability of appointment slots at Calderdale and Huddersfield Foundation Trust (CHFT) exceed the agreed 4% due to CHFT having fewer outpatient appointments available for patients to book into. This potentially results in patients being unable to access their provider of choice, poor patient experience and reputational damage to both provider and commissioner.

a) Standing agenda item of the CHFT Partnership Contract Management Group
b) ASIs filled where possible each day in CHFT Appointment Centre
c) Reported within CHFT to their Executive Board meetings within integrated performance report.
d) ASI related complaints reported via the RED BUTTON
e) Performance tracked by contracting team and reported through to F&P Committee
f) 17/18 CQUIN Scheme requires plan to deliver national ASI target by end of year

Maintenance of focus on slot issues in relation to other operational issues

Regular updates on performance against the ASI target included in the Service Development Improvement Plan, F&P report (target is maximum 5% of patients awaiting an appointment) and discussed at the following monthly meetings -

a) GHCCG, CCCG and CHFT Quarterly Partnership Board
b) GHCCG, CCCG Commissioned Services Meeting
c) GHCCG, CCCG and CHFT Contract Monitoring Group
d) GHCCG, CCCG, Locala and CHFT Elective Care Improvement Board


Jan 2019 - 30%. Feb - 49%

Sourced from NHS Digital on a monthly basis.

Two week wait referrals via NHS e-Referral Service from October 2017 has increased ASI’s as certain services do not have clinic appointments and automatically are deferred to provider, thus ASI percentages increase.

Increasing 280
Risk Cycle 2: May – July 2019

Greater Huddersfield Clinical Commissioning Group Risk on a Page Report for Governing Body – 10 July 2019

Risk Overview

Total Risks: 46 (38 open risks)
- Fin, Perf & Cont: 27 (24 open risks)
- Quality: 19 (14 open risks)

Movement of Risks
- Risk Score Increasing: 3
- New: 9
- Risk Score Static: 23
- Marked for Closure: 8
- Risk Score Decreasing: 3

Risk Cycle: May – July 2019

Key
- Fin, Perf & Cont Risk
- Quality Risk
- New Risk
- Risk Score Decreasing
- Closed Risk
- Risk Score Static

Risk Score Levels:
- 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 7/38 (18%) open risks with a static description this cycle.

Appendix 2
Strategic Commissioning

The QIPP Programme 2019/20 annual target is

There is a risk of the CCG not reducing its overall

Building a sustainable

organisation

Equitable Services

organisation

Objective

12 (I3xL4) 4 (I2xL2) Frances Aldington Penny Woodhead

16 (I4xL4) 9 (I3xL3) Marion Redford Helen Severns

16 (I4xL4) 6 (I3xL2) Joanna Dunne Vicky Dutchburn

16 (I4xL4) 4 (I2xL2) Alison Needham Ian Currell

- No specific gaps identified, although the work

requirements set out in the CCG IAF

plan to return to a 1% surplus position.

The CCG has number of controls in place -

- plans to measure and monitor AIC work streams

- PMO provides a variety of support and training

- NK PMO; 4. Working with colleagues in neighbouring CCGs to

- MYHT highlight reports are being received via JTT and Performance Meeting.

- Monthly joint meetings with NHS England,

- MYSIG meeting invites have been forwarded to

- Yorkshire Sub-Regional 111 clinical quality meeting,

- Monthly contract report to CMB

- UECN and task finish group.

- improvement in the NQRs

- Providers and monitored routinely

- implementation and recruitment work plan.

- Dedicated PMO function

- New - Open

- New - Open

- New - Open

- New - Open

North Kirklees Clinical Commissioning Group High Level Risk Log for Governing Body - 10 July 2019

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Improving the lives of everyone in Kirklees

There is a risk to patient safety, experience and the organisation due to the stretching QIPP challenge in reputation of the CCG as well as patient safety consequences. There is also a risk in allowing the service to continue in this state and additional cost to the CCG.

The IPC team review all cases monthly and using data capture system by community IPC team.

Due to a significant number of the cases having no previous health or social care interventions resulting in the CCG not achieving the quality and improving reputation, which will take affect by the end of March 2018.

Closed - There will be a need to increase the number of microbiologists by 3 to cover all sites, and it is anticipated that this will cost in the region of £8.4m


2) COMPLAINTS - downward trajectory has been reversed.

3) REVIEWING THE POSSIBILITY OF A NEW HOS_AR

4) MONTHLY DATA FROM PHE MANDATORY ENHANCED SURVEILLANCE SYSTEM

5) ACTION PLANS IN PLACE ACROSS THE HEALTH ECONOMY.

6) GUIDANCE ON E-COLI INFECTIONS IN NON HEALTHCARE ASSOCIATED

7) KIRKLEES COUNCIL IPC TEAM IS WORKING CLOSELY WITH MHT, KHPB AND PROVIDERS TO REVIEW PROCESSES AND CARE TO ENSURE THAT CASES ARE IDENTIFIED.

8) KIRKLEES COUNCIL INFECTION PREVENTION NURSES ATTEND QUARTERLY REPORTS TO QUALITY COMMITTEE IN COMMON.

9) NHS STANDARD CONTRACT INCLUDES A TARGET OF DX11 REFERRALS DUE TO NHS PATHWAYS UPDATES. THE DX11 REFERRALS DUE TO NHS PATHWAYS UPDATES.

10) ANTIMICROBIAL STEWARDSHIP INCLUDED WITHIN THE IPC PATHWAY AND SERVICE

11) MEETING BETWEEN NKCCG AND MHT - MARCH 12TH

12) ON-GOING CONTACT WITH MHT RE: INTERIM SKELTON REFERRALS WHERE THE PATIENT DOES NOT ACCEPT THE RECOMMENDATION.

13) IN YEAR ASSURANCE WILL COME FROM QIPP REPORTING TO CCG’S AND COUNCIL REGARDING INFECTION PREVENTION AND CONTROL.

14) MANAGEMENT AND CASES IDENTIFIED.

15) THE QIPP YEAR TO DATE POSITION HAS BEEN REPORTED TO CCG’S AND COUNCIL REGARDING INFECTION PREVENTION AND CONTROL.

16) DATA RETRIEVED FROM PUBLIC HEALTH ENGLAND SURVEILLANCE SYSTEM.

17) THE TRAJECTORY FOR CDI 2018/19 IS 37 CASES.

18) THEREFORE THERE IS A RISK THAT THE CCG WILL BREACH THIS ANNUAL OBJECTIVE FOR E-COLI 2018/19 OF £8.4M.

19) NO TARGET FOR THE CCG TO INITIATE CDI PREVENTION, SCREENING AND MONITORING ACTIVITIES.

20) THE E-COLI REDUCTION TARGET FOR 2019/20 REMAINS UNCHANGED AT 2018/19 LEVEL.

21) THE ANNUAL OBJECTIVE FOR E-COLI 2018/19 OF £8.4M.

22) THIS IS DUE TO THE STRETCHING QIPP CHALLENGE IN REPUTATION OF THE CCG AS WELL AS PATIENT SAFETY CONSEQUENCES.

23) THE IPC TEAM REVIEW ALL CASES MONTHLY AND USING DATA CAPTURE SYSTEM BY COMMUNITY IPC TEAM.

24) DUE TO IMPROVEMENT WORK AS 2017/18 WAS A YEAR FOR ACCUMULATING DISEASE.

25) Therefore there is a risk to patient safety, experience and the organisation due to the stretching QIPP challenge in reputation of the CCG as well as patient safety consequences. This could have a negative impact on the economy strategies to manage HCAI.

26) The annual objective for E-Coli 2018/19 of £8.4m. This is due to the stretching QIPP challenge in reputation of the CCG as well as patient safety consequences. Therefore there is a risk to patient safety, experience and the organisation due to the stretching QIPP challenge in reputation of the CCG as well as patient safety consequences.

27) The IPC team review all cases monthly and using data capture system by community IPC team.

28) This incorporated linking with NHS 111.

29) Therefore there is a risk that the CCG will breach this annual objective for E-Coli 2018/19 of £8.4m.

30) Antimicrobial stewardship included within the IPC pathway and service.

31) Reviewing the possibility of a new HOS_AR

32) Monthly data from PHE mandatory enhanced surveillance system.

33) Action plans in place across the Health Economy.

34) Guidance on E-coli infections in non healthcare associated.

35) Kirklees Council infection prevention nurses attend quarterly reports to quality committee in common.

36) Kirklees Council are involved in all PIR processes and management and cases identified.

37) Data retrieved from Public Health England surveillance system.

38) The trajectory for CDI 2018/19 is 37 cases.

39) Therefore there is a risk that the CCG will breach this annual objective for E-Coli 2018/19 of £8.4m.

40) No target for the CCG to initiate CDI prevention, screening and monitoring activities.

41) The E-coli reduction target for 2019/20 remains unchanged at 2018/19 level.

42) The annual objective for E-Coli 2018/19 of £8.4m. This is due to the stretching QIPP challenge in reputation of the CCG as well as patient safety consequences. Therefore there is a risk to patient safety, experience and the organisation due to the stretching QIPP challenge in reputation of the CCG as well as patient safety consequences.

43) The IPC team review all cases monthly and using data capture system by community IPC team.

44) This incorporated linking with NHS 111.
Improving the lives of everyone in N

There is a risk of the CCG not reducing its overall running costs due to the requirement in reducing its non-pay costs of approx. 20%.

The QIPP Programme 2019/20 annual target is to reduce the support of external funding to achieve its programme costs. This result in the CCG not achieving its financial trajectories agreed and monitored. (Including NHS England training places)

The CCG needs to identify which service areas and processes are having difficulty in meeting their targets, and which are on track. These can be used as training and recruitment activities for performance improvement.

The NEWS2 (National Early Warning Score) being passed to LCD from NHS111. This has impacted the workload phasing i.e. need for increased availability of GPs and advanced practitioners to meet the demand on the service. The service for primary and community services is being placed on the service, resulting in deterioration of sepsis awareness amongst providers and use of the tool is reiterated in IPC training, Care Home and GP Newsletters.

Although many communication strategies have been employed to raise awareness of sepsis and its management (i.e. 'Prevention is better than cure') within all stakeholders, this is still not enough to improve the situation. The use of the tool is reiterated in IPC training, Care Home and GP Newsletters.

The CCG offers flexible workforce options - Expand homeworking across WYUC. New - Open recruitment within the CCG to replace staff that have moved on. The use of the tool is reiterated in IPC training, Care Home and GP Newsletters.

There are no current management processes in place for training and recruitment work. This is an area requiring focus. The use of the tool is reiterated in IPC training, Care Home and GP Newsletters.

Sepsis algorithm is available for use in the management of rota fill, real time monitoring and in preparing month ahead planning. This will be updated as part of the financial year. New - Open

The outcome of the implementation of above key actions result in some improvement in performance against the 18 KPIs which will result in impacting future years ability to achieve the NEWS2 (National Early Warning Score) by 2019, with a decision as to further requirements to be submitted to WCMG.

The CCG is required to develop an updated recovery plan to achieve the NEWS2 (National Early Warning Score) by 2019, with a decision as to further requirements to be submitted to WCMG.

There are no current management processes in place for training and recruitment work. This is an area requiring focus.

Discussions underway regarding service in 2019/20. A Champion events, to continually heighten awareness of work streams. This will be updated as part of the financial year. New - Open

The use of the tool is reiterated in IPC training, Care Home and GP Newsletters.

The use of the tool is reiterated in IPC training, Care Home and GP Newsletters.

 commissioners and Provider is under planning and the service is delivered as part of the WYUC service review to bring up to the standards agreed. New - Open

The CCG Improvement and Assessment Framework: Evidence that sepsis awareness is improving, monitoring key performance indicators and checking with local infection prevention and control teams of organisations and local quality improvement teams.

Monitoring the use of the algorithm (NEWS2) in primary care and public self referral. The use of the tool is reiterated in IPC training, Care Home and GP Newsletters.

All General Practices now have a named sepsis champion.

New - Open


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There is a risk that the System Resilience for unplanned care will not deliver anticipated performance due to resources not being in place to meet the activity resulting in non-achievement of the 95% A&E standard and other operational measures.

The A&E Improvement Group for the Mid Yorkshire footprint receives reports on system performance and risks and monitors the mitigating actions on a monthly basis. All plans including surge and escalation plan and communications plan - are regularly reviewed and agreed with partners through the A&E Improvement Group.

Plans on a page are monitored and reviewed by the Joint Urgent Care System Improvement Group on a monthly basis.

West Yorkshire Urgent & Emergency Care Network are undertaking a workforce review.

The Walk-in Centre team at Dewsbury Hospital have relocated to work with the Minor Injuries Unit promoting closer integrated working. The contract for the Walk-in Centre at DDH is in place until September 2020. Monitoring of DDH A&E activity will continue to better understand the impact of AHR.

Ambulance transfer data is monitored to ensure timely transfer to PGH for appropriate A&E patients.

Key actions for urgent care and the 7 plans on a page have been developed by the A&E Improvement Group.

Robust ambulance handover escalation process agreed between CCG, MYHT and YAS.

Direct reports received from A&E Improvement Group reported through the acute integrated performance report to FPC Ctte.

The COO attends A&E Improvement Group and NK CCG reps attend the A&E Improvement Group and JUSIG.

A new joint weekly urgent care group has been set up with the leads from Wakefield CCG.

External assurance through West Yorkshire Area Team and NHS I.

A programme of work has been developed by the Systems Resilience Group which involves all partner organisations.

Issues reported via A&E Improvement Group arrangements to commissioners.

Performance monitoring reported on a monthly basis to FPC Ctte.

Walk in centre contract at DDH - regular contract meetings in place to ensure delivery.

Recovery trajectories not yet met. Escalation of risks from A&E Improvement Group Risk Register to NKCCG Corporate Risk Register.

Issues reported via A&E Improvement Group arrangements to commissioners.

Performance monitoring reported on a monthly basis to FPC Ctte.

Walk in centre contract at DDH - regular contract meetings in place to ensure delivery.
Risk Cycle 2: May – July 2019

North Kirklees Clinical Commissioning Group Risk on a Page
Report for Governing Body – 10 July 2019

Total Risks | 33 (29 open risks)
Fin, Perf & Cont | 18 (17 open risks)
Quality | 15 (12 open risks)

Movement of Risks | Risk Score Increasing | 0
New | 9
Marked for Closure | 4

Risk Score Increasing
Risk Score Static
Risk Score Decreasing

Risk Overview

There are 9/29 (31%) open risks with a static description this cycle.

Static Risk Descriptions in this Cycle

Appendix 4
### GOVERNING BODIES WORK PLAN – APRIL 2019 TO MARCH 2020

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**QUALITY & SAFETY**

**FINANCE, PERFORMANCE & CONTRACTING**

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Minutes of the Greater Huddersfield Primary Care Commissioning Committee
held at 9:00am on Wednesday 3 April 2019
Scammonden Room, Broad Lea House

Committee Members
Fatima Khan-Shah (Vice-Chair) (FKS) Lay Member
Ian Currell (ICu) Chief Finance Officer
Dr Jane Ford (JF) GP Representative
David Longstaff (DL) Lay Member: Audit
Carol McKenna (CM) Chief Officer
Angela Monaghan (AM) Nurse Advisor
Dr Steve Ollerton (SO) GP Practice Representative and CCG Chair
Penny Woodhead (PW) Chief Quality and Nursing Officer

In Attendance
Dr Karen Dean (KD) Independent Medical Advisor
Laura Ellis (LE) Head of Corporate Governance
Dawn Ginns (DG) NHSE Representative
Helen Hunter (HH) Healthwatch Representative
Dr Bert Jindal (BJ) Local Medical Committee Representative
Martin Pursey (MP) Head of Contracting & Procurement
Sue Richards (SR) Health and Wellbeing Board Representative
Catherine Wormstone (CW) Head of Primary Care Strategy and Commissioning
Rob Willis (RW) Head of Financial Reporting and Accounting

Apologies
Priscilla McGuire (Chair) (PM) Lay Member: Patient and Public Involvement

No members of the public were in attendance.

001 Welcome, Apologies and Declarations of Interest

Apologies were received as set out above, and substitutions noted.

Conflicts of Interest

Public Minutes (Minute 82) – practice representatives had had a direct financial interest in the item on Equitable Funding Review and had retired to the public seating area for part of the meeting. It was agreed that it should be possible to approve the minutes without discussing specific areas of conflict, and therefore no action was required to further manage the conflict.

PMS Premium – Care Homes (Minute 85) – practice representatives had a direct financial interest in this item. It was agreed that a conflicted discussion would take place, followed by a non-conflicted discussion and decision. As the item was being considered in public, it was agreed that conflicted members would retire to the public seating area but would play no further part in the discussion.

002 Vision and Values

The Greater Huddersfield CCG Vision and Values had been circulated and were noted.
Accuracy of Minutes from 6 March 2019, Matters Arising and Action Log

All practice representatives had had a direct financial interest in the item on Equitable Funding Review and had retired to the public seating area for part of the meeting. It was agreed that it should be possible to approve the minutes without discussing specific areas of conflict, and therefore no action was required to further manage the conflict.

The minutes of the meeting held on 6 March 2019 were APPROVED as a correct record.

**Action Log**

The Action Log was reviewed as follows:

51 – Special Allocation Scheme - GS to investigate what arrangements have been put in place in North and South Yorkshire in relation to establishing a Special Allocation Service (SAS) Appeal Panel and feedback this information to a future meeting of this Committee. Update 03.04.19 - DG to pick up and email feedback to be circulated to members. Action to remain **OPEN**.

58 – Minutes of Previous Meeting - JG to check with Healthwatch whether any work had been done to investigate the next steps taken by individuals who had not taken up offered appointments. Update 03.04.19 - Helen Hunter reported that no specific work had been carried out in this area. It was acknowledged that it was a national issue. Action to be **CLOSED**.

77a – Equitable Funding Review and difference in payments to PMS and GMS Contract Holders - DG to check the comparison table showing the PMS premium positions for other CCGs across West Yorkshire and Harrogate, and share with members if permitted. Update 03.04.19 - DG waiting for approval to share, will hopefully bring to May meeting. Action to remain **OPEN**.

77b – Equitable Funding Review and difference in payments to PMS and GMS Contract Holders - CW to arrange for non-conflicted LMC representation on the Task and Finish Group. Update 03.04.19 - CW had approached the LMC regarding this. Action to be **CLOSED**.

77c – Equitable Funding Review and difference in payments to PMS and GMS Contract Holders - CW to remove references to the Council of Members from the paper. Update 03.04.19 - Completed. Action to be **CLOSED**.

**Primary Care Budgets / Finance Update**

RW introduced the report updating the Committee on the CCG’s financial position and primary care commissioning budgets and forecasts as at Month 11. RW went on to highlight a number of areas within the report:

- The Primary Care budgets were unchanged at February (Month 11) and equated to £36.235m (previously £36.192m).
- There had been a small allocation (£43k) received in Month 11 in relation to TB.
- The Primary Care budgets were forecast to overspend by £0.006m at Month 11 (previously reported as an over spend of £0.090m, at Month 10). This improvement on the forecast position had been due to favourable movements on QOF and on enhanced services DES, offset by an adverse variance on premises costs.
- The co-commissioning budget was forecast to overspend by £0.037m at month 11 (previously £0.102m at month 10).

RW went on to give a presentation on the Co-Commissioning Financial Plan for 2019/20, based on the Month 11 forecast. He outlined changes since his last report in March 2019, the highlights being:
- An expected uplift of £0.9m as opposed to £1.9m previously stated.
- The reserve was now anticipated to be £54k instead of £0.4m.

RW talked through the above changes, and how the CCG had mitigated the reduction in allocation, including taking out the indemnity fees, taking out the small co-commissioning contingency, reducing the role reimbursement allocation from 12 months to 9 months, and reducing the estimated reserve from £458k to £54k.

CM stated that other local CCGs had expressed concern about the reduction in allocation and the pressures that would cause, and ICu stated that as GH CCG had been prudent in its planning for 2019/20 it could therefore take mitigating actions to reduce the impact.

RW provided assurance that the indemnity was a separate arrangement for GMS practices.

CW referred to the equitable funding review for PMS/GMS practices, and stated that it now looked less likely that the gap would be closed. With this in mind, the local proposals would have to come back to the Committee for approval. DG was asked how the gap was expected to close if the same uplift was given to PMS and GMS practices, and she stated that this was for local determination. She was requested to feed the Committee’s concerns on this issue back to NHS England.

The Primary Care Commissioning Committee NOTED the content of the report and presentation, including the forecast overspend on the co-commissioning position at Month 11.

005 Practice Quality and Contracting Group Terms of Reference Review

KD presented the report which outlined the review of the annual Terms of Reference (ToR) for the Practice Quality and Contracting Group (PQC) and to provide assurance to the Committee that the ToR provided an effective framework from which to deliver the responsibilities of the PQC group.

KD directed the Committee to the following key points:
- The PQC had reviewed the ToR in February 2019 to ensure that they remained relevant and effective in the delivery of the Groups’ functions. Following discussion, there had been agreement that the purpose remained valid. The membership of the Group provided links across teams to ensure that gaps and duplications were minimised. The scope of membership ensured that practice quality, contracting and development were effectively triangulated.
- The PQC had recognised that the joint transformation membership representation needed to be strengthened, and hence agenda sharing and quarterly attendance had been agreed.
- Public Health had also agreed to agenda sharing and possible quarterly attendance.
- A questionnaire had been circulated to all members of the PQC to support reflection on the TOR, membership, conduct of the meetings, remit and responsibility of the Group, key duties and reporting arrangements. This would be brought to the May meeting.

**ACTION:** KD to bring feedback from the PQC questionnaire to the May meeting.

KD asked for clarification around the reporting arrangements, and it was confirmed that ratified minutes should be shared with both Quality & Safety and Finance, Performance and Contracting Committees in common, in addition to Primary Care Commissioning Committee (PCCC).

BJ queried the absence of the Local Medical Committee (LMC) in the membership of the PQC. KD stated that this had been discussed when the Group had originally been formed and the advice from Governance at the time had been that it was not deemed appropriate to have an LMC representative due to the contracting element of the meeting. The function
of the Group had not changed. The Committee noted that other forums such as the LMC interface meetings had been set up to ensure that other lines of communication were established with the LMC. BJ suggested that this be reviewed and his concerns regarding representation were noted.

**ACTION:** KD to check the Governance advice around LMC representation at PQC.

CM stressed that the CCG would always hold discussions with the LMC should issues arise through the PQC Group. FKS reminded BJ that the PQC was not a decision-making body and made recommendations to the PCCC, which the LMC attended.

The Primary Care Commissioning Committee:

1. **RECEIVED** the report.
2. **SUPPORTED** the amendments to the TOR subject to clarification around LMC representation.
3. **PROVIDED** further recommendations to improve assurance that the TOR remained effective for delivering the responsibilities the PQC Group.

**006 PMS Premium – Care Homes**

All practice representatives had a direct financial interest in this item. It was agreed that a conflicted discussion would take place, followed by a non-conflicted discussion and decision. As the item was being considered in public, it was agreed that conflicted members would retire to the public seating area but would play no further part in the discussion.

CW presented the report which requested an extension for the existing enhanced provision of care element of the PMS premium to continue between 1 April 2019 and 30 September 2019 when the new service was anticipated to start.

SO clarified that the funding was for the additional work carried out by practices, not for the care homes support team.

HH asked why mental health and learning disability care homes had not been included in the paper. SO stated that a decision on where to draw the line had been taken previously, and acknowledged that there were several minority groups with an inequity of service. SR stressed the pressure on GP practices as a result of care home patients who were usually unable to leave the home far outweighing the pressure from learning disabilities patients, who were typically ambulatory and able to visit their practice themselves.

KD stated that the learning disability health check recognised the issues for that population and attempted to address this, similarly the SMI register focussed on mental health.

PW stated that she felt there was an opportunity to speak to learning disability leads regarding plans going forwards in order to support this population’s health needs. A piece of quality work was currently being undertaken in care homes looking at the interface with general practice, and this issue could feed into those conversations.

CM questioned whether the issue had been addressed through procurement of the new care homes service, and whether the new service would give an appropriate response for learning disability patients. SR stated that the care homes liaison scheme provided a service for patients with mental health issues.

SO and JF withdrew from the table and a non-conflicted discussion followed.

It was confirmed that funding for the extension had been included in the financial planning for 2019/20.
AM stated that the proposal for the procurement of the new service had been supported by the Governing Bodies and it would be a backwards step if the PCCC did not agree to the extension of the funding for this scheme.

ICu asked what would happen if the service did not go live on 1 Oct 2019, and suggested the recommendation be re-worded to allow for an extension until the start of the service. This suggestion was supported by the Committee.

KD enquired whether the rise in the number of care homes over the next 6 months had been taken into account.

**ACTIONS:**
- JG to contact Ann Martin at the Local Authority regarding the new care homes planned to be opening over the next year.
- JG to establish an additional quarterly review mechanism.
- Paper on the access to primary care for the learning disabilities and mental health populations to be brought back to the Committee in May 2019.

The Primary Care Commissioning Committee:
1) **RECEIVED** and **CONSIDERED** the report.
2) **AGREED** to continue the funding for the PMS Premium care homes scheme for this financial year until the start of the new care homes service, expected to be 1 October 2019.

SO and JF returned to the table.

**007 Date and Time of Next Meeting**

The next meeting would be held at 9.00 am on Wednesday 1 May 2019 at Broad Lea House, Huddersfield.

The PCCC agreed to the scheduling of an additional meeting in May for the purposes of the new Primary Care Network contracts.

**ACTION: HR to schedule an additional PCCC meeting in May 2019.**

The Committee then **RESOLVED**:

"That representatives of the press and other members of the public were excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest."
Minutes of NHS North Kirklees CCG
Primary Care Commissioning Committee
Meeting held at 9.30 am on 17 April 2019
Rooms 1 and 2, Empire House, Dewsbury

Present:

Members
Fatima Khan Shah (Chair) (FKS) Lay Member, Patient and Public Involvement
Emma Bownas (EB) Head of Quality (substitute for Penny Woodhead)
Ian Currell (ICu) Chief Finance Officer
Dr Abid Iqbal (AI) Independent GP Advisor
David Longstaff (DL) Lay Member: Audit

In Attendance
Rachel Carter (RC) Turnaround Director
Dr N Chandra (NC) LMC Representative
Joanne Davis (JD) Senior Primary Care Support Manager
Dr Nadeem Ghafoor (NG) Governing Body – GP Member (minutes 004-007)
Dawn Ginn (DG) NHS England representative (minutes 005-007)
Dr Mohammed Hussain (MH) Chair, Council of Members
Dr Indira Kasibhatla (IK) Governing Body – GP Member
John Laville (JL) Patient Representative
Chris Nichols (CH) Primary Care Support Manager
Martin Pursey (MP) Head of Contracting and Procurement
Sue Richards (SR) Health and Wellbeing Board Representative
Sarah Sowden (SS) Governing Body – Advanced Nurse Practitioner
Rob Willis (RW) Head of Financial Reporting and Accounting (minutes 001-004)

Minutes
Helen Robinson (HR) Governance Officer

Apologies
Dr Oliver Hirst (OH) Independent GP Advisor
Helen Hunter (HH) Healthwatch Representative
Laura Ellis (LE) Head of Corporate Governance
Carol McKenna (CM) Chief Officer
Natalie Sykes (NS) Primary Care Support Manager
Penny Woodhead (PW) Chief Quality and Nursing Officer
Catherine Wormstone (CW) Head of Primary Care Strategy and Commissioning

One member of the public was in attendance. Dr David Kelly (DK), CCG Chair, and Julie Pieske (JP), Advanced Nurse Practitioner, were also present in the public seating.

001 Welcome, Apologies and Declarations of Interest

The Chair opened the meeting. Apologies for absence were recorded as set out above.

Conflicts of Interest

GP Practice Visits – as this related to a process involving member practices and the Quality Access Scheme, it was deemed appropriate for all practice representatives to declare a direct financial interest in this item. It was agreed that a conflicted discussion would take place, followed by a non-conflicted discussion and decision. As this part of the meeting was in public, it was agreed that practice representatives could withdraw to the public seating area during the non-conflicted discussion, but would play no further part in the discussion. It
was noted that DK and JP, who were present in the public seating area, would also be conflicted but were only present as observers and no further action was therefore needed.

002 Visions and Values

The NK Values and Behaviours had been circulated with the agenda and were noted.

003 Accuracy of Minutes of the last meeting held on 20 March 2019, Matters Arising and Action Log

The minutes of the meeting held on 20 March 2019 were APPROVED as a correct record, subject to the following amendment:

Primary Care Budgets/Financial Update – 6th paragraph to be amended to read ‘However, RW also talked through the figures involved if the allocation growth was reduced by 1.4% (a £1.2m increase).

Action Log

The action log was reviewed and the following updates were provided:

113a Primary Care Budgets/Financial Update - ICu to draft a summary of the key financial messages for practices, and CW to ensure that this was included in the letter sent to practices following the meeting. Update 17/4/19: Communication not yet gone out so action to remain OPEN.

113b Primary Care Budgets/Financial Update - CW circulated NHS E PCN slides with Committee members. – CLOSED.

124 Equitable Funding Review and difference in payments to PMS and GMS Practices - CW to amend section 3.2 of the paper, removing reference to ‘non-conflicted’ members. Update 17/4/19: As the task and finish group had been set up it was agreed that this action could be CLOSED.

128 Primary Care Operational Group Terms of Reference - The amended Operational Group Terms of Reference had been re-circulated for assurance purposes. CLOSED.

004 Primary Care Budgets/Financial Update

RW presented a report updating the Committee on the Primary Care Co-Commissioning (PCCC) Budgets and Forecasts at Month 12.

He informed the Committee that there had been no budget changes incurred in Month 12 for 2018/19 as shown in the budget movements table at section 2.1.

The Committee’s attention was drawn to table 2 highlighting the co-commissioning underspend having been revised down by £180k to £0.289m (previously reported as an under spend of £0.469m). The primary reason for the adverse movement on the co-commissioning forecast was due to additional costs for rent re-imbursements and QOF which had been previously understated in the position. RW explained that this value was subject to change and the final value when it was known would be made available for non-recurrent investment in 2019-20.

NG joined the meeting.
RW went on to give a presentation outlining the known changes to the budget information which had been shared with the Committee in March. The Committee was informed that the uplift had been half that previously anticipated, and was now known to be £0.77m, giving a total allocation of £26.1m. The anticipated pressure was reported to be £0.4m and not £0.2m as previously reported. RW outlined the mitigating actions which could be taken to alleviate this pressure, including using the brought forward reserve of £0.4m. This would however leave nothing to invest for 2019/20.

The draft uplifts for both PMS and APMS had also both been less than anticipated, 53p and 9p respectively, compared to the 92p GMS uplift.

RW informed the Committee that by taking out the contingency of £134k, and reducing the role reimbursement funding calculation from 12 months to 9 months (£88k), the CCG had a plan to manage the delegated budgets at break-even point.

**ACTION:** RW to clarify the £45k for extended hours DES which had not been included in the latest plan.

MH queried the lack of uplift for providers for ECG, diabetes and phlebotomy services, stating that the prices had been fixed since 2014. ICu agreed to look into this and report back to a future meeting.

**ACTION:** ICu to look into the prices for ECG, diabetes and phlebotomy services and provide feedback to a future meeting.

MH also requested clarity on what had been budgeted for care homes in 2019/20. **ACTION:** RW to look into the budget for care homes for 2019/20 and provide feedback to a future meeting.

JL enquired why the pressure was reported to be increasing, and RW explained that the pressure reflected the difference between the allocation and the mitigating actions.

The Primary Care Commissioning Committee **NOTED:**
- The draft forecast under-spend of co-commissioning budgets at Month 12.
- The intention to include approximately £0.3m to £0.4m of co-commissioning underspends in 2019-20 plans non-recurrently.

005 **GP Practice Visits**
SS, NG, IK, NC and MH had a direct financial interest in this item due to it relating to the Quality Access Scheme. It was agreed that a conflicted discussion would take place, followed by a non-conflicted discussion and decision. As this part of the meeting was in public, it was agreed that practice representatives could withdraw to the public seating area during the non-conflicted discussion, but would play no further part in the discussion. It was noted that DK and JP, who were present in the public seating area, would also be conflicted but were only present as observers and no further action was therefore needed.

JD presented the report which provided an overview of the reasons and importance of carrying out regular CCG organised practice visits and set out the context for this process from the NHS England Policy and Guidance Manual (PGM). The paper outlined the proposed approach to be taken by North Kirklees CCG in relation to practice visits from May 2019 onwards.

JD explained that the proposed change of practice visit approach would result in minor amendments to be made to the QAS contract, to align the wording of the contract to reflect the change to practice visit approach for 19/20. These minor amendments would include practice visits for 19/20 being CCG lead and organised, and including a Medical Advisor instead of a Cluster Lead.
NC added that when discussed at the LMC Interface meeting it had been agreed that an LMC representative would be available to attend all visits if requested.

MH stated that he felt it important for practices to get something back from the visits, rather than just an opportunity to raise questions. It was stated that GH CCG produce a You Said We Did document following each round of visits, answering any questions raised by practices.

A discussion followed regarding the amendment of including of a Medical Advisor, and practice representatives expressed concern that this would make the visits about performance. SS also stated that she would have preferred it to state a Clinical Advisor rather than specify a Medical Advisor.

SS, NG, IK, NC and MH withdrew to the public seating area in order to allow for a non-conflicted discussion to take place.

AI suggested that the benefit of having a Medical Advisor would be to address any questions arising from the practice’s data, but stressed that he felt the visits should be about sharing good practice and not just to pick up on areas of poor performance.

DG joined the meeting.

SR stated that the practice visit template should reflect the Primary Care Network wider system, and not just the individual practice, in order to give a picture of how the system was working.

As no visits had been taking place previously, it was agreed to trial the proposal for six months and then review how it had worked. The Committee agreed the need to move away from a Medical Advisor towards Clinical Advisors over time, but as the two independent advisors were currently in medical roles, they would attend the visits initially.

The Primary Care Commissioning Committee:

2. NOTED the proposed approach to be taken going forward in relation to establishing a regular programme of commissioner led practice visits.
3. APPROVED the approach to be taken in relation North Kirklees CCG GP practice visits.
4. APPROVED the minor amendments to be made to the QAS for 19/20 taking into consideration the changes to be taken in relation to practice visits.
5. AGREED a review period of six months.
6. AGREED to explore other clinical representation for future visits.

SS, NG, IK, NC and MH returned to the table.

006 Draft 2019/20 Work Plan

FKS presented the draft work plan for 2019/20. It was agreed that the six month review of GP Practice Visits would be added on to the work plan.

The Primary Care Commissioning Committee RECEIVED and NOTED the draft work plan.

007 Date and Time of Next Meeting

9.30 am, Wednesday 15 May 2019, Meeting Rooms 1 and 2, Empire House, Dewsbury.

The Primary Care Commissioning Committee RESOLVED:-

Ratified (public) minutes – NK Primary Care Commissioning Committee – 17 April 2019
“That representatives of the press and other members of the public be excluded from the
remainder of this meeting having regard to the confidential nature of the business to be
transacted, publicity on which would be prejudicial to the public interest.”

The public part of the meeting concluded at 10.24 am.
Minutes of the NHS Greater Huddersfield CCG Quality Committee  
(held as committees in common with the NHS North Kirklees CCG Quality Committee)  
held on Wednesday 24 April 2019, 9am – 12pm  
Scammonden Room, Broad Lea House, Huddersfield

Greater Huddersfield CCG

Quality Committee Members Present:
Dr Jane Ford JF GP Practice Representative and Chair  
Dr Razwan Ali RA GP Practice Representative  
Alix Ewen AE Advanced Nurse Practitioner  
Carol McKenna CM Chief Officer  
Penny Woodhead PW Chief Quality and Nursing Officer  
Chunda Sri-Chandana CSC Secondary Care Advisor  
Priscilla McGuire PM Lay Member

North Kirklees CCG

Quality Committee Members Present:
Sarah Sowden SS Practice Representative and Chair  
Dr Khalid Naeem KN GP Practice Representative  
Dr David Kelly DK GP Practice Representative  
Carol McKenna CM Chief Officer  
Penny Woodhead PW Chief Quality and Nursing Officer  
Fatima Khan-Shah FKS Lay Member

In attendance:
Laura Ellis LE Head of Corporate Governance  
Emma Bownas EB Head of Quality  
Kathryn Brown KB Quality Manager  
Becca Spavin BS Transformation Manager  
Kathryn Stirk KS Serious Incident Team  
Vicky Dutchburn VD Head of Strategic Planning, Performance & Delivery  
David Melia DM Director of Nursing and Quality, Mid Yorkshire NHS Hospital Trust  
Tracy Means TM Mid Yorkshire NHS Hospital Trust  
Clare Wyke CW Quality Improvement Lead – Patient Experience  
Nick Lamper NL Governance Manager

Minutes:
Sam Parkinson SP Project Support Officer, Quality
Apologies and Declarations of Interest

Apologies were noted from Catherine Wormstone.

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.

After reviewing the agenda, and following advice and review from the Head of Corporate Governance, both Committees AGREED that there were no conflicts of interest. This would be kept under review during the meeting.

Visions and Values

The Visions and Values of both CCGs were circulated with the agenda and the Committee were asked to reflect on these as the meeting progressed.

Minutes

The minutes of the meeting held on 27 March 2019 were reviewed for accuracy and APPROVED as an accurate record.

Action Log

GH & NK 147 – Interim Level 2 Wound Care Service – Julie to work with Kathryn to develop a process for monitoring KPIs across primary care and Locala to ensure the specification delivered value for money – Kathryn confirmed that a meeting was held with Julie 28.3.19 and Kathryn outlined the actions agreed, including that the KPI’s will be reviewed when the national wound care specification is released later this year. Kathryn agreed to circulate a copy of the actions agreed. Action CLOSED.

NK 165 – Temporary suspension of services process proposal – Kathryn to request that JACWG seek assurance from MYHT that the process has been signed off by MYHT internal governance process – this was presented at JACWG and it was agreed that this would be taken through Mid Yorkshire Hospital Trust’s governance process, with the outcome reported back into JACWG. Action CLOSED.

NK 165 – Temporary suspension of services process proposal – SMT to discuss formal review of JACWG and discuss next steps – confirmation that this has been discussed at SMT. The outcome of the review would be brought back to both the Quality Committee and the Integrated Quality Committee. Action to remain OPEN.

NK 167 – Briefing Report on the temporary closure of Ambulatory Emergency Care (AEC) at Dewsbury Hospital – Copy of formal evaluation of temporary closure of AEC at Dewsbury Hospital, together with fully completed QIA and EQIA, to be received at a future meeting – Carol confirmed this had not yet been discussed at SMT and as this was wider than ambulatory care, it had been agreed that this will be discussed at the...
MYHT urgent care summit taking place on 2\textsuperscript{nd} May 2019. It was AGREED that an update from the summit will be received at the next meeting, with the refreshed QIA and EQIA being received in 6 months’ time. Action to remain OPEN.

GH & NK 168 – Primary Care Quality Report – Support to Primary Care regarding SMI health checks and dementia care to be discussed with the CCG’s lead for mental health to ascertain any existing mechanisms – the Committee had previously been advised of the clinical lead for mental health for NK but highlighted there was currently no identified mental health lead for GH. Razwan therefore confirmed he had agreed with the chair of GHCCG, to be clinical lead for Mental Health. Action CLOSED.

NK184 – Quality and Safety Report/Quality Dashboard – update on MYHT workforce to be presented at the next meeting – item on the agenda for discussion, action CLOSED.

NK184 – Quality and Safety Report/Quality Dashboard – Louise to provide further information on the North Kirklees care homes rated as “inadequate” – verbal update provided to David after the March meeting. Louise agreed to provide further information on the dashboard when next reported into Committee. Action CLOSED.

The minutes of the joint Quality Committee and Finance, Performance and Contracting Committee meeting held on 27\textsuperscript{th} February 2019 were reviewed for accuracy and APPROVED as an accurate record. Penny reminded members that these minutes would be made publically available and members AGREED that the minutes were an accurate reflection of discussions and therefore were suitable for publication.

Matters Arising

There were no Matters Arising.

\textit{Becca Spavin arrived 004 Kirklees Community Services – Care Close to Home Service Revisions}

Becca Spavin presented the report which provided an update on the position of the Care Closer to Home Contract since the decision by Governing Body to extend the contract by 2 years. The report outlined the current proposals for revisions to the contract and Becca advised that an internal Task and Finish Group has been established to work through the initial suggestions. Once the areas for revisions have been agreed, a wider group of colleagues will work on the detail and develop a timescale for implementation. Becca confirmed that the aim is to have completed this work by the end of July 2019.

Fatima highlighted that producing a composite patient experience report had been discussed, and asked if this could be reviewed to ensure it captures information relevant to the CCG. Becca confirmed that it has been made clear that producing a report is an expectation within the current contract and there was no intention to define the exact content of this through the contract variation. Penny added that as no national community surveys are currently available to Locala, the organisation is looking to commission a bespoke survey which compliments its own mechanisms for patient experience. Penny also confirmed that assurance regarding patient experience is received via the Locala Quality Board.
David asked if any feedback had been received from primary care and what the sign off process would be. Becca advised that feedback had been received via the LMC and Carol confirmed that the sign off process had been agreed at Governing Body.

Further discussions took place around workforce capability, communication and work with the Primary Care Networks. The Committees also acknowledged the difficulties in finding a balance between rigid Key Performance Indicators and flexible outcomes. Becca also confirmed that a Quality Impact Assessment and Equality Impact Assessment would be completed, following patient feedback.

Sarah noted that the information for the current proposals was high level and suggested that there should be nursing input into the work around workforce.

GHCCG and NKCCG Quality Committees REVIEWED the scope of the revisions and AGREED the current revisions. David felt it would be helpful to receive further detail on each revision and for the Committees to be kept updated on progress. Becca agreed that proposals for feedback will be discussed at the Task and Finish Group.

Becca Spavin left

005 Quality Committee Annual Report

Emma presented the report, which provided an overview of the workings of the GHCCG and NKCCG Quality Committees for 2018-19. The report reflected comments received via the self-assessment discussed at the last meeting, especially around the frequency of receiving routine reports. Penny confirmed that the report had been shared with the Chairs of each Committee for comment prior to submission. The following amendments were requested:

Page 2 – ensure correct spelling of Secondary Care Advisor’s name and correct percentage attendance.

GHCCG and NKCCG Quality Committees RECEIVED and APPROVED the report, prior to submission to the Audit Committee, with the agreed amendment.

006 Quality and Safety Report

Kathryn presented the report and highlighted the following:

Commissioning for Quality and Innovation (CQUINs) – guidance for 2019/20 has now been published and Kathryn confirmed that a more simplified approach has been taken than previous years.

Maternity survey provider response – actions being taken in response to the survey results reported at the last meeting were detailed.

Signs of progress on Learning from Deaths – following guidance published by the National Quality Board, the Care Quality Commission (CQC) has been assessing progress of the implementation of this guidance as part of its well-led inspections. The findings highlighted the different challenges between acute hospitals and mental health trusts and outlined the barriers and challenges faced.
Fatima noted that training is being provided to improve communication with bereaved families and carers and asked if any further support could be provided around this. Following further discussion, it was agreed that opportunities to work across the system to look at improvements should be discussed at the West Yorkshire Quality Surveillance Group and learning shared.

Penny noted the response from CHFT regarding the maternity survey results and agreed that the Quality Team would confirm with CHFT the exact actions being taken in response to the results. Helen advised that a Maternity Services Commissioner has been appointed who could also help with this work.

Kathryn presented the MYHT Experience of Care Report and highlighted the following:

**Friends and Family Test** – the inpatient questions have now been revised and include an additional 5 questions relating to the patient experience priorities.

**Maternity Experience Survey** – an overview of results and action being taken were provided.

Kathryn also presented an update from the Joint Acute Commissioning Working Group (JACWG) meeting in April and provided a summary of the discussions regarding the delays in breast cancer 2 week waits, as discussed at the last meeting. Reasons for the delays as well as actions being taken were provided. Kathryn advised that the Trust was not an outlier with the challenges faced and it had been noted that all key stakeholders have taken action to try and improve the situation. David advised of issues within primary care referrals with some being rejected due to locality boundaries. David wondered if the rules regarding boundaries could be temporarily relaxed to try and help the situation. Emma explained that this may result in further capacity challenges across the system. A discussion around 2 week waits took place and it was noted that this issue was due to be raised at the Finance, Performance and Contracting meeting, April 2019. It was agreed that confirmation would be sought at that Committee as to who would lead the conversation and in which report to include the update to governing body. Fatima asked if the Trust are communicating with patients around the waiting times and whether people are being provided with contact details whilst waiting; Kathryn agreed to check.

**ACTION:** Kathryn to check if patients on a 2 week referral have received communication regarding potential delays.

*Post meeting update – this action was confirmed later in the meeting, see minute 013.*

GHCCG and NKCCG Quality Committees RECEIVED and NOTED the report.

007 **Learning Disabilities Mortality Review (LeDeR) Annual Report**

Emma presented the report which provided an annual update of the LeDeR programme and outlined achievements for the year and challenges faced. Emma advised that one of the main challenges remained around lack of dedicated resources to undertake reviews but confirmed this was an issue for the majority of organisations. Emma confirmed that the CCGs will be performance managed in future by NHS England.
progress made across Calderdale and Kirklees was acknowledged, in particular the work of the local steering group.

The Committees discussed what actions could be taken to address the themes known and how best to raise the profile of this work. It was agreed that discussions needed to take place with the Head of Strategic Planning and general practice to understand what actions have already been taken with regards to learning disabilities and where there were opportunities for further work.

GHCCG and NKCCG Quality Committees NOTED the report and AGREED that a further report would be submitted to the Governing Body outlining the work already carried out, as well as future plans. Carol added that the report should also outline joint working with transforming care.

The Committee took a 5 minute break.

Kathryn Stirk arrived

008 Serious Incidents Quarter 4 2018-19 Report

Kathryn Stirk presented the report which provided an update on the work undertaken around Serious Incidents (SIs) during Quarter 4 2018-19. Details of numbers reported were presented, and performance against the national framework reviewed for each of the CCG's main providers. An update from the West Yorkshire Learning Forum was also noted and Kathryn advised that the event was well received.

David highlighted that no information was included regarding Mid Yorkshire Hospital Trust. Penny confirmed this information was received direct from the MYHT report from Wakefield CCG, which is also reported into Quality Committee. Penny added that discussions have previously taken place around whether to include the MYHT information in this report or not. Penny confirmed this will be reviewed again as the report evolves.

David noted that the recommendation in the report requested that the committee provides a clinical opinion on complex serious investigation reports. Penny clarified that this referred to seeking clinical opinion outside the meeting on specific incidents from clinical members of the Committee, and clinical opinion was not required during the meeting. It was agreed that this would be reworded for future reports.

Chunda asked whether there was confidence in the overall reporting culture within CHFT and whether this could be evidenced by understanding the ratio of serious incidents to the number of incidents reported as a whole. Kathryn agreed to review this outside the meeting and provide feedback.

ACTION: Louise Horsley to compare ratio of Serious Incidents with overall incident reporting within CHFT to ensure that there is a strong reporting culture.

GHCCG and NKCCG Committees RECEIVED the report and NOTED the assurances in relation to the management of Serious Incidents.

Kathryn Stirk left
Vicky Dutchburn arrived

009 Transforming Care Programme Report
Vicky Dutchburn presented the report which provided an update in relation to CCG agreed planned trajectories for the Transforming Care Programme (TCP) for 2019-20, as well as the numbers due for discharge by March 2019. Vicky confirmed that the programme has now been extended for a further 2 years and that work continues on the new development in Batley. Vicky confirmed that the monthly milestone report was rated as “amber” overall at the end of Quarter 4 by NHS England and that the CCG’s remain on track. Two national audits have been undertaken in the last quarter, and both Greater Huddersfield and North Kirklees received a rating of “fully assured” for 3 out of 4 areas, with a rating of “partially assured” for one question in the stopping overmedication of people with a learning disability audit (STOMP).

Vicky also outlined NHS England’s ambition to have 75% of people on the GP Learning Disability Registers to have an Annual Health Check (AHC) by March 2020. David asked if achievement for last year was known. Vicky confirmed that the target was not achieved last year, which was the same for the majority of practices. Penny reiterated the commitment made by members earlier in the meeting to support this agenda where possible. David agreed, and suggested it would be helpful to share information on practices who do not currently undertake AHC’s in order to provide support. It was confirmed that this information is available via the Primary Care Dashboard.

Sarah advised that Learning Disabilities is a topic for a future Practice Protected Time event and that learning from LeDeR reviews could form part of this session.

GHCCG and NKCCG Committees RECEIVED the report and NOTED the report.

010 Mid Yorkshire Hospital Trust – Care Quality Commission Action Plan and workforce update

David Melia, Director of Nursing and Quality/Deputy Chief Executive at Mid Yorkshire Hospital Trust (MYHT) presented an update on the Care Quality Commission (CQC) action plan together with any exceptions, and workforce initiatives being undertaken by the Trust. The action plan outlined the number of actions agreed following the last CQC inspection, together with a RAG rating on completion status. It was noted that MYHT Quality Committee has oversight and scrutiny of the delivery of this plan, and updates will be provided to the Joint Acute Commissioning Working Group (JACWG) every 2 months. David M advised that the date for re-inspection was currently unknown and could be carried out anytime between now and December 2020.

David M outlined the number of current vacancies at the Trust, including Registered Nurses and Midwifery, which was an improvement on previous months, with a continuous rolling programme of recruitment in place. David M confirmed that recruitment was a challenge, which is the same nationally, and the Trust was looking at alternative workforce models to try and improve the situation. David M advised that there are currently 89 trainee nursing associates training and a second cohort of nursing students have recently commenced.

Khalid noted the trainee nursing associates programme as a positive, and asked if there was scope for primary care nurses to undertake the same training programme. David M confirmed there were places available and offered to provide presentations to practice teams if required. The delay in 2 week referrals was also discussed and David
confirmed that patients who have been referred are being communicated with around this.

Penny commented that it was helpful to have sight of the CQC action plan, together with a verbal explanation, and asked where the CCG’s could help with assurance. Following discussion it was agreed that CCG staff will test assurance on actions, alongside existing quality governance and walkabout programmes.

Razwan commented on the number of current vacancies. Penny explained that further guidance is awaited from NHS Improvement regarding non-nursing vacancies and safer staffing levels. David M advised that a report regarding medical staffing is now being produced for the Trust Board and agreed to share this with members for information.

**ACTION:** David Melia to share MYHT medical staffing report with Committee members.

Chunda asked what actions were being carried out to retain staff as well as recruitment. David M outlined the work being carried out to help with retention, and added that the Trust has been a pilot site for the NHS Improvement retention support programme.

The Chair thanked David M for his attendance and NK Quality Committee **RECEIVED** and **NOTED** the information presented.

**011 Engagement and Patient Experience Action Plan**

Penny presented the report and advised that this was an interim action plan for GHCCG prior to a joint GHCCG and NKCCG engagement strategy being developed. Penny confirmed the action plan will be refreshed once the joint strategy has been approved and explained the reasons for each CCG currently having a different approach. The Committees were asked to approve the updated action plan and agree to delegate responsibility for oversight of the plan to the Patient and Public Engagement and Experience Steering Group.

Fatima noted that the plan was for GHCCG only and highlighted the differences in approach between GHCCG and NKCCG. It was confirmed that the CCGs are developing a joint Communication and Engagement strategy and associated implementation plan, and this will supersede the GHCCG plan once approved through the CCGs Governing Bodies. Quality Committee will have responsibility for the engagement plan.

GHCCG Quality Committee **APPROVED** the revised action plan and **AGREED** to delegate responsibility of oversight of the plan to the Patient and Public Engagement and Experience Steering Group.

**012 Equality and Diversity Report**

Emma presented the report which provided an update on progress in relation to equality and diversity activity during Quarter 4. Emma highlighted the information around the Equality Delivery System (EDS2) and the work around the Posture and Mobility (Wheelchair) service. Two panel events were held at Dewsbury and Huddersfield, and the Committees noted the difference in outcomes across the 2 sites.
Emma confirmed that the same information was presented at both events, although each event was chaired by a different person. Emma advised that the equality lead is taking this into consideration for future events.

Fatima noted the information on the Workforce Race Equality Standard (WRES) and asked if the CCG’s main providers have now published their reports online. Emma confirmed this information would be included in the next update.

GHCCG and NKCCG Committees received the report and noted the report.

013 National Staff Survey Results

Clare Wyke presented the report which provided an overview of the results of the national staff survey 2018, together with local findings and actions being taken as a result of the findings. Positive results as well as areas for improvement were detailed for the CCG’s main providers. Clare confirmed that the results would be discussed at the relevant Clinical Quality Boards for further assurance that the intelligence is being acted on.

GHCCG and NKCCG Committees received the report and noted the report.

014 Corporate Risk Register

Nick Lamper presented the report which provided details on all quality risks on the Corporate Risk Register and outlined the total number of risks falling for consideration by the Quality Committees. Nick confirmed that no new risks had been added for either CCG, and provided information on the numbers of risks closed. Nick also highlighted the one open risk rated as Serious.

GH and NK Quality Committees received and noted the report.

015 Quality and Safety Committee Work plan 2019-20

The draft work plan for 2019-20 was received and Penny explained that this had been drafted based upon the findings from the self-assessment.

The Committees noted the work plan for 2019-20 and asked for the following addition:

Care Closer to Home revisions to contract – to be received in August.

016 Items for attention of Governing Body

The following items will be included in the Quality and Safety Report to Governing Body:

- Quality and Safety information
- Summary of update received regarding MYHT CQC action plan and workforce

Penny confirmed that the LeDeR report would be submitted to Governing Body separately.
017 Minutes to receive

The Committee RECEIVED and REVIEWED the following minutes:

For Scrutiny
Locala Quality Board 1.2.19
Joint Medicines Strategy Group 21.11.18
Patient and Public Engagement and Experience Steering Group 20.11.18 & 15.1.19
Joint Acute Commissioning Working Group Parts 1 & 2 19.3.19
Integrated Commissioning Board 28.2.19
For information
NHS 111/999 West Yorkshire Clinical Quality Group 27.2.19
West Yorkshire Quality Surveillance Group 31.1.19 (CONFIDENTIAL)

018 Any Other Business

There were no items of Any Other Business.

019 Date and time of next meeting

It was CONFIRMED that the next meeting would be held on Wednesday 29th May 2019 at 9am at Empire House.
Greater Huddersfield CCG

**Quality Committee Members Present:**
- Dr Jane Ford JF GP Practice Representative and Chair
- Dr Razwan Ali RA GP Practice Representative
- Carol McKenna CM Chief Officer
- Penny Woodhead PW Chief Quality and Nursing Officer
- Priscilla McGuire PM Lay Member

North Kirklees CCG

**Quality Committee Members Present:**
- Sarah Sowden SS Practice Representative and Chair
- Dr Khalid Naeem KN GP Practice Representative
- Dr David Kelly DK GP Practice Representative
- Carol McKenna CM Chief Officer
- Penny Woodhead PW Chief Quality and Nursing Officer
- Fatima Khan-Shah FKS Lay Member

**In attendance:**
- Laura Ellis LE Head of Corporate Governance
- Emma Bownas EB Head of Quality
- Louise Horsley LH Quality Manager
- Clare Robinson CR Head of Nursing and Safeguarding, Designated Nurse, Safeguarding Adults
- Catherine Wormstone CW Head of Primary Care Strategy and Commissioning
- Juline Broadie JB Governance Manager
- Jane O'Donnell JO Head of Health Protection
- Donna Roberts DO Senior Infection Prevention and Control Practitioner

**Minutes:**
- Sam Parkinson SP Project Support Officer, Quality
Apologies and Declarations of Interest

Apologies were noted from Chunda Sri-Chandana, Kathryn Brown and Alix Ewan.

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.

After reviewing the agenda, and following advice and review from the Head of Corporate Governance, both Committees AGREED the following conflicts of interest:-

Item 5 – Greater Huddersfield Extended Access Model – Year 2 – Greater Huddersfield practice representatives would have a significant direct financial interest in this item. It was therefore agreed that a short conflicted discussion would take place, followed by a longer non-conflicted discussion. Penny agreed to take over as Chair for this item.

Item 7 – Primary Care Quality Report – it was noted that this was a summary report for assurance purposes but it was possible that practice representatives from both CCG’s may have a potential conflict of interest in some or all of the report. It was therefore agreed that this would be monitored throughout the discussion.

Visions and Values

The Visions and Values of both CCGs were circulated with the agenda and the Committee were asked to reflect on these as the meeting progressed.

Minutes

The minutes of the meeting held on 24 April 2019 were reviewed for accuracy and APPROVED as an accurate record.

Action Log

NK165 – Temporary suspension of services process proposal – SMT to discuss formal review of JACWG and discuss next steps – this was discussed at SMT and it was agreed that the outcome of the review would be brought back to both the Quality Committee and the Integrated Quality Group. Penny confirmed that the outcome of the review of JACWG had been submitted directly to the Governing Body for discussion and that a new committee is being established to replace JACWG. Action CLOSED.

NK167 – Briefing Report on the temporary closure of Ambulatory Emergency Care (AEC) at Dewsbury Hospital – Copy of formal evaluation of temporary closure of AEC at Dewsbury Hospital, together with fully completed QIA and EQIA, to be received at a future meeting – as this was wider than ambulatory care, it had been agreed that this would be discussed at the MYHT urgent care summit taking place on 2nd May 2019. Penny confirmed that this had been discussed at the summit meeting and a number of actions agreed. Following further discussion, it was agreed that timelines would be requested to confirm when an update would be received at Quality Committee, together with the QIA and EQIA. The Committee’s expectation was that this would be received
in July, but confirmation would need to be received. The Committee AGREED to CLOSE this action.

NK 006 – Quality and Safety Report – Kathryn to check if patients on a 2 week referral have received communication regarding potential delays – an update was received later in the April meeting confirming that Mid Yorkshire Hospital Trust has communicated with those affected. Action CLOSED.

GH 008 – Serious Incidents Quarter 4 2018-19 Report – Louise to compare ratio of Serious Incidents with overall incident reporting within CHFT to ensure that there is a strong reporting culture – Louise provided a breakdown of the number of incidents and serious incidents reported by the Trust and compared the numbers year on year from 2016 onwards. Louise confirmed that the number of incidents reported has increased during the last year, which is positive, and the majority of these had been rated as “no harm”. Action completed and CLOSED.

NK 010 – Mid Yorkshire Hospital Trust (MYHT) Care Quality Commission (CQC) Action Plan and workforce update – David Melia to share MYHT medical staffing report with Committee members – confirmation that this has been requested via the lead commissioner, no response received as yet. Action to remain OPEN.

Matters Arising

There were no Matters Arising.

023 Greater Huddersfield Extended Access Model – Year 2

As agreed earlier in the meeting, all Greater Huddersfield practice representatives declared a direct financial conflict interest in this item. Therefore it was agreed that practice representatives would participate in a short conflicted discussion with Penny chairing this item.

Catherine presented the report which outlined the proposed changes to the second year of the 2 year contract. Catherine highlighted the seven national criteria which the extended access service must meet, including timing of appointments, capacity and advertising and ease of access. Service developments, including phlebotomy, physiotherapy and pharmacy time, have been discussed at the Clinical Strategy Group, as well as regard being given to mental health input. Catherine advised that consideration was also being given to offering cervical cytology but was mindful of the need to ensure the quality and safety of this service and learning from the North Kirklees model was being considered. Catherine also advised that the proposal was being reviewed at the Finance, Performance and Contracting Committee.

Razwan raised reservations regarding the potential under-utilisation of pharmacy time, due to each practice having its own pharmacist. Catherine confirmed that this has been reviewed and the amount reduced. Razwan also asked if the contract stipulated how many appointments needed to be face-to-face or telephone consultations; Catherine confirmed this was not stipulated but utilisation would be monitored. Razwan also raised concerns regarding equity of access as not all practices currently provide a “satellite” and therefore utilise the central hub, and asked if there was a mechanism to monitor this; Catherine confirmed that this would be carried out by Local Care Direct
and My Health Huddersfield but that currently no concerns have been highlighted regarding utilisation of the central hub.

Jane Ford & Razwan Ali left the meeting

At this point the conflicted members of the GH Committee left the room and a non-conflicted discussion took place.

Carol noted the plan for additional Winter 2019/20 capacity and asked if a decision has been made regarding the location of the potential second hub; Catherine confirmed that this had not yet been decided and consideration needed to be given regarding accessibility and transport links.

Carol asked if further discussions were planned regarding the proposal of offering cervical screening. Catherine advised that they were, and that the necessary policies and procedures would need to be in place, a Quality Impact Assessment (QIA) and Equality Impact Assessment (EQIA) would also need to be carried out.

Fatima asked if there were plans for patients to be able to book advanced appointments on line in the future. Fatima also noted the lack of advertising of the extended access service in her own GP practice. Penny advised that a report is due to be received by the A&E Delivery Board in Huddersfield highlighting that patients are reporting A&E attendance due to not being able to access a GP appointment. A number of engagement events have already taken place regarding this service and Penny suggested that this should be revisited by the Patient Reference Group Network to encourage members to promote this service at their own practices.

Khalid felt that the number of appointments based on list size was an important consideration.

Penny summarised discussions and it was acknowledged that this service change was for a 12 month transition period, with a plan to review in light of the development of Primary Care Networks. The proposal presented for the remaining 12 months’ of the contract was AGREED by GH Quality Committee, taking into consideration the concerns and comments raised during discussions.

Fatima & Razwan Ali returned to the meeting

024 Quality and Safety Report/Quality Dashboard

Louise presented the report and highlighted the following:

Reducing restrictive practices – details of the National Oversight Group as well as the North Task and Finish Group were provided, outlining the remit of both groups.

Provider Quality Accounts – all of the CCG’s main providers have circulated their draft Quality Accounts for comment, with responses returned. Locala’s has now been circulated for comment and the commissioner statement will be returned by their deadline of 7th June 2019. Links to all the published Quality Accounts will be provided in a future report.

MYHT Breast Cancer 2 week wait update – following a discussion at the last meeting, further information was provided on the actions agreed to address concerns. Information reviewed showed that Trusts were operating at their maximum capacity and
that Trusts were continuing to work to identify issues that may be contributing to an increase in demand.

Louise presented the quality dashboard and highlighted the following:

**Calderdale and Huddersfield NHS Foundation Trust (CHFT) - harm free care** – this remained consistent in March and the NHS Improvement Collaborative are now inviting members of the Quality Team to attend meetings to understand the work being undertaken around areas such as pressure ulcers and falls.

**Duty of Candour** – one Duty of Candour breach was reported in March by the Medical Division, which had not been completed within the expected 10 day timeframe. The incident has been investigated and learning shared.

**Complaints** – an improvement in the number of complaints closed within timeframe was noted in March and the Chief Executive continues to meet with colleagues involved in complaints management to identify any areas for improvement.

**South West Yorkshire Partnership Foundation Trust (SWYPFT) – CQC** – the CQC has recently carried out an unannounced inspection at the Trust following the publication of a rating of Requires Improvement in July 2018. A Well-led inspection is also due to be carried out on 11th and 12th June.

**Complaints** – a small increase in the number of complaints closed within timeframe was noted, with no significant improvement seen despite focussed work being undertaken.

**Locala – sickness rates** – overall sickness rates are above the organisation’s internal target, which is reflected in the reduction in the number of appraisals and mandatory training being completed. This was discussed at the last Locala Quality Board meeting and 2 hot spots have been identified, with an action plan in place to address this.

Sarah noted the information in the report regarding MYHT Breast Cancer 2 week wait around education and asked how this would be managed taking into account any capacity issues. Razwan also advised that there was a lack of alternative clinics on Choose and Book system for referrals. Penny wondered what kind of patient feedback was being received in relation this service and whether there had been any complaints or PALS queries. Louise agreed to request feedback on all comments regarding this outside the meeting.

**ACTION:** Feedback on PALS and complaints regarding MYHT breast cancer referrals to be requested.

Razwan highlighted the issues regarding both CHFT and SWYPFT hitting their timescales for closing complaints and noted that this has been a long standing issue. Emma advised that the timescales for both Trusts were internally set. Penny explained that this issue is regularly discussed at the respective Clinical Quality Board meetings, with reasons for not hitting the targets as well as actions being taken discussed. Penny suggested that future discussions at Quality Boards should focus on what indicators are being reviewed for complaints, other than reaching their target, e.g. how many complaints are re-opened and how many are referred to the Ombudsman.
Fatima noted the information regarding restrictive practices and asked if any further actions or information had been requested following the recent publicity regarding Whorlton Hall. Penny confirmed that no further information has been requested from regulators and suggested that the next Transforming Care report submitted to the Committees should reflect any further actions that can be taken and any learning that can be shared.

David noted the lack of improvement on the Goal Orientated Management Plan (GOMP) indicators on the Locala dashboard. Louise agreed to raise this at the next Locala Quality Board meeting.

**ACTION:** Louise to raise lack of improvement on the GOMP indicators on the Locala dashboard at the Locala Quality Board meeting on 7.6.19.

GHCCG and NKCCG Quality Committees RECEIVED and NOTED the report.

**025 Primary Care Quality Report**

Emma presented the report which provided an update on quality and safety information within Primary Care, including recently published CQC inspection reports, quality priorities and information from the primary care dashboard. The report provided details on work ongoing around End of Life Care, Healthy Hearts and physical health checks for people with a Serious Mental Illness. Emma highlighted that the dashboard showed a decline in dementia care planning within Greater Huddersfield and this is currently being looked into further. Two recent CQC inspections had been published with a rating of “good”, one for North Kirklees and one for Greater Huddersfield. The report also highlighted work ongoing with practices following quality assurance visits and Emma provided an update on each.

Sarah noted the information around Healthy Hearts and asked if any training for practice staff is being planned. David agreed that further support and education would be helpful. Following further discussion, it was agreed that a formal session at a Practice Protected Time event would be helpful to facilitate an in-depth clinical discussion and provide further training and support. Penny highlighted that as further priorities are presented at CSG, a lead for local implementation of these initiatives needed to be agreed. Helen added that a meeting has been planned to discuss planned initiatives and agree on priorities.

GHCCG and NKCCG Quality Committees RECEIVED the report and NOTED the assurances in relation to quality initiatives within primary care.

**026 Complaints and PALs report**

Laura presented the report which provided information on the number and nature of complaints received by the CCG’s during 2018/19, together with information on PALs queries. Laura confirmed that this report would be submitted to the Governing Body for approval.

Laura provided a breakdown of the number of complaints received for both GHCCG and NKCCG and where possible compared these to 2017/18. Laura confirmed that this was the first year of a fully integrated system, which would provide good baseline
information for the coming year. One of the themes from the GHCCG information related to the closure of a GP practice and the report provided details on the learning from this particular theme. Laura highlighted that there had been a higher number of complaints regarding Continuing Healthcare (CHC) for NKCCG than GHCCG and as no obvious reason for this has been identified, this will be discussed further with the Head of Continuing Care. Laura confirmed that the majority of complaints for both CCG’s are responded to within the 28 day deadline. Laura advised that learning from complaints is shared and the process is reflected on and changes made if required.

Penny agreed to share details of the number of complaints from Calderdale CCG in relation to CHC, in order to compare with both GHCCG and NKCCG, with a view to a possible deep dive. Penny also noted the number of PALS queries dealt with by NKCCG regarding the acute provider and Juline advised that one possible reason for this is that the CCG is the first option when looked up via a search engine on the internet.

Louise asked if the Complaints/PALS team were provided with information in advance should a change in practice be known. Juline confirmed that the team have been provided with information from both Medicines Management and the Practice Support Team if they are aware of any changes which may result in an increase in queries.

GHCCG and NKCCG Quality Committee’s **RECEIVED** and **REVIEWED** the report, prior to submission to Governing Body.

*Juline Broadie left The Committee took a 5 minute break.*  
*Jane O’Donnell & Donna Roberts arrived*

**027 Infection, Prevention and Control Quarter 4 2018-19 Report**

Jane O’Donnell and Donna Roberts presented the report which provided an update on the final position regarding healthcare associated infections (HCAI) objectives for 2018-19 together with current infection, prevention and control (IPC) activity. Jane O highlighted the total number of CDIs for both GHCCG and NKCCG and confirmed that GHCCG had finished under target for 2018/19. Jane O advised that the IPC team has now begun benchmarking the CCGs with peer organisations to see if there are any differences in actions being taken. Jane O confirmed that some organisations have established small CDI panels which meet every 2-3 months to undertake post infection reviews, with learning shared via GP newsletters. The Committees discussed the practicalities of establishing a similar process, the capacity to do this by everyone involved and if this would result in a positive impact. Following further discussion, it was agreed that it would be useful to receive any key learning points from organisations already carrying out this process.

Donna provided an overview of work being undertaken in relation to E-Coli bloodstream infections and noted that the number of cases both nationally and locally is increasing year-on-year. Donna confirmed that the IPC team is carrying out targeted work with both care homes and domiciliary care providers and that further guidance is awaited by Public Health England in relation to targets for 2019/20.

Penny noted differences in the information reported from the acute trusts and asked how involved the IPC team is in relation to outbreaks of infection. Jane O confirmed that both acute trusts have different cleaning regimes and that following ward closures
in Dewsbury, actions will be discussed with MYHT at the forthcoming Infection Control Committee meeting. Penny offered support from the Quality Team to escalate through quality governance arrangements.

Priscilla highlighted the percentage of hand hygiene rates at BMI Huddersfield and Locala and asked if this was a significantly low score. Jane O confirmed that discussions have taken place with BMI and an action plan has been implemented to address this. Jane O added that the figure for Locala could not be verified due to inaccurate recording.

GHCCG and NKCCG Committees RECEIVED and NOTED the report.

**Joint Safeguarding Children/Adults Quarter 4 2018-19 Report**

Clare presented the report which provided an update on the work and activities undertaken in relation to safeguarding children and adults during Quarter 4. Clare highlighted the following:

**CCG staff training compliance** – some areas of the CCG have fallen below the 95% compliance target and will therefore be reminded to complete all training.

**Mental Capacity Act (MCA) and Liberty Protection Safeguards** – the new bill has now received Royal Assent and will be implemented in 2020, although the code of conduct for the new act which will provide further detail is still awaited. The Safeguarding Team is now beginning the process of preparing for implementation.

Clare highlighted that there will be a significant impact on the CCG due to the requirement to have a senior level process in place for authorising the new Liberty Protection safeguards for individuals in receipt of Continuing Care funding.

Priscilla noted the change from a local safeguarding children’s board to a Safeguarding Partnership Board and asked if lay members would be part of the membership. Penny confirmed that there has been no change in the requirement for membership; therefore 2 lay members will still be part of the Board. Penny confirmed that a new website is due to be launched and a link to this website will be shared as soon as it is.

Fatima noted the work around child sexual exploitation and asked if the CCG was prepared in relation to the allegations of historical cases. Penny explained that a response has been submitted to the local children’s safeguarding board from the CCG, as a commissioner of services, and providers have been alerted that assurances will be requested regarding changes made following convictions.

It was also noted that both Christina Fairhead and Gill Addy have been awarded the title of “Queen’s Nurse”.

GHCCG and NKCCG Committees RECEIVED and NOTED the report.

**Quality and Safety Committee Work plan 2019-20**

The work plan for 2019-20 was RECEIVED and NOTED.
As there were only a small number of items for the August meeting, it was AGREEED that the work plan would be reviewed and amended in order to cancel the August meeting.

030 Items for attention of Governing Body

The following items will be included in the Quality and Safety Report to Governing Body:

- Quality and Safety information

031 Minutes to receive

The Committee RECEIVED and REVIEWED the following minutes:

For Scrutiny
Patient Experience & Engagement Group (PEEG) 18.12.19
Practice Quality and Contracting Group 17.4.19
CHFT Clinical Quality Board 20.2.19
Joint Acute Commissioning Working Group parts 1 & 2 19.4.19
Integrated Commissioning Board 4.4.19

For information
NHS 111/999 West Yorkshire Clinical Quality Group 20.3.19

032 Any Other Business

It was acknowledged that this was Fatima and Priscilla’s last Quality Committee meeting. Members thanked them both for their valued input and wished them well for the future.

033 Date and time of next meeting

It was CONFIRMED that the next meeting would be held on Wednesday 26th June 2019 at 9am at Broad Lea House House.
Minutes of the NHS North Kirklees CCG Quality Committee
(held as committees in common with the NHS Greater Huddersfield CCG Quality Committee)
held on Wednesday 24 April 2019, 9am – 12pm
Scammonden Room, Broad Lea House, Huddersfield

Greater Huddersfield CCG

Quality Committee Members Present:
Dr Jane Ford JF GP Practice Representative and Chair
Dr Razwan Ali RA GP Practice Representative
Alix Ewen AE Advanced Nurse Practitioner
Carol McKenna CM Chief Officer
Penny Woodhead PW Chief Quality and Nursing Officer
Chunda Sri-Chandana CSC Secondary Care Advisor
Priscilla McGuire PM Lay Member

North Kirklees CCG

Quality Committee Members Present:
Sarah Sowden SS Practice Representative and Chair
Dr Khalid Naeem KN GP Practice Representative
Dr David Kelly DK GP Practice Representative
Carol McKenna CM Chief Officer
Penny Woodhead PW Chief Quality and Nursing Officer
Fatima Khan-Shah FKS Lay Member

In attendance:
Laura Ellis LE Head of Corporate Governance
Emma Bownas EB Head of Quality
Kathryn Brown KB Quality Manager
Becca Spavin BS Transformation Manager
Kathryn Stirk KS Serious Incident Team
Vicky Dutchburn VD Head of Strategic Planning, Performance & Delivery
David Melia DM Director of Nursing and Quality, Mid Yorkshire NHS Hospital Trust
Tracy Means TM Mid Yorkshire NHS Hospital Trust
Clare Wyke CW Quality Improvement Lead – Patient Experience
Nick Lamper NL Governance Manager

Minutes:
Sam Parkinson SP Project Support Officer, Quality
Apologies and Declarations of Interest

Apologies were noted from Catherine Wormstone.

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.

After reviewing the agenda, and following advice and review from the Head of Corporate Governance, both Committees AGREED that there were no conflicts of interest. This would be kept under review during the meeting.

Visions and Values

The Visions and Values of both CCGs were circulated with the agenda and the Committee were asked to reflect on these as the meeting progressed.

Minutes

The minutes of the meeting held on 27 March 2019 were reviewed for accuracy and APPROVED as an accurate record.

Action Log

GH & NK 147 – Interim Level 2 Wound Care Service – Julie to work with Kathryn to develop a process for monitoring KPIs across primary care and Locala to ensure the specification delivered value for money – Kathryn confirmed that a meeting was held with Julie 28.3.19 and Kathryn outlined the actions agreed, including that the KPI’s will be reviewed when the national wound care specification is released later this year. Kathryn agreed to circulate a copy of the actions agreed. Action CLOSED.

NK 165 – Temporary suspension of services process proposal – Kathryn to request that JACWG seek assurance from MYHT that the process has been signed off by MYHT internal governance process – this was presented at JACWG and it was agreed that this would be taken through Mid Yorkshire Hospital Trust’s governance process, with the outcome reported back into JACWG. Action CLOSED.

NK165 – Temporary suspension of services process proposal – SMT to discuss formal review of JACWG and discuss next steps – confirmation that this has been discussed at SMT. The outcome of the review would be brought back to both the Quality Committee and the Integrated Quality Committee. Action to remain OPEN.

NK 167 – Briefing Report on the temporary closure of Ambulatory Emergency Care (AEC) at Dewsbury Hospital – Copy of formal evaluation of temporary closure of AEC at Dewsbury Hospital, together with fully completed QIA and EQIA, to be received at a future meeting – Carol confirmed this had not yet been discussed at SMT and as this was wider than ambulatory care, it had been agreed that this will be discussed at the
MYHT urgent care summit taking place on 2nd May 2019. It was AGREED that an update from the summit will be received at the next meeting, with the refreshed QIA and EQIA being received in 6 months’ time. Action to remain OPEN.

GH & NK 168 – Primary Care Quality Report – Support to Primary Care regarding SMI health checks and dementia care to be discussed with the CCG’s lead for mental health to ascertain any existing mechanisms – the Committee had previously been advised of the clinical lead for mental health for NK but highlighted there was currently no identified mental health lead for GH. Razwan therefore confirmed he had agreed with the chair of GHCCG, to be clinical lead for Mental Health. Action CLOSED.

NK184 – Quality and Safety Report/Quality Dashboard – update on MYHT workforce to be presented at the next meeting – item on the agenda for discussion, action CLOSED.

NK184 – Quality and Safety Report/Quality Dashboard – Louise to provide further information on the North Kirklees care homes rated as “inadequate” – verbal update provided to David after the March meeting. Louise agreed to provide further information on the dashboard when next reported into Committee. Action CLOSED.

The minutes of the joint Quality Committee and Finance, Performance and Contracting Committee meeting held on 27th February 2019 were reviewed for accuracy and APPROVED as an accurate record. Penny reminded members that these minutes would be made publically available and members AGREED that the minutes were an accurate reflection of discussions and therefore were suitable for publication.

Matters Arising

There were no Matters Arising.

Becca Spavin arrived

Kirklees Community Services – Care Close to Home Service Revisions

Becca Spavin presented the report which provided an update on the position of the Care Closer to Home Contract since the decision by Governing Body to extend the contract by 2 years. The report outlined the current proposals for revisions to the contract and Becca advised that an internal Task and Finish Group has been established to work through the initial suggestions. Once the areas for revisions have been agreed, a wider group of colleagues will work on the detail and develop a timescale for implementation. Becca confirmed that the aim is to have completed this work by the end of July 2019.

Fatima highlighted that producing a composite patient experience report had been discussed, and asked if this could be reviewed to ensure it captures information relevant to the CCG. Becca confirmed that it has been made clear that producing a report is an expectation within the current contract and there was no intention to define the exact content of this through the contract variation. Penny added that as no national community surveys are currently available to Locala, the organisation is looking to commission a bespoke survey which compliments its own mechanisms for patient experience. Penny also confirmed that assurance regarding patient experience is received via the Locala Quality Board.
David asked if any feedback had been received from primary care and what the sign off process would be. Becca advised that feedback had been received via the LMC and Carol confirmed that the sign off process had been agreed at Governing Body.

Further discussions took place around workforce capability, communication and work with the Primary Care Networks. The Committees also acknowledged the difficulties in finding a balance between rigid Key Performance Indicators and flexible outcomes. Becca also confirmed that a Quality Impact Assessment and Equality Impact Assessment would be completed, following patient feedback.

Sarah noted that the information for the current proposals was high level and suggested that there should be nursing input into the work around workforce.

GHCCG and NKCCG Quality Committees reviewed the scope of the revisions and agreed the current revisions. David felt it would be helpful to receive further detail on each revision and for the Committees to be kept updated on progress. Becca agreed that proposals for feedback will be discussed at the Task and Finish Group.

Becca Spavin left

005 Quality Committee Annual Report

Emma presented the report, which provided an overview of the workings of the GHCCG and NKCCG Quality Committees for 2018-19. The report reflected comments received via the self-assessment discussed at the last meeting, especially around the frequency of receiving routine reports. Penny confirmed that the report had been shared with the Chairs of each Committee for comment prior to submission. The following amendments were requested:

Page 2 – ensure correct spelling of Secondary Care Advisor’s name and correct percentage attendance.

GHCCG and NKCCG Quality Committees received and approved the report, prior to submission to the Audit Committee, with the agreed amendment.

006 Quality and Safety Report

Kathryn presented the report and highlighted the following:

Commissioning for Quality and Innovation (CQUINs) – guidance for 2019/20 has now been published and Kathryn confirmed that a more simplified approach has been taken than previous years.

Maternity survey provider response – actions being taken in response to the survey results reported at the last meeting were detailed.

Signs of progress on Learning from Deaths – following guidance published by the National Quality Board, the Care Quality Commission (CQC) has been assessing progress of the implementation of this guidance as part of its well-led inspections. The findings highlighted the different challenges between acute hospitals and mental health trusts and outlined the barriers and challenges faced.
Fatima noted that training is being provided to improve communication with bereaved families and carers and asked if any further support could be provided around this. Following further discussion, it was agreed that opportunities to work across the system to look at improvements should be discussed at the West Yorkshire Quality Surveillance Group and learning shared.

Penny noted the response from CHFT regarding the maternity survey results and agreed that the Quality Team would confirm with CHFT the exact actions being taken in response to the results. Helen advised that a Maternity Services Commissioner has been appointed who could also help with this work.

Kathryn presented the MYHT Experience of Care Report and highlighted the following:

**Friends and Family Test** – the inpatient questions have now been revised and include an additional 5 questions relating to the patient experience priorities.

**Maternity Experience Survey** – an overview of results and action being taken were provided.

Kathryn also presented an update from the Joint Acute Commissioning Working Group (JACWG) meeting in April and provided a summary of the discussions regarding the delays in breast cancer 2 week waits, as discussed at the last meeting. Reasons for the delays as well as actions being taken were provided. Kathryn advised that the Trust was not an outlier with the challenges faced and it had been noted that all key stakeholders have taken action to try and improve the situation. David advised of issues within primary care referrals with some being rejected due to locality boundaries. David wondered if the rules regarding boundaries could be temporarily relaxed to try and help the situation. Emma explained that this may result in further capacity challenges across the system. A discussion around 2 week waits took place and it was noted that this issue was due to be raised at the Finance, Performance and Contracting meeting, April 2019. It was agreed that confirmation would be sought at that Committee as to who would lead the conversation and in which report to include the update to governing body. Fatima asked if the Trust are communicating with patients around the waiting times and whether people are being provided with contact details whilst waiting; Kathryn agreed to check.

**ACTION:** Kathryn to check if patients on a 2 week referral have received communication regarding potential delays.

*Post meeting update – this action was confirmed later in the meeting, see minute 013.*

GHCCG and NKCCG Quality Committees **RECEIVED** and **NOTED** the report.

**007 Learning Disabilities Mortality Review (LeDeR) Annual Report**

Emma presented the report which provided an annual update of the LeDeR programme and outlined achievements for the year and challenges faced. Emma advised that one of the main challenges remained around lack of dedicated resources to undertake reviews but confirmed this was an issue for the majority of organisations. Emma confirmed that the CCGs will be performance managed in future by NHS England. The
progress made across Calderdale and Kirklees was acknowledged, in particular the work of the local steering group.

The Committees discussed what actions could be taken to address the themes known and how best to raise the profile of this work. It was agreed that discussions needed to take place with the Head of Strategic Planning and general practice to understand what actions have already been taken with regards to learning disabilities and where there were opportunities for further work.

GHCCG and NKCCG Quality Committees NOTED the report and AGREED that a further report would be submitted to the Governing Body outlining the work already carried out, as well as future plans. Carol added that the report should also outline joint working with transforming care.

The Committee took a 5 minute break.

Kathryn Stirk arrived

008 Serious Incidents Quarter 4 2018-19 Report

Kathryn Stirk presented the report which provided an update on the work undertaken around Serious Incidents (SIs) during Quarter 4 2018-19. Details of numbers reported were presented, and performance against the national framework reviewed for each of the CCG’s main providers. An update from the West Yorkshire Learning Forum was also noted and Kathryn advised that the event was well received.

David highlighted that no information was included regarding Mid Yorkshire Hospital Trust. Penny confirmed this information was received direct from the MYHT report from Wakefield CCG, which is also reported into Quality Committee. Penny added that discussions have previously taken place around whether to include the MYHT information in this report or not. Penny confirmed this will be reviewed again as the report evolves.

David noted that the recommendation in the report requested that the committee provides a clinical opinion on complex serious investigation reports. Penny clarified that this referred to seeking clinical opinion outside the meeting on specific incidents from clinical members of the Committee, and clinical opinion was not required during the meeting. It was agreed that this would be reworded for future reports.

Chunda asked whether there was confidence in the overall reporting culture within CHFT and whether this could be evidenced by understanding the ratio of serious incidents to the number of incidents reported as a whole. Kathryn agreed to review this outside the meeting and provide feedback.

ACTION: Louise Horsley to compare ratio of Serious Incidents with overall incident reporting within CHFT to ensure that there is a strong reporting culture.

GHCCG and NKCCG Committees RECEIVED the report and NOTED the assurances in relation to the management of Serious Incidents.

Kathryn Stirk left
Vicky Dutchburn arrived

009 Transforming Care Programme Report
Vicky Dutchburn presented the report which provided an update in relation to CCG agreed planned trajectories for the Transforming Care Programme (TCP) for 2019-20, as well as the numbers due for discharge by March 2019. Vicky confirmed that the programme has now been extended for a further 2 years and that work continues on the new development in Batley. Vicky confirmed that the monthly milestone report was rated as “amber” overall at the end of Quarter 4 by NHS England and that the CCG’s remain on track. Two national audits have been undertaken in the last quarter, and both Greater Huddersfield and North Kirklees received a rating of “fully assured” for 3 out of 4 areas, with a rating of “partially assured” for one question in the stopping overmedication of people with a learning disability audit (STOMP).

Vicky also outlined NHS England’s ambition to have 75% of people on the GP Learning Disability Registers to have an Annual Health Check (AHC) by March 2020. David asked if achievement for last year was known. Vicky confirmed that the target was not achieved last year, which was the same for the majority of practices. Penny reiterated the commitment made by members earlier in the meeting to support this agenda where possible. David agreed, and suggested it would be helpful to share information on practices who do not currently undertake AHC’s in order to provide support. It was confirmed that this information is available via the Primary Care Dashboard.

Sarah advised that Learning Disabilities is a topic for a future Practice Protected Time event and that learning from LeDeR reviews could form part of this session.

GHCCG and NKCCG Committees RECEIVED the report and NOTED the report.

010 Mid Yorkshire Hospital Trust – Care Quality Commission Action Plan and workforce update

David Melia, Director of Nursing and Quality/Deputy Chief Executive at Mid Yorkshire Hospital Trust (MYHT) presented an update on the Care Quality Commission (CQC) action plan together with any exceptions, and workforce initiatives being undertaken by the Trust. The action plan outlined the number of actions agreed following the last CQC inspection, together with a RAG rating on completion status. It was noted that MYHT Quality Committee has oversight and scrutiny of the delivery of this plan, and updates will be provided to the Joint Acute Commissioning Working Group (JACWG) every 2 months. David M advised that the date for re-inspection was currently unknown and could be carried out anytime between now and December 2020.

David M outlined the number of current vacancies at the Trust, including Registered Nurses and Midwifery, which was an improvement on previous months, with a continuous rolling programme of recruitment in place. David M confirmed that recruitment was a challenge, which is the same nationally, and the Trust was looking at alternative workforce models to try and improve the situation. David M advised that there are currently 89 trainee nursing associates training and a second cohort of nursing students have recently commenced.

Khalid noted the trainee nursing associates programme as a positive, and asked if there was scope for primary care nurses to undertake the same training programme. David M confirmed there were places available and offered to provide presentations to practice teams if required. The delay in 2 week referrals was also discussed and David
confirmed that patients who have been referred are being communicated with around this.

Penny commented that it was helpful to have sight of the CQC action plan, together with a verbal explanation, and asked where the CCG’s could help with assurance. Following discussion it was agreed that CCG staff will test assurance on actions, alongside existing quality governance and walkabout programmes.

Razwan commented on the number of current vacancies. Penny explained that further guidance is awaited from NHS Improvement regarding non-nursing vacancies and safer staffing levels. David M advised that a report regarding medical staffing is now being produced for the Trust Board and agreed to share this with members for information.

**ACTION:** David Melia to share MYHT medical staffing report with Committee members.

Chunda asked what actions were being carried out to retain staff as well as recruitment. David M outlined the work being carried out to help with retention, and added that the Trust has been a pilot site for the NHS Improvement retention support programme.

The Chair thanked David M for his attendance and NK Quality Committee **RECEIVED and NOTED** the information presented.

*David Melia and Tracy Means left*

### 011 Engagement and Patient Experience Action Plan

Penny presented the report and advised that this was an interim action plan for GHCCG prior to a joint GHCCG and NKCCG engagement strategy being developed. Penny confirmed the action plan will be refreshed once the joint strategy has been approved and explained the reasons for each CCG currently having a different approach. The Committees were asked to approve the updated action plan and agree to delegate responsibility for oversight of the plan to the Patient and Public Engagement and Experience Steering Group.

Fatima noted that the plan was for GHCCG only and highlighted the differences in approach between GHCCG and NKCCG. It was confirmed that the CCGs are developing a joint Communication and Engagement strategy and associated implementation plan, and this will supersede the GHCCG plan once approved through the CCGs Governing Bodies. Quality Committee will have responsibility for the engagement plan.

GHCCG Quality Committee **APPROVED** the revised action plan and **AGREED** to delegate responsibility of oversight of the plan to the Patient and Public Engagement and Experience Steering Group.

### 012 Equality and Diversity Report

Emma presented the report which provided an update on progress in relation to equality and diversity activity during Quarter 4. Emma highlighted the information around the Equality Delivery System (EDS2) and the work around the Posture and Mobility (Wheelchair) service. Two panel events were held at Dewsbury and Huddersfield, and the Committees noted the difference in outcomes across the 2 sites.
Emma confirmed that the same information was presented at both events, although each event was chaired by a different person. Emma advised that the equality lead is taking this into consideration for future events.

Fatima noted the information on the Workforce Race Equality Standard (WRES) and asked if the CCG’s main providers have now published their reports online. Emma confirmed this information would be included in the next update.

GHCCG and NKCCG Committees RECEIVED the report and NOTED the report.

013 National Staff Survey Results

Clare Wyke presented the report which provided an overview of the results of the national staff survey 2018, together with local findings and actions being taken as a result of the findings. Positive results as well as areas for improvement were detailed for the CCG’s main providers. Clare confirmed that the results would be discussed at the relevant Clinical Quality Boards for further assurance that the intelligence is being acted on.

GHCCG and NKCCG Committees RECEIVED the report and NOTED the report.

014 Corporate Risk Register

Nick Lamper presented the report which provided details on all quality risks on the Corporate Risk Register and outlined the total number of risks falling for consideration by the Quality Committees. Nick confirmed that no new risks had been added for either CCG, and provided information on the numbers of risks closed. Nick also highlighted the one open risk rated as Serious.

GH and NK Quality Committees RECEIVED and NOTED the report.

015 Quality and Safety Committee Work plan 2019-20

The draft work plan for 2019-20 was RECEIVED and Penny explained that this had been drafted based upon the findings from the self-assessment.

The Committees NOTED the work plan for 2019-20 and asked for the following addition:

Care Closer to Home revisions to contract – to be received in August.

016 Items for attention of Governing Body

The following items will be included in the Quality and Safety Report to Governing Body:

- Quality and Safety information
- Summary of update received regarding MYHT CQC action plan and workforce

Penny confirmed that the LeDeR report would be submitted to Governing Body separately.
Minutes to receive

The Committee RECEIVED and REVIEWED the following minutes:

For Scrutiny
Locala Quality Board 1.2.19
Joint Medicines Strategy Group 21.11.18
Patient and Public Engagement and Experience Steering Group 20.11.18 & 15.1.19
Joint Acute Commissioning Working Group Parts 1 & 2 19.3.19
Integrated Commissioning Board 28.2.19

For information
NHS 111/999 West Yorkshire Clinical Quality Group 27.2.19
West Yorkshire Quality Surveillance Group 31.1.19 (CONFIDENTIAL)

Any Other Business

There were no items of Any Other Business.

Date and time of next meeting

It was CONFIRMED that the next meeting would be held on Wednesday 29th May 2019 at 9am at Empire House.
Minutes of the NHS North Kirklees CCG Quality Committee
(held as committees in common with the NHS Greater Huddersfield CCG Quality Committee)
held on Wednesday 29 May 2019, 9am – 12pm
Meeting Rooms 1 & 2, Empire House, Dewsbury

Greater Huddersfield CCG

Quality Committee Members Present:
Dr Jane Ford JF GP Practice Representative and Chair
Dr Razwan Ali RA GP Practice Representative
Carol McKenna CM Chief Officer
Penny Woodhead PW Chief Quality and Nursing Officer
Priscilla McGuire PM Lay Member

North Kirklees CCG

Quality Committee Members Present:
Sarah Sowden SS Practice Representative and Chair
Dr Khalid Naeem KN GP Practice Representative
Dr David Kelly DK GP Practice Representative
Carol McKenna CM Chief Officer
Penny Woodhead PW Chief Quality and Nursing Officer
Fatima Khan-Shah FKS Lay Member

In attendance:
Laura Ellis LE Head of Corporate Governance
Emma Bownas EB Head of Quality
Louise Horsley LH Quality Manager
Clare Robinson CR Head of Nursing and Safeguarding, Designated Nurse, Safeguarding Adults
Catherine Wormstone CW Head of Primary Care Strategy and Commissioning
Juline Broadie JB Governance Manager
Jane O’Donnell JO Head of Health Protection
Donna Roberts DO Senior Infection Prevention and Control Practitioner

Minutes:
Sam Parkinson SP Project Support Officer, Quality
020 Apologies and Declarations of Interest

Apologies were noted from Chunda Sri-Chandana, Kathryn Brown and Alix Ewan.

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.

After reviewing the agenda, and following advice and review from the Head of Corporate Governance, both Committees AGREED the following conflicts of interest:-

Item 5 – Greater Huddersfield Extended Access Model – Year 2 – Greater Huddersfield practice representatives would have a significant direct financial interest in this item. It was therefore agreed that a short conflicted discussion would take place, followed by a longer non-conflicted discussion. Penny agreed to take over as Chair for this item.

Item 7 – Primary Care Quality Report – it was noted that this was a summary report for assurance purposes but it was possible that practice representatives from both CCG’s may have a potential conflict of interest in some or all of the report. It was therefore agreed that this would be monitored throughout the discussion.

021 Visions and Values

The Visions and Values of both CCGs were circulated with the agenda and the Committee were asked to reflect on these as the meeting progressed.

022 Minutes

The minutes of the meeting held on 24 April 2019 were reviewed for accuracy and APPROVED as an accurate record.

Action Log

NK165 – Temporary suspension of services process proposal – SMT to discuss formal review of JACWG and discuss next steps – this was discussed at SMT and it was agreed that the outcome of the review would be brought back to both the Quality Committee and the Integrated Quality Group. Penny confirmed that the outcome of the review of JACWG had been submitted directly to the Governing Body for discussion and that a new committee is being established to replace JACWG. Action CLOSED.

NK 167 – Briefing Report on the temporary closure of Ambulatory Emergency Care (AEC) at Dewsbury Hospital – Copy of formal evaluation of temporary closure of AEC at Dewsbury Hospital, together with fully completed QIA and EQIA, to be received at a future meeting – as this was wider than ambulatory care, it had been agreed that this would be discussed at the MYHT urgent care summit taking place on 2\textsuperscript{nd} May 2019. Penny confirmed that this had been discussed at the summit meeting and a number of actions agreed. Following further discussion, it was agreed that timelines would be requested to confirm when an update would be received at Quality Committee, together with the QIA and EQIA. The Committee’s expectation was that this would be received...
in July, but confirmation would need to be received. The Committee AGREED to CLOSE this action.

NK 006 – Quality and Safety Report – Kathryn to check if patients on a 2 week referral have received communication regarding potential delays – an update was received later in the April meeting confirming that Mid Yorkshire Hospital Trust has communicated with those affected. Action CLOSED.

GH 008 – Serious Incidents Quarter 4 2018-19 Report – Louise to compare ratio of Serious Incidents with overall incident reporting within CHFT to ensure that there is a strong reporting culture – Louise provided a breakdown of the number of incidents and serious incidents reported by the Trust and compared the numbers year on year from 2016 onwards. Louise confirmed that the number of incidents reported has increased during the last year, which is positive, and the majority of these had been rated as “no harm”. Action completed and CLOSED.

NK 010 – Mid Yorkshire Hospital Trust (MYHT) Care Quality Commission (CQC) Action Plan and workforce update – David Melia to share MYHT medical staffing report with Committee members – confirmation that this has been requested via the lead commissioner, no response received as yet. Action to remain OPEN.

Matters Arising

There were no Matters Arising.

023 Greater Huddersfield Extended Access Model – Year 2

As agreed earlier in the meeting, all Greater Huddersfield practice representatives declared a direct financial conflict interest in this item. Therefore it was agreed that practice representatives would participate in a short conflicted discussion with Penny chairing this item.

Catherine presented the report which outlined the proposed changes to the second year of the 2 year contract. Catherine highlighted the seven national criteria which the extended access service must meet, including timing of appointments, capacity and advertising and ease of access. Service developments, including phlebotomy, physiotherapy and pharmacy time, have been discussed at the Clinical Strategy Group, as well as regard being given to mental health input. Catherine advised that consideration was also being given to offering cervical cytology but was mindful of the need to ensure the quality and safety of this service and learning from the North Kirklees model was being considered. Catherine also advised that the proposal was being reviewed at the Finance, Performance and Contracting Committee.

Razwan raised reservations regarding the potential under-utilisation of pharmacy time, due to each practice having its own pharmacist. Catherine confirmed that this has been reviewed and the amount reduced. Razwan also asked if the contract stipulated how many appointments needed to be face-to-face or telephone consultations; Catherine confirmed this was not stipulated but utilisation would be monitored. Razwan also raised concerns regarding equity of access as not all practices currently provide a “satellite” and therefore utilise the central hub, and asked if there was a mechanism to monitor this; Catherine confirmed that this would be carried out by Local Care Direct...
and My Health Huddersfield but that currently no concerns have been highlighted regarding utilisation of the central hub.

Jane Ford & Razwan Ali left the meeting

At this point the conflicted members of the GH Committee left the room and a non-conflicted discussion took place.

Carol noted the plan for additional Winter 2019/20 capacity and asked if a decision has been made regarding the location of the potential second hub; Catherine confirmed that this had not yet been decided and consideration needed to be given regarding accessibility and transport links.

Carol asked if further discussions were planned regarding the proposal of offering cervical screening. Catherine advised that they were, and that the necessary policies and procedures would need to be in place, a Quality Impact Assessment (QIA) and Equality Impact Assessment (EQIA) would also need to be carried out.

Fatima asked if there were plans for patients to be able to book advanced appointments on line in the future. Fatima also noted the lack of advertising of the extended access service in her own GP practice. Penny advised that a report is due to be received by the A&E Delivery Board in Huddersfield highlighting that patients are reporting A&E attendance due to not being able to access a GP appointment. A number of engagement events have already taken place regarding this service and Penny suggested that this should be revisited by the Patient Reference Group Network to encourage members to promote this service at their own practices.

Khalid felt that the number of appointments based on list size was an important consideration.

Penny summarised discussions and it was acknowledged that this service change was for a 12 month transition period, with a plan to review in light of the development of Primary Care Networks. The proposal presented for the remaining 12 months’ of the contract was AGREED by GH Quality Committee, taking into consideration the concerns and comments raised during discussions.

Jane Ford and Razwan Ali returned to the meeting

024 Quality and Safety Report/Quality Dashboard

Louise presented the report and highlighted the following:

Reducing restrictive practices – details of the National Oversight Group as well as the North Task and Finish Group were provided, outlining the remit of both groups.

Provider Quality Accounts – all of the CCG’s main providers have circulated their draft Quality Accounts for comment, with responses returned. Locala’s has now been circulated for comment and the commissioner statement will be returned by their deadline of 7th June 2019. Links to all the published Quality Accounts will be provided in a future report.

MYHT Breast Cancer 2 week wait update – following a discussion at the last meeting, further information was provided on the actions agreed to address concerns. Information reviewed showed that Trusts were operating at their maximum capacity and
that Trusts were continuing to work to identify issues that may be contributing to an increase in demand.

Louise presented the quality dashboard and highlighted the following:

Calderdale and Huddersfield NHS Foundation Trust (CHFT) - harm free care – this remained consistent in March and the NHS Improvement Collaborative are now inviting members of the Quality Team to attend meetings to understand the work being undertaken around areas such as pressure ulcers and falls.

Duty of Candour – one Duty of Candour breach was reported in March by the Medical Division, which had not been completed within the expected 10 day timeframe. The incident has been investigated and learning shared.

Complaints – an improvement in the number of complaints closed within timeframe was noted in March and the Chief Executive continues to meet with colleagues involved in complaints management to identify any areas for improvement.

South West Yorkshire Partnership Foundation Trust (SWYPFT) – CQC – the CQC has recently carried out an unannounced inspection at the Trust following the publication of a rating of Requires Improvement in July 2018. A Well-led inspection is also due to be carried out on 11th and 12th June.

Complaints – a small increase in the number of complaints closed within timeframe was noted, with no significant improvement seen despite focussed work being undertaken.

Locala – sickness rates – overall sickness rates are above the organisation’s internal target, which is reflected in the reduction in the number of appraisals and mandatory training being completed. This was discussed at the last Locala Quality Board meeting and 2 hot spots have been identified, with an action plan in place to address this.

Sarah noted the information in the report regarding MYHT Breast Cancer 2 week wait around education and asked how this would be managed taking into account any capacity issues. Razwan also advised that there was a lack of alternative clinics on Choose and Book system for referrals. Penny wondered what kind of patient feedback was being received in relation to this service and whether there had been any complaints or PALS queries. Louise agreed to request feedback on all comments regarding this outside the meeting.

**ACTION:** Feedback on PALS and complaints regarding MYHT breast cancer referrals to be requested.

Razwan highlighted the issues regarding both CHFT and SWYPFT hitting their timescales for closing complaints and noted that this has been a long standing issue. Emma advised that the timescales for both Trusts were internally set. Penny explained that this issue is regularly discussed at the respective Clinical Quality Board meetings, with reasons for not hitting the targets as well as actions being taken discussed. Penny suggested that future discussions at Quality Boards should focus on what indicators are being reviewed for complaints, other than reaching their target, e.g. how many complaints are re-opened and how many are referred to the Ombudsman.
Fatima noted the information regarding restrictive practices and asked if any further actions or information had been requested following the recent publicity regarding Whorlton Hall. Penny confirmed that no further information has been requested from regulators and suggested that the next Transforming Care report submitted to the Committees should reflect any further actions that can be taken and any learning that can be shared.

David noted the lack of improvement on the Goal Orientated Management Plan (GOMP) indicators on the Locala dashboard. Louise agreed to raise this at the next Locala Quality Board meeting.

**ACTION:** Louise to raise lack of improvement on the GOMP indicators on the Locala dashboard at the Locala Quality Board meeting on 7.6.19.

GHCCG and NKCCG Quality Committees RECEIVED and NOTED the report.

025 Primary Care Quality Report

Emma presented the report which provided an update on quality and safety information within Primary Care, including recently published CQC inspection reports, quality priorities and information from the primary care dashboard. The report provided details on work ongoing around End of Life Care, Healthy Hearts and physical health checks for people with a Serious Mental Illness. Emma highlighted that the dashboard showed a decline in dementia care planning within Greater Huddersfield and this is currently being looked into further. Two recent CQC inspections had been published with a rating of “good”, one for North Kirklees and one for Greater Huddersfield. The report also highlighted work ongoing with practices following quality assurance visits and Emma provided an update on each.

Sarah noted the information around Healthy Hearts and asked if any training for practice staff is being planned. David agreed that further support and education would be helpful. Following further discussion, it was agreed that a formal session at a Practice Protected Time event would be helpful to facilitate an in-depth clinical discussion and provide further training and support. Penny highlighted that as further priorities are presented at CSG, a lead for local implementation of these initiatives needed to be agreed. Helen added that a meeting has been planned to discuss planned initiatives and agree on priorities.

GHCCG and NKCCG Quality Committees RECEIVED the report and NOTED the assurances in relation to quality initiatives within primary care.

026 Complaints and PALs report

Laura presented the report which provided information on the number and nature of complaints received by the CCG’s during 2018/19, together with information on PALS queries. Laura confirmed that this report would be submitted to the Governing Body for approval.

Laura provided a breakdown of the number of complaints received for both GHCCG and NKCCG and where possible compared these to 2017/18. Laura confirmed that this was the first year of a fully integrated system, which would provide good baseline...
information for the coming year. One of the themes from the GHCCG information related to the closure of a GP practice and the report provided details on the learning from this particular theme. Laura highlighted that there had been a higher number of complaints regarding Continuing Healthcare (CHC) for NKCCG than GHCCG and as no obvious reason for this has been identified, this will be discussed further with the Head of Continuing Care. Laura confirmed that the majority of complaints for both CCG’s are responded to within the 28 day deadline. Laura advised that learning from complaints is shared and the process is reflected on and changes made if required.

Penny agreed to share details of the number of complaints from Calderdale CCG in relation to CHC, in order to compare with both GHCCG and NKCCG, with a view to a possible deep dive. Penny also noted the number of PALS queries dealt with by NKCCG regarding the acute provider and Juline advised that one possible reason for this is that the CCG is the first option when looked up via a search engine on the internet.

Louise asked if the Complaints/PALS team were provided with information in advance should a change in practice be known. Juline confirmed that the team have been provided with information from both Medicines Management and the Practice Support Team if they are aware of any changes which may result in an increase in queries.

GHCCG and NKCCG Quality Committee’s RECEIVED and REVIEWED the report, prior to submission to Governing Body.

Juline Broadie left
The Committee took a 5 minute break.
Jane O’Donnell & Donna Roberts arrived

027 Infection, Prevention and Control Quarter 4 2018-19 Report

Jane O’Donnell and Donna Roberts presented the report which provided an update on the final position regarding healthcare associated infections (HCAI) objectives for 2018-19 together with current infection, prevention and control (IPC) activity. Jane O highlighted the total number of CDIs for both GHCCG and NKCCG and confirmed that GHCCG had finished under target for 2018/19. Jane O advised that the IPC team has now begun benchmarking the CCGs with peer organisations to see if there are any differences in actions being taken. Jane O confirmed that some organisations have established small CDI panels which meet every 2-3 months to undertake post infection reviews, with learning shared via GP newsletters. The Committees discussed the practicalities of establishing a similar process, the capacity to do this by everyone involved and if this would result in a positive impact. Following further discussion, it was agreed that it would be useful to receive any key learning points from organisations already carrying out this process.

Donna provided an overview of work being undertaken in relation to E-Coli bloodstream infections and noted that the number of cases both nationally and locally is increasing year-on-year. Donna confirmed that the IPC team is carrying out targeted work with both care homes and domiciliary care providers and that further guidance is awaited by Public Health England in relation to targets for 2019/20.

Penny noted differences in the information reported from the acute trusts and asked how involved the IPC team is in relation to outbreaks of infection. Jane O confirmed that both acute trusts have different cleaning regimes and that following ward closures...
in Dewsbury, actions will be discussed with MYHT at the forthcoming Infection Control Committee meeting. Penny offered support from the Quality Team to escalate through quality governance arrangements.

Priscilla highlighted the percentage of hand hygiene rates at BMI Huddersfield and Locala and asked if this was a significantly low score. Jane O confirmed that discussions have taken place with BMI and an action plan has been implemented to address this. Jane O added that the figure for Locala could not be verified due to inaccurate recording.

GHCCG and NKCCG Committees RECEIVED and NOTED the report.

**Joint Safeguarding Children/Adults Quarter 4 2018-19 Report**

Clare presented the report which provided an update on the work and activities undertaken in relation to safeguarding children and adults during Quarter 4. Clare highlighted the following:

- **CCG staff training compliance** – some areas of the CCG have fallen below the 95% compliance target and will therefore be reminded to complete all training.

- **Mental Capacity Act (MCA) and Liberty Protection Safeguards** – the new bill has now received Royal Assent and will be implemented in 2020, although the code of conduct for the new act which will provide further detail is still awaited. The Safeguarding Team is now beginning the process of preparing for implementation.

Clare highlighted that there will be a significant impact on the CCG due to the requirement to have a senior level process in place for authorising the new Liberty Protection safeguards for individuals in receipt of Continuing Care funding.

Priscilla noted the change from a local safeguarding children’s board to a Safeguarding Partnership Board and asked if lay members would be part of the membership. Penny confirmed that there has been no change in the requirement for membership; therefore 2 lay members will still be part of the Board. Penny confirmed that a new website is due to be launched and a link to this website will be shared as soon as it is.

Fatima noted the work around child sexual exploitation and asked if the CCG was prepared in relation to the allegations of historical cases. Penny explained that a response has been submitted to the local children’s safeguarding board from the CCG, as a commissioner of services, and providers have been alerted that assurances will be requested regarding changes made following convictions.

It was also noted that both Christina Fairhead and Gill Addy have been awarded the title of “Queen’s Nurse”.

GHCCG and NKCCG Committees RECEIVED and NOTED the report.

**Quality and Safety Committee Work plan 2019-20**

The work plan for 2019-20 was RECEIVED and NOTED.
As there were only a small number of items for the August meeting, it was **AGREED** that the work plan would be reviewed and amended in order to cancel the August meeting.

030 **Items for attention of Governing Body**

The following items will be included in the Quality and Safety Report to Governing Body:

- Quality and Safety information

031 **Minutes to receive**

The Committee **RECEIVED** and **REVIEWED** the following minutes:

*For Scrutiny*
- Patient Experience & Engagement Group (PEEG) 18.12.19
- Practice Quality and Contracting Group 17.4.19
- CHFT Clinical Quality Board 20.2.19
- Joint Acute Commissioning Working Group parts 1 & 2 19.4.19
- Integrated Commissioning Board 4.4.19

*For information*
- NHS 111/999 West Yorkshire Clinical Quality Group 20.3.19

032 **Any Other Business**

It was acknowledged that this was Fatima and Priscilla’s last Quality Committee meeting. Members thanked them both for their valued input and wished them well for the future.

033 **Date and time of next meeting**

It was **CONFIRMED** that the next meeting would be held on Wednesday 26th June 2019 at 9am at Broad Lea House House.
001 Welcome, Apologies and Declarations of Interest

DL opened the meeting and welcomed those present. Apologies for absence were noted as listed above.

Conflicts of Interest

It was noted that practice representatives would have a potential direct financial interest in elements of the Contracting Report (Minute 007) but, as the report was being presented...
for assurance only, it was agreed that it would be appropriate for them to participate fully in consideration of the item, subject to ongoing review during the course of the discussion.

CCG Accommodation (Minute 010) - it was noted that the majority of the members of the Committees had a non-financial personal interest in this item, as it affected the headquarters of the CCGs. At this stage, the Committees were being asked to review the financial implications, not to make a final decision. The preferred option had been arrived at by testing against strategic principles/key criteria which had been developed following extensive engagement. Alternative quoracy would not have been an option, due to most members being conflicted, and it would not be appropriate for a decision on the future headquarters of the CCGs to be taken by another body. It was therefore intended to recognise the conflict at this stage, and allow all Committee members to fully participate in the item. The CCGs were ensuring independent checks at key points to ensure that assumptions had been tested by a non-conflicted party, and this would continue through to the decision point.

Kirklees Community Services – CC2H Specification Revisions (Minute 009) although the report indicated that practice representatives were conflicted, it was agreed that they were no longer conflicted following the award of the contract extension. No further action was therefore needed.

002 Vision, Values and Behaviours

The Greater Huddersfield (GH) Vision and Values and North Kirklees (NK) Values and Behaviours had been circulated and were noted.

003 Accuracy of Minutes from 27 March 2019, Matters Arising and Action Log

GH Finance, Performance and Contracting Committee

Minutes
The minutes of the meeting held on 27 March 2019 were APPROVED as a correct record subject to the following amendments:

Attendance table – to be amended to reflect Julie Elliott as the Chair of the meeting, rather than David Longstaff. Furthermore, Dr Chunda Sri-Chandana had been listed under apologies but had been present at the meeting.

Minute 195, Welcome, Apologies and Declarations of Interest, reference to DL opening the meeting to be amended to JE.

The minutes of the additional joint Finance, Performance and Contracting and Quality Committees meeting held on 27 February 2019 were APPROVED as a correct record.

Matters Arising
There were no matters arising.

NK Finance, Performance and Contracting Committee

Minutes
The minutes of the meeting held on 27 March 2019 were APPROVED as a correct record subject to the following amendments:

Attendance table – to be amended to reflect Julie Elliott as the Chair of the meeting, rather than David Longstaff. Furthermore, Dr Chunda Sri-Chandana had been listed under apologies but had been present at the meeting.
Minute 195, Welcome, Apologies and Declarations of Interest, reference to DL opening the meeting to be amended to JE.

The minutes of the additional joint Finance, Performance and Contracting and Quality Committees meeting held on 27 February 2019 were APPROVED as a correct record.

Matters Arising

There were no matters arising.

Action Log (for both CCGs)

184 Financial Plan - ICu/AN to discuss YM’s queries outside of the meeting in respect of primary care budgets. Update 24/4/19: This related to whether or not the primary care budget was ring-fenced, and the discussion had taken place. CLOSED

199a Contracting Report - MP to look further into the increase in Orthopaedic activity at BMI and report back to the Committees. Update 24/4/19: MP reported that there had also been a slight increase noted in Month 11. The analysis would be included in the May report to Committees. OPEN

199b Contracting Report - MP to provide a timescale in terms of Dermatology routine referrals to the next meeting. Update 24/4/19: This would be circulated to members. OPEN

200 Turnaround Report - Strategic review of QIPP schemes, including potential causes of under-delivery, to be brought back to a future meeting. Update 24/4/19: This would be included in the May report to Committees. OPEN

201a 2019/20 Planning - ICu to check whether bariatric surgery activity had been built into the MYHT figure. Update 24/4/19: ICu confirmed that this had not been built into the Aligned Incentives Contract (AIC) for 2019/20, and that a conversation would need to take place with MYHT regarding funding if the intention was to carry out more procedures than originally anticipated. KP stated that the AIC had not been built up at sub-specialty value, but did not anticipate this to be a significant amount. Original action to be CLOSED

New follow up action: KP committed to getting confirmation of whether MYHT wanted to provide the bariatric service and whether they had the capacity.

201b 2019/20 Planning - A 3-5 year financial strategy item would be added to the Committees’ work plan for the summer, ICu to determine which month it would come. Update 24/4/19: This would form part of the Recovery paper, to be brought to the Committees in June 2019. CLOSED

203a Primary Care Support and Development Programme MOU, Work Progress Update and Programme Plans for 19/20 - Reference to CURO as members of the Clinical Strategy Group to be removed from the MOU. In CW’s absence, it was agreed the action should remain OPEN

203b Primary Care Support and Development Programme MOU, Work Progress Update and Programme Plans for 19/20 - Revised agreement to be brought to the May meeting. OPEN

004 Performance Report against Key Performance Indicators for 2018/19

NA presented the Performance Report which detailed performance against all NHS constitutional standards.
NA highlighted the following key points:

- Of the 21 reportable indicators, GH CCG had achieved 13, and NK CCG had achieved 12 using February’s data.
- 18 weeks Referral to Treatment times – GH CCG had improved slightly (92.4%), whereas NK CCG had slipped to 87.8% which meant that NK CCG had not hit the standards. NA reported that the ambition to have fewer waiting at the end of March 2019 compared to the same period in 2018, would not be achieved for NK CCG.
- Number of patients waiting more than 52 weeks - all reported breaches were spinal patients at LTHT. New planning guidance stated that these patients should be offered an alternative provider. SO highlighted that the MSK service had still been referring patients to Leeds, and it was suggested that the service be asked to advise patients that they would have a shorter wait if they chose somewhere other than Leeds.

**ACTION:** MP to ask the MSK service to ensure patients are made aware of the waiting times at various providers.

- Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral – CHFT had reported expecting to clear the backlog within 6 months, although this was not anticipated for Q1. NK CCG had met the 99% target.
- Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department - final year end performance was 91.25% for all CHFT sites, and 85.77% for all MYHT sites. The Pinderfields A&E action plan had been appended last month, and comments were invited from members. DL shared serious concerns regarding the lack of timescales and apparent lack of new actions. KP suggested that a new plan may be in development, due to them being an A&E pilot site.

**ACTION:** KP to formally request a new A&E action plan from MYHT, via the Joint Acute Commissioning Working Group (JACWG).

- Cancer – maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms reported as being at 21.6% for North Kirklees CCG for February 2019, mainly due to capacity in Outpatients. MYHT had suggested that this had been due to a peak in demand but the figures did not support this theory. A meeting with the provider had been requested. This had also been discussed at Quality Committees on 24 April 2019, and they had asked whether it was possible to ask other Trusts to accept referrals from other areas i.e. for CHFT to take patients from North Kirklees. MP stated that this could be problematic, as providers tended to close their lists if there were pressures in a specific area. More details regarding the validity of the data would be brought to the Committees in May 2019.

**ACTIONS:**

- MP to ask CHFT to consider accepting breast referrals from MYHT.
- CMc to contact Matt Graham (West Yorkshire Acute Trusts) regarding the pressure on breast referrals.

CSC noted that there was a lot of positive information in the report which should not be overlooked.

*NL joined the meeting and PK left the meeting.*

The Committees **NOTE**d both CCGs’ performance against the key outcomes and measures for 2018/19 and actions being taken to address areas of over/under performance.

005 **Risk Register – Finance, Performance and Contracting Risks**

NL presented a report providing details of all Finance, Performance and Contracting risks on the Corporate Risk Registers as at 11 April 2019, following review by the Senior
Management Team. The report set out the numbers of risks which were marked for closure, new, increasing or decreasing in score, in respect of each CCG, along with the numbers of Critical and Serious Risks. The Committees noted the following:

**Greater Huddersfield**
There were 25 risks for review by the GH Finance, Performance and Contracting Committee, which comprised 60% of total risks currently on the CCG Risk Register. Of these, there was one newly identified risk, three risks marked for closure, and one high level open risk scoring 15 or above.

**North Kirklees**
There were 14 risks for review by the NK Finance, Performance and Contracting Committee, which comprised 48% of total risks currently on the CCG Risk Register. Of these, there were no newly identified risks, two risks marked for closure, and one high level open risk scoring 15 or above.

JP queried why the same risks remained on the register. NL stressed that the aim was for senior managers and risk owners to drive down the risk scores, and pointed out that there had been more risks closed this cycle than new risks opened. It was agreed that a narrative should be included in the report where a risk had remained static for some time. A deep dive into a long standing risk would be considered as a future agenda item.

LE reflected on feedback from the Audit Committees about the role of the Finance, Performance & Contracting Committees in providing assurance that high level risks were being appropriately reviewed, managed and scored. The Committees agreed that NK risk 470, the risk that the System Resilience for unplanned care would not deliver anticipated performance due to resources not being in place to meet the activity resulting in non-achievement of the 95% A&E standard and other operational measures, should remain at a score of 16.

The Committees **REVIEWED** the Finance, Performance and Contracting risks (including whether any risks for the CCG emerging from the Clinical Quality and Contract Management Boards were adequately reflected on the corporate risk registers) ahead of reporting to Governing Bodies.

**006 Finance Update**

ICu presented a Finance update on the financial positions of the two CCGs at Month 12. He informed the Committees that the team were currently completing the Month 12 accounts, and that draft accounts had been submitted that morning. The figures had remained as those reported in Month 11. The draft Head of Internal Audit opinion had indicated significant assurance on the accounts.

ICu drew the Committees’ attention to a VAT issue which had emerged elsewhere in the country, in which non-healthcare services provided directly by non-healthcare bodies could be liable for VAT. If this turned out to be the case, it would may apply to the £3 per head paid to the GP Federations and the Quality Access Scheme (QAS). ICu explained that the CCGs were putting provision in for this, with the amount at NK CCG being higher due to the QAS funding being paid to Curo.

DA asked whether this would also apply to the Better Care Fund money, but ICu stated that it had not been raised in relation to Local Authorities, just GP Federations, as the Local Authority was only given money for healthcare services. Consideration would need to be given to whether Curo was given the QAS money for Quarter 1, and also the implications for Primary Care Networks.
ICu stressed that no conversations had been held with HM Revenue and Customs regarding this to date, but he had wanted to make arrangements and forewarn the Committees prior to bringing more information back to a future meeting.

The Finance, Performance and Contracting Committees:
- **NOTE**d the contents of the verbal update.

**007 Contracting Report**

*Practice representatives declared a potential direct financial interest in elements of the Contracting Report. As the report was being presented for assurance only, it had been agreed that it would be appropriate for them to participate fully in consideration of the item, subject to ongoing review during the course of the discussion.*

MP presented the report, which updated the Finance, Performance & Contracting Committees on Month 11 (February) of the 2018/19 contract position. He stated that the team had commenced working with Wakefield CCG to provide them with a procurement service as of 1 April 2019.

MP reported that he was not expecting many changes in the Month 12 position.

DA highlighted the under-trade in relation to the CHFT Aligned Incentives Contract (AIC) and asked if there were any possible reasons why elective activity could have decreased, such as the impact of the MSK service managing patients differently. MP stated that he was aware of day cases which would previously have been treated as inpatients, and agreed to look further into the impact of the MSK service. RC stated that the impact of the MSK service had been written into the expected under-trade.

**ACTION:** MP to look further into the impact on secondary care of the MSK service.

The Committees **NOTED** the contents of the report.

**008 QIPP Report**

NA presented the QIPP report, which updated the Committees on performance against the 2018/19 QIPP targets, including the latest available data, year to date position and forecast outturn against each QIPP scheme.

The Committees' attention was drawn to the year to date position tables in section 4, with NK CCG having achieved £7,146m against a plan of £7,444m and GH CCG having over achieved with £5,780m against a planned £5,357m. The appendices provided the year to date performance of individual schemes for each CCG. The Month 12 overall outturn for the Medicines Management Programme showed an overall underperformance for both CCGs.

ICu clarified the last paragraph in section 5 on page 97, stating that GH CCG had achieved a QIPP target of 2.2% in 2018/19 with 1.5% needed for 2019/20, whilst NK CCG had achieved a QIPP target of 2.6% and would be required to achieve 2% in 2019/20. RC stated that it was difficult to make a direct comparison as 2018/19 had included both cash releasing and non-cash releasing schemes.

DA stated that carrying out more out of hospital care had inevitably led to an increase in prescribing, but that this had not been captured in the report.

Concerns were voiced regarding achieving the targets for 2019/20. NA informed the Committees that they would receive the Month 1 QIPP data at the May meeting.

The Finance, Performance and Contracting Committees:
- **NOTE**d the 2018/19 year-to-date and forecast outturn positions against QIPP plans and target for each CCG.
- **CONSIDERED** the level of assurance on QIPP delivery and whether the committees...
would wish to receive additional or different information in future reports.

- AGREED that there were no areas to be escalated to the Governing Bodies.

The meeting was adjourned for a short break then reconvened.

RS, AN and SG joined the meeting.

009 Kirklees Community Services – Care Closer to Home Specification Revisions

RS presented the report which updated the Committees on the position of the Care Closer to Home (CCTH) contract since the decision by the Governing Bodies to extend the contract by two years. The decision to extend had been taken on the condition that revisions would be made to the CCTH service in line with the stakeholder feedback from the evaluation. The paper outlined the current proposals around the scope of revisions.

It had been suggested that the areas in scope for revisions would be agreed by the end of April 2019, and so the Committees’ attention was drawn to the suggested revisions in section 2.3 of the report. RS informed the Committees that these details had been shared with Primary Care colleagues. Once the areas of scope for revision had been ratified, a wider group of colleagues would work together on outlining the detail of the required service developments, whilst creating a timetable for implementation of the changes. The aim was to have completed this work by the end of July 2019. RS invited the Committees’ views on the proposed revisions.

SO stated that he felt more clarity was required in the contract, and this had not been addressed by the revisions. DK felt that a degree of flexibility was required in order to allow for the emerging Primary Care Network (PCN) model to evolve. The Quality Committees and Joint Clinical Strategy Group had requested that the revisions include both tighter KPIs and flexibility, but RC questioned whether a mixture of both was what the system needed.

ICu said that clarity was required on the service that the CCGs were trying to achieve, alongside clarity on getting the funding right to achieve this service. In his opinion the KPIs should fall out of the tough choices regarding what the service should be, and be a mechanism for measuring that service.

CMc stated that tough KPIs would not lead to the success of the contract, and that more focus needed to be placed on the relationship between the PCNs and Locala. She also expressed concerns that there had been a misunderstanding that the PCNs would be managing this contract, which they wouldn’t. Finally, she suggested aligning some of the timelines with those in the GP contract.

DA felt that minimum staffing numbers needed to be agreed for the delivery of the desired service. He was also concerned about how much emphasis was being put on the PCNs in the revisions.

MP added that in his opinion, the revisions were more like ambitions, and too broad to take into a conversation with Locala. It was agreed that the Task and Finish Group would need to work up the detail behind the ambitions.

The Quality Committees had asked how the CCG would be communicating with the interested parties. It was agreed that RS would return to the Finance, Performance and Contracting Committees in June 2019.

The Finance, Performance and Contracting Committees:
- REVIEWED the scope of the revisions to the CCTH contract, and;
- AGREED that in principle these revisions would support future intentions of health and care at and closer to home, investing in service areas which would future proof the
intended direction of the health sector ambitions and align with strategic direction of
the Kirklees place approach to care.

NA, PB, KP and RS left the meeting.

The Committees AGREED that the next item should be considered as confidential, and that
the minutes should not form part of the public record of the meeting.

010 CCG Future Accommodation – Finance (PRIVATE ITEM)
(It had been noted that the majority of the members of the Committees had a non-financial personal interest in
this item, as it affected the headquarters of the CCGs. At this stage, the Committees were being asked to
review the financial implications, not to make a final decision. The preferred option had been arrived at by
testing against strategic principles/key criteria which had been developed following extensive engagement.
Alternative quoracy would not have been an option, due to most members being conflicted, and it would not
be appropriate for a decision on the future headquarters of the CCGs to be taken by another body. It was
therefore intended to recognise the conflict at this stage, and allow all Committee members to fully participate
in the item. The CCGs were ensuring independent checks at key points to ensure that assumptions had been
tested by a non-conflicted party, and this would continue through to the decision point.)

LE presented a report focusing on the financial elements of the CCGs’ future
accommodation, including the progress of negotiations, in advance of the Governing Bodies’ decision point on 8 May 2019.

Detail redacted from public version.
The Finance, Performance and Contracting Committees:
- CONSIDERED the financial implications of the CCGs’ proposed future accommodation model and PROVIDED ASSURANCE to Governing Bodies on value for money and affordability to inform their final decision.

The Committees AGREED that the remaining part of the meeting should form part of the public record of the meeting.

011 Items for the attention of the Governing Bodies

The two week wait for breast cancer issue would be brought to the attention of the Governing Bodies.

012 Minutes for Information
The Committees **NOTED** the minutes / notes of the below listed meetings:

- A & E Delivery Board held on 12/02/19 and 12/3/19
- Joint Acute Commissioning Working Group Incorporating the Acute System Recovery Programme Board: 7 March 2019
- Joint Acute Commissioning Working Group Incorporating the System Transformation Group: 7 March 2019
- Practice, Quality and Contracting Group: 20 February 2019
- Kirklees Integrated Commissioning Board: 28 February 2019

### 013 Joint Commissioning Working Group (JACWG) – Review and Outcomes

It had been agreed that this item would be discussed at the Governing Bodies meeting on 8 May 2019.

### 014 Any Other Business

There was no further business.

### 015 Date and Time of Next Meeting

It was **CONFIRMED** that the next meetings of the Committees would be held at 1.00 pm on Wednesday, 29 May 2019 at Empire House, Dewsbury.

### 016 Meeting Checklist

The meeting checklist was completed.

*The meeting concluded at approximately 3:40 pm.*
## Welcome, Apologies and Declarations of Interest

DL opened the meeting and welcomed those present. Apologies for absence were noted as listed above.

### Conflicts of Interest

Contracting Report (Minute 022) – Governing Body Practice Representatives, being contract holders, declared general direct financial interests in this item. A specific, more significant, interest was noted in relation to the Care Homes information contained within the report, but as this was reported to be an update on process only, it was agreed that the Practice Representatives could remain in the meeting for the item.

GH Extended Access Model (Minute 025) - GH Governing Body members had a significant direct financial interest in this item. It was agreed that a short conflicted
discussion would be followed by a longer non-conflicted discussion. Being a GH only item, GH members would be invited to comment prior to NK members.

018 Vision, Values and Behaviours

The Greater Huddersfield (GH) Vision and Values and North Kirklees (NK) Values and Behaviours had been circulated and were noted.

019 Accuracy of Minutes from 24 April 2019, Matters Arising and Action Log

(The full private set of minutes had been shared with Committee members only, due to Minute 010 (CCG Future Accommodation) being discussed in private. A public set of minutes had been shared with those in attendance.)

GH Finance, Performance and Contracting Committee

Minutes
The minutes of the meeting held on 24 April 2019 were APPROVED as a correct record.

Matters Arising
There were no matters arising.

NK Finance, Performance and Contracting Committee

Minutes
The minutes of the meeting held on 24 April 2019 were APPROVED as a correct record.

Matters Arising
There were no matters arising.

Action Log (for both CCGs)

199a Contracting Report - MP to look further into the increase in Orthopaedic activity at BMI and report back to the Committees. Update 29/5/19: MP reported that this was most likely to be due to a combination of factors, including a reduction in 2017/18 activity which had informed the 2018/19 plan, and the MSK service offering choice. CLOSED

199b Contracting Report - MP to provide a timescale in terms of Dermatology routine referrals to the next meeting. Update 29/5/19: A paper due to be taken to the last CHFT contract management group had been withdrawn prior to the meeting. MP awaited a revised trajectory. OPEN

200 Turnaround Report - Strategic review of QIPP schemes, including potential causes of under-delivery, to be brought back to a future meeting. This had been included in the May QIPP report to Committees. CLOSED

201ai 2019/20 Planning - KP committed to getting confirmation of whether MYHT wanted to provide the bariatric service and whether they had the capacity. Update 29/5/19: HSe had spoken to Matt England, who was reported to have said that MYHT were still keen to provide the service. Written confirmation was awaited. OPEN

203a Primary Care Support and Development Programme MOU, Work Progress Update and Programme Plans for 19/20 - Reference to CURO as members of the Clinical Strategy Group had been removed from the MOU. CLOSED
203b Primary Care Support and Development Programme MOU, Work Progress
Update and Programme Plans for 19/20 - Revised agreement to be brought to the May meeting. Update 29/5/19: Deferred to June’s meeting. OPEN

004a Performance Report against Key Performance Indicators for 2018/19 - MP to ask the MSK service to ensure patients are made aware of the waiting times at various providers. Update 29/5/19: MP reported that unless a specific provider was requested on referral, choice was offered. Indicative waiting times were not reportedly provided to patients initially. Leeds Teaching Hospitals were reported to be offering triage to all referrals. CLOSED

004b Performance Report against Key Performance Indicators for 2018/19 - b) KP to formally request a new A&E action plan from MYHT, via the Joint Acute Commissioning Working Group (JACWG). Update 29/5/19: Updated action plan not yet seen. OPEN

004c Performance Report against Key Performance Indicators for 2018/19 - MP to ask CHFT to consider accepting breast referrals from MYHT. Update 29/5/19: MP reported that a formal letter had now been received from MYHT regarding the capacity issues. CHFT had stated that they would take referrals on a case by case basis, but were also experiencing capacity issues. As at 21 May 2019 there were 50 patients on the waiting list at CHFT and no available appointments. CLOSED

004d Performance Report against Key Performance Indicators for 2018/19 - CM to contact Matt Graham (West Yorkshire Acute Trusts) regarding the pressure on breast referrals. Update 29/5/19: CM had discussed with Helen Barker (CHFT CO) who had acknowledged a growing capacity pressure in the system, but stated that CHFT were prepared to accept breast referrals from MYHT. Christine Powell would continue to liaise with CHFT regarding breast referrals. OPEN

007 Contracting Report - MP to look further into the impact on secondary care of the MSK service. Update 29/5/19: MP reported that a detailed piece of work was underway, but headline figures when comparing MSK referrals to secondary care between 2017/18 and 2018/19 were showing between a 10-30% reduction. Therefore there appeared to be a positive impact from the MSK service. CLOSED

010 CCG Future Accommodation – Finance (Private item) - AN had provided a breakdown on future accommodation costs between the two CCGs in the report to the Governing Bodies. CLOSED

VD, AN, and DA joined the meeting.

020 Performance Report against Key Performance Indicators for 2018/19

NA presented the Performance Report which detailed performance against all NHS constitutional standards.

NA highlighted the following key points:

- 18 weeks Referral to Treatment times – GH CCG had deteriorated slightly (92.0%), and NK CCG had slipped (marginally) to 87.6% which meant that NK CCG had not hit the standards. NA reported that CHFT had offered assurances that they would achieve the target for all specialities, but this had not happened in the last month. It was agreed that an update on planned care improvements at MYHT would be welcomed by the Committees.

ACTION: Joint Planned Care Lead to be invited to the next meeting to provide an update.
• Number of patients waiting more than 52 weeks – all the reported breaches in March 2019 had been patients at LTHT.
• Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral – CHFT had achieved 90.27% against a target of 99%, with the overall failure of the standard being due to echocardiography. CHFT had reportedly outsourced ECGs from June onwards. For the first time during 2018/19 NK CCG had failed to meet the 99% target (94% in March), taking the end of year to date value down to 98.92%.
• Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department – as reported in April 2019 the final year end performance was 91.25% for all CHFT sites, and 85.77% for all MYHT sites.
• Cancer – In March 2019 GH CCG had achieved 9 out of 12 cancer waiting times standards, and NK CCG had achieved 7 out of 12. There were no significant long waits to report during March 2019. The case of the patient reportedly waiting over 200 days was going through the quality route.
• IAPT: Proportion of people who receive psychological therapies – concerns remained regarding the number of patients accessing the service. An action plan had been drafted with the aim of improving performance against the access target.
• The deterioration in maternity services during the last year was noted.
• Maternal smoking – significantly off track for reducing the figures. The LA had been approached to advise on what actions would be taken to achieve the target. CM queried what the governance route was in the LA, and it was agreed that this should be highlighted to the Integrated Commissioning Board. **ACTION: CM to raise the figures for smoking at the time of delivery at the next ICB meeting.**

The Committees:
- **NOTED** Greater Huddersfield CCG and North Kirklees CCG performance against the key outcomes and measures for 2018/19;
- **AGREED** additional actions required to address areas of over/under performance; and
- **HIGHLIGHTED** areas of concern that the FPC committees would like escalating to the GH and NK Governing Bodies: Concerns re: 18 week waits, A&E action plan, IAPT, and breast cancer 2 week waits.

021 **Finance Update**

AN presented a Finance update on the final financial positions of the two CCGs for 2018-19. Greater Huddersfield CCG had achieved an in-year surplus of £2.1m, which was £1.1m more than planned; and North Kirklees CCG had achieved its planned target of an in-year break even position, after receiving £11m Commissioner Sustainability Funding during the year.

AN informed the Committees that the CCGs had received a small allocation of £0.22m centrally for prescribing for Month 12, to support No Cheaper Stock Obtainable (NCSO) funding.

The four targets for the public sector payment policy had all been met by Greater Huddersfield CCG, and three out of four had been met by North Kirklees CCG. Bad debts had also been cleared at the end of the year; more information would be provided to the next meeting on 26 June 2019.

Following Audit Committee approvals on 22 May 2019, both CCGs had submitted their final annual accounts to NHSE on 29 May 2019. Thanks were expressed to all who had been involved with this year’s accounts.

The Finance, Performance and Contracting Committees:
• NOTED the contents of the report.

022 Contracting Report
(Governing Body Practice Representatives, being contract holders, had declared general direct financial interests in this item. A specific, more significant, interest had been noted in respect of the Care Homes information contained within the report; as this was for information only on process, it had been agreed that the Practice Representatives could remain in the meeting for the item.)

MP presented the report, which updated the Finance, Performance & Contracting Committees on Month 12 (March) of the 2018/19 contract position, including the out-turn position outlined in Section 3.1.1 of the report.

MP highlighted the following points from the report:
- NHS111 and West Yorkshire Urgent Care were now two separate contracts. A formal procurement process had been undertaken for the contract to provide the 111 service and a core clinical advice service from 2019/20 onwards. This process had now been completed and the contract had been awarded to Yorkshire Ambulance Service on a 5 year basis. Greater Huddersfield CCG was the lead commissioner for this contract, with North Kirklees CCG being a Collaborative Commissioner.
- Most Yorkshire Ambulance Service and Patient Transport Service targets had been achieved.
- Care Closer to Home (CC2H) - out of the 24 indicators reported on this month, 17 had achieved the target, 3 were within 10% of the target, and 4 had not achieved the target. Actions were being taken to address performance in relation to those indicators failing to achieve the target. Following agreement to extend the CC2H contract by a further 2 years from 30 September 2020, a joint group had been set up to agree which service areas should be revised. Discussions would take place with Locala on what changes would be made, along with agreed timescales, by the end of July 2019.
- Posture and Mobility Service (Opcare) – the improvement in performance had been maintained during month 12. The contract for the service post September 2019 would be awarded in the next month.
- Award of the NK MSK contract - during the standstill period a formal challenge had been received, but MP reported that following a response from the CCG this was now not being pursued.

DK enquired about the timeline for the procurement of the care homes service, and stated that he felt another dialogue session would have been ideal. MP reported that an amended timeline was being discussed with a potential extension to the current contract for a further 6 months. This was due to be discussed at SMT on 7 June 2019, and an update would be brought back to the Committees in June.

The Committees NOTED the contents of the report.

023 QIPP Report
VD presented the QIPP report, which updated the Committees on performance against the 2018/19 QIPP targets, including the latest available data, year to date position and forecast outturn against each QIPP scheme.

The forecast outturn for GH had increased by £10k to £7,418k, whilst the NK forecast outturn had decreased by £99k to £7,501k. An updated year-to-date position reported at month 12 for GH CCG showed actual delivery of £5,866k against a plan of £5,672k. Month 12 for NK CCG showed actual delivery of £7,139k against a plan of £7,837k.

The Committees' attention was drawn to the table in section 7 of the report which showed the individual schemes that made up the three elements of the agreed QIPP plan for 2019/20. This included cash releasing not banked schemes, cost avoidance banked
schemes, and an unidentified stretch target, £500k of which would be reinvested if achieved.

VD gave the Committees assurance that all schemes had been scrutinised by her team and through the Recovery Group.

Limited month 1 data showed that both CCGs were on plan, and year to date and forecast outturn for each scheme would be reported to the Committees when available.

DK stated that he didn't think the difference in size between the two CCGs was reflected in the figures.

**ACTION:** VD to share Recovery Group minutes with DK for assurance.

The Finance, Performance and Contracting Committees:

- **NOTED** the 2018/19 year-to-date and forecast outturn positions against QIPP plans and target for each CCG, and the 2019/20 schemes and QIPP plan.
- **CONSIDERED** the level of assurance on the QIPP plan for 2019/20 and **AGREED** that the Committees would wish to receive a demonstration of the QIPP dashboard next month.
- **AGREED** that there were no areas to be escalated to the Governing Bodies.

### 024 Better Care Fund Update

HS presented the report which provided the Committees with the Better Care Fund (BCF) Performance Summary Q4 2018/19. She explained that the report had been reviewed by the Integrated Commissioning Board on 2 May 2019.

HS explained that in terms of delayed transfers of care (DTOC), even though Kirklees was just falling short of the BCF expected days delayed target, it was currently meeting the NHS E target of no more than 3.5 % of bed days delayed - being at 8.4 DTOC Bed Days per Day (YTD position Feb 2019) against an NHS England Target of 9.4.

The timeline for revised information from NHSE was not yet known.

The Finance, Performance and Contracting Committees:

- **NOTED** the report and was assured that the BCF was monitored and reviewed by the ICB.

### 025 Greater Huddersfield Extended Access Model – Year 2

(GH Governing Body members had a significant direct financial interest in this item. It had been agreed that a short conflicted discussion would be followed by a longer non-conflicted discussion. Being a GH only item, GH members would be invited to comment prior to NK members.)

CW presented a report which provided the background to the Extended Access contract, and outlined the suggested changes to the second year of the contract and a proposed increase in the value of the contract from £3.97 to £6.00 per weighted patient. The same report had been presented to the Quality Committees in common earlier in the day.

CW drew the Committees’ attention to the seven additional requirements outlined in section 2.2 of the report. She explained that there was an expectation that from April 2021 funding for the existing Extended Hours Access DES and for the wider CCG-commissioned Extended Access Service would become part of the Network Contract DES, delivered to 100% of patients.

CW explained that from 2019 it was proposed that an element of mental health capacity be built into the service, and the possibility of adding in cervical screening was also being explored.
The funding for this service was provided nationally and the CCG received an additional allocation outside normal funding streams to support this scheme. For the 2019/20 financial year, the CCG would receive an additional allocation centrally of £6.00 per head of population to fund this service. LCD had been informed that any slippage to the total of £6.00 per head which had not been paid at the start of the year would be considered to fund potential winter pressures and other services to ensure that the service was delivering the expected level of provision for the investment. Slippage was estimated to be approximately £81k if the full £6.00 per head was paid from June 2019.

It was acknowledged that the clinical hub and satellite model was more expensive than having just one hub, but AN offered her assurance to the Committees that the model offered value for money as it delivered a wide range of services above the national requirements.

SO stated that he thought the satellites should be open to patients from other practices, and also that the model should not be too reliant on GPs, as they had been struggling to fill the available shifts. He was concerned that the model would potentially be used by practices as extra capacity that they were not providing during core hours.

CW informed the Committees that equity of access would be revisited as part of this work. She felt that it was a well-utilised model, but acknowledged that it could not stay this way in the future.

The meeting was adjourned for a short break then reconvened.

SO, DA and JC left the meeting in order for a non-conflicted discussion to take place.

RC advised thinking about the DES sooner rather than later, and CM agreed that a decision would soon need to be taken about what would happen in the 2020/21 gap year.

DK made a comparison between the appointment costs of £22.60 for a normal ‘core contract’ ten minute appointment, and £63.68 in the extended access hub, and £92.45 in the satellites, and as many extended access appointments would be with non-GPs he felt it was a very expensive model. AN stated that the satellites had to cover overheads such as needing a receptionist on site. She felt that whilst the model was more expensive due to additional running costs, it was comparable in rates within primary care and A&E tariff rates.

CM advised a pragmatic approach be taken as the CCGs were already in a two-year contract and there were limits to what could be changed at this stage.

It was confirmed that there was nothing to stop a GP reducing their daytime hours and increasing their extended access hours. The guidance was being changed on this, with more value expected at both ends of the scale.

DK expressed concerns that it would be unaffordable at the point when the two extended access schemes came together in the future. MP explained that the original decision was made with the expectation that the 45 minutes in year two would be mandated, but then that did not occur. AN stated that there would be a need to come together as a system and agree rates.

The Finance, Performance and Contracting Committees:
- **NOTED** the proposal for year two of the Extended Access Contract received from Local Care Direct and My Health Huddersfield.
- **NOTED** the due diligence undertaken to date to ensure value for money.
- **RECOMMENDED** approval of the changes to the Greater Huddersfield Extended Access Contract for 2019/20.

SO, DA and JC rejoined the meeting.
Items for the attention of the Governing Bodies

From the Performance Report item the Committees had agreed to bring the following areas of concern to the attention of the Governing Bodies:

- 18 week waits
- A&E action plan
- IAPT
- Breast cancer 2 week waits.

It was noted however that the June Governing Body meeting had been cancelled and the items of concern may have changed before July.

Minutes for Information

The Committees NOTED the minutes / notes of the below listed meetings:

- Joint Acute Commissioning Working Group Incorporating the Acute System Recovery Programme Board: 4 April 2019
- System Transformation Group: 4 April 2019
- Practice, Quality and Contracting Group: 20 March 2019
- Kirklees Integrated Commissioning Board: 4 April 2019

Any Other Business

Posture & Mobility (Wheelchairs) Procurement

MP brought to the Committees’ attention the consequences of the timeline for the Posture & Mobility (Wheelchairs) Procurement. This had been due to be discussed at the Governing Bodies in common meeting on 12 June prior to its cancellation. The service and financial model had been agreed in November 2018 for GH and NK, and in December 2018 by Calderdale CCG. MP aimed to provide the Committees with assurance on the process undertaken for the procurement of the service, and keep them sighted on the outcome of the procurement process including the final scores and costings.

Extensive engagement had been carried out with service users, carers, families, clinicians, and the voluntary sector, alongside market engagement and an options appraisal.

A Prior Information Notice had been advertised in December 2018 with a contract length of 5 years, plus the option to extend for a further 2 years. Seven suppliers had submitted information, and following independent evaluations of all bids the scores and rationale were discussed at a series of consensus meetings and a final moderated score was agreed. Where a consensus score could not be agreed the subject matter expert for those questions had the final say. The overall scoring was out of 70% for the technical (service) elements and 30% for the financial costs. Where providers had submitted over the financial envelope they were given the opportunity to submit an amended bid. The provider with the highest overall score would be recommended for contract award.

It was agreed that a paper would be taken to Calderdale Governing Body on 13 June 2019 so that they could support the process. Due to the cancellation of GH/NK Governing Bodies in June 2019 the award would be made through an urgent action, with a paper to be taken to the next Governing Body meeting on 10 July 2019.

As the lead commissioner, GH CCG’s Accountable Officer and the Chair would make the decision with two non-officer members of the Governing Body.
NHS Digital
JP asked where targets for e-consultations were reported, and it was agreed that HS, VD, NA and JP would discuss this outside the meeting.

029 Date and Time of Next Meeting
It was CONFIRMED that the next meetings of the Committees would be held at 1.00 pm on Wednesday, 26 June 2019 at Broad Lea House, Huddersfield.

030 Meeting Checklist
The meeting checklist was completed.

The meeting concluded at approximately 3:15 pm.
Minutes of NK CCG Finance, Performance and Contracting Committee
(held as committees in common with GH CCG Finance, Performance and Contracting Committee)
held at 1.00 pm on Wednesday 24 April 2019
Scammonden Room, Broad Lea House

Greater Huddersfield CCG Members
Ian Currell (ICu) Chief Finance Officer
Dr Dil Ashraf (DA) GH GP Practice Representative
David Longstaff (DL) Lay Member: Audit and Chair (Chair of meeting)
Carol McKenna (CM) Chief Officer
Dr Steve Ollerton (SO) GH GP Practice Representative and CCG Clinical Leader

North Kirklees CCG Members
Ian Currell (ICu) Chief Finance Officer
Dr David Kelly (DK) NK GP Practice Representative and CCG Clinical Leader
David Longstaff (DL) Lay Member: Audit (substitute for Lay Member: Finance & Remuneration)
Carol McKenna (CM) Chief Officer
Julie Pieske (JP) NK Advanced Nurse Practitioner Member
Dr Chunda Sri-Chandana (CS-C) NK Secondary Care Advisor

In Attendance
Natalie Ackroyd (NA) Senior Strategic Planning, Performance and Service Transformation Manager (GH/NK) (minutes 001-009)
Patrick Boosey (PB) Service Lead for Wellness, Kirklees Council (observing)
Rachel Carter (RC) Turnaround Director (GH/NK)
Laura Ellis (LE) Head of Corporate Governance (GH/NK)
Peter Kirkman (PK) Performance Manager (GH) (minutes 001-004)
Nick Lamper (NL) Governance Manager (Corporate Governance & Risk) (minute 005)
Alison Needham (AN) Head of Finance (GH/NK) (minutes 009-016)
Karen Parkin (KP) Associate Director Finance and Contracting (substitute for Chief Operating Officer NK)
Martin Pursey (MP) Head of Contracting and Procurement (GH/NK)
Helen Robinson (HR) Governance Officer (Minutes)
Helen Severns (HSe) Service Director: Integrated Commissioning (GH/NK)
Rebecca Spavin (RS) Transformation Programme Manager (GH) (minute 009)

Apologies
Dr Yasar Mahmood (YM) NK GP Practice Representative
Pat Keane (PK) Chief Operating Officer (NK)
Jenny Cullearn (JC) GH Practice Representative
Catherine Wormstone (CW) Head of Primary Care Strategy and Commissioning (GH/NK)

001 Welcome, Apologies and Declarations of Interest

DL opened the meeting and welcomed those present. Apologies for absence were noted as listed above.

Conflicts of Interest
It was noted that practice representatives would have a potential direct financial interest in elements of the Contracting Report (Minute 007) but, as the report was being presented for assurance only, it was agreed that it would be appropriate for them to participate fully in consideration of the item, subject to ongoing review during the course of the discussion.

CCG Accommodation (Minute 010) - it was noted that the majority of the members of the Committees had a non-financial personal interest in this item, as it affected the headquarters of the CCGs. At this stage, the Committees were being asked to review the financial implications, not to make a final decision. The preferred option had been arrived at by testing against strategic principles/key criteria which had been developed following extensive engagement. Alternative quoracy would not have been an option, due to most members being conflicted, and it would not be appropriate for a decision on the future headquarters of the CCGs to be taken by another body. It was therefore intended to recognise the conflict at this stage, and allow all Committee members to fully participate in the item. The CCGs were ensuring independent checks at key points to ensure that assumptions had been tested by a non-conflicted party, and this would continue through to the decision point.

Kirklees Community Services – CC2H Specification Revisions (Minute 009) although the report indicated that practice representatives were conflicted, it was agreed that they were no longer conflicted following the award of the contract extension. No further action was therefore needed.

002 Vision, Values and Behaviours

The Greater Huddersfield (GH) Vision and Values and North Kirklees (NK) Values and Behaviours had been circulated and were noted.

003 Accuracy of Minutes from 27 March 2019, Matters Arising and Action Log

GH Finance, Performance and Contracting Committee

Minutes
The minutes of the meeting held on 27 March 2019 were APPROVED as a correct record subject to the following amendments:

Attendance table – to be amended to reflect Julie Elliott as the Chair of the meeting, rather than David Longstaff. Furthermore, Dr Chunda Sri-Chandana had been listed under apologies but had been present at the meeting.

Minute 195, Welcome, Apologies and Declarations of Interest, reference to DL opening the meeting to be amended to JE.

The minutes of the additional joint Finance, Performance and Contracting and Quality Committees meeting held on 27 February 2019 were APPROVED as a correct record.

Matters Arising
There were no matters arising.

NK Finance, Performance and Contracting Committee

Minutes
The minutes of the meeting held on 27 March 2019 were APPROVED as a correct record subject to the following amendments:
Attendance table – to be amended to reflect Julie Elliott as the Chair of the meeting, rather than David Longstaff. Furthermore, Dr Chunda Sri-Chandana had been listed under apologies but had been present at the meeting.

Minute 195, Welcome, Apologies and Declarations of Interest, reference to DL opening the meeting to be amended to JE.

The minutes of the additional joint Finance, Performance and Contracting and Quality Committees meeting held on 27 February 2019 were APPROVED as a correct record.

Matters Arising
There were no matters arising.

Action Log (for both CCGs)

184 Financial Plan - ICu/AN to discuss YM’s queries outside of the meeting in respect of primary care budgets. Update 24/4/19: This related to whether or not the primary care budget was ring-fenced, and the discussion had taken place. CLOSED

199a Contracting Report - MP to look further into the increase in Orthopaedic activity at BMI and report back to the Committees. Update 24/4/19: MP reported that there had also been a slight increase noted in Month 11. The analysis would be included in the May report to Committees. OPEN

199b Contracting Report - MP to provide a timescale in terms of Dermatology routine referrals to the next meeting. Update 24/4/19: This would be circulated to members. OPEN

200 Turnaround Report - Strategic review of QIPP schemes, including potential causes of under-delivery, to be brought back to a future meeting. Update 24/4/19: This would be included in the May report to Committees. OPEN

201a 2019/20 Planning - ICu to check whether bariatric surgery activity had been built into the MYHT figure. Update 24/4/19: ICu confirmed that this had not been built into the Aligned Incentives Contract (AIC) for 2019/20, and that a conversation would need to take place with MYHT regarding funding if the intention was to carry out more procedures than originally anticipated. KP stated that the AIC had not been built up at sub-specialty value, but did not anticipate this to be a significant amount. Original action to be CLOSED New follow up action: KP committed to getting confirmation of whether MYHT wanted to provide the bariatric service and whether they had the capacity.

201b 2019/20 Planning - A 3-5 year financial strategy item would be added to the Committees’ work plan for the summer, ICu to determine which month it would come. Update 24/4/19: This would form part of the Recovery paper, to be brought to the Committees in June 2019. CLOSED

203a Primary Care Support and Development Programme MOU, Work Progress Update and Programme Plans for 19/20 - Reference to CURO as members of the Clinical Strategy Group to be removed from the MOU. In CW’s absence, it was agreed the action should remain OPEN

203b Primary Care Support and Development Programme MOU, Work Progress Update and Programme Plans for 19/20 - Revised agreement to be brought to the May meeting. OPEN

004 Performance Report against Key Performance Indicators for 2018/19
NA presented the Performance Report which detailed performance against all NHS constitutional standards.

NA highlighted the following key points:

- Of the 21 reportable indicators, GH CCG had achieved 13, and NK CCG had achieved 12 using February’s data.
- 18 weeks Referral to Treatment times – GH CCG had improved slightly (92.4%), whereas NK CCG had slipped to 87.8% which meant that NK CCG had not hit the standards. NA reported that the ambition to have fewer waiting at the end of March 2019 compared to the same period in 2018, would not be achieved for NK CCG.
- Number of patients waiting more than 52 weeks - all reported breaches were spinal patients at LTHT. New planning guidance stated that these patients should be offered an alternative provider. SO highlighted that the MSK service had still been referring patients to Leeds, and it was suggested that the service be asked to advise patients that they would have a shorter wait if they chose somewhere other than Leeds.

**ACTION:** MP to ask the MSK service to ensure patients are made aware of the waiting times at various providers.

- Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral – CHFT had reported expecting to clear the backlog within 6 months, although this was not anticipated for Q1. NK CCG had met the 99% target.
- Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department - final year end performance was 91.25% for all CHFT sites, and 85.77% for all MYHT sites. The Pinderfields A&E action plan had been appended last month, and comments were invited from members. DL shared serious concerns regarding the lack of timescales and apparent lack of new actions. KP suggested that a new plan may be in development, due to them being an A&E pilot site.

**ACTION:** KP to formally request a new A&E action plan from MYHT, via the Joint Acute Commissioning Working Group (JACWG).

- Cancer – maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms reported as being at 21.6% for North Kirklees CCG for February 2019, mainly due to capacity in Outpatients. MYHT had suggested that this had been due to a peak in demand but the figures did not support this theory. A meeting with the provider had been requested. This had also been discussed at Quality Committees on 24 April 2019, and they had asked whether it was possible to ask other Trusts to accept referrals from other areas i.e. for CHFT to take patients from North Kirklees. MP stated that this could be problematic, as providers tended to close their lists if there were pressures in a specific area. More details regarding the validity of the data would be brought to the Committees in May 2019.

**ACTIONS:**

- MP to ask CHFT to consider accepting breast referrals from MYHT.
- CMc to contact Matt Graham (West Yorkshire Acute Trusts) regarding the pressure on breast referrals.

CSC noted that there was a lot of positive information in the report which should not be overlooked.

NL joined the meeting and PK left the meeting.

The Committees **NOTED** both CCGs’ performance against the key outcomes and measures for 2018/19 and actions being taken to address areas of over/under performance.
NL presented a report providing details of all Finance, Performance and Contracting risks on the Corporate Risk Registers as at 11 April 2019, following review by the Senior Management Team. The report set out the numbers of risks which were marked for closure, new, increasing or decreasing in score, in respect of each CCG, along with the numbers of Critical and Serious Risks. The Committees noted the following:

Greater Huddersfield
There were 25 risks for review by the GH Finance, Performance and Contracting Committee, which comprised 60% of total risks currently on the CCG Risk Register. Of these, there was one newly identified risk, three risks marked for closure, and one high level open risk scoring 15 or above.

North Kirklees
There were 14 risks for review by the NK Finance, Performance and Contracting Committee, which comprised 48% of total risks currently on the CCG Risk Register. Of these, there were no newly identified risks, two risks marked for closure, and one high level open risk scoring 15 or above.

JP queried why the same risks remained on the register. NL stressed that the aim was for senior managers and risk owners to drive down the risk scores, and pointed out that there had been more risks closed this cycle than new risks opened. It was agreed that a narrative should be included in the report where a risk had remained static for some time. A deep dive into a long standing risk would be considered as a future agenda item.

LE reflected on feedback from the Audit Committees about the role of the Finance, Performance & Contracting Committees in providing assurance that high level risks were being appropriately reviewed, managed and scored. The Committees agreed that NK risk 470, the risk that the System Resilience for unplanned care would not deliver anticipated performance due to resources not being in place to meet the activity resulting in non-achievement of the 95% A&E standard and other operational measures, should remain at a score of 16.

The Committees REVIEWED the Finance, Performance and Contracting risks (including whether any risks for the CCG emerging from the Clinical Quality and Contract Management Boards were adequately reflected on the corporate risk registers) ahead of reporting to Governing Bodies.

006 Finance Update

ICu presented a Finance update on the financial positions of the two CCGs at Month 12. He informed the Committees that the team were currently completing the Month 12 accounts, and that draft accounts had been submitted that morning. The figures had remained as those reported in Month 11. The draft Head of Internal Audit opinion had indicated significant assurance on the accounts.

ICu drew the Committees’ attention to a VAT issue which had emerged elsewhere in the country, in which non-healthcare services provided directly by non-healthcare bodies could be liable for VAT. If this turned out to be the case, it would apply to the £3 per head paid to the GP Federations and the Quality Access Scheme (QAS). ICu explained that the CCGs were putting provision in for this, with the amount at NK CCG being higher due to the QAS funding being paid to Curo.

DA asked whether this would also apply to the Better Care Fund money, but ICu stated that it had not been raised in relation to Local Authorities, just GP Federations, as the Local Authority was only given money for healthcare services. Consideration would need
to be given to whether Curo was given the QAS money for Quarter 1, and also the implications for Primary Care Networks.

ICu stressed that no conversations had been held with HM Revenue and Customs regarding this to date, but he had wanted to make arrangements and forewarn the Committees prior to bringing more information back to a future meeting.

The Finance, Performance and Contracting Committees:
- NOTED the contents of the verbal update.

007 Contracting Report

Practice representatives declared a potential direct financial interest in elements of the Contracting Report. As the report was being presented for assurance only, it had been agreed that it would be appropriate for them to participate fully in consideration of the item, subject to ongoing review during the course of the discussion.

MP presented the report, which updated the Finance, Performance & Contracting Committees on Month 11 (February) of the 2018/19 contract position. He stated that the team had commenced working with Wakefield CCG to provide them with a procurement service as of 1 April 2019.

MP reported that he was not expecting many changes in the Month 12 position.

DA highlighted the under-trade in relation to the CHFT Aligned Incentives Contract (AIC) and asked if there were any possible reasons why elective activity could have decreased, such as the impact of the MSK service managing patients differently. MP stated that he was aware of day cases which would previously have been treated as inpatients, and agreed to look further into the impact of the MSK service. RC stated that the impact of the MSK service had been written into the expected under-trade.

**ACTION:** MP to look further into the impact on secondary care of the MSK service.

The Committees NOTED the contents of the report.

008 QIPP Report

NA presented the QIPP report, which updated the Committees on performance against the 2018/19 QIPP targets, including the latest available data, year to date position and forecast outturn against each QIPP scheme.

The Committees’ attention was drawn to the year to date position tables in section 4, with NK CCG having achieved £7,146m against a plan of £7,444m and GH CCG having over achieved with £5,780m against a planned £5,357m. The appendices provided the year to date performance of individual schemes for each CCG. The Month 12 overall outturn for the Medicines Management Programme showed an overall underperformance for both CCGs.

ICu clarified the last paragraph in section 5 on page 97, stating that GH CCG had achieved a QIPP target of 2.2% in 2018/19 with 1.5% needed for 2019/20, whilst NK CCG had achieved a QIPP target of 2.6% and would be required to achieve 2% in 2019/20. RC stated that it was difficult to make a direct comparison as 2018/19 had included both cash releasing and non-cash releasing schemes.

DA stated that carrying out more out of hospital care had inevitably led to an increase in prescribing, but that this had not been captured in the report.

Concerns were voiced regarding achieving the targets for 2019/20. NA informed the Committees that they would receive the Month 1 QIPP data at the May meeting.

The Finance, Performance and Contracting Committees:
• NOTED the 2018/19 year-to-date and forecast outturn positions against QIIPP plans and target for each CCG.
• CONSIDERED the level of assurance on QIIPP delivery and whether the committees would wish to receive additional or different information in future reports.
• AGREED that there were no areas to be escalated to the Governing Bodies.

The meeting was adjourned for a short break then reconvened.
RS, AN and SG joined the meeting.

009 Kirklees Community Services – Care Closer to Home Specification Revisions

RS presented the report which updated the Committees on the position of the Care Closer to Home (CCTH) contract since the decision by the Governing Bodies to extend the contract by two years. The decision to extend had been taken on the condition that revisions would be made to the CCTH service in line with the stakeholder feedback from the evaluation. The paper outlined the current proposals around the scope of revisions.

It had been suggested that the areas in scope for revisions would be agreed by the end of April 2019, and so the Committees’ attention was drawn to the suggested revisions in section 2.3 of the report. RS informed the Committees that these details had been shared with Primary Care colleagues. Once the areas of scope for revision had been ratified, a wider group of colleagues would work together on outlining the detail of the required service developments, whilst creating a timetable for implementation of the changes. The aim was to have completed this work by the end of July 2019. RS invited the Committees’ views on the proposed revisions.

SO stated that he felt more clarity was required in the contract, and this had not been addressed by the revisions. DK felt that a degree of flexibility was required in order to allow for the emerging Primary Care Network (PCN) model to evolve. The Quality Committees and Joint Clinical Strategy Group had requested that the revisions include both tighter KPIs and flexibility, but RC questioned whether a mixture of both was what the system needed.

ICu said that clarity was required on the service that the CCGs were trying to achieve, alongside clarity on getting the funding right to achieve this service. In his opinion the KPIs should fall out of the tough choices regarding what the service should be, and be a mechanism for measuring that service.

CMc stated that tough KPIs would not lead to the success of the contract, and that more focus needed to be placed on the relationship between the PCNs and Locala. She also expressed concerns that there had been a misunderstanding that the PCNs would be managing this contract, which they wouldn’t. Finally, she suggested aligning some of the timelines with those in the GP contract.

DA felt that minimum staffing numbers needed to be agreed for the delivery of the desired service. He was also concerned about how much emphasis was being put on the PCNs in the revisions.

MP added that in his opinion, the revisions were more like ambitions, and too broad to take into a conversation with Locala. It was agreed that the Task and Finish Group would need to work up the detail behind the ambitions.

The Quality Committees had asked how the CCG would be communicating with the interested parties. It was agreed that RS would return to the Finance, Performance and Contracting Committees in June 2019.

The Finance, Performance and Contracting Committees:
• REVIEWED the scope of the revisions to the CCTH contract, and;
• AGREED that in principle these revisions would support future intentions of health and care at and closer to home, investing in service areas which would future proof the intended direction of the health sector ambitions and align with strategic direction of the Kirklees place approach to care.

NA, PB, KP and RS left the meeting.

The Committees AGREED that the next item should be considered as confidential, and that the minutes should not form part of the public record of the meeting.

010 CCG Future Accommodation – Finance (PRIVATE ITEM)

(It had been noted that the majority of the members of the Committees had a non-financial personal interest in this item, as it affected the headquarters of the CCGs. At this stage, the Committees were being asked to review the financial implications, not to make a final decision. The preferred option had been arrived at by testing against strategic principles/key criteria which had been developed following extensive engagement. Alternative quoracy would not have been an option, due to most members being conflicted, and it would not be appropriate for a decision on the future headquarters of the CCGs to be taken by another body. It was therefore intended to recognise the conflict at this stage, and allow all Committee members to fully participate in the item. The CCGs were ensuring independent checks at key points to ensure that assumptions had been tested by a non-conflicted party, and this would continue through to the decision point.)

LE presented a report focusing on the financial elements of the CCGs’ future accommodation, including the progress of negotiations, in advance of the Governing Bodies’ decision point on 8 May 2019.

Detail redacted from public version.
The Finance, Performance and Contracting Committees:
- CONSIDERED the financial implications of the CCGs' proposed future accommodation model and PROVIDED ASSURANCE to Governing Bodies on value for money and affordability to inform their final decision.

The Committees AGREED that the remaining part of the meeting should form part of the public record of the meeting.

011 Items for the attention of the Governing Bodies

The two week wait for breast cancer issue would be brought to the attention of the Governing Bodies.
012 Minutes for Information

The Committees NOTED the minutes / notes of the below listed meetings:

- A & E Delivery Board held on 12/02/19 and 12/3/19
- Joint Acute Commissioning Working Group Incorporating the Acute System Recovery Programme Board: 7 March 2019
- Joint Acute Commissioning Working Group Incorporating the System Transformation Group: 7 March 2019
- Practice, Quality and Contracting Group: 20 February 2019
- Kirklees Integrated Commissioning Board: 28 February 2019

013 Joint Commissioning Working Group (JACWG) – Review and Outcomes

It had been agreed that this item would be discussed at the Governing Bodies meeting on 8 May 2019.

014 Any Other Business

There was no further business.

015 Date and Time of Next Meeting

It was CONFIRMED that the next meetings of the Committees would be held at 1.00 pm on Wednesday, 29 May 2019 at Empire House, Dewsbury.

016 Meeting Checklist

The meeting checklist was completed.

The meeting concluded at approximately 3:40 pm.
Minutes of NK CCG Finance, Performance and Contracting Committee  
(held as committees in common with GH CCG Finance, Performance and Contracting Committee) 
held at 1.15 pm on Wednesday 29 May 2019  
Rooms 1 & 2, Empire House

Greater Huddersfield CCG Members
Dr Dil Ashraf (DA)  GH GP Practice Representative
Jenny Cullearn (JC)  GH Practice Representative
David Longstaff (DL)  Lay Member: Audit and Chair (Chair of meeting)
Carol McKenna (CM)  Chief Officer
Dr Steve Ollerton (SO)  GH GP Practice Representative and CCG Clinical Leader

North Kirklees CCG Members
Dr David Kelly (DK)  NK GP Practice Representative and CCG Clinical Leader
David Longstaff (DL)  Lay Member: Audit (substitute for Lay Member: Finance & Remuneration)
Carol McKenna (CM)  Chief Officer
Dr Yasar Mahmood (YM)  NK GP Practice Representative
Julie Pieske (JP)  NK Advanced Nurse Practitioner Member

In Attendance
Natalie Ackroyd (NA)  Senior Strategic Planning, Performance and Service Transformation Manager (GH/NK) (minutes 001-009)
Rachel Carter (RC)  Turnaround Director (GH/NK)
Vicky Dutchburn (VD)  Head of Strategic Planning, Performance and Delivery (GH/NK)
Laura Ellis (LE)  Head of Corporate Governance (GH/NK)
Alison Needham (AN)  Head of Finance (GH/NK) (minutes 009-016)
Martin Pursey (MP)  Head of Contracting and Procurement (GH/NK)
Helen Robinson (HR)  Governance Officer (Minutes)
Helen Severns (HSe)  Service Director: Integrated Commissioning (GH/NK)
Catherine Wormstone (CW)  Head of Primary Care Strategy and Commissioning (GH/NK)

Apologies
Ian Currell (ICu)  Chief Finance Officer
Dr Chunda Sri-Chandana (CS-C)  NK Secondary Care Advisor

017  Welcome, Apologies and Declarations of Interest

DL opened the meeting and welcomed those present. Apologies for absence were noted as listed above.

Conflicts of Interest

Contracting Report (Minute 022) – Governing Body Practice Representatives, being contract holders, declared general direct financial interests in this item. A specific, more significant, interest was noted in relation to the Care Homes information contained within the report, but as this was reported to be an update on process only, it was agreed that the Practice Representatives could remain in the meeting for the item.

GH Extended Access Model (Minute 025) - GH Governing Body members had a significant direct financial interest in this item. It was agreed that a short conflicted
discussion would be followed by a longer non-conflicted discussion. Being a GH only item, GH members would be invited to comment prior to NK members.

018 Vision, Values and Behaviours

The Greater Huddersfield (GH) Vision and Values and North Kirklees (NK) Values and Behaviours had been circulated and were noted.

019 Accuracy of Minutes from 24 April 2019, Matters Arising and Action Log

(The full private set of minutes had been shared with Committee members only, due to Minute 010 (CCG Future Accommodation) being discussed in private. A public set of minutes had been shared with those in attendance.)

GH Finance, Performance and Contracting Committee

Minutes

The minutes of the meeting held on 24 April 2019 were APPROVED as a correct record.

Matters Arising

There were no matters arising.

NK Finance, Performance and Contracting Committee

Minutes

The minutes of the meeting held on 24 April 2019 were APPROVED as a correct record.

Matters Arising

There were no matters arising.

Action Log (for both CCGs)

199a Contracting Report - MP to look further into the increase in Orthopaedic activity at BMI and report back to the Committees. Update 29/5/19: MP reported that this was most likely to be due to a combination of factors, including a reduction in 2017/18 activity which had informed the 2018/19 plan, and the MSK service offering choice. CLOSED

199b Contracting Report - MP to provide a timescale in terms of Dermatology routine referrals to the next meeting. Update 29/5/19: A paper due to be taken to the last CHFT contract management group had been withdrawn prior to the meeting. MP awaited a revised trajectory. OPEN

200 Turnaround Report - Strategic review of QIPP schemes, including potential causes of under-delivery, to be brought back to a future meeting. This had been included in the May QIPP report to Committees. CLOSED

201ai 2019/20 Planning - KP committed to getting confirmation of whether MYHT wanted to provide the bariatric service and whether they had the capacity. Update 29/5/19: HSe had spoken to Matt England, who was reported to have said that MYHT were still keen to provide the service. Written confirmation was awaited. OPEN

203a Primary Care Support and Development Programme MOU, Work Progress Update and Programme Plans for 19/20 - Reference to CURO as members of the Clinical Strategy Group had been removed from the MOU. CLOSED
203b Primary Care Support and Development Programme MOU, Work Progress
Update and Programme Plans for 19/20 - Revised agreement to be brought to the May meeting. Update 29/5/19: Deferred to June’s meeting. OPEN

004a Performance Report against Key Performance Indicators for 2018/19 - MP to ask the MSK service to ensure patients are made aware of the waiting times at various providers. Update 29/5/19: MP reported that unless a specific provider was requested on referral, choice was offered. Indicative waiting times were not reportedly provided to patients initially. Leeds Teaching Hospitals were reported to be offering triage to all referrals. CLOSED

004b Performance Report against Key Performance Indicators for 2018/19 - b) KP to formally request a new A&E action plan from MYHT, via the Joint Acute Commissioning Working Group (JACWG). Update 29/5/19: Updated action plan not yet seen. OPEN

004c Performance Report against Key Performance Indicators for 2018/19 - MP to ask CHFT to consider accepting breast referrals from MYHT. Update 29/5/19: MP reported that a formal letter had now been received from MYHT regarding the capacity issues. CHFT had stated that they would take referrals on a case by case basis, but were also experiencing capacity issues. As at 21 May 2019 there were 50 patients on the waiting list at CHFT and no available appointments. CLOSED

004d Performance Report against Key Performance Indicators for 2018/19 - CM to contact Matt Graham (West Yorkshire Acute Trusts) regarding the pressure on breast referrals. Update 29/5/19: CM had discussed with Helen Barker (CHFT CO) who had acknowledged a growing capacity pressure in the system, but stated that CHFT were prepared to accept breast referrals from MYHT. Christine Powell would continue to liaise with CHFT regarding breast referrals. OPEN

007 Contracting Report - MP to look further into the impact on secondary care of the MSK service. Update 29/5/19: MP reported that a detailed piece of work was underway, but headline figures when comparing MSK referrals to secondary care between 2017/18 and 2018/19 were showing between a 10-30% reduction. Therefore there appeared to be a positive impact from the MSK service. CLOSED

010 CCG Future Accommodation – Finance (Private item) - AN had provided a breakdown on future accommodation costs between the two CCGs in the report to the Governing Bodies. CLOSED

VD, AN, and DA joined the meeting.

020 Performance Report against Key Performance Indicators for 2018/19

NA presented the Performance Report which detailed performance against all NHS constitutional standards.

NA highlighted the following key points:

- 18 weeks Referral to Treatment times – GH CCG had deteriorated slightly (92.0%), and NK CCG had slipped (marginally) to 87.6% which meant that NK CCG had not hit the standards. NA reported that CHFT had offered assurances that they would achieve the target for all specialities, but this had not happened in the last month. It was agreed that an update on planned care improvements at MYHT would be welcomed by the Committees.

ACTION: Joint Planned Care Lead to be invited to the next meeting to provide an update.
• Number of patients waiting more than 52 weeks – all the reported breaches in March 2019 had been patients at LTHT.
• Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral – CHFT had achieved 90.27% against a target of 99%, with the overall failure of the standard being due to echocardiography. CHFT had reportedly outsourced ECGs from June onwards. For the first time during 2018/19 NK CCG had failed to meet the 99% target (94% in March), taking the end of year to date value down to 98.92%.
• Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department – as reported in April 2019 the final year end performance was 91.25% for all CHFT sites, and 85.77% for all MYHT sites.
• Cancer – In March 2019 GH CCG had achieved 9 out of 12 cancer waiting times standards, and NK CCG had achieved 7 out of 12. There were no significant long waits to report during March 2019. The case of the patient reportedly waiting over 200 days was going through the quality route.
• IAPT: Proportion of people who receive psychological therapies – concerns remained regarding the number of patients accessing the service. An action plan had been drafted with the aim of improving performance against the access target.
• The deterioration in maternity services during the last year was noted.
• Maternal smoking – significantly off track for reducing the figures. The LA had been approached to advise on what actions would be taken to achieve the target. CM queried what the governance route was in the LA, and it was agreed that this should be highlighted to the Integrated Commissioning Board.

ACTION: CM to raise the figures for smoking at the time of delivery at the next ICB meeting.

The Committees:
- NOTED Greater Huddersfield CCG and North Kirklees CCG performance against the key outcomes and measures for 2018/19;
- AGREED additional actions required to address areas of over/under performance; and
- HIGHLIGHTED areas of concern that the FPC committees would like escalating to the GH and NK Governing Bodies: Concerns re: 18 week waits, A&E action plan, IAPT, and breast cancer 2 week waits.

021 Finance Update

AN presented a Finance update on the final financial positions of the two CCGs for 2018-19. Greater Huddersfield CCG had achieved an in-year surplus of £2.1m, which was £1.1m more than planned; and North Kirklees CCG had achieved its planned target of an in-year break even position, after receiving £11m Commissioner Sustainability Funding during the year.

AN informed the Committees that the CCGs had received a small allocation of £0.22m centrally for prescribing for Month 12, to support No Cheaper Stock Obtainable (NCSO) funding.

The four targets for the public sector payment policy had all been met by Greater Huddersfield CCG, and three out of four had been met by North Kirklees CCG. Bad debts had also been cleared at the end of the year; more information would be provided to the next meeting on 26 June 2019.

Following Audit Committee approvals on 22 May 2019, both CCGs had submitted their final annual accounts to NHSE on 29 May 2019. Thanks were expressed to all who had been involved with this year’s accounts.

The Finance, Performance and Contracting Committees:
• NOTED the contents of the report.

022 Contracting Report

(Governing Body Practice Representatives, being contract holders, had declared general direct financial interests in this item. A specific, more significant, interest had been noted in respect of the Care Homes information contained within the report; as this was for information only on process, it had been agreed that the Practice Representatives could remain in the meeting for the item.)

MP presented the report, which updated the Finance, Performance & Contracting Committees on Month 12 (March) of the 2018/19 contract position, including the out-turn position outlined in Section 3.1.1 of the report.

MP highlighted the following points from the report:
- NHS111 and West Yorkshire Urgent Care were now two separate contracts. A formal procurement process had been undertaken for the contract to provide the 111 service and a core clinical advice service from 2019/20 onwards. This process had now been completed and the contract had been awarded to Yorkshire Ambulance Service on a 5 year basis. Greater Huddersfield CCG was the lead commissioner for this contract, with North Kirklees CCG being a Collaborative Commissioner.
- Most Yorkshire Ambulance Service and Patient Transport Service targets had been achieved.
- Care Closer to Home (CC2H) - out of the 24 indicators reported on this month, 17 had achieved the target, 3 were within 10% of the target, and 4 had not achieved the target. Actions were being taken to address performance in relation to those indicators failing to achieve the target. Following agreement to extend the CC2H contract by a further 2 years from 30 September 2020, a joint group had been set up to agree which service areas should be revised. Discussions would take place with Locala on what changes would be made, along with agreed timescales, by the end of July 2019.
- Posture and Mobility Service (Opincare) – the improvement in performance had been maintained during month 12. The contract for the service post September 2019 would be awarded in the next month.
- Award of the NK MSK contract - during the standstill period a formal challenge had been received, but MP reported that following a response from the CCG this was now not being pursued.

DK enquired about the timeline for the procurement of the care homes service, and stated that he felt another dialogue session would have been ideal. MP reported that an amended timeline was being discussed with a potential extension to the current contract for a further 6 months. This was due to be discussed at SMT on 7 June 2019, and an update would be brought back to the Committees in June.

The Committees NOTED the contents of the report.

023 QIPP Report

VD presented the QIPP report, which updated the Committees on performance against the 2018/19 QIPP targets, including the latest available data, year to date position and forecast outturn against each QIPP scheme.

The forecast outturn for GH had increased by £10k to £7,418k, whilst the NK forecast outturn had decreased by £99k to £7,501k. An updated year-to-date position reported at month 12 for GH CCG showed actual delivery of £5,866k against a plan of £5,672k. Month 12 for NK CCG showed actual delivery of £7,139k against a plan of £7,837k.

The Committees’ attention was drawn to the table in section 7 of the report which showed the individual schemes that made up the three elements of the agreed QIPP plan for 2019/20. This included cash releasing not banked schemes, cost avoidance banked
schemes, and an unidentified stretch target, £500k of which would be reinvested if achieved.

VD gave the Committees assurance that all schemes had been scrutinised by her team and through the Recovery Group.

Limited month 1 data showed that both CCGs were on plan, and year to date and forecast outturn for each scheme would be reported to the Committees when available.

DK stated that he didn't think the difference in size between the two CCGs was reflected in the figures.

**ACTION: VD to share Recovery Group minutes with DK for assurance.**

The Finance, Performance and Contracting Committees:

- **NOTED** the 2018/19 year-to-date and forecast outturn positions against QIPP plans and target for each CCG, and the 2019/20 schemes and QIPP plan.
- **CONSIDERED** the level of assurance on the QIPP plan for 2019/20 and **AGREED** that the Committees would wish to receive a demonstration of the QIPP dashboard next month.
- **AGREED** that there were no areas to be escalated to the Governing Bodies.

**024 Better Care Fund Update**

HS presented the report which provided the Committees with the Better Care Fund (BCF) Performance Summary Q4 2018/19. She explained that the report had been reviewed by the Integrated Commissioning Board on 2 May 2019.

HS explained that in terms of delayed transfers of care (DToC), even though Kirklees was just falling short of the BCF expected days delayed target, it was currently meeting the NHS England Target of no more than 3.5% of bed days delayed - being at 8.4 DToC Bed Days per Day (YTD position Feb 2019) against an NHS England Target of 9.4.

The timeline for revised information from NHSE was not yet known.

The Finance, Performance and Contracting Committees:

- **NOTED** the report and was assured that the BCF was monitored and reviewed by the ICB.

**025 Greater Huddersfield Extended Access Model – Year 2**

(CG Governing Body members had a significant direct financial interest in this item. It had been agreed that a short conflicted discussion would be followed by a longer non-conflicted discussion. Being a GH only item, GH members would be invited to comment prior to NK members.)

CW presented a report which provided the background to the Extended Access contract, and outlined the suggested changes to the second year of the contract and a proposed increase in the value of the contract from £3.97 to £6.00 per weighted patient. The same report had been presented to the Quality Committees in common earlier in the day.

CW drew the Committees’ attention to the seven additional requirements outlined in section 2.2 of the report. She explained that there was an expectation that from April 2021 funding for the existing Extended Hours Access DES and for the wider CCG-commissioned Extended Access Service would become part of the Network Contract DES, delivered to 100% of patients.

CW explained that from 2019 it was proposed that an element of mental health capacity be built into the service, and the possibility of adding in cervical screening was also being explored.
The funding for this service was provided nationally and the CCG received an additional allocation outside normal funding streams to support this scheme. For the 2019/20 financial year, the CCG would receive an additional allocation centrally of £6.00 per head of population to fund this service. LCD had been informed that any slippage to the total of £6.00 per head which had not been paid at the start of the year would be considered to fund potential winter pressures and other services to ensure that the service was delivering the expected level of provision for the investment. Slippage was estimated to be approximately £81k if the full £6.00 per head was paid from June 2019.

It was acknowledged that the clinical hub and satellite model was more expensive than having just one hub, but AN offered her assurance to the Committees that the model offered value for money as it delivered a wide range of services above the national requirements.

SO stated that he thought the satellites should be open to patients from other practices, and also that the model should not be too reliant on GPs, as they had been struggling to fill the available shifts. He was concerned that the model would potentially be used by practices as extra capacity that they were not providing during core hours.

CW informed the Committees that equity of access would be revisited as part of this work. She felt that it was a well-utilised model, but acknowledged that it could not stay this way in the future.

The meeting was adjourned for a short break then reconvened.
SO, DA and JC left the meeting in order for a non-conflicted discussion to take place.
RC advised thinking about the DES sooner rather than later, and CM agreed that a decision would soon need to be taken about what would happen in the 2020/21 gap year.

DK made a comparison between the appointment costs of £22.60 for a normal ‘core contract’ ten minute appointment, and £63.68 in the extended access hub, and £92.45 in the satellites, and as many extended access appointments would be with non-GPs he felt it was a very expensive model. AN stated that the satellites had to cover overheads to the practice incurred such as needing a receptionist on site. She felt that whilst the model was more expensive due to additional running costs, it was comparable in rates within primary care and A&E tariff rates.

CM advised a pragmatic approach be taken as the CCGs were already in a two-year contract and there were limits to what could be changed at this stage.

It was confirmed that there was nothing to stop a GP reducing their daytime hours and increasing their extended access hours. The guidance was being changed on this, with more value expected at both ends of the scale.

DK expressed concerns that it would be unaffordable at the point when the two extended access schemes came together in the future. MP explained that the original decision was made with the expectation that the 45 minutes in year two would be mandated, but then that did not occur. AN stated that there would be a need to come together as a system and agree rates.

The Finance, Performance and Contracting Committees:
- **NOTED** the proposal for year two of the Extended Access Contract received from Local Care Direct and My Health Huddersfield.
- **NOTED** the due diligence undertaken to date to ensure value for money.
- **RECOMMENDED** approval of the changes to the Greater Huddersfield Extended Access Contract for 2019/20.

SO, DA and JC rejoined the meeting
**026 Items for the attention of the Governing Bodies**

From the Performance Report item the Committees had agreed to bring the following areas of concern to the attention of the Governing Bodies:
- 18 week waits
- A&E action plan
- IAPT
- Breast cancer 2 week waits.

It was noted however that the June Governing Body meeting had been cancelled and the items of concern may have changed before July.

**027 Minutes for Information**

The Committees **NOTED** the minutes / notes of the below listed meetings:

- Joint Acute Commissioning Working Group Incorporating the Acute System Recovery Programme Board: 4 April 2019
- System Transformation Group: 4 April 2019
- Practice, Quality and Contracting Group: 20 March 2019
- Kirklees Integrated Commissioning Board: 4 April 2019

**028 Any Other Business**

**Posture & Mobility (Wheelchairs) Procurement**

MP brought to the Committees’ attention the consequences of the timeline for the Posture & Mobility (Wheelchairs) Procurement. This had been due to be discussed at the Governing Bodies in common meeting on 12 June prior to its cancellation. The service and financial model had been agreed in November 2018 for GH and NK, and in December 2018 by Calderdale CCG. MP aimed to provide the Committees with assurance on the process undertaken for the procurement of the service, and keep them sighted on the outcome of the procurement process including the final scores and costings.

Extensive engagement had been carried out with service users, carers, families, clinicians, and the voluntary sector, alongside market engagement and an options appraisal.

A Prior Information Notice had been advertised in December 2018 with a contract length of 5 years, plus the option to extend for a further 2 years. Seven suppliers had submitted information, and following independent evaluations of all bids the scores and rationale were discussed at a series of consensus meetings and a final moderated score was agreed. Where a consensus score could not be agreed the subject matter expert for those questions had the final say. The overall scoring was out of 70% for the technical (service) elements and 30% for the financial costs. Where providers had submitted over the financial envelope they were given the opportunity to submit an amended bid. The provider with the highest overall score would be recommended for contract award.

It was agreed that a paper would be taken to Calderdale Governing Body on 13 June 2019 so that they could support the process. Due to the cancellation of GH/NK Governing Bodies in June 2019 the award would be made through an urgent action, with a paper to be taken to the next Governing Body meeting on 10 July 2019.

As the lead commissioner, GH CCG’s Accountable Officer and the Chair would make the decision with two non-officer members of the Governing Body.
NHS Digital
JP asked where targets for e-consultations were reported, and it was agreed that HS, VD, NA and JP would discuss this outside the meeting.

029 Date and Time of Next Meeting

It was CONFIRMED that the next meetings of the Committees would be held at 1.00 pm on Wednesday, 26 June 2019 at Broad Lea House, Huddersfield.

030 Meeting Checklist

The meeting checklist was completed.

The meeting concluded at approximately 3:15 pm.