Annual General Meeting of the CCG Governing Body

to be held from 0915–1300hrs on Tuesday, 28 July 2020

In response to the challenges facing the NHS and to reduce the risk of coronavirus transmission, members of the public will not be able to attend this meeting but are invited to submit questions relating to agenda items via email to jo.mael@suffolk.nhs.uk. The minutes of the meeting and answers to any questions submitted by the public will be published on the CCG website after the meeting.

**AGENDA**

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.15</td>
<td>1. Apologies for Absence</td>
<td>Dr Mark Shenton</td>
</tr>
<tr>
<td>09.17</td>
<td>2. Ipswich and East Suffolk CCG – Annual Report and Accounts 2019/20</td>
<td>Dr Mark Shenton/Ed Garratt</td>
</tr>
<tr>
<td>09.30</td>
<td>3. Annual Audit Letter 2019/20</td>
<td>Jane Payling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IESCCG/20-28</td>
</tr>
<tr>
<td>09.40</td>
<td>Questions and Answers</td>
<td></td>
</tr>
</tbody>
</table>

**GENERAL BUSINESS**

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.50</td>
<td>1. Apologies for Absence</td>
<td>Dr Mark Shenton</td>
</tr>
<tr>
<td>09.51</td>
<td>2. Declarations of Interest and any hospitality or gifts.</td>
<td>All</td>
</tr>
<tr>
<td></td>
<td>Declarations of interest made by members of the Governing Body are listed in the CCG’s Register of Interests which, along with the CCG’s Hospitality and Gifts Register is available on the CCG website.</td>
<td></td>
</tr>
<tr>
<td>09.53</td>
<td>3. Minutes of the previous Ipswich and East Suffolk CCG Governing Body meeting</td>
<td>Dr Mark Shenton</td>
</tr>
<tr>
<td></td>
<td>To approve as a correct record the Minutes of the Ipswich and East Suffolk CCG Governing Body meeting held on 19 May 2020 and an Extraordinary meeting held on 14 July 2020.</td>
<td></td>
</tr>
<tr>
<td>09.55</td>
<td>4. Matters arising and review of outstanding actions.</td>
<td>Dr Mark Shenton</td>
</tr>
<tr>
<td></td>
<td>To note and endorse how we have responded to the outstanding issues which arose at the last meeting.</td>
<td></td>
</tr>
<tr>
<td>10.00</td>
<td>5. General Update</td>
<td>Ed Garratt</td>
</tr>
<tr>
<td></td>
<td>What has been happening in the CCG since the last meeting?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>To receive a verbal report.</td>
<td></td>
</tr>
</tbody>
</table>
STRATEGY

10.05 6. Patient Story


To receive and note a presentation

Dr Imran Qureshi/ Dr Dean Dorsett
Report No: IESCCG 20-29

10.35 8. Sizewell C

To receive and note a report from the Director of Corporate Services and System Infrastructure

Amanda Lyes
Report No: IESCCG 20-30

10.45 9. System Workforce Update

To receive and note a presentation from the Integrated Care System Director of Workforce

Lisa Llewellyn
Report No: IESCCG 20-31

FINANCE, PERFORMANCE AND SCRUTINY

10.55 10. 2020/21 Budget and Financial Regime

To receive and note a report from the Director of Finance

Jane Payling
Report No: IESCCG/20-32

11.15 11. Extension of Emergency Financial Arrangements

To receive and approve a report from the Director of Finance

Jane Payling
Report No: IESCCG/20-33

11.30 12. Integrated Performance Report - Are the CCGs finances, performance and quality on track?

To receive and note a report from Directors.

Directors
Report No: IESCCG 20-34


To review and approve the current Governing Body Assurance Framework

Graham Leaf
Report No: IESCCG 20-35

GOVERNANCE AND CORPORATE BUSINESS

12.25 14. Freedom of Information

To receive and note a report from the Director of Corporate Services and System Infrastructure.

Amanda Lyes
Report No: IESCCG 20-36

12.30 15. Creation of an Area Prescribing Committee in Common for Medicines Governance

To receive and approve a report from the Chief Operating Officer

Maddie Baker-Woods
Report No: IESCCG 20-37

12.40 16. Minutes of Meetings:

To receive a report from the Lay Member for Governance seeking the endorsement of minutes and decisions from Ipswich and East Suffolk CCG Sub Committees.

a) Audit Committee

The unconfirmed minutes of an extraordinary meeting held on 17 June 2020

b) Remuneration and HR Committee

The unconfirmed minutes of a meeting held on 09 June 2020

c) Financial Performance Committee

The unconfirmed minutes of a meeting held on 16 June 2020

d) Clinical Scrutiny Committee

The unconfirmed minutes of a meeting held on 23 June 2020

Graham Leaf
Report No: IESCCG 20-38
e) Covid-19 Resource Approval Committee  
Minutes from meetings held on 7, 12, 14, 21, 27 May and 4, 10, 24, June 2020

f) Community Engagement Partnership  
Minutes from meetings held on 9 March and 27 April 2020

g) Ipswich and East Suffolk CCG Primary Care Commissioning Committee  
The unconfirmed minutes of a meeting held on 23 June 2020

h) Commissioning Governance Committee  
Decisions from virtual meetings held on 14 and 26 May and 15 June 2020

12.42  17. Date and Time of future Governing Body meetings  
9.00am–13.00pm, Tuesday, 22 September 2020

12.45  18. Questions from the public – Maximum 15 minutes  
Please note questions should relate to the items under discussion and must be a question rather than statement. Where individuals deviate from this requirement they will be asked to stop and will not be invited to take any further part in the meeting.

Exclusion of the Press and Public

The Governing Body is recommended to exclude representatives of the press, and other members of the public, from the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest; Section 1(2), Public Bodies (Admission to Meetings) Act 1960.
Ipswich & East Suffolk CCG
AGM
2019/20 annual accounts
Key Messages

• All key financial targets achieved

- £590.25M total spend vs £592.19M total income giving a surplus of £1.9M, achieving the in year surplus agreed with NHS England
- Accounts submitted within the required timeframe
- Positive audit report received
- Over 97% of invoices paid within 30 days
- CCG spend includes financial support for our local provider trust
- All CCG internal audit reports: reasonable or substantial assurance.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>223H(1)</td>
<td>Yes</td>
<td>592,187</td>
<td>590,246</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>223(2)</td>
<td>N/A</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>223(3)</td>
<td>Yes</td>
<td>589,841</td>
<td>597,900</td>
<td>556,274</td>
<td>553,264</td>
</tr>
<tr>
<td>223J(1)</td>
<td>N/A</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>223J(2)</td>
<td>N/A</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>223J(3)</td>
<td>Yes</td>
<td>8,543</td>
<td>7,380</td>
<td>8,565</td>
<td>7,271</td>
</tr>
</tbody>
</table>
• 98% of expenditure relates to services provided by trusts/foundation trusts, healthcare from non-NHS organisations, primary care and prescribing costs.

• Primary care expenditure on GP contracts has increased 9% compared to 18/19.

• Prescribing expenditure has increased 3% YoY.
The CCG holds very few physical assets, those held comprise IM&T and furniture and fittings.

Decrease in provisions relates to a mixture of decreases in provisions relating to continuing care, and also to property costs.

Increases in both trade and other receivables related to specific invoices around year end to and from the local trust.

Cash is released to CCGs from NHS England when required therefore CCGs are not expected to hold significant cash balances.

<table>
<thead>
<tr>
<th>Statement of Financial Position (balance sheet)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-current assets:</strong></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
</tr>
<tr>
<td>Note 8</td>
</tr>
<tr>
<td>2019-20</td>
</tr>
<tr>
<td>Total non-current assets</td>
</tr>
<tr>
<td>Note 7</td>
</tr>
<tr>
<td>2019-20</td>
</tr>
<tr>
<td><strong>Current assets:</strong></td>
</tr>
<tr>
<td>Trade and other receivables</td>
</tr>
<tr>
<td>Note 9</td>
</tr>
<tr>
<td>2019-20</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
</tr>
<tr>
<td>Note 10</td>
</tr>
<tr>
<td>2019-20</td>
</tr>
<tr>
<td>Total current assets</td>
</tr>
<tr>
<td>Note 10</td>
</tr>
<tr>
<td>2019-20</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
</tr>
<tr>
<td>Note 10</td>
</tr>
<tr>
<td>2019-20</td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
</tr>
<tr>
<td>Trade and other payables</td>
</tr>
<tr>
<td>Note 11</td>
</tr>
<tr>
<td>2019-20</td>
</tr>
<tr>
<td>Provisions</td>
</tr>
<tr>
<td>Note 12</td>
</tr>
<tr>
<td>2019-20</td>
</tr>
<tr>
<td>Total current liabilities</td>
</tr>
<tr>
<td>Note 12</td>
</tr>
<tr>
<td>2019-20</td>
</tr>
<tr>
<td><strong>Non-current liabilities plus/less Net Current Assets/Liabilities</strong></td>
</tr>
<tr>
<td>Note 12</td>
</tr>
<tr>
<td><strong>Non-current liabilities</strong></td>
</tr>
<tr>
<td>Provisions</td>
</tr>
<tr>
<td>Note 12</td>
</tr>
<tr>
<td>2019-20</td>
</tr>
<tr>
<td>Total non-current liabilities</td>
</tr>
<tr>
<td>Note 12</td>
</tr>
<tr>
<td>2019-20</td>
</tr>
<tr>
<td><strong>Assets less Liabilities</strong></td>
</tr>
<tr>
<td>Note 12</td>
</tr>
<tr>
<td>2019-20</td>
</tr>
<tr>
<td><strong>Financed by Taxpayers’ Equity</strong></td>
</tr>
<tr>
<td>General fund</td>
</tr>
<tr>
<td>Note 13</td>
</tr>
<tr>
<td>2019-20</td>
</tr>
<tr>
<td>Total taxpayers’ equity:</td>
</tr>
<tr>
<td>Note 13</td>
</tr>
<tr>
<td>2019-20</td>
</tr>
</tbody>
</table>
The contents of this report are subject to the terms and conditions of our appointment as set out in our engagement letter dated 9 February 2017, as signed on 23 February 2017.

This report is made solely to the Governing Body, Audit Committee and management of NHS Ipswich and East Suffolk Clinical Commissioning Group (CCG) in accordance with our engagement letter. Our work has been undertaken so that we might state to the Governing Body, Audit Committee and management of the CCG those matters we are required to state to them in this report and for no other purpose. To the fullest extent permitted by law we do not accept or assume responsibility to anyone other than the Governing Body, Audit Committee and management of the CCG for this report or for the opinions we have formed.

Our Complaints Procedure – If at any time you would like to discuss with us how our service to you could be improved, or if you are dissatisfied with the service you are receiving, you may take the issue up with your usual partner or director contact. If you prefer an alternative route, please contact Hywel Ball, our Managing Partner, 1 More London Place, London SE1 2AF. We undertake to look into any complaint carefully and promptly and to do all we can to explain the position to you. Should you remain dissatisfied with any aspect of our service, you may of course take matters up with our professional institute. We can provide further information on how you may contact our professional institute.
Section 1

Executive Summary
We are required to issue an Annual Audit Letter to NHS Ipswich and East Suffolk Clinical Commissioning Group (the CCG) following completion of our audit procedures for the year ended 31 March 2020.

Covid-19 had an impact on a number of aspects of our 2019/20 audit. We set out these key impacts below.

<table>
<thead>
<tr>
<th>Area of impact</th>
<th>Commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact on the delivery of the audit</td>
<td></td>
</tr>
<tr>
<td>Impact on our risk assessment</td>
<td>Financial plans for 2020/21 will need revision for Covid-19, and the DHSC has suspended normal NHS operational planning for 2020/21 and moved to “block contract” arrangements until at least June 2020. We considered the unpredictability of the current environment gave rise to a risk that the CCG would not appropriately disclose the key factors relating to going concern, underpinned by managements assessment with particular reference to Covid-19 and the CCG’s actual year end financial position and performance.</td>
</tr>
</tbody>
</table>
The tables below set out the results and conclusions on the significant areas of the audit process.

<table>
<thead>
<tr>
<th>Area of Work</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opinion on the CCG’s:</strong></td>
<td></td>
</tr>
<tr>
<td>► Financial statements</td>
<td>Unqualified – the financial statements give a true and fair view of the financial position of the CCG as at 31 March 2020 and of its expenditure and income for the year then ended. Our audit opinion included an “emphasis of matter” paragraph to refer to the going concern disclosures included by the CCG to explain the impact of Covid-19 on future financial plans.</td>
</tr>
<tr>
<td>► Regularity of income and expenditure</td>
<td>Unqualified – financial transactions were conducted within the CCG legal framework.</td>
</tr>
<tr>
<td>► Parts of the remuneration and staff report to be audited</td>
<td>We had no matters to report.</td>
</tr>
<tr>
<td>► Consistency of the Annual Report and other information published with the financial statements</td>
<td>Financial information in the Annual Report and published with the financial statements was consistent with the Annual Accounts. In reviewing the Annual Report and other information published with the financial statements we took account of updated guidance issued to bodies in the light of Covid-19.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area of Work</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reports by exception:</strong></td>
<td></td>
</tr>
<tr>
<td>► Consistency of Governance Statement</td>
<td>The Governance Statement was consistent with our understanding of the CCG.</td>
</tr>
<tr>
<td>► Referrals to the Secretary of State and NHS England</td>
<td>We had no matters to report.</td>
</tr>
<tr>
<td>► Public interest report</td>
<td>We had no matters to report in the public interest.</td>
</tr>
<tr>
<td>► Value for money conclusion</td>
<td>We had no matters to report.</td>
</tr>
</tbody>
</table>
## Executive Summary (cont’d)

<table>
<thead>
<tr>
<th>Area of Work</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting to the CCG on its consolidation schedules</td>
<td>We concluded that the CCG’s consolidation schedules agreed, within a £300,000 tolerance, to your audited financial statements.</td>
</tr>
<tr>
<td>Reporting to the National Audit Office (NAO) in line with group instructions</td>
<td>We had no matters to report.</td>
</tr>
</tbody>
</table>

As a result of the above we have also:

<table>
<thead>
<tr>
<th>Area of Work</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issued a report to those charged with governance of the CCG communicating significant findings resulting from our audit.</td>
<td>Our Audit Results Report was issued on 12 June 2020.</td>
</tr>
<tr>
<td>Issued a certificate that we have completed the audit in accordance with the requirements of the Local Audit and Accountability Act 2014 and the National Audit Office’s 2015 Code of Audit Practice.</td>
<td>Our certificate was issued on 25 June 2020.</td>
</tr>
</tbody>
</table>

We would like to take this opportunity to thank the CCG staff for their assistance during the course of our work.

---

Debbie Hanson

Associate Partner
For and on behalf of Ernst & Young LLP
Section 2
Purpose
The Purpose of this Letter

The purpose of this Annual Audit Letter is to communicate to Members of the Governing Body and external stakeholders, including members of the public, the key issues arising from our work, which we consider should be brought to the attention of the Clinical Commissioning Group (CCG).

We have already reported the detailed findings from our audit work in our 2019/20 audit results report to the 17 June 2020 Audit Committee, representing those charged with governance. We do not repeat those detailed findings in this letter. The matters reported here are the most significant for the CCG.
Section 3

Responsibilities
Responsibilities

Responsibilities of the Appointed Auditor

Our 2019/20 audit work has been undertaken in accordance with the Audit Plan that we issued on 29 January 2020 and is conducted in accordance with the National Audit Office’s 2015 Code of Audit Practice, International Standards on Auditing (UK), and other guidance issued by the National Audit Office.

As auditors we are responsible for:

Expressing an opinion:
- On the 2019/20 financial statements;
- On the regularity of expenditure and income;
- On the parts of the remuneration and staff report to be audited;
- On the consistency of other information published with the financial statements, including the annual report; and
- On whether the consolidation schedules are consistent with the CCG’s financial statements for the relevant reporting period.

Reporting by exception:
- If the governance statement does not comply with relevant guidance or is not consistent with our understanding of the CCG;
- To the Secretary of State for Health and NHS England if we have concerns about the legality of transactions of decisions taken by the CCG;
- Forming a conclusion on the arrangements the CCG has in place to secure economy, efficiency and effectiveness in its use of resources; and
- Any significant matters that are in the public interest.

Reporting on an exception basis any significant issues or outstanding matters arising from our work which are relevant to the NAO as group auditor.

Responsibilities of the CCG

The CCG is responsible for preparing and publishing its financial statements, annual report and governance statement.

The CCG is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.
Section 4
Financial Statement Audit
Key Issues

The Annual Report and Accounts is an important tool for the CCG to show how it has used public money and how it can demonstrate its financial management and financial health.

We audited the CCG’s financial statements in line with the National Audit Office’s 2015 Code of Audit Practice, International Standards on Auditing (UK), and other guidance issued by the National Audit Office and issued an unqualified audit report on 25 June 2020.

Our detailed findings were reported to the 17 June 2020 Audit Committee and 23 June 2020 Governing Body meeting.

The key issues identified as part of our audit were as follows:

<table>
<thead>
<tr>
<th>Significant Risk</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Misstatements due to fraud or error</strong></td>
<td>We obtained a full list of the journals posted to the CCG’s general ledger during the year, and analysed these journals using criteria we set to identify unusual journal types or amounts. We then tested a sample of journals that met our criteria and tested these to supporting documentation. We did not identify any inappropriate journals.</td>
</tr>
<tr>
<td><strong>Management estimates and judgements</strong></td>
<td>We considered that the accounting estimates most susceptible to bias were year-end accruals of non-pay expenditure. We have tested these as part of our audit work as noted below.</td>
</tr>
<tr>
<td><strong>Restructuring</strong></td>
<td>We identified two ‘discretionary payments’, totalling £3.3 million, made by the CCG to other NHS bodies within the same Integrated Care System. We did not conclude that these payments were indicative of fraud or error but are required to report them to the NAO within the Whole of Government Accounts submission.</td>
</tr>
</tbody>
</table>

Auditing standards require us to respond to this risk by testing the appropriateness of journals, testing accounting estimates for possible management bias and obtaining an understanding of the business rationale for any significant unusual transactions.

Management estimates and judgements

Auditing standards also require us to presume that there is a risk that revenue and expenditure may be misstated due to improper recognition or manipulation.

We considered that this risk could be increased by the statutory duty placed on the CCG to remain within their revenue resource limits and the need to deliver the strict control totals agreed with NHS England resulting in a risk that expenditure could be manipulated to ensure that the budgeted position was achieved.

We responded to this risk by reviewing and testing the CCG’s main expenditure streams and cut-off at the year end.

Restructuring

As part of the joint working arrangements within the Suffolk and North East Essex Integrated Care System the CCG is consolidating senior roles across the three CCGs in the system in order to reduce costs.

We considered that the restructuring process and expected redundancies presents a risk that the disclosures in the statement of accounts and remuneration report could be misstated.

We responded to this risk by testing exit packages and termination benefits.
Financial Statement Audit (cont’d)

Other Key Findings

Going concern – emphasis of matter
Financial plans for 2020/21 will need revision for Covid-19, and the DHSC has suspended normal NHS operational planning for 2020/21 and moved to “block contract” arrangements until at least June 2020.

In light of the unpredictability of the current environment, we have considered whether the CCG has made an appropriate assessment of the key factors relating to going concern, with particular reference to Covid-19 and the future financial position.

We reviewed management’s going concern assessment, and the information supporting that assessment and considered the appropriateness of the disclosures made.

Following discussion, management updated their assessment and disclosure note in relation to going concern. We are satisfied that this disclosure appropriately sets out the circumstances surrounding the NHS Planning process for 2020/21 and 2021/22.

We believe that this note is critical to a reader of the CCG’s financial statements. We have therefore included an ‘emphasis of matter’ paragraph within our audit report to draw a reader’s attention to this key disclosure.

We have consulted internally as required by our quality regime in relation to going concern and related emphasis of matter reporting.

Our application of materiality

When establishing our overall audit strategy, we determined a magnitude of uncorrected misstatements that we judged would be material for the financial statements as a whole.

<table>
<thead>
<tr>
<th>Item</th>
<th>Thresholds applied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning materiality</td>
<td>We determined planning materiality to be £11.8 million (2018/19: £11 million), which is 2% of revenue expenditure reported in the accounts of £590.2 million.   We consider revenue expenditure to be one of the principal considerations for stakeholders in assessing the financial performance of the CCG.</td>
</tr>
<tr>
<td>Reporting threshold</td>
<td>We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £300,000. (2018/19: £300,000)</td>
</tr>
</tbody>
</table>

We considered whether any change to our materiality were required in light of Covid-19. Following this consideration we remained satisfied that the rationale for the basis of planning materiality, performance materiality and our audit threshold for reporting differences reported to you in our Audit Planning Report remained appropriate.

We also identified the following areas where misstatement at a level lower than our overall materiality level might influence the reader. For these areas we developed an audit strategy specific to these areas. The areas identified and audit strategy applied include:

- Remuneration disclosures including any severance payments, exit packages and termination benefits. Strategy applied: review and agreement of all transactions above a £5,000 testing threshold.

We evaluate any uncorrected misstatements against both the quantitative measures of materiality discussed above and in light of other relevant qualitative considerations.
Section 5
Value for Money
Value for Money

We are required to consider whether the CCG has put in place ‘proper arrangements’ to secure economy, efficiency and effectiveness on its use of resources. This is known as our value for money conclusion. Proper arrangements are defined by statutory guidance issued by the National Audit Office. They comprise your arrangements to:

► Take informed decisions;
► Deploy resources in a sustainable manner; and
► Work with partners and other third parties.

On 16 April 2020 the National Audit Office published an update to auditor guidance in relation to the 2019/20 Value for Money assessment in the light of Covid-19. This clarified that in undertaking the 2019/20 Value for Money assessment auditors should consider NHS bodies’ response to Covid-19 only as far as it relates to the 2019-20 financial year; only where clear evidence comes to the auditor’s attention of a significant failure in arrangements as a result of Covid-19 during the financial year, would it be appropriate to recognise a significant risk in relation to the 2019-20 VFM arrangements conclusion.

We did not identify any significant risks in relation to these criteria.

We therefore had no matters to report about your arrangements to secure economy, efficiency and effectiveness in your use of resources.
Section 6

Other Reporting Issues
Other Reporting Issues

**NHS England Group Instructions**

We are only required to report to the NAO on an exception basis if there were significant issues or outstanding matters arising from our work. There were no such issues.

**Governance Statement**

We are required to consider the completeness of disclosures in the CCG’s governance statement, identify any inconsistencies with the other information of which we are aware from our work, and consider whether it complies with relevant guidance.

We completed this work and did not identify any areas of concern.

**Breach of revenue resource limit and referral to Secretary of State**

We must report to the Secretary of State any matter where we believe a decision has led to, or would lead to, unlawful expenditure, or some action has been, or would be, unlawful and likely to cause a loss or deficiency. We had no exceptions to report.

**Report in the Public Interest**

We have a duty under the Local Audit and Accountability Act 2014 to consider whether, in the public interest, to report on any matter that comes to our attention in the course of the audit in order for it to be considered by the CCG or brought to the attention of the public.

We did not identify any issues which required us to issue a report in the public interest.

**Control Themes and Observations**

As part of our work, we obtained an understanding of internal control sufficient to plan our audit and determine the nature, timing and extent of testing performed. Although our audit was not designed to express an opinion on the effectiveness of internal control, we are required to communicate to you significant deficiencies in internal control identified during our audit.

We have adopted a fully substantive approach and have therefore not tested the operation of controls.
Appendix A

Audit Fees
Our fee for 2019/20 is set out below. This includes additional costs incurred due to the impact of Covid-19.

<table>
<thead>
<tr>
<th>Description</th>
<th>Final Fee 2019/20</th>
<th>Planned Fee 2019/20</th>
<th>Final Fee 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Planned Audit Fee – Code work</td>
<td>54,690</td>
<td>54,690</td>
<td>54,690</td>
</tr>
<tr>
<td>Additional audit procedures relating to Covid-19</td>
<td>8,516</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Audit Fee</td>
<td>63,206</td>
<td>54,690</td>
<td>54,690</td>
</tr>
</tbody>
</table>

Additional audit procedures relating to Covid-19 includes the reassessment of risks and materiality, the impact of remote working and the consultation costs of the going concern emphasis of matter. These costs are currently being discussed with management and have not yet been finalised.

We confirm we have not undertaken any non-audit work.

We have adopted the necessary safeguards in our completion of this work and complied with Auditor Guidance Note 1 issued by the NAO in December 2017.
Meeting of the Ipswich and East Suffolk CCG Governing Body held on Tuesday 19 May 2020 via Microsoft Teams with members of the public invited to email in questions prior to the meeting.

PRESENT:
Dr Mark Shenton  GP Governing Body Member and CCG Chair
Dr Padmanabhan Badrinath Consultant in Public Health Medicine
Maddie Baker-Woods  Chief Operating Officer
Steve Chicken   Lay Member
Dr Dean Dorsett  GP Governing Body Member
Ed Garratt   Chief Executive
Dr Peter Holloway  GP Governing Body Member
Dr Lorna Kerr Secondary Care Doctor
Graham Leaf   Lay Member: Governance and CCG Vice Chair
Amanda Lyes  Director of Corporate Services and System Infrastructure
Irene Macdonald  Lay Member for Patient and Public Involvement
Lisa Nobes  Director of Nursing
Dr John Oates  GP Governing Body Member
Dr Omololu Ogunniyi  GP Governing Body Member
Jane Payling  Director of Finance
Dr Imran Qureshi  GP Governing Body Member
Dr Ayesha Tu Zahra  GP Governing Body Member
Richard Watson  Director of Strategy and Transformation

IN ATTENDANCE:
Jo Mael Corporate Governance Manager

20/035 WELCOME AND APOLOGIES FOR ABSENCE
The Chair welcomed everyone to the meeting and no apologies for absence were received.

20/036 DECLARATIONS OF INTEREST AND HOSPITALITY AND GIFTS
No declarations of interest or hospitality or gifts were received.

20/037 MINUTES OF THE PREVIOUS MEETING
The minutes of the Ipswich and East Suffolk CCG Governing Body meeting in public held on 24 March 2020 were reviewed and agreed as a correct record.

20/038 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS
There were no matters arising and the action log was reviewed and updated.

20/039 GENERAL UPDATE
The Chair paid a tribute to all staff across providers and the community for their hard work
during the Covid-19 pandemic to support and keep people safe, that work having definitely resulted in the saving of lives. Thoughts were also extended to those that had been badly affected by the virus and the families of those that had sadly died.

A tribute was paid to all NHS and care workers that had lost their lives which sadly included GP Dr Fayez Ayache. The Government message to Stay Alert-Control the Virus-Save Lives was emphasized.

It was recognised that there had been good system working through the crisis which it was hoped would continue during the recovery process. Trust had been built and relationships developed and, looking forward, the CCG would continue to acknowledge everyone’s ability to make a difference and improve outcomes for the local population.

The Chief Executive expressed his thanks to all staff and colleagues for their work during the current Covid-19 pandemic and reported;

- That Covid-19 recovery planning was a current key focus which included the facilitation of routine elective services by July 2020.
- Discussions were taking place with the regional team in relation to how testing capacity might be increased across the integrated care system. Testing of asymptomatic primary care staff had taken place with the results expected later in the week.
- The Director of Nursing was leading care home training and testing within care homes continued.
- It was anticipated that there would be input from the CCG to schools in respect of infection control.
- Work was taking place in respect of the financial resilience of the voluntary sector and possible changes to cash flow were being explored.
- There were likely to be increased inequalities across society going forward and work to identify potential issues was underway.
- The CCG had recently appointed Paul Gibara as its new Director of Performance and Improvement. Paul was anticipated to commence in the role in approximately three months’ time.

The Governing Body noted the update.

**20/040 CHAIR/CHIEF EXECUTIVE ACTION 01-2020**

The Governing Body was in receipt of Chair/Chief Executive Action 01-2020 in respect of a grant to St Elizabeth Hospice which it was being asked to endorse.

The contracts and finance teams had been working with the hospices across the Suffolk CCGs to put in place longer term contracts and financial settlements which provided increased sustainability for services. The proposal for St Elizabeth Hospice was not finalised in time to meet the paper deadline for the March governing body, partly due to shifting priorities associated with the start of the Covid-19 pandemic and therefore a Chair/Executive Action was taken and agreed on 15 April 2020.

Key points of the proposal included;

- Agreement of a four year grant settlement to increase certainty of funding.
- Uplift of the funding as set out in the proposal such that by the end of the four year period the grant rose to £2.176m which represented CCG funding at 30% (the national average).
- As part of the overall settlement, the provision of £723k additional investment grant in 2019/20.
- the continuation of commissioning of continuing healthcare at cost and volume
- the inclusions of an annual finance review clause in the agreement to keep the hospice and CCG aligned with national average contributions
the facilitation of monthly meetings to feed into the end of life programme board and keep the conversation between the CCG and hospice open to help drive efficiencies and focus on what was needed by the local population.

Comments included:

- Having questioned whether, having made a grant, there might be opportunity to facilitate a closer working relationship going forward, it was explained that current relationships were good with increased transparency.
- The monitoring of the quality of services was questioned and it was noted that the CCG’s nursing team maintained contact and review.
- The timing of the grant request was questioned in light of it coming so close to the start of the financial year. The Governing Body was reassured that although the decision had been taken speedily there had been a lot of negotiation work prior to the point of seeking approval.
- Having recognised the potential loss of income for the hospice from closure of its shops and a decrease in donations, the need to seek to gain assurance in respect of financial viability going forward was highlighted. The Governing Body was informed that the paper had been based on allocation in respect of the long term plan and future sustainability of the plan which would incorporate the hospice would need to be kept under review. A national solution was in place for the immediate period.

The Governing Body endorsed the Chair/Chief Executive Action 01-2020 as presented.

20/041 2020-21 BUDGET UPDATE

At its meeting in March, the Governing Body received a paper on Operational Planning for 2020/21. The paper was written at the very start of the Covid-19 emergency period when guidance was emerging regarding 20/21 planning.

The Governing Body noted the financial plan which was presented, but deferred final approval on the basis that further work would be required to review and update it going forward.

As advised by NHS England, all usual planning and contracting processes for 20/21 were suspended with new centrally mandated systems being put into place for key financial transactions such as block payments to providers.

CCGs were initially informed that the allocations notified in the long term plan would be maintained for 2020/21, although the national directions were changing regularly as would be expected during a complex and changeable period. For example, provider trusts had been advised of elements of their ‘plan’ values for the first few months of 2020/21 via a national formula.

At the time of writing the report, formal notification of the allocations for CCGs for 2020/21 had not yet been received leading the CCG to pause any further work on planning and budgets to ensure it was working within the correct overall funding allocation.

Should allocations be notified prior to the Governing Body meeting, or further guidance be received an update would be given at the meeting. In the absence of that, the Governing Body was asked to delegate finalisation of the financial plan to the Financial Performance Committee.

The Director of Finance reported that guidance had now been received which the Finance Team was currently working through. The guidance indicated that the CCG’s allocation would be reduced and CCGs expected to break-even in 2020-21.

The need for approval of the budget to be done by the Governing Body within a public
The meeting was emphasized by the Lay Member for Governance, and therefore;

**The Governing Body;**

- **Noted** the national/regional guidance received to date on budgeting for 20/21
- **Delegated** finalisation of the budget to the Financial Performance Committee, **subject to** its final approval by the Governing Body at its July 2020 meeting and the opportunity for Governing Body members to raise questions in the interim period.

**20/042 INTEGRATED PERFORMANCE REPORT**

The Governing Body was in receipt of the new provider focussed Integrated Performance Report, which provided members with a summary of provider performance against national targets, contractual targets, clinical quality and patient safety issues, and financial performance.

**Covid-19**

Key points highlighted included;

- The Suffolk Resilience Forum continued to meet with a variety of cells reporting into it in respect of PPE, care homes, testing, track and trace, and communications. It was anticipated that a new cell in relation to issues in respect of the reopening of communities would be introduced.
- Healthwatch was providing support in respect of how to ensure that Suffolk residents understood Government advice.
- Detailed information on the various workstreams was set out within the report with highlight reports circulated on a weekly basis and oversight by the Suffolk Resilience Forum.
- The Forum continued to bring partners together with change being driven through the Alliances.
- A recovery and adaptation plan was being developed with a draft having been submitted to NHS England. Feedback from NHS England had been good with guidance that urgent services should expect to be reintroduced with elective work returning from July 2020-March 2021. Urgent work in Suffolk had been continuing and both acute Trusts had been asked to develop a plan in respect of elective work which would need to balance with Covid-19 activity.

Comments included;

- The need to attempt to ensure that those with greatest need, rather than those waiting the longest were dealt with first was emphasized.
- There was concern in respect of another wave of Covid-19 during the winter months and it was recognised that flexibility in plans would be required.
- The need to support the BAME Group and population in respect of access to services and any wider economic impact was emphasized.
- Short term reassurance was required for the population and increased messaging of the need to seek help at the point when symptoms were identified. Longer term investment was the communication of healthy lifestyles and the encouragement to participate in research.
- The Director of Strategy and Transformation reported that an end of year summary had been included within the papers and it was anticipated that the format would be adopted for the July 2020 meeting.
- The importance of attempting to contact cancer patients that had not arrived for appointments in order to seek a reason, was highlighted.
• Primary Care transformation work had gone well in respect of the introduction of virtual consultations, training, and the ability to see patients’ notes across providers and the commitment of staff was recognised. The Suffolk GP Federation was thanked for its work in enabling Suffolk practices to work more closely together and in delivery of new services.
• The pursuance of decision making in relation to the use of common GP video consultation software by the GP IT Board was highlighted, although the need to consider deprivation and external influences in such decision making was emphasized.
• The Chief Operating Officer highlighted increased focus on prescribing going forward with it forming a key focus of the next report.

The Governing Body noted the report.

20/043 GOVERNING BODY ASSURANCE FRAMEWORK

The Lay Member for Governance presented the most recent Governing Body Assurance Framework (GBAF) together with a summary of local risk registers.

Amendments and additions to the GBAF were detailed within Section 2 of the report, with key aspects of departmental risk registers being listed in Section 3.

The Governing Body was informed that the number of risks contained within the GBAF had risen to 16 and, in response to a recent internal audit, the document had been revised to reflect risk appetite and target.

The importance of seeking to find out why patients across both primary and secondary care had not presented for appointments was again emphasized.

The Governing Body noted and approved the GBAF as presented.

20/044 TERMS OF REFERENCE

The Governing Body was in receipt of revised terms of reference for the Audit Committee and Financial Performance Committee, together with terms of reference for the new Covid-19 Resource Approval Committee, for approval.

The Director of Finance explained that the Covid-19 Resource Approval Committee was a sub-committee of all three CCG Governing Bodies with CCG Financial Performance Committees receiving detailed reports going forward.

The Governing Body approved the terms of reference as presented.

20/045 MINUTES OF MEETINGS

Presented by the Lay Member for Governance, consideration was given to minutes and decisions from the following meetings.

a) Audit Committee
   The unconfirmed minutes of a meeting held on 7 April 2020

b) Financial Performance Committee
   The unconfirmed minutes of a meeting held on 17 March 2020

c) Clinical Scrutiny Committee
   The unconfirmed minutes of a meeting held on 28 April 2020

d) Covid-19 Resource Approval Committee
   Minutes from meetings held on 23, 28 April, 1, and 5 May 2020
The Governing Body endorsed the minutes and decisions as presented.

The Chief Operating Officer reported that all payments to primary care were presented to the CCG’s Commissioning Governance Committee and ratified by the Covid-19 Resource Approval Committee as appropriate.

20/046 DATE OF NEXT MEETING

The next meeting was scheduled to take place at 9.00am–13.00pm, Tuesday, 28 July 2020, Riverside Center, Stratford St Andrew, Saxmundham, Suffolk

20/047 QUESTIONS FROM THE PUBLIC

Questions from members of the public had been received by email and, along with responses, were listed below:

Questions from Mr Anthony Dooley (email received 14 May 2020):

1) I note in various papers terms such as 'semi-skilled' and 'unskilled' workers are used. Given that in the era of covid-19 some of these workers have been re labelled as 'key workers' would you agree with me that for now and in the future the term 'key workers' should replace those other terms given their demeaning connotative meaning?

   Response – The Governing Body was in agreement and would endeavour to replace those terms in future documentation.

2) I understand that there is a weekly CCG/NSFT Director meeting. Could someone inform the meeting what transpired in any of those meetings with regard to NSFT sending out letters to young people recently, claiming that because of covid-19 they were to be removed from the waiting list on which they were currently. It appears that as far as Suffolk is concerned only young people in Waveney received that letter. Is that the case? If so, how confident are you in the processes within NSFT that there can be a differential approach to, in this case, young people in Norfolk and Suffolk?

   Response – The Chief Executive reported that the issue would be raised at a forthcoming meeting with the directors of NSFT whilst recognising that Norfolk was not within the CCG area.

3) There is considerable confusion as to the meaning of 'Stay Alert' with regard to how the public should act whilst covid-19 continues to be present in the community. I would welcome some clarity from the CCG as to its understanding of that term, with some examples.

   Response – The Suffolk Resilience Forum had recently introduced a ‘Stick with it Suffolk’ slogan to reinforce the Government message to the local population.

4) We think your meeting should acknowledge the 50,000+ deaths related to Coronavirus and record such, many of them avoidable had the Government taken heed of the outcome of Cygnus rather than claim as the PM said to a nurse that there was no 'magic money tree'.

   Response – The loss of life had been recognised by the Chair at the start of today’s meeting and thought extended to those families affected.

Questions from Mr John Hunt (email received 19 May 2020):
1) 'Please could you tell me how many Covid-19 deaths have occurred in Care Homes, within your geographical area, in circumstances whereby residents had previously completed a DNR form'?

Response – The Director of Nursing advised that whilst the number of residents within care homes with Covid-19 was recorded on a daily basis along with any deaths, the number that had previously completed a DNR was not published.
Extraordinary Meeting of the Ipswich and East Suffolk CCG Governing Body held virtually in public and in Common with North East Essex CCG on Tuesday 14 July 2020 via Zoom

PRESENT:
Dr Mark Shenton  GP Governing Body Member and CCG Chair
Maddie Baker-Woods  Chief Operating Officer
Dr Dean Dorsett  GP Governing Body Member
Ed Garratt  Chief Executive
Dr Peter Holloway  GP Governing Body Member
Dr Lorna Kerr  Secondary Care Doctor
Graham Leaf  Lay Member: Governance and CCG Vice Chair
Amanda Lyes  Director of Corporate Services and System Infrastructure
Irene Macdonald  Lay Member for Patient and Public Involvement
Lisa Nobes  Director of Nursing
Dr John Oates  GP Governing Body Member
Dr Omololu Ogunniyi  GP Governing Body Member
Jane Payling  Director of Finance
Dr Imran Qureshi  GP Governing Body Member
Dr Ayesha Tu Zahra  GP Governing Body Member
Richard Watson  Director of Strategy and Transformation

IN ATTENDANCE:
Colin Boakes  Independent Governance Advisor (Minute Taker)
Mr Mark Bowditch  Consultant Orthopaedic Surgeon & Divisional Director MSK & Special Surgery: ESNEFT
Rebecca Driver  Director of Communications and Engagement: ESNEFT
Dr Shane Gordon  Director of Strategy, Research and Innovation & Senior Responsible Officer: ESNEFT
Nick Hulme  Chief Executive: ESNEFT
Mr Mark Loeffler  Consultant Orthopaedic Surgeon & Clinical Director for Trauma & Orthopaedics: ESNEFT
Andrew McLaughlin  Director of Clinical Integration: ESNEFT
Anna Turner  Head of External Engagement: ESNEFT
Dr Steve Wilkinson  Independent Academic Advisor

20/048 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting and apologies for absence were received from Steve Chicken: Lay Member. The meeting was noted as quorate.

It was further noted that as a meeting in common, it had been agreed that Dr Mark Shenton, Chair of Ipswich and East Suffolk CCG would lead the meeting on behalf of both CCGs.

As the meeting was being held virtually, the Chair introduced each member of the Governing Body present.
In regard to the vote at Item 8 on the agenda, North East Essex CCG would be asked to vote first with voting to be managed by Dr Hasan Chowhan. It was confirmed that the voting members of the Governing Body present were:

1. **Elected General Practitioners:**
   - Dr Dean Dorsett
   - Dr Imran Qureshi
   - Dr Lolu Ogunniyi
   - Dr John Oates
   - Dr Peter Holloway
   - Dr Ayesha Tu Zahra

2. **Lay Members:**
   - Graham Leaf
   - Irene Macdonald

3. **Chief Executive:** Ed Garratt
4. **Director of Nursing:** Lisa Nobes
5. **Secondary Care Doctor:** Lorna Kerr
6. **Director of Finance:** Jane Payling

The Chair stated that the meeting was taking place on a virtual basis only with access for the general public. Whilst the CCG will only share an audio recording of the meeting publicly, everyone should be aware that anyone attending the meeting, either as a panellist or an attendee, could make a video recording of all or any part of the proceedings.

20/049 **DECLARATIONS OF INTEREST**

No declarations of interest were received.

20/050 **OPENING REMARKS AND PURPOSE OF THE MEETING**

The Chair confirmed that the purpose of the meeting was to discuss and approve a proposal to create an Elective Care Orthopaedic Centre at Colchester Hospital University NHS Foundation Trust.

He introduced himself as Chair of the Ipswich and East Suffolk CCG and a GP in Suffolk for many years. He also offered his thanks to the team who had planned for today’s meeting and that had allowed so many of the public to join and participate.

The Chair noted that the public had contributed and shown their passion for local NHS services through the consultation period and beyond and consequently, communicating the totality of our system plans is clearly important as there is a lot of very good news to share. Today is an opportunity to hear the context and ambition of the plans as much as the plans themselves.

He explained that he had read the petition, the letters written to him and met people at Ipswich Library as part of the consultation process. Some people he had known over many years and they were people to whom he would always listen and had the greatest respect. There were many others who he did not know but who he wanted to reassure that their voices have been heard.

He had also listened to some orthopaedic consultant colleagues both for and against today’s proposal and with colleagues here today, had been able to hear directly from professionals.

We have read the report from our regional Clinical Senate and the views of the Professor responsible for the National “Get it right first time” programme in the UKs orthopaedic world, especially on the needs of our surgeons now and, more importantly in the future if our population is to retain the current portfolio of work and have the opportunity of developing
specialist services that will be needed to serve our ageing population.

The Chair explained that the Governing Bodies are membership organisations and representative of their General Practices with GPs elected to take on the responsibilities inherent in commissioning. He noted that they were present in the meeting in common to make a decision on the recommendations made by the Joint Reconfiguration Oversight Group (JROG) and by the post consultation stakeholder workshop to the JROG.

CCGs work with their managers and clinicians and with managers in our system partners to try and achieve the right outcomes. The Chair reiterated that what matters to you, the public, does matter to us and it’s important that we always try to start with that, whilst balancing the resources we have, the performance our providers need to give you and the quality and value we all get as a consequence.

In conclusion the Chair stated that as CCGs we must take everything it has heard and read into account in reaching a decision on the proposal before it. It will also continue to do so in the next stages of the process. This is a local decision which must take into account national learning and advice to make the best choice for the people the CCG serves.

20/051 QUESTIONS FROM THE PUBLIC VIA ZOOM

The Chair introduced questions from the public. Whilst the public had been asked to submit questions in advance of the meeting it was agreed that additional questions could be taken within the time available.

Rani Pert asked why should Ipswich patients have to attend two hospitals - Ipswich for all pre and post-operative care and have their surgery at Colchester, whereas Colchester and area patients attend one hospital for everything and have better continuity of care. The Chief Executive of ESNEFT responded by pointing out that these is issues will be addressed by the panel presentations later in the meeting but that there will be continuity of care for all patients.

Mrs Susan Pigott requested confirmation that the consultation had followed due process and explained her own experience as a patient in a similar specialist orthopaedic centre in Southampton. She offered her full support for the proposal and felt that the additional travel for some patients would be manageable and would be far outweighed by the service improvement. The Chair thanked Mrs Pigott for her support and the Chief Executive noted that the Joint Health Overview and Scrutiny Committee (JHOSC) had also been unanimous in their support.

Mr Keith Rodwell enquired whether it was possible to retain the service at Ipswich and offer patients the opportunity to go to Colchester to the new unit if they preferred. The Chief Executive of ESNEFT explained that he understood patients concerns about travelling to Colchester but that the new unit will ensure the best expertise and state of the art facilities for everyone.

Cllr Lockington requested assurance that, given the misleading title of the Orwell Ahead petition, reassurance could be given to the public that emergency orthopaedic services will still be available at Ipswich Hospital. The Chief Executive of ESNEFT confirmed that emergency services will still be available at Ipswich.

Cllr Margaret Marks enquired about how the current backlog of elective orthopaedic cases is being managed now. The Chief Executive of ESNEFT agreed that waiting lists are currently unacceptably long and in view of this the Trust undertakes harm reviews to ensure that the patients most in need are seen and treated first. Mr Loeffler added that specialist centres such as that being proposed will be crucial in reducing waiting times for surgery.

The Chair thanked everyone for their questions.
The Chair explained that the Governing Body were aware of the concerns and issues raised in the petition from Orwell Ahead and in accordance with the CCGs Constitution, it had been duly received.

The Governing Body noted the petition.

Introduction

The Chief Executive recorded his thanks to the team who had developed the proposal over the past four years and that it represented a significant opportunity to invest in excess of £40m. for a new centre of excellence. He emphasised that care would still be provided locally and with the additional increase in elective surgery waiting times resulting from the Covid-19 pandemic, development of the Elective Care Centre was imperative in addressing this. The proposal is also about support for both hospitals within ESNEFT with significant investments also planned for the Ipswich Hospital site.

The Chief Executive of ESNEFT also recorded his thanks and explained that service reconfigurations are always based on the three tests of improved access, clinical outcomes and the provision of a skilled workforce to deliver the service. Since February 2020, there had also been the added dimension of the Covid-19 pandemic where waiting times for elective surgery had unavoidably increased and that there is now an essential need for dedicated space where elective procedures can be safely and efficiently performed going forward. He went on to emphasise that he had heard and listened to the concerns of both patients and staff but that in the final analysis, there is always a trade-off which, in this case, is a slightly longer journey time for some patients but with the benefit of reduced waiting times and elective admission cancellations. The views of patients, the public and staff would continue to be taken into account in the further detailed planning that will be required.

Presentation by the Director of Strategy, Research and Innovation & Senior Responsible Officer: East Suffolk and North Essex Foundation Trust (ESNEFT)

The Director of Strategy, Research and Innovation & Senior Responsible Officer presented the proposal to build the new centre for elective orthopaedic surgery at Colchester Hospital. He explained that the planned reconfiguration is associated with the £69.3m capital monies allocated to the Suffolk and North East Essex Integrated Care System (the ICS) by NHS England under the programme entitled ‘Building for Better Care’ and provided to develop:

- Urgent and emergency care on both main hospital sites at Colchester and Ipswich and diagnostic imaging (MRI and CT) at Ipswich Hospital
- New Elective care facilities which led to the decision to consult on the planned development of an orthopaedic elective care centre and the re-provision of the day surgery unit at Colchester Hospital

The Governing Body were reminded that there are no plans to make any changes to the continuing availability on both main hospital sites for orthopaedic outpatient care, diagnostics, day surgery, trauma care and follow up care which may also be provided in a community setting. It is only the planned surgery inpatient stay that would take place in the new building. All other associated care during each orthopaedic treatment will continue to be provided at either the Ipswich or Colchester sites.

He went on to explain that the imperatives in support of the case for change include:
• Shorter waiting times for surgery and shorter lengths of stay
• Minimal risk of cancelled surgery
• Better clinical outcomes from reduced variation
• Freeing up the clinical estate to improve other services
• Providing a specialist centre attracting top quality staff
• Opportunities for training, research and innovation
• Retention of clinical services within the area

Last year, local NHS patients needed around 3400 planned orthopaedic procedures and just under half (1400 patients) would have their surgery at Colchester not at Ipswich. 14 patients would use the centre each day of which 7 would be from Ipswich (3% of Ipswich’s orthopaedic work). As such ESNEFT would expect to treat around 1000 more patients each year for these procedures within 20 years given predicted population growth. On a typical day, around 200 orthopaedic outpatients are seen at Ipswich Hospital. All of these appointments would remain at Ipswich Hospital.

The timeline of consultation events was explained which commenced with the pre consultation phase in April 2019, the launch of the public consultation in February 2020 and the post consultation phase being launched in May 2020.

The pre-consultation events with patients and their representatives involved direct engagement with 150 people to prepare for the public consultation. This included specialist user and support groups, PPG groups, Healthwatch and hospital-user groups.

Regarding consultation with staff there were audit afternoons, briefings, staff meetings, social media and intranet postings, Chief Executive and Trust Board meetings, engagement events and drop in sessions.

For stakeholders the JHOSC, Council meetings, ICS meetings, meetings and discussion with MPs and with Local Medical Committees for GPs were undertaken.

For the public the media were briefed, there were local events, social media postings and Hospital Governor events.

Inevitably, the Covid-19 pandemic has had an impact on the process where public lockdown was implemented on Monday the 23rd of March, the last week of consultation. Public meetings had however concluded and there had already been a significant number of responses to the consultation received. Following lockdown, electronic responses continued to be received via email and through the online survey with this approach supported by the JHOSC. It is not believed that Covid-19 has had any significant impact on the ability to carry out and complete the public consultation process.

The East of England Independent Clinical Senate also endorsed the clinical case with their comments:

• “thought through with a sound evidence base. The review panel agreed that the case for change and proposals were well … The Trust’s aim to reduce non-clinical cancellations for elective orthopaedic surgery was very much supported by the panel…”

• “that it would make more clinical sense, would have less impact on access and should provide a wider range of benefits for patients of other clinical services at both Colchester and Ipswich if the centre for elective orthopaedic surgery were to be located on the Colchester Hospital site”

In concluding it was noted that the ICS was fortunate to have been allocated £69.3m to
improve services for local communities and that a strong case has been made for building a centre at Colchester Hospital, supported by the East of England Clinical Senate. There had been engagement with the public, service users and staff with their views taken into account. There had been unanimous support from JHOSC and the recommendations were therefore commended to the Governing Body.

Presentation by the Independent Academic Advisor

The Independent Academic Advisor noted that his report is accessible and available on the CCG web sites as part of the Governing Body meeting papers, together with a link from the ESNEFT web site.

He explained that he is not a clinician but a social scientist and whilst there is no prescribed national process for review, emphasised that his analysis had been based upon qualitative rather than quantitative issues. Data had been collected via survey, social media, submissions and meetings and had been analysed across a two-stage process. The first stage analysis looked at themes arising, while the second stage provided respondents with assurance that what they had said had been recorded.

The various themes were then summarised under:

- Preference – discussion related to the proposal.
- Patients – discussion related to patients and patient experience
- Service – discussion related to the hospital services
- Finance – discussions related to personal and public costs
- Design – discussion regarding the design of the centre
- Staff – discussion relating to staffing
- Consultation – discussion about the consultation process
- Environment – discussion about environmental impact

Comments from Consultant Orthopaedic Surgeons

Mr. Mark Bowditch explained that after 20 years at Ipswich Hospital and in view of his various roles he has a local, regional and national oversight of orthopaedic services.

Summarising his support for the proposal in three parts he noted that first there is a big demand for elective orthopaedic surgery and at present there is a mismatch between capacity and demand which the proposed centre addresses. The current facilities have been outgrown and the new centre will be state of the art.

Secondly, there is a national drive towards regionally centralised specialist services and thirdly as regards education and training, trainees will be attracted to a specialist centre in addition to the best staff of all disciplines.

In concluding he emphasised that the proposal represents the best opportunity for investment locally in orthopaedics and trauma.

Mr. Mark Loeffler concurred with the comments made by Mr. Bowditch but emphasised that hip and knee surgery are extremely effective in eliminating pain and restoring mobility. The proposed centre will therefore be instrumental in ensuring such outcomes for more patients and should it not be approved, the frailest patients would have to potentially travel long distances for treatment.

The Chair thanked the panel and the Governing Body, having also considered the content of all the detailed papers provided before the meeting, noted the presentations.
Further to the presentations, the Chair asked each Governing Body Member in turn if they wished to make any comments or ask a question of the panel:

**Dr John Oates** enquired as to when the proposed centre had become the preferred option and how had the plan been improved following the consultation process. In response it was confirmed that a number of factors were taken into account in regard to the proposal, notably elective orthopaedic waiting times, the NHS Long Term Plan and Five-Year Forward View together with support from the Clinical Senate. Regarding improvement of the plan, there had been close working with Healthwatch and patient groups whose views and opinions had been taken into account.

**Dr Peter Holloway** was reassured that the issue of travel is to be further explored and asked if it was unlikely that joint revision surgery would be offered locally in the future without the proposed centre. In reply it was confirmed that the service would be at risk. The detail of the business case will include quality and equality impact assessments.

**Dr Ayesha Tu Zahra** asked about the future recruitment and retention of staff for the proposed centre and in response it was noted that as a state of the art centre of excellence, it would be an attractive option for staff of all disciplines to work and develop their skills. She further enquired if staff had been surveyed as part of the consultation process and it was confirmed that they had indeed been included.

**Graham Leaf** stated that he was fully supportive of the proposal and that it would be a missed opportunity were it not to be approved.

**Irene Macdonald** noted that as the Lay Member for Patient and Public Involvement, she was pleased to see that the public had been engaged with the consultation process but was concerned that the ongoing challenge will be to ensure public understanding and acceptance. As such, patient and public voices must continue to be heard and she was reassured that patient groups will continue to work with clinicians and managers as the plans are further developed. In response to concerns about transport poverty for some people, it was confirmed that there is an absolute commitment to explore solutions.

**Dr Lorna Kerr** stated that the proposed centre was good news for the region but wanted to be reassured that Ipswich Hospital would remain an equal partner. The Chief Executive of ESNEFT confirmed that this would always be the case and that the distribution and location of services across the Trust is first and foremost based on the needs of local people.

**Dr Mark Shenton** noted that as there had not been a total consensus about the proposal from consultant colleagues further to team engagement and he enquired about how this will be addressed going forward. The Chief Executive of ESNEFT confirmed that whilst there are inevitably going to be some dissenting views, the team would continue to engage and listen.

**Ed Garratt** noted that given the concerns raised about travel issues from the proposed centre, more work will be undertaken in order to address this.

All of the Governing Body members thanked the panel for their comprehensive presentation.

---

**GOVERNING BODY VOTE ON THE PROPOSAL**

As a consequence of the meeting being conducted on a virtual basis where it was not possible for members to vote as they normally would by a show of hands, each voting member of the Governing Body was asked in turn by the Chair to indicate whether they...
wished to vote for or against the proposal or to abstain.

Further to the panel presentations, subsequent discussion and questions, the CCG Governing Body meeting in common was asked to agree the following two recommendations:

**Recommendation 1**

The post-consultation stakeholder workshop agreed the following wording for JROG’s recommendation to the CCGs: “It is the recommendation from the majority view of the post-public consultation stakeholder event held on 19 May that commissioners should approve the proposal to build a new centre for planned orthopaedic surgery at Colchester Hospital, with particular regard to the development of mitigations for the transport issues raised”.

The Governing Body **unanimously agreed** the recommendation. All voting members voted for the recommendations with no votes against.

**Recommendation 2**

**Recommendation from the Joint Reconfiguration Oversight Group (JROG)**

“The Governing Bodies of NHS Ipswich and East Suffolk CCG and NHS North East Essex CCG are invited to approve this Decision Making Business Case to proceed with the development of a detailed business case for approval for release of pre-allocated STP capital funding to build a new Centre for Orthopaedic Surgery and a refurbished Day Surgery Unit on the Colchester site (Option 4B) with particular regard to the development of mitigations for transport and travel issues.”

The Governing Body **unanimously agreed** the recommendation. All voting members voted for the recommendations with no votes against.

**20/056 CLOSING COMMENTS**

In closing, the Chief Executive was grateful for the conclusive support for the proposal and the Chief Executive of ESNEFT thanked the Governing Body for supporting and promoting the development.

**20/057 DATE OF NEXT MEETING**

The next meeting is scheduled to take place at 09.00 –13.00 on Tuesday, 28 July 2020.
### IPSWICH & EAST SUFFOLK CCG Governing Body

**ACTION LOG: 19 May 2020 (updated)**

<table>
<thead>
<tr>
<th>MINUTE</th>
<th>DETAILS</th>
<th>ACTION</th>
<th>BY WHOM</th>
<th>TIMESCALE/UPDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meeting of 24 September 2019</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19/091</td>
<td>Patient Story - Emergency Food Fund</td>
<td>The Governing Body noted the presentations and it was agreed that a further update would be provided at the end of the programme during the Spring of 2020.</td>
<td>Maddie Baker-Woods</td>
<td>24/03/20 - agreed update in July 2020</td>
</tr>
<tr>
<td><strong>Meeting of 26 November 2019</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19/115</td>
<td>Integrated Performance Report</td>
<td>ESNEFT - In response to questioning, it was explained that, when published, the Telford and Shrewsbury report in respect of maternity services would be reviewed for any lessons that could be learnt and should any issues become apparent locally they would be reported back to the Governing Body.</td>
<td>Nichole Day/Lisa Nobes</td>
<td>03/07/20 - ESNEFT are awaiting the full Okendon report to see the findings and actions required. Director of Midwifery will present initial learning at the next clinical scrutiny.</td>
</tr>
<tr>
<td><strong>Meeting of 28 January 2020</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20/015</td>
<td>Freedom of Information</td>
<td>The Governing Body noted the report and welcomed the receipt of more detailed information on the type of information being requested next time.</td>
<td>Amanda Lyes</td>
<td>July 2020</td>
</tr>
<tr>
<td><strong>Meeting of 24 March 2020</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20/031</td>
<td>Approval Of Constitution Amendments - Changes To Limits Of Delegated Financial Authority</td>
<td>The Governing Body therefore approved the Constitution amendments, subject to further review in four months and further discussion by the CCG’s Financial Performance Committee.</td>
<td>Jane Payling</td>
<td>July 2020</td>
</tr>
<tr>
<td><strong>Meeting of 19 May 2020</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20/041</td>
<td>2020-21 Budget Update</td>
<td>Delegated finalisation of the budget to the Financial Performance Committee, subject to its final approval by the Governing Body at its July 2020 meeting and the opportunity for Governing Body members to raise questions in the interim period.</td>
<td>Jane Payling</td>
<td>July 2020</td>
</tr>
<tr>
<td>20/047</td>
<td>Questions from Members of the Public</td>
<td>The Lay Member for Patient and Public Involvement welcomed the recording of today’s meeting and suggested that once on the CCG website that members of the public be offered the opportunity to feedback comments. It was agreed that discussion take place with the Communications and Corporate Services team in respect of facilitating that request.</td>
<td>Irene MacDonald</td>
<td></td>
</tr>
</tbody>
</table>
GOVERNING BODY

<table>
<thead>
<tr>
<th>Agenda Item No.</th>
<th>07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference No.</td>
<td>IESCCG 20-29</td>
</tr>
<tr>
<td>Date.</td>
<td>28 July 2020</td>
</tr>
</tbody>
</table>


Lead Director | Dr Imran Qureshi and Dr Dean Dorsett, Governing Body GPs Louise Hardwick, Head of Partnerships and Alliance Delivery

Author(s) | Dr Imran Qureshi and Dr Dean Dorsett, Governing Body GPs Louise Hardwick, Head of Partnerships and Alliance Delivery

Purpose | To present a presentation for consideration.

Applicable CCG Clinical Priorities:

|   | To promote self care
|---|---|
| 2. | To ensure high quality local services where possible ✔
| 3. | To improve the health of those most in need
| 4. | To improve health & educational attainment for children & young people
| 5. | To improve access to mental health services
| 6. | To improve outcomes for patients with diabetes to above national averages
| 7. | To improve care for frail elderly individuals
| 8. | To allow patients to die with dignity & compassion & to choose their place of death where appropriate
| 9. | To ensure that the CCG operates within agreed budgets

Action required by the Governing Body:

To note the attached presentation and consider:

Does the Governing Body support adoption of the 12 Doctors of the World recommendations for the system and how will we ensure organisations pick up their actions?

How will the Governing Body provide our local BAME groups with immediate support and needs to manage their increased risks?

How will the Governing Body support co-production of a BAME Strategy?
Black, Asian, Ethnic Minority Community Needs – Leadership in Partnership

For discussion
Dr Imran Qureshi and Dr Dean Dorsett
## Doctors of the World Report Recommendations

**Full Doctors of the World Report can be viewed [HERE](#)**

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Relevant bodies/ organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop and disseminate guidance that can be understood by all people, including those with English language and literacy barriers</td>
<td>UK Government NHS England Public Health England Healthcare providers Asylum accommodation providers Immigration removal centres Prisons Community &amp; Voluntary Sector organisations</td>
</tr>
<tr>
<td>2. Ensure guidance is accessible by people without access to the internet, telephones, or other digital services</td>
<td>UK Government Local Authorities Asylum accommodation providers Mobile service providers Community &amp; Voluntary Sector organisations</td>
</tr>
<tr>
<td>3. Enable people to follow COVID-19 guidance who are living in challenging and vulnerable circumstances</td>
<td>UK Government Local Authorities Asylum accommodation providers Immigration Removal Centres Prisons Traveller site managers</td>
</tr>
<tr>
<td>4. Identify and support people living within vulnerable circumstances who need to be shielding</td>
<td>UK Government Statutory Organisations providing frontline services Community &amp; Voluntary Sector organisations</td>
</tr>
<tr>
<td>5. Enable access to meaningful primary care for people who otherwise experience exclusion</td>
<td>NHS England Clinical Commissioning Groups General Practices</td>
</tr>
<tr>
<td>6. Immediately suspend hostile environment policies that prevent access to public services for migrants in vulnerable circumstances</td>
<td>UK Government NHS England Immigration Removal Centres Asylum accommodation providers Healthcare providers Community &amp; Voluntary Sector organisations</td>
</tr>
<tr>
<td>7. Reopen outreach and drop in services for people experiencing barriers to accessing alternative services</td>
<td>UK Government NHS England Clinical Commissioning groups Local Authorities Healthcare providers Community &amp; Voluntary sector organisations</td>
</tr>
<tr>
<td>8. Provide sustainable housing solutions for people who have been placed in emergency accommodation during lockdown</td>
<td>UK Government Local Authorities</td>
</tr>
<tr>
<td>9. Urgently identify and prioritise inclusion of children from vulnerable circumstances into education</td>
<td>UK Government Local Authorities Schools</td>
</tr>
<tr>
<td>10. Conduct welfare checks on people in the most vulnerable circumstances</td>
<td>UK Government NHS England Local Authorities Social Care services Police Services Schools Secondary Care services General Practices Community &amp; Voluntary Sector organisations</td>
</tr>
<tr>
<td>11. Strengthen destitution prevention and support for people in vulnerable circumstances or at risk during the pandemic</td>
<td>UK Government Local Authorities</td>
</tr>
</tbody>
</table>
Does the Governing Body support adoption of the 12 Doctors of the World recommendations for the system and how will we ensure organisations pick up their actions?
How will the Governing Body provide our local BAME groups with immediate support and needs to manage their increased risks?
How will the Governing Body support co-production of a BAME Strategy?
“What are we missing?”
BAME/multi-cultural event – 30 June

Attendees asked 139 questions with a total number of 300 likes

38% of questions were asked anonymously

Poll results

Do you support the 12 recommendations?

Score: 4.7

Active participants: 64
Joined participants: 111
All engagement: total no. of likes, comments & poll votes: 480

Questions: 139
Likes / dislikes: 300 / 0
Anonymous rate: 38%

Poll votes: 37
Polls with interaction: 1
Votes per poll: 37
“What are we missing?”
BAME/multi-cultural event

Thank you to all speakers – summary:

• #1; critical questions asked of our system, coproduction, shape future together, (culturally appropriate), what interventions to date

• #2; invisibility of young people, "my healing will be complex", new relationships, are you at the table

• #3; solidarity and speak up for each other, jobs lost, high risk jobs, children not schooled, fear, poor housing

• #4; and an absolute commitment to do things differently from Ed
“What are we missing?”
BAME/multi-cultural event

Most popular questions/comments (5 or more ‘likes’)

• How are the senior leaders in the public sector going to address the race inequality that some of their employees face in Suffolk in their organisations? (11)
• Very concerned about the Gypsy and Travellers without authorised stopping places in terms of their health needs, access to water etc (9)
• Treating people equally isn't enough. We need to go further to support BAME communities who are at a deficit to start with. (9)
• The key message is to stop listening and do something. I want to see a system commitment to support BAME colleagues to get into senior leadership roles. (9)
• To what extent do Suffolk figures for COVID reflect the national figures? (8)
• No black representation at a strategic level so powerless to get a different perspective to influence any change. (7)
• if you are the lone BAME voice sitting around the table, you will be drowned out 100% agree with this Andy. This has been my experience (7)
• Well done Simona - quite a few of the Roma have gone back - they have been failed by local authorities as well as health services. (6)
• A lack of representation is also a lack expertise on how move forward. Community expertise is often expected for free. This should be resources and paid. (6)
• I agree with Vic Fennell. Big change will only come about when we have BAME representation in positions of real power. (6)
• Phanuel - totally right! We are not hard to reach! (5)
• Thank you Lanai and all your young volunteer colleagues for making us such better practitioners at VM over the last 5 years. (5)
• I would like to see more genuine system change from leaders. Health leaders cannot address in isolation, it needs housing, education etc to do so collectively (5)
• There are huge inequalities of access to green space and the natural environment. We know this has significant impacts on many long-term health indicators (5)
• Excellent event. Really liked public leaders being in the back seats for a change with focus on community voice. Listening is the most vital skill in leadership (5)
SCF #pledge; to continue to be part of Suffolk Solidarity to ensure as a funder we hear the needs and try to influence funding.

Mark from community praxis and I would be happy to pledge convening a space to pull together how we can build an intersectional approach to this work.

My #pledge; I will contact & expect every single key public sector leader to provide a meaningful, specific and timely pledge to bridge BAME inequalities gaps – Andy Yacoub

I pledge to work with BAME reps and communities to implement our new Covid Outbreak Plan including leading the response, messaging in different communities – Stuart Keeble

Our pledge, commitment and actions need an intersectional and multiagency approach. The health sector can’t do this alone. – Shoomi Chowdhury

We pledge to review our services (old and new) in terms of how accessible and appealing they are to Suffolk’s BAME communities, guided by ISCRE and others. – Kobe, Suffolk Mind

We pledge to actively seek out input from our BAME communities to ensure they are represented in the co design, co production and leadership of our services – Beth, Access Community Trust

My Pledge is: to ensure that all Public Health commissioned serv -

Lynda Bradford public health (error, part missing)

I do not want to make a simplistic pledge. Whilst we have focussed on health employment, education, poverty and housing are all vital. None of these are easy – Allan Cadzow

My pledge: take my learning into another local, Milton Keynes, with Volunteering Matters, and challenge ELT to enable human centred re-design of our projects. - Kelly Israel

St Elizabeth Hospice very keen to be involved - pledging our support. Brilliant event, thank you

The VS is not the ones who need to pledge. Our commitment is a given. It is those with power that need to pledge and action

Ed.. will health pledge to differentially invest in BAME to improve health outcomes to the same level as the indigenous populations?

What is the point of vague pledges? We need SMART (specific, measurable, achievable, relevant, timely) commitments as part of the Public Sector Equality Duty

In response to Audrey on pledges, these are initial ones that will be used to hold people to account, & together lead to SMART actions, absolutely agree with u
## GOVERNING BODY

<table>
<thead>
<tr>
<th>Agenda Item No.</th>
<th>08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference No.</td>
<td>IESCCG 20-30</td>
</tr>
<tr>
<td>Date.</td>
<td>28 July 2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Sizewell C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lead Director</strong></td>
<td>Amanda Lyes, Director of Corporate Services and Systems Infrastructure</td>
</tr>
<tr>
<td><strong>Author(s)</strong></td>
<td>Jane Taylor, Senior Estates Development Manager</td>
</tr>
<tr>
<td><strong>Purpose</strong></td>
<td>To provide a position statement in relation to the Sizewell C development</td>
</tr>
</tbody>
</table>

### Applicable CCG Clinical Priorities:

1. To promote self care
2. To ensure high quality local services where possible
3. To improve the health of those most in need
4. To improve health and educational attainment for children and young people
5. To improve access to mental health services
6. To improve outcomes for patients with diabetes to above national averages
7. To improve care for frail elderly individuals
8. To allow patients to die with dignity and compassion and to choose their place of death where appropriate
9. To ensure that the CCG operates within agreed budgets

### Action required by Governing Body:

To receive and note the report
1. **Background**

1.1 Pre-covid constraints, the health workstream supported by the Suffolk County Council Project Manager for Sizewell, Michael Moll had been re-convened which included blue light representatives, Jane Taylor representing Health partners across the ICS, Public Health, East Suffolk Council met to review the responses issued through the Stage 4 consultation period to the end of September 2019. It was apparent EDF had not provided any clarification to the concerns raised by Local Authority or Health representatives and it was agreed that a Public Sector Leaders meeting would be organised with EDF to show a united front to raise a large number of concerns ranging from Highways impact across Suffolk to provision of sufficient housing for construction workers and appropriate health services and prevention for the large number of construction workers who could reside up to 90 minutes away from the site.

1.2 The meeting was scheduled for March 2020 but was not held due to lockdown.

1.3 In May an application for Development Consent Order (DCO) under the planning act of 2008 was made by NNB Generation Company (SCZ) Limited. The application was accepted by the planning inspectorate for examination on 24th June 2020 meaning that the proposal has now entered Section 56, enabling representations relating to the proposal can be presented to the planning inspector during an engagement period of 8th July – 30th September 2020. This is the most crucial element of the timeframe to ensure we have the right representations for consideration by the planning inspector.

1.4 Fortnightly meetings have now been scheduled for the health workstream to continue to input into one representation with the local authority to which has now been extended to include when available, Dr John Oates, Dr Imran Qureshi and Dr Ben Solway and Richard Taylor, Strategic Estates Advisor for NHSI.

1.5 Notification of the public sector leaders meeting with has been confirmed as 31st July 2020. The Local Authority will represent all public sector leaders and a presentation has been devised and approved by members of the Health workstream (this can be shared to governing body members)

2. **Key Issues**

2.1 Timescales are as follows;

- DCO Engagement period whereby representations are put forward – 8th July – 30th September 2020
- Planning Inspector examination period (could be delayed) – December 2020 – May 2021
- Decision by Secretary of State – End of 2021
- Construction 2022 – 2032

Construction workers can live up to 90 minutes away from the site.

2.2 Bradwell B proposal has just completed stage 1 consultation. If approved could increase temporary population within the ICS as well as further additional construction traffic on the A12 and A14. The site is likely to be supported.
2.3 Significant Transport infrastructure impact including; 1,000 HGVs on busiest day/750 HGVs average at peak, 1,000s worker car movements per day, 6 night-time trains, possibly 24/7 HGV movements, Abnormal Indivisible Loads (AILs) – all impacting on the current infrastructure in particular A14/A12.

2.4 Questions remain regarding what the structure and resource needed to ensure safe and sufficient health sector services (in particular, primary care, secondary care, mental health, community, Ambulance services) not only for this phase but to manage the impact of the implementation. It is essential that national resource is provided to ensure we are able to draw down experience required to manage our responses moving forward as well as building capacity in the local systems fit for the legacy of this project.

2.5 The added infrastructure of collaboration, joint commissioning and funding will have workforce implications and direct funding impacts of which the health and social care system needs to be fully aware and engagement with.

2.6 Knowledgeable resource required to ensure a full system response relevant representation.

3. Patient and Public Engagement

3.1 It is important to acknowledge that there will be an element of engagement required across a wide spectrum of stakeholders. To this end Jane Taylor has met and discussed what this requirement may look like with Simon Morgan which will be shared in due course.

4. Recommendation

For the Governing Body members to note the current status of the project.

To ensure through system governance infrastructure that Sizewell C is being discussed through appropriate representation to the Planning Inspector.
ICS Workforce Strategy

Lisa Llewelyn, ICS Director of Workforce
Background

- The Interim People Plan for the NHS set an agenda to tackle the range of workforce challenges in the NHS with a particular focus on the actions for this year. People Plan is awaited.

- The plan sets the vision for our people with the actions we all need to take both to make immediate improvements but also to build a plan that is fully integrated with those for financial and operational delivery across the health and care system.

- Workforce supply is acknowledged as the biggest challenge facing the NHS but the plan is clear that the quality of staff experience must be improved or those extra people will not stay, or come at all.

- COVID 19 led to an immediate need to focus on increasing our supply and the health and wellbeing of our workforce.
People Plan

• Making Health & Care the best place to work
• Improving the leadership culture
• Releasing time for care
• Workforce redesign
• Growing and training our future workforce
• Delivering the people Plan together
ICS workforce challenges

- High turnover (29%) in social care. Highest in first two years of employment.
- SNEE NHS vacancy rate 9% - Largest vacancies in mental health and community nursing.
- SNEE Social care vacancy rate 18% in nursing and social workers.
- Population Growth – predictions to 2026 of 6.9%
- SNEE sickness rate average is 4.2%
- Aging workforce
- Agency spend of more than 17 million
- Health and wellbeing of our workforce
- Ensuring supply timelines of learners /students and a consistent quality of education.
- Level of system transformation and resources required to meet the aims of Five Year System Strategic Plan.
- Primary Care Networks
Prior to COVID 19 Workforce Data and Modelling indicated SNEE future supply will not meet demand in the following areas:

- Adult Nurse
- Pediatric Nurse
- Dietetics
- Occupational Therapists
- Physiotherapists
- Diagnostic Radiographers
- Medical (Selected Specialties) incl. Anesthetics, General and Vascular Surgery, Clinical
- Radiology, Obstetricians and Gynecologists, Trauma and Orthopedic Surgery
COVID-19 and the workforce

Key Issues

• Health, wellbeing and safety – physical and psychological safety and wellbeing

• Equality, diversity and inclusion – impact on BAME colleagues, inequalities

• New ways of working – digital, virtual, flexible

• Working differently – upskilling, reskilling and different deployment

• Workforce Gaps – deploying medical and non medical workforce, bringing back staff, volunteers

• Cross system working – mutual aid, care home support
Health and wellbeing of our workforce

Making the ICS the best place to work
• Staff helplines, occupational health and psychological support
• Risk assessments for at risk groups
• Staff shielding, isolation and sickness
• Staff testing, outbreak management
• Infection, prevention and control – hand washing, social distancing, PPE, facemasks.

Improving our leadership and culture across the ICS
• Freedom to speak up
• Improved partnership working
Supply, recruitment and retention of staff

Addressing the workforce challenges
• Retention of staff who came forward during COVID-19
• Reinstatement of education and training programmes
• Integrated working between, health, care and voluntary sectors
• ICS Mutual Aid Agreement
• Health and care academies
• Apprenticeships

Delivering 21st century care
• New ways of working
• Digital technology
COVID 19 Recovery

- Workforce Cell
- Risk Assessment
- Rapid Response recruitment hub:
  - 514 applicants sifted.
  - 159 deployed to work in frontline services
  - 109 final year students deployed
  - 214 returners received from the national bring back staff scheme
  - WSH appointed 2 nurses and 2 medical students on bank contracts. Also referred 6 AHPs and deployed 19 third year student nurses to West Suffolk Hospital. BBS - 12 nurses, 9 doctors, 11 AHPs referred to WSH
- Testing to support retention
- Developing critical care, rehabilitation, mental health and care home capacity
- Redeployment
- Capture the learning
- Homeworking/flexible working
- Mutual Aid Agreement implemented
COVID 19 Recovery Health and Wellbeing
Moving into recovery and transformation

• **Recovery and transformation** - How do we support our people as we respond to the challenges of recovery and transformation?

• **Lessons from COVID-19** - What have we learned so far from our response to COVID-19?

• **System by default** — How can we work together to support systems to do the best for colleagues who already work in health and care, to attract others to join us, and to use employment to benefit health and wellbeing of our communities?

• **The ICS Workforce Strategy and People Plan** - What do we reconnect with and focus on in the People Plan in the new operating context?

• **Regional and ICS People Boards** - vehicles to address these questions
People Plan

1. Making the NHS the Best Place to Work
2. Improving Leadership Culture
3. Releasing Time for Care
4. Workforce Redesign
5. Growing and Training Future Workforce
6. Delivering the People Plan together

Organisational delivery
- Across Health and Social Care to implement
  - the People Offer and Leadership Compact
  - Releasing Time for Care, Workforce Redesign, Growing and Training Future Workforce interventions

System-led delivery and co-ordination
- Identify local priorities for system collaboration
- Support Trusts, providers and Primary Care Networks to deliver
- Build system-level capacity and capability including workforce planning to deliver the People Plan, including population health management, service redesign, digitisation, workforce transformation (using SWIM tool)

Regional support and coordination
- Help local systems drive change and access regional and national support
- Promote collaborative action and learning between local health systems, trusts and primary care networks
- Oversee performance, capability development and improvement through a system by default approach

National improvement tools, support and enablers, including:
- Deploy System Workforce Improvement Model (SWIM) to assess current workforce capacity and capability and foster continuous improvement
- Provide integrated support to deliver the People Offer; Leadership Compact; Releasing Time for Care national Tools: Workforce Redesign system offer
- Develop new approach to workforce planning and workforce data strategy
LWABs will transform into the ICS People Board which will need to establish:

<table>
<thead>
<tr>
<th>Relationships</th>
<th>Processes and Capability</th>
<th>Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>• a strong relationship with higher education institutions, further education colleges and schools</td>
<td>• a system-wide approach to workforce planning, linked to population health management</td>
<td>• strong local leadership, with workforce as a clear priority within STP/ICS plans and linked to planned improvements in quality of care</td>
</tr>
<tr>
<td>• a strong relationship with local government and the voluntary sector</td>
<td>• a system-wide approach to measuring and improving equality, diversity and inclusion</td>
<td>a senior workforce lead at STP/ICS level, working across the breadth of the system, including social care and the voluntary sector</td>
</tr>
<tr>
<td></td>
<td>• a system-wide approach to measuring and analysing workforce data, supported by agreed metrics</td>
<td>an ICS workforce board that brings together senior representatives of all local employers to agree strategic and operational priorities and how to implement them</td>
</tr>
<tr>
<td></td>
<td>• system-wide capability and capacity to undertake workforce planning, development and transformation</td>
<td></td>
</tr>
</tbody>
</table>
## Priorities for collaboration on workforce at local level

<table>
<thead>
<tr>
<th>People Plan objectives</th>
<th>Priority activities for collaborative action led by STPs/ICSs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Making the NHS the best place to work</strong></td>
<td>• Developing employment models for primary care networks that enable staff to work across different settings</td>
</tr>
<tr>
<td></td>
<td>• Supporting flexible career paths across roles in health and care, including enabling staff to move easily between roles in different employers</td>
</tr>
<tr>
<td></td>
<td>• Designing a core induction and a standard set of statutory and mandatory training requirements for all new starters across a local health system, with the ability to ‘passport’ between organisations</td>
</tr>
<tr>
<td></td>
<td>• Developing collaborative approaches to measuring and improving equality, inclusion and diversity</td>
</tr>
<tr>
<td><strong>Improving the leadership culture</strong></td>
<td>• Succession planning and talent management to develop local current and future leaders with the right skills</td>
</tr>
<tr>
<td><strong>Workforce redesign</strong></td>
<td>• Spreading and adopting new roles and new ways of working to better meet local population health needs</td>
</tr>
<tr>
<td><strong>Releasing time for care</strong></td>
<td>• Developing strategies to build digital literacy across the local workforce and help staff realise the potential of digital technologies</td>
</tr>
<tr>
<td><strong>Growing and training our future workforce</strong></td>
<td>• Working with schools, colleges and local communities to attract local people into health and care careers, including those far from employment</td>
</tr>
<tr>
<td></td>
<td>• Working with local enterprise partnerships to help increase employment opportunities, including access to skills training</td>
</tr>
<tr>
<td></td>
<td>• Overseeing distribution of clinical placements and the medical rotations agreed with HEE across providers and helping ensure high-quality training experience</td>
</tr>
<tr>
<td></td>
<td>• Optimising apprenticeships and getting best value from the apprenticeship levy</td>
</tr>
<tr>
<td></td>
<td>• Developing collaborative arrangements for international recruitment across local providers that help address workforce shortages and adhere to ethical recruitment standards</td>
</tr>
<tr>
<td></td>
<td>• Developing collaborative approaches to managing temporary staffing, including establishing collaborative staff banks</td>
</tr>
<tr>
<td><strong>Delivering the People Plan together</strong></td>
<td>• Ensuring the right capacity and skills in primary care networks to support development and growth of the whole primary and community care workforce</td>
</tr>
<tr>
<td></td>
<td>• Developing an agreed system-wide approach to measuring and analysing workforce data and performance</td>
</tr>
<tr>
<td></td>
<td>• Establishing priorities for education, training and workforce development, based on local workforce requirements, and using these to help shape national priorities</td>
</tr>
<tr>
<td>Supply Priority Areas and Our Actions</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Grow our own workforce</strong></td>
<td></td>
</tr>
<tr>
<td>• System portfolio careers</td>
<td></td>
</tr>
<tr>
<td>• Redress the balance of permanent and locum workforce</td>
<td></td>
</tr>
<tr>
<td>• Upskilling of existing staff</td>
<td></td>
</tr>
<tr>
<td>• Compassionate and inclusive leadership</td>
<td></td>
</tr>
<tr>
<td>• Student Nursing Associates - cohort 1 (18/19) 21; cohort 2 (19/20) 21 on the programme</td>
<td></td>
</tr>
<tr>
<td><strong>Attract and train local talent</strong></td>
<td></td>
</tr>
<tr>
<td>• Develop a career and recruitment website.</td>
<td></td>
</tr>
<tr>
<td>• Facilitate fully integrated teams with multiple employers – Mutual Aid Agreement</td>
<td></td>
</tr>
<tr>
<td>• Creating and embracing new roles</td>
<td></td>
</tr>
<tr>
<td>• Streamlining recruitment processes and workforce portability</td>
<td></td>
</tr>
<tr>
<td>• Maximise the use of apprenticeships, develop a system strategy and the use of the levy across the local system</td>
<td></td>
</tr>
<tr>
<td>• Key worker housing project</td>
<td></td>
</tr>
<tr>
<td><strong>Health and Care Academy</strong></td>
<td></td>
</tr>
<tr>
<td>• Invest and establish a Health and Care Academy’s</td>
<td></td>
</tr>
<tr>
<td>• Develop and connect Health &amp; Care Ambassadors across the ICS</td>
<td></td>
</tr>
<tr>
<td>• Establish and run Junior &amp; Senior Academy by September 2020</td>
<td></td>
</tr>
<tr>
<td>• Maximise employment of 16-21</td>
<td></td>
</tr>
<tr>
<td>• Work experience portal</td>
<td></td>
</tr>
<tr>
<td><strong>Create attractive local education opportunities and increase intakes</strong></td>
<td></td>
</tr>
<tr>
<td>• Engage with all partners currently trying to raise the aspirations of our population and increase those accessing college and university</td>
<td></td>
</tr>
<tr>
<td>• Increase the attraction to and standards of local training courses</td>
<td></td>
</tr>
<tr>
<td>• Develop connected training placements across all areas</td>
<td></td>
</tr>
<tr>
<td>• Tendring workforce academy – Breaking Barriers</td>
<td></td>
</tr>
<tr>
<td>• Florence Nightingale Bursary</td>
<td></td>
</tr>
<tr>
<td><strong>Shared workforce data across the ICS</strong></td>
<td></td>
</tr>
<tr>
<td>• Implement the overarching workforce data tool to inform planning and placements</td>
<td></td>
</tr>
<tr>
<td>• Workforce observatory</td>
<td></td>
</tr>
</tbody>
</table>
Health and Care Academy

- Junior & Senior Academy
- Work Experience Portal
- Tendring Model
- Health and Care Academy
- Alumni
- Access employment and/or training
- NHS Cadet scheme/Engagement
- Marketing & Careers Portal/website
Health and Care Academy

• 3 Hubs – West Suffolk (hosted by West Suffolk Hospital)
  - Ipswich and East (hosted by ESNEFT)
  - Colchester (hosted by EPUT)
• Senior (16-18 year olds) Academy and Junior Academy – 3/4 month programme and 1 days awareness
• Currently on pause, due to restart in Sept
• Exploring a virtual delivery
• Colchester pilot in August – in partnership with Colchester Institute, EPUT, Colchester Hospital and ACE.
• Identified Cohort of students to invite.
• Reviewing content and options for virtual delivery.
• Health and Care Ambassadors used to delivery content where possible.
Work Experience

• SLA has been signed with Lincolnshire University Trust to deliver work experience through a managed service.
• On hold until Sept – they are exploring delivery and virtual opportunities.

Careers Website

• Planning phase
• Conversations with Lincoln Trust to use their template and web designers and using some of their careers info content.
• Would like to signpost to each organisation – two way link – is that via comms?
• Have to agree a sustainability plan to keep it current and a marketing plan.
• Work experience and Academy’s would be advertised via this website.
Apprenticeships

• Apprenticeships Collaborative formed in Feb 20
• Developing an Apprenticeship strategy
• Developing a directory of apprenticeships leads to help system navigation.
• Scoping of where all organisations are at with apprenticeships, numbers and levy spend.
• Agreement to share some of unspent levy with non levy paying organisations
• Out of hospital model – pilot with ACL (ECC):
  10 apprenticeship places, 5 in PC and 5 in Care Home.
  Need to identify levy and interested organisations
• Maximise the use of levy share schemes.
# Retention Priority Areas and Our Actions

## Leadership & Culture
- Leadership compact
- Investing in our leadership
- Creating an inclusive environment free of bullying and harassment
- Meeting the ‘core offer’
- Compassionate culture

## Learning and Development
- Maximising system-wide training opportunities
- Maximising the apprenticeship levy and developing a strategy
- Develop an out of hospital model for apprenticeships
- OD strategy development

## Health and Wellbeing
- Making Health and wellbeing the top priority
- COVID 19 and supporting our workforce
- An ICS working group in place leading mental and physical health and wellbeing
- Homeworking
- Equality, diversity and inclusion
- Inclusion agenda

## Transformation
- Portfolio Roles
- New roles
- New ways of working
- Digitisation
- Portability across the system
- Integrated partnership working
- Rotational posts
- Reduce agency spend
In working together as a leadership community, we will adopt the following behaviours and hold each other to account for upholding these…

- **People and quality first**
  - We will put people first – our patients, staff and citizens.
  - We will support each other to deliver excellence in quality and performance.
  - We will respect and trust each other and share important information, so there are no surprises
  - We will have inclusive robust, honest and realistic conversations where all voices are heard, views respected and differences resolved for the greater good of our population.
  - We will be compassionate and caring, supporting each other, especially in difficult times.
  - We will value each others contributions, celebrate successes collectively and learn from failure
  - We will ensure our collective decisions are transparent and inclusive and we will abide by them.
  - We will agree expectations and hold each other to account.
  - We will be ambitious to improve health and wellbeing, sharing expertise, talent, knowledge, best practice, innovation and learning for the benefit of our patients, staff and citizens
  - We will work together to have a strong, united external voice for our region.

- **Trust and Inclusion**

- **Compassion and appreciation**

- **Transparency and accountability**

- **Collaboration and learning**
Conclusion

• Integrated working with partners, including primary care networks and independent organisations
• Adopt and implement Leadership Compact, shared values and principles across ICS
• Population health approach
• Improve workforce planning, triangulated with activity and finance
• Focus on supply and retention strategies
• Effective and efficient workforce transformation
• Health and wellbeing of our workforce!
## Purpose

To update the Board on the arrangements for finalising the budget for 20/21.

### Applicable CCG Clinical Priorities:

<table>
<thead>
<tr>
<th>No.</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>To promote self care</td>
</tr>
<tr>
<td>2.</td>
<td>To ensure high quality local services where possible</td>
</tr>
<tr>
<td>3.</td>
<td>To improve the health of those most in need</td>
</tr>
<tr>
<td>4.</td>
<td>To improve health and educational attainment for children and young people</td>
</tr>
<tr>
<td>5.</td>
<td>To improve access to mental health services</td>
</tr>
<tr>
<td>6.</td>
<td>To improve outcomes for patients with diabetes to above national averages</td>
</tr>
<tr>
<td>7.</td>
<td>To improve care for frail elderly individuals</td>
</tr>
<tr>
<td>8.</td>
<td>To allow patients to die with dignity and compassion and to choose their place of death where appropriate</td>
</tr>
<tr>
<td>9.</td>
<td>To ensure that the CCG operates within agreed budgets</td>
</tr>
</tbody>
</table>

### Action required by the Governing Body:

The Governing Body is requested to:

- Note the extension of the emergency finance period
- Roll forward the arrangements currently in place regarding expenditure until the end of September (unless a national announcement is received in the meantime)
- Delegate work on development of a financial plan to take effect at the end of the emergency period to the Financial Performance Committee, for final sign off by the Governing Body.
1. **Background**

1.1 NHS finances have been run very differently to normal during 2020-21 due to the coronavirus pandemic. As notified at our meeting in May, national emergency financial arrangements had been put into place between April and July 2020. These arrangements included additional funding for NHS organisations to offset specific additional costs associated with responding to the pandemic, suspension of planning and contracting and an emergency block payment system for providers which has been calculated and mandated centrally.

1.2 CCG allocations for April to July were notified in May to allow CCGs to put in place systems to facilitate the emergency arrangements set out above (see appendix 1). The Financial Performance Committee reviewed this allocation, which was lower than previously notified reflecting the method for calculating the block payments and the central procurement of capacity from the independent sector.

1.3 The CCG has submitted monthly returns based on the revised allocations as shown in the finance report. Top up funding to offset the costs of covid are allocated retrospectively based on these returns. The retrospective allocation for month 2 has been received, which supported the costs of covid which were not able to be absorbed within the allocation received, in other words the CCG received sufficient additional funding to achieve break even. Costs increased in June, mainly due to the receipt of April prescribing figures, meaning that the CCG will need to receive full reimbursement for the additional cost of covid and further funding in order to achieve break even.

2 **July 2020 Update**

2.1 Discussions are underway at a national level to build the NHS ‘Financial Architecture’ for the remainder of the year. An announcement was made on 14 July that this would not be in place until September at the earliest, and that the emergency arrangements would be rolled forward into August.

2.2 The ‘Financial Architecture’ is likely to have the following features:

- Return to an allocation based system
- Funding for C-19 costs will not be subject to additional claims but included within allocations
- Continuation of block payments for providers, following some recalibration
- Expectation that local systems will determine the distribution of the remaining funds, once nationally determined elements are removed
- Expectation that long term plan commitments, and particularly the mental health investment standard, will be achieved
- May include financial incentives to increase elective activity

2.3 Given the delay to the full year announcement, the CCG will need to extend its arrangements for M1-4 for August and September, unless the new arrangements are announced sooner.

3. **Recommendation**

3.1 The Governing Body is requested to:

- Note the extension of the emergency finance period
- Roll forward the arrangements currently in place regarding expenditure until the end of September (unless a national announcement is received in the meantime)
- Delegate work on development of a financial plan to take effect at the end of the emergency period to the Financial Performance Committee, for final sign off by the Governing Body.
# Month 1 - 4 Allocations – Ipswich and East Suffolk CCG

## 2020/21 CCG Financial Management

The purpose of this document is to outline the calculation approach for CCG expected expenditure for the period 1 April 2020 to 31 July 2020. Refer to the separate guidance document for further information on the calculation methodology and assumptions.

### Commissioner Reconciliation, £000s

<table>
<thead>
<tr>
<th>NHS Ipswich and East Suffolk CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2020/21 CCG Financial Management</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>M1 (April)</th>
<th>M2 (May)</th>
<th>M3 (June)</th>
<th>M4 (July)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core allocation</strong></td>
<td>44,675</td>
<td>44,675</td>
<td>44,675</td>
<td>44,675</td>
</tr>
<tr>
<td><em>Expenditure projection</em></td>
<td>(43,564)</td>
<td>(43,564)</td>
<td>(43,564)</td>
<td>(43,564)</td>
</tr>
<tr>
<td><em>Non-recurrent allocation adjustment</em></td>
<td>(1,111)</td>
<td>(1,111)</td>
<td>(1,111)</td>
<td>(1,111)</td>
</tr>
</tbody>
</table>

| **Primary care co-commissioning allocation** | 4,918 | 4,918 | 4,918 | 4,918 |
| *Expenditure projection* | (4,932) | (4,932) | (4,932) | (4,932) |
| *Non-recurrent allocation adjustment* | 14 | 14 | 14 | 14 |

| **Running costs allocation** | 626 | 626 | 626 | 626 |
| *Expenditure projection (to the maximum of RCA)* | (598) | (598) | (598) | (598) |
| *Non-recurrent allocation adjustment* | (28) | (28) | (28) | (28) |
## GOVERNING BODY

<table>
<thead>
<tr>
<th>Agenda Item No.</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference No.</td>
<td>IESCCG 20-32</td>
</tr>
<tr>
<td>Date.</td>
<td>28 July 2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Extension of Emergency Financial Arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Director</td>
<td>Jane Payling, Director of Finance</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Emily Bosley, Financial Governance Accountant</td>
</tr>
<tr>
<td>Purpose</td>
<td>To extend the emergency financial measures taken by the CCG in line with the national timetable: financial delegation limits and Covid Resources Approval Committee</td>
</tr>
</tbody>
</table>

### Applicable CCG Clinical Priorities:

1. To promote self care
2. To ensure high quality local services where possible
3. To improve the health of those most in need
4. To improve health & educational attainment for children & young people
5. To improve access to mental health services
6. To improve outcomes for patients with diabetes to above national averages
7. To improve care for frail elderly individuals
8. To allow patients to die with dignity & compassion & to choose their place of death where appropriate
9. To ensure that the CCG operates within agreed budgets

### The Governing Body is asked to:

- approve extension of the temporary changes to financial limits until the end of September
- request the audit committee to undertake a review of approval limits and make a recommendation to the Governing Body
- approve the continuation of the Covid Resource Approval Committee (CRAC) until the end of September
- note the plans regarding the programmes of work overseen by the CRAC and the aim to move these into business as usual where appropriate.
1. **Background**

1.1 At our meeting in March, the Governing Body was presented with a paper setting out potential increases to the sign off limits in the CCG’s scheme of delegation. Whilst the paper suggested permanent increases to deal both with the C-19 response period and continue into business as usual, the Governing Body resolved to implement the increases on a temporary basis with a further review in July. These temporary changes are provided in appendix 1 for reference, with changes from the original highlighted in blue shading or red text.

1.2 In May, the Governing Body approved the establishment of a Covid Resources Approval Committee bringing together the three CCGs in Suffolk and North East Essex to make timely decisions to support our response to the C-19 pandemic. This was initially approved until the end of July.

2. **Key Issues**

2.1 As discussed elsewhere on this agenda, the emergency financial arrangements put in place until the end of July have been extended to August and probably September. This includes the ability for CCGs to claim top-up funding from NHSE for additional expenditure relating to C-19.

2.2 To mirror the national extension, and to ensure that any decisions relating to C-19 follow a rapid and robust approval process, it is proposed that the temporary measures set out above are extended until the end of September. The following section sets out work which will be undertaken to aid a smooth transition into the second part of the year.

3. **Scheme of Delegation**

3.1 The original financial limits in place for both of the Suffolk CCGs are relatively low compared with peers. There are a range of other changes, such as the development of the local alliance and the creation of the area prescribing committee, which need to be taken into account. Note that all decisions made which have utilized the higher limits have been made via CRAC.

3.2 It is proposed that the Audit Committee, working with representatives from the Governing Body, and Clinical Executive, undertakes a review of the delegated limits to include benchmarking and discussion with auditors in order to generate a proposal back to the Governing Body. The review will need to take into account the key role of the Clinical Executive in clinical decision making and balance this with managing conflicts of interest.

4. **Covid Resources Approval Committee**

4.1 The approval committee was set up on a temporary basis and has made decisions in line with the expected timetable of the emergency funding, which was due to cease at the end of July. In the initial phase the committee met weekly to deal with a large volume of approvals, and has subsequently reduced in frequency and is now undertaking a monitoring role around the ongoing claims as well as approving a small number of new schemes.

4.2 The committee has started a review of all approvals looking at all ongoing schemes to manage the transition to business as usual, although this is difficult to do in the absence of ongoing financial allocations. Given the extension of the emergency funding period, it may be appropriate to extend some schemes on a temporary basis providing tangible benefits can be demonstrated e.g. hospice funding.

4.3 It is proposed that the committee continues to meet until such time as the new financial architecture is put into place. In practical terms, this is unlikely to be before the next meeting of the Governing Body, hence asking for an extension until the end of September when the Governing Body can then review.
4.4 It should be noted that line with the rest of the country, the CCG will be subject to an audit of Covid claims, making continued good governance around this area of utmost importance.

5 **Recommendation**

5.1 The Governing Body is requested to:

- approve extension of the temporary changes to financial limits until the end of September
- request the audit committee to undertake a review of approval limits and make a recommendation to the Governing Body
- approve the continuation of the Covid Resource Approval Committee (CRAC) until the end of September
- note the plans regarding the programmes of work overseen by the CRAC and the aim to move these into business as usual where appropriate.
## Appendix 1
### Current and Proposed Limits of Financial Authority:

<table>
<thead>
<tr>
<th>Relevant DETAILED FINANCIAL POLICIES Section</th>
<th>Delegated to</th>
<th>Financial Limit (Current)</th>
<th>Financial Limit (Proposed)</th>
<th>Operational Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorisation of waiver of Formal tendering procedures</td>
<td>Budget holders</td>
<td>Financial limit as delegated to each Budget holder as agreed and set by the Chief Executive and Director of Finance and reviewed from time to time (for the avoidance of doubt such financial limit shall not exceed £37,999).</td>
<td>Financial limit as delegated to each Budget holder as agreed and set by the Chief Executive and Director of Finance and reviewed from time to time (for the avoidance of doubt such financial limit shall not exceed £37,999).</td>
<td>Budget holder</td>
</tr>
<tr>
<td>Authorisation of Tenders and Competitive Quotations</td>
<td>Senior Officers *</td>
<td>Up to £38,000</td>
<td>Up to £500,000</td>
<td>Senior Officer</td>
</tr>
<tr>
<td>Commissioning</td>
<td>Senior Officers *</td>
<td>Up to £250,000</td>
<td>Up to £1,000,000 (Up to £3,000,000 in exceptional circumstances, on consultation with the chair only) (N1)</td>
<td>Chief Executive and Director of Finance following consultation with the Chair on all significant proposals</td>
</tr>
<tr>
<td>Non-Pay Expenditure</td>
<td>CCG Governing Body</td>
<td>Over £250,000</td>
<td>Over £1,000,000</td>
<td>Senior Officer</td>
</tr>
<tr>
<td>Capital Investment</td>
<td>CCG Governing Body</td>
<td>Over £250,000</td>
<td>Over £1,000,000</td>
<td>Senior Officer</td>
</tr>
</tbody>
</table>

* Senior Officers include:  
  - Chief Executive  
  - Director of Finance  
  - Director of Performance and Contracts  
  - Director of Nursing

The Senior Officers named above may be substituted for their nominated deputy in the instance that the Senior Officer is unavailable.

N1 – where the exceptional circumstances limit is used, this expenditure is to be brought to the next available Governing Body for review.
Appendix 2

Proposed Limits for CHC Approval

Packages or equipment costs of £700/week or under:
- Nurse Co-ordinators or;
- Director of Nursing (or nominated deputy) or;
- Head of CHC, Clinical Lead or;
- Head of CHC, Operational Lead; or
- Clinical Commissioning Manager/Locality Manager; or
- CHC PHB Clinical Lead

Packages or equipment costs of £1500/week or under:
- Director of Nursing (or nominated deputy) or;
- Head of CHC, Clinical Lead or;
- Head of CHC, Operational Lead; or
- Clinical Commissioning Manager/Locality Manager; or
- CHC PHB Clinical Lead

Packages or equipment costs of £4000/week or under:
- Director of Nursing (or nominated deputy) or;
- Head of CHC, Clinical Lead or;
- Head of CHC, Operational Lead

Packages or equipment costs of over £4000/week:
- Director of Nursing (or nominated deputy) and;
  One of the following:
  - Head of CHC, Clinical Lead or;
  - Head of CHC, Operational Lead
GOVERNING BODY

<table>
<thead>
<tr>
<th>Agenda Item No.</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference No.</td>
<td>IESCCG 20-34</td>
</tr>
<tr>
<td>Date.</td>
<td>28 July 2020</td>
</tr>
</tbody>
</table>

Title | Integrated Performance Report

Lead Director | Joint Leadership Team
Author(s)     | Joint Leadership Team
Purpose       | To present the up to date Integrated Performance report.

Applicable CCG Clinical Priorities:

1. To promote self-care ✓
2. To ensure high quality local services where possible ✓
3. To improve the health of those most in need ✓
4. To improve health and educational attainment for children and young people ✓
5. To improve access to mental health services ✓
6. To improve outcomes for patients with diabetes to above national averages ✓
7. To improve care for frail elderly individuals ✓
8. To allow patients to die with dignity and compassion and to choose their place of death where appropriate ✓
9. To ensure that the CCG operates within agreed budgets ✓

Action required by Governing Body:

To note the report.
Ipswich and East Suffolk CCG
Performance Pack
July 2020 (reporting on May 2020 unless stated)
Contents (Ctrl + Click on Provider to follow the link)

- Summary & Key Issues
- East Suffolk and North Essex NHS Foundation Trust
- West Suffolk Foundation NHS Trust
- Norfolk and Suffolk FT (NSFT)
- Care UK Urgent Care Ltd (Integrated Urgent Care Service)
- E-Zec Medical – Non-Emergency Patient Transport (Suffolk)
- EEAST
- IESCCG Primary Care
- IESCCG Finance
- CCG metrics
<table>
<thead>
<tr>
<th>Provider</th>
<th>Service</th>
<th>Quality</th>
<th>Performance</th>
<th>Demand vs 19/20</th>
<th>Productivity vs 19/20</th>
<th>Workforce</th>
<th>Transformation</th>
<th>Contract Finance</th>
<th>Provider finance</th>
<th>Key changes in month</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Suffolk NHS FT</td>
<td>Acute</td>
<td>CQC: Requires Improvement Local: Level 3</td>
<td>Key metrics missed</td>
<td>Referrals down ED attends down</td>
<td>Throughput down</td>
<td>Work in progress</td>
<td>Work in progress</td>
<td>Work in progress</td>
<td>Work in progress</td>
<td>Demand and throughput down</td>
</tr>
<tr>
<td>Community (West Alliance)</td>
<td></td>
<td>Mixed performance</td>
<td>Mixed data</td>
<td>Mixed data</td>
<td>Work in progress</td>
<td>Mix of projects on and off track</td>
<td>Work in progress</td>
<td>Work in progress</td>
<td>No key changes</td>
<td></td>
</tr>
<tr>
<td>East Suffolk and North Essex NHS FT</td>
<td>Acute – Ipswich Hospital site</td>
<td>CQC: Requires Improvement Local: Level 2</td>
<td>Key metrics missed</td>
<td>Referrals down ED attends down</td>
<td>Throughput down</td>
<td>Work in progress</td>
<td>Work in progress</td>
<td>Work in progress</td>
<td>Work in progress</td>
<td>Demand and throughput down</td>
</tr>
<tr>
<td>Community – East Alliance</td>
<td></td>
<td>Most metrics met</td>
<td>Referrals down</td>
<td>Face to face down, virtual up</td>
<td>Work in progress</td>
<td>Mix of projects on and off track</td>
<td>Work in progress</td>
<td>Work in progress</td>
<td>No key changes</td>
<td></td>
</tr>
<tr>
<td>Acute – Colchester Hospital site</td>
<td></td>
<td>Key metrics missed</td>
<td>Referrals down ED attends down</td>
<td>Throughput down</td>
<td>Work in progress</td>
<td>Work in progress</td>
<td>Work in progress</td>
<td>Work in progress</td>
<td>Demand and throughput down</td>
<td></td>
</tr>
<tr>
<td>Provider</td>
<td>Service</td>
<td>Quality</td>
<td>Performance</td>
<td>Demand vs 19/20</td>
<td>Productivity vs 19/20</td>
<td>Workforce</td>
<td>Transformation</td>
<td>Contract Finance</td>
<td>Provider finance</td>
<td>Key changes in month</td>
</tr>
<tr>
<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>Norfolk and Suffolk NHS FT</td>
<td>Mental Health</td>
<td>CQC: Requires Improvement Local: Level 3</td>
<td>Key metrics missed</td>
<td>Demand down</td>
<td>Mixed metrics</td>
<td>All metrics missed</td>
<td>Work in progress</td>
<td>Work in progress</td>
<td>Work in progress</td>
<td>Access performance deteriorating Vacancy rate falling</td>
</tr>
<tr>
<td>Care UK</td>
<td>Integrated Urgent Care Service</td>
<td>CQC: Good Local: Level 2</td>
<td>Key metrics not met</td>
<td>Calls up on 19/20, down on plan</td>
<td>On line throughput up</td>
<td>Work in progress</td>
<td>Work in progress</td>
<td>Work in progress</td>
<td>Work in progress</td>
<td>Not reviewed</td>
</tr>
<tr>
<td>E-Zec</td>
<td>Patient Transport</td>
<td>CQC: Not rated yet Local: Level 2</td>
<td>Mixed metrics</td>
<td>Referrals down</td>
<td>See demand</td>
<td>Work in progress</td>
<td>Not applicable</td>
<td>Under plan</td>
<td>Not reported</td>
<td>Quality rating improved</td>
</tr>
<tr>
<td>East of England Ambulance Service NHS FT</td>
<td>Emergency</td>
<td>CQC: Requires Improvement Local: Level 2</td>
<td>No reporting in M2</td>
<td>No reporting in M2</td>
<td>No reporting in M2</td>
<td>No reporting in M2</td>
<td>No reporting in M2</td>
<td>No reporting in M2</td>
<td>No reporting in M2</td>
<td></td>
</tr>
</tbody>
</table>
Key Issues – May 2020

West Suffolk Alliance
1. Securing longer term capacity and integration:
   • Development of Primary Care Networks;
   • Embedding Integrated Neighbourhood Teams
   • WSFT new build.
2. Covid19 recovery to BAU and new normal
3. Addressing inequalities such as eliminating rough sleeping

Pan Suffolk
1. Mental Health Transformation
2. Joint working with Suffolk County Council
3. Children’s services integration/development

Integrated Care system
1. ICS strategic priorities such as cancer, stroke care etc.
2. Reducing health inequalities
3. Improving sustainability

Ipswich and East Suffolk Alliance
1. Covid19 recovery to BAU and new normal
2. Preparation for winter and flu vaccinations
3. Reducing health inequalities

Pan ESNEFT issues
1. Maintaining safety of patients with long waits
2. Diagnostic testing capacity and waiting lists
3. Cancer performance

North East Essex Alliance
1. On-going Covid 19 response – system support and maintaining capacity and bed occupancy
2. Covid19 recovery to BAU and new normal
3. North East Essex Integrated Community Services commercial sourcing exercise progression
## CCG Quality Assurance Rating:

- **Level 2 (+ from last month)**

## CCGQ Rating:

- **2020: Requires improvement**

### Month updated:

- **Jul-20 (May-20 data)**

### QSG surveillance Rating:

- **Routine**

### Issues / Concerns / Comments

<table>
<thead>
<tr>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CCS not signed on the Trust’s CCG Action Plan.</td>
</tr>
<tr>
<td>2. There were 1717 (1581) incidents in May across the Trust, 1489 of these were patient safety related (86%). There were 635 (417) incidents per 1000 bed days. There were 75 (2) incidents meeting 33 criteria. The duty of candour compliance was 100% for May. There are 137 open action plans and 7 (6) were closed in May.</td>
</tr>
<tr>
<td>3. Maternity - The emergency caesarean section rate is 15.1% (10.1%) for the Colchester site and 16.1% (14.2%) for Ipswich (May-2022). The 2021 LMS rate has not been set yet. Perinatal death rates for May were 4.0% (4.9%) for the Colchester site and 2.9% (3.7%) for Ipswich. The smoking at delivery rate for Colchester was 12.8% (14.1%) and 1.2% (6.7%) for Ipswich.</td>
</tr>
<tr>
<td>4. Falls across CCGFT (May data) 1.8 (9.85) per 1000 bed days. (Colchester: 1.12; Ipswich: 6.69). This comprised of 63 (69) falls for patients 65 (98) (154) (associated with severe harm) 95 (78) (158) (associated with moderate harm).</td>
</tr>
<tr>
<td>5. Cancer Treatment: The Cancer watch (june ending) indicates there are 676 new 326 referrals. There are 2014 patients on the PTL rooster without a decision to treat and 332 with a decision to treat. There are 330 patients on the 65 day PTL without a decision to treat where the unit has accepted 104 days (33% of these are closer 65). There are 26 waiting over 104 days with a decision to treat (16 of these are at Ipswich).</td>
</tr>
<tr>
<td>6. COVID-19: The infection Prevention and Control Board Assurance Framework (IPC BAF) has been reviewed. Quality has been requested around the dressing and daylight technique and how this differs from the PHE guidance.</td>
</tr>
<tr>
<td>7. Emergency Department (ED) management of the exacerbating patient (RAP) rating for Colchester ED is amber and green. “The performance is unparalleled at low-volume hospitals. Sepsis 6, documentation compliance is at 35% (43%) and fluid balance chart documentation within 1 hour at 34% (41%). Ipswich ED is planning to review its documentation and implement fluid charts.</td>
</tr>
</tbody>
</table>

### Actions / Progress

<table>
<thead>
<tr>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Trust is in the process of aligning its CCG action plan with its Quality Improvement work. The CCG has requested a copy of both plans via the Quality Contact Performance Monitoring Meeting.</td>
</tr>
<tr>
<td>2. SDNEFT are on track to re-categorize the new process for PQRF (Patient Safety Incident Response Framework). It is now anticipated it will commence in September. The ‘Stop the Clock’ measures placed on open beds (14) in April has led to an increase in B&amp;K reoccupancy.</td>
</tr>
<tr>
<td>3. The CCGs Clinical Quality Team plans to resume quarterly meetings with the Heads of Maternity to discuss themes from maternity site, associated quality improvement work and also meet regularly with the CCG Transformation Leads for Maternity.</td>
</tr>
<tr>
<td>4. SDNEFT aim to have a falls rate below national average of 5.6 per 1000 bed days. Investment in new equipment to support falls prevention is taking place. CCG Clinical Quality Leads will ensure attendance at the Haven Free Care Panel at Ipswich Hospital. Further assurance is necessary to understand how the good practices at Colchester can be shared with and implemented at Ipswich Hospital.</td>
</tr>
<tr>
<td>5. SDNEFT have provided a cancer performance backlog update for CCG assurance. Treatments for Colchester cancers are returning to normal with increased dosage expected during July. A request was made at CCG Clinical Governance for a deep dive into cancer with a view to determining patient harm.</td>
</tr>
<tr>
<td>6. SDNEFT have provided a cancer performance backlog update for CCG assurance. Treatments for Colchester cancers are returning to normal with increased dosage expected during July. A request was made at CCG Clinical Governance for a deep dive into cancer with a view to determining patient harm.</td>
</tr>
<tr>
<td>7. The CCG Clinical Quality Team will liaise with ED for an update regarding documentation at both sites, with a view to offering support.</td>
</tr>
</tbody>
</table>

### Community Integrated pathway division

<table>
<thead>
<tr>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The CCG Clinical Quality Team will liaise with the Vascular Mortality Care Panel at Ipswich Hospital.</td>
</tr>
<tr>
<td>2. The CCG Clinical Quality Team will liaise with the Trust Harm Free Care Lead for updates on issue visibility support in the community.</td>
</tr>
</tbody>
</table>

### Community Integrated pathway division

| 1. There were 1676 (21.58) falls per 1000 bed days in the community hospital in May. There were 323 (37) at the 3 community hospitals in East Suffolk. 1 was associated with severe harm (obtutinal haemorrhage) and none were associated with moderate harm. |
| 2. There were 6 (1) category II pressure ulcers reported in May in the inpatient community hospital. There were no category II or III pressure ulcers. There were 52 (24) pressure ulcers reported in the community. 20 of these were category II and 8 were category III. |
## ISSUES:

1. Although 18ww overall waiting list is reducing, due to elective work having been on hold performance has fallen dramatically and there are lengthening waiting times particularly within patients waiting >52 weeks.
2. Many diagnostic tests still not completed/at full capacity due to COVID restrictions. ESNEFT have 1945 patients waiting >10 week.
3. Cancer services continue as BAU although the end to end process is slower due to restrictions in place due to COVID-19 including diagnostic restrictions and patient choice. This will be highlighted as referrals are beginning to resemble cancer referrals are now returning back to pre-covid levels, slower process and restrictions are meaning waiting lists growth and performance risk.

## ACTIONS:

1. ESNEFT are producing recovery plan which will incorporate timeline for returning to BAU for elective workload.
2. It is expected that restrictions for diagnostic procedures will continue to be removed although productivity is expected to be impacted as additional measures will still be needed to be adhered to.
3. Cancer PTL’s held weekly in Colchester and Ipswich. Services are generally returning to ‘normal’ and back up and running, PTL to support review and throughput of patients on waiting lists. Private provider support for 2ww patients requiring endoscopy in place.

### Elective

<table>
<thead>
<tr>
<th>Standard</th>
<th>This Month</th>
<th>Last Month</th>
<th>Assurance</th>
<th>SPC Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 wk RTT Incomplete(N)</td>
<td>92.0%</td>
<td>58.8%</td>
<td>65.1%</td>
<td>Consistently failed</td>
</tr>
<tr>
<td>RTT 52 Week Waiters(N)</td>
<td>0</td>
<td>431</td>
<td>205</td>
<td>Both met and failed</td>
</tr>
<tr>
<td>18 wk RTT Incomplete(N)</td>
<td>49,962</td>
<td>51,073</td>
<td></td>
<td>Special cause variation: Low</td>
</tr>
<tr>
<td>Diagnostic test waiting times(N)</td>
<td>1.0%</td>
<td>46.3%</td>
<td>35.4%</td>
<td>Both met and failed</td>
</tr>
</tbody>
</table>

### Cancer

<table>
<thead>
<tr>
<th>Standard</th>
<th>This Month</th>
<th>Last Month</th>
<th>Assurance</th>
<th>SPC Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cancer 2 week wait(N)</td>
<td>93.0%</td>
<td>96.9%</td>
<td>90.8%</td>
<td>Both met and failed</td>
</tr>
<tr>
<td>Two week wait for breast symptoms(N)</td>
<td>93.0%</td>
<td>98.2%</td>
<td>80.5%</td>
<td>Both met and failed</td>
</tr>
<tr>
<td>Cancer 31 day wait: Percentage receiving 1st treatment within one month of cancer diagnosis(N)</td>
<td>96.0%</td>
<td>93.8%</td>
<td>88.1%</td>
<td>Both met and failed</td>
</tr>
<tr>
<td>Cancer 62 day wait: urgent GP referral for suspected cancer(N)</td>
<td>85.0%</td>
<td>80.0%</td>
<td>78.4%</td>
<td>Both met and failed</td>
</tr>
<tr>
<td>NEW 28 day Referral to Diagnosis</td>
<td>TBC</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### A&E

<table>
<thead>
<tr>
<th>Standard</th>
<th>This Month</th>
<th>Last Month</th>
<th>Assurance</th>
<th>SPC Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E 4 Hour Standard(N)</td>
<td>95.0%</td>
<td>94.8%</td>
<td>90.6%</td>
<td>Both met and failed</td>
</tr>
</tbody>
</table>

### New 28 Day Referral to Diagnosis

<table>
<thead>
<tr>
<th>Standard</th>
<th>This Month</th>
<th>Last Month</th>
<th>Assurance</th>
<th>SPC Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW 28 day Referral to Diagnosis</td>
<td>TBC</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
## Monthly Metrics - East Suffolk Community

### Adults / General
- **72 hours routine referral to seen**
  - East: 95% (n/a) 97.9% Consistently Met
  - To be added
- **4 hours urgent referral to seen**
  - East: 95% (n/a) 95.5% Consistently Met
  - To be added
- **2 hours emergency referral to seen (EIT)**
  - East: 95% (n/a) n/a n/a To be added
- **Delayed transfers of care**
  - East: 3.5% 3.4% 5.6% Consistently Failed
  - To be added

### Children and Young People
- **12 Weeks assessment to treatment: SLT - Community Clinic**
  - Both: 95% 76.5% 100.0% Both met and failed
  - To be added
- **12 Weeks assessment to treatment: SLT - Mainstream Schools**
  - Both: 68% 50.0% 50.0% Consistently Failed
  - To be added
- **15 days receipt of paperwork to Initial Health Assessment (Children in care)**
  - Both: 95% 80.0% 59.1% Consistently Failed
  - To be added
- **6 weeks request to advice on EHCPs**
  - Both: 90% 98.0% 100.0% Consistently Met
  - To be added
- **18 week RTT for Paediatric Consultant led services**
  - Both: 92% 58.7% 68.8% Consistently Failed
  - To be added
- **18 week RTT for Paediatric non-Consultant led services**
  - Both: 92% 100.0% 97.7% Consistently Met
  - To be added

### Specialist Services
- **Standard equipment delivered on time**
  - Both: 95-98% 99.7% 99.6% Consistently Met
  - To be added
- **18 week referral to treatment for non-consultant led services**
  - East: 92% 98.1% 99.4% Consistently Met
  - To be added
  - (2 Services: ESNEFT-Adult SLT East and Heart Failure East) **n/a**
- **18 week referral to treatment for non-consultant led services**
  - East: 92% 99.9% 99.9% Consistently Met
  - To be added
  - (3 Services: GP Fed - Podiatry, Continence and Stoma) **n/a**
- **Care Coordination Centre - % of calls answered within 60 seconds**
  - Both: 90% 91.3% 90.8% Consistently Met
  - To be added
- **Childrens Wheelchair - equipment delivered in 18 weeks or less of being referred to the service**
  - Both: 92% 100.0% 100.0% Consistently Met
  - To be added

---

### Notes
- *These metrics are currently unvalidated*

---

**Services continue to develop/refine recovery plans; planning for a second ‘wave’ of C19 and winter demand.**

**2. Services are reviewing demand to permanently implement 7 day / extended hours working across community services (adult general/specialist services)**

**3. Integrated paediatric community services (ICPS): Key challenge areas are demand surge when schools re-start in September. Autistic Spectrum Disorder time to diagnosis has increased and ways of supporting families whilst waiting for a diagnosis are being explored.**

---

**- Adult Services: Leaders from each Integrated Neighbourhood Team (INT) have held workshops; learning lessons from C19, assessing delivery and agreeing the INT priorities. Plans to support and sustain Discharge to Assess (D2A), the REACT and INTs are being developed as well as the D2A and End of Life hubs to determine which elements could continue in the long term.**

**- Integrated paediatric community services (ICPS): Recovery plans are being updated for all services. Phase 2 of the ICPS review has started, focussing on; 7 day working, reviewing staff skill mix, Occupational and Physiotherapy and delivery of the Speech, Language and Communication Needs model**
**IES and NEE Elective Care Programme Board**

<table>
<thead>
<tr>
<th>Overall Programme</th>
<th>Apr-20</th>
<th>May-20</th>
<th>Jun-20</th>
<th>Jul-20</th>
<th>Aug-20</th>
<th>Sep-20</th>
<th>Oct-20</th>
<th>Nov-20</th>
<th>Dec-20</th>
<th>Jan-21</th>
<th>Feb-21</th>
<th>Mar-21</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAG</td>
<td>GREEN</td>
<td>GREEN</td>
<td>GREEN</td>
<td>GREEN</td>
<td>GREEN</td>
<td>GREEN</td>
<td>GREEN</td>
<td>GREEN</td>
<td>GREEN</td>
<td>GREEN</td>
<td>GREEN</td>
<td>GREEN</td>
</tr>
</tbody>
</table>

**Programme Status:**
- Recovery & Reform Group now in place overseeing restart of all services within ESNEFT
- Continuing to develop green and blue processes for elective care and reorganisation of wards to facilitate colocation for electives
- Planning for re-opening of all theatres
- Ensuring the new practices developed during COVID period that have worked well are embedded i.e. video consultation, blue card and attend anywhere video consultations
- Reviewing relocation & restarting of services to minimise footfall and to ensure social distancing measures are in place eg phlebotomy
- IES : Re-engaging with ophthalmology and gastroenterology services to restart steering boards and complete 19/20 activities that were paused due to COVID-19
- NEE : Glaucoma and Cataract Pilot activities that was paused due to COVID-19 have recommenced, along with Independent Prescribing Training for Optoms

<table>
<thead>
<tr>
<th>Project</th>
<th>RAG</th>
<th>Update/Action Required in Red or Amber</th>
</tr>
</thead>
</table>
| EC 20-01 Outpatients and Diagnostics Transformation | On Track | • Revised Charter being developed to take into account changed priorities as a result of COVID-19. To be taken to July programme board for approval  
• Currently focussing on further rollout of Attend Anywhere, improved use of Advice & Guidance and embedding patient-initiated follow-up with big 6 specialties, as well as rolling out to new specialties  
• Phase 1 of teledermatology at Ipswich Hospital gone live with Phase 2 expected end July  
• Teledermatology at Colchester to be rolled out in July |
| EC 20-02 Outpatient Processes (ESNEFT led) | On Track | • Revised Charter being developed to take into account changed priorities as a result of COVID-19. To be taken to July programme board for approval |
| EC 20-03 Theatres (ESNEFT led) | On Track | • Revised Charter being developed to take into account changed priorities as a result of COVID-19. To be taken to July programme board for approval |
| EC 20-04 Patient Portal (ESNEFT led) | On Track | • Revised Charter being developed to take into account changed priorities as a result of COVID-19. To be taken to July programme board for approval |
| EC 20-05 Elective Care Centre (ESNEFT led) | On Track | • Awaiting outcome of extraordinary Governing body meeting scheduled for 14th July 2020 |
# Integrated Care East Programme Board

## Programme Status: Several the workstreams have paused due to COVID-19

<table>
<thead>
<tr>
<th>Project</th>
<th>RAG</th>
<th>Update/Action Required in Red or Amber</th>
<th>Project</th>
<th>RAG</th>
<th>Update/Action Required in Red or Amber</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICE 20-01 Urgent and Emergency Care</td>
<td>At Risk</td>
<td>The majority of workstreams within this programme have paused during the COVID-19 period whilst the Alliance’s urgent and emergency care priority has been on managing acute demand created by COVID-19 and creating additional intensive care capacity in acute hospitals. However, there has been a focus on discharge to assess (D2A) in line with the government’s COVID-19 hospital discharge service guidance requiring system wide change to enable immediate discharge from hospital. The REACT service has been pivotal in supporting D2A pathways in collaboration with the locality INTs especially around supporting pathway 1 discharges from hospital. This has enabled us to start to test what a locality model for REACT could look like and a task and finish group has been set up to start to draw up an options paper. REACT mobile SystmOne working, Dementia Intensive Support Team (DIST) 7 day working and developing a 2 hour urgent community response service specification have all paused during the COVID-19 period and as part of recovery planning revised timescales are being explored to progress these pieces of work subject to provider capacity and resource.</td>
<td>ICE 20-03 Responsive Out of Hospital Programme</td>
<td>On Track</td>
<td>Overall this programme of work is on track. The Care Homes programme of work was accelerated during COVID-19 with elements of the PCN Enhanced Health in Care Homes specification brought forward including every care home now aligned to a PCN/clinical lead and a new national mandate to extend support to LD Homes. In relation to D2A programme, an Integrated Discharge Hub was mandated nationally and this new service model has led to good system flow and patients on the appropriate pathway of care. In relation to Community Hospitals sites, some of the beds were re-purposed during COVID-19 to support neuro-rehab and delirium and a new blue print for community services is in development to support further development of D2A pathways linked to community service developments. The Family Carers procurement was put on hold due to COVID-19 but it has been agreed to re-start the procurement with a new timetable aiming for a 1st April 2021 contract start. The referral management project was paused doing COVID-19 and scope, resource and timescales will need to be reviewed.</td>
</tr>
<tr>
<td>ICE 20-02 Ageing Well, Care Closer to Home</td>
<td>Off Track</td>
<td>The majority of workstreams within this programme have paused during the COVID-19 period whilst the Alliance’s priority has been on developing and supporting the INTs with operational management of the pandemic. It was agreed at the start of the outbreak that we would need to pause the majority of transformation programmes, especially those heavily reliant on provider capacity and engagement to progress so the development of the Felixstowe frailty service was put on hold. In terms of frailty the FAB clinic closed and the Felixstowe proactive frailty service stopped in order to increase capacity to manage additional demand created by COVID-19. As part of recovery planning revised timescales are being explored to progress these pieces of work subject to provider capacity and resource.</td>
<td>ICE 20-04 End of Life</td>
<td>At Risk</td>
<td>A number of workstreams have paused during COVID-19 period whilst the Alliance EOL priority has been on mobilising the local COVID-19 EOL response model focusing on 24/7 response, care co-ordination, increased care capacity, support to care homes, bereavement support and roll out of VOED training. The 100 hour pharmacy initiative supplying just in case drugs was fast tracked during COVID-19 and has now been rolled out ICS wide. Workstreams that have paused include EOL training for INTs and GPs, EPACCS options development, EOL website design and launch and Compassionate Communities project. As part of recovery planning revised timescales are being explored to progress these pieces of work subject to provider capacity and resource.</td>
</tr>
</tbody>
</table>
### SNEE Strategic Programme Board

#### Programme Status
Programme Status: Other projects have been identified for the SNEE programme but due to Covid 19 are now being reviewed. A full programme of work will be reviewed and updated on in August.

<table>
<thead>
<tr>
<th>Project</th>
<th>RAG</th>
<th>Update/Action Required in Red or Amber</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNEE CVD</td>
<td>At Risk</td>
<td>Individual organisations have been contacted to discuss individual projects and goals as well as the willingness to join to form an oversight/delivery board - all alliances have agreed in principle to join. COVID 19 has delayed the creation of this board and so delivery timescales will need to be adjusted - this will not happen until the board is able to meet</td>
</tr>
<tr>
<td>SNEE Respiratory</td>
<td>On Track</td>
<td>The respiratory transformation approach has been delayed in its implementation due to the Covid 19 national response. The programme is currently being revitalised with key stakeholders being engaged to ensure governance is developed and progress made on objective areas.</td>
</tr>
<tr>
<td>SNEE Maternity</td>
<td>On Track</td>
<td>National transformation team still not confirmed the targets and deliverables for 2020/21. Programme is therefore focussing on developing &quot;new normal&quot; pathways that incorporate Covid 19 measures, as well as the aims of the transformation programme. Milestones and deliverables will change when direction has been received from National Maternity team. IF deliverables are not changed for 2020/21 then the programme will be at Amber status, as major transformation activity is on hold due to Covid 19 reduced staffing.</td>
</tr>
<tr>
<td>SNEE Neuro Rehab</td>
<td>On Track</td>
<td>Initial contact has been made and issues understood from all angles. Some progress has been made to bring relative parties together to form an overarching board. Agreement has been made to start the overarching board in October 2020</td>
</tr>
<tr>
<td>SNEE Stroke</td>
<td>On Track</td>
<td>Stroke board is in place and meets monthly. First contacts have been made to bring together neuro rehabilitation community to talk about forming a governance board and delivery network planning for first board to be held in October 2020, conversations are being held with neighbouring ICSs to look at ISDN structure and future working - post COVID NHSE are looking at changing specifications to incorporate lessons learnt paper under construction to demonstrate our intentions for future services - this has been delayed due to COVID and diversion of effort into other areas Business case under construction for Thrombectomy centre at Ipswich hospital - we continually try to push the need with the national team ESD procurement was paused during the COVID panic but has now been re launched - new dates to be confirmed</td>
</tr>
<tr>
<td>SNEE Cancer</td>
<td>On Track</td>
<td>Transformation programmes have restarted to support cancer recovery and delivery of project outcomes. Screening - PCN bids being reviewed to increase cervical screening across the STP. To support the Faster Diagnosis standard recovery an endoscopy workshop has been established, to support demand and capacity work. Strategic and operation group for Rapid Diagnostic Centre has been established, funding profile to be agreed at ICS cancer board Polyp surveillance has been implemented across the ICS. Telederm has been launched across East Suffolk to support FDS.</td>
</tr>
<tr>
<td>Overall Programme</td>
<td>Apr-20</td>
<td>May-20</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------</td>
<td>--------</td>
</tr>
</tbody>
</table>

**Programme Status:** Due to COVID-19 some work is currently on hold

### Project: CYP 20-01 NEE CAMHS
- **RAG:** On Track
- **Update/Action Required in Red or Amber:**
  - Revised Timetable for the procurement is now agreed with contract award due 1 Sept 2021 and the new service mobilised by 31 March 2022.
  - The Collaborative are working on finalising the service specification with market engagement with the public and bidders planned for November/December 2020.

### Project: CYP 20-02 Suffolk CAMHS
- **RAG:** On Track
- **Update/Action Required in Red or Amber:**
  - Transformation
    - Reviewing the governance and meeting structure for the Children, Young People and Families (CYPF) Transformation work to restart meetings in July.
    - A series of workshops are underway to pilot a model and to develop the pathway for children, young people and families as part of the Havering Early Adopter that will align with the current work which began in May. Work is also beginning to develop a model and pathway for CYF in the East Early Adopter areas.

### Project: CYP 20-03 Suffolk CAMHS
- **RAG:** On Hold
- **Update/Action Required in Red or Amber:**
  - This Essex wide project completed a scoping exercise following a series of workshops undertaken in partnership with all 7 CCGs in Essex during 2019. The project was approved to proceed at the SEND Improvement Board on the 26th Feb setting out high level and indicative timescale following the findings from the SEND inspection and the Written Statement of Action.
  - Essex County Council are leading on the governance and contract with Better Communication CIC, an external Consultancy Company.
  - Work was scheduled to commence on the 1st April however this has been delayed due to COVID. An overall Framework has been agreed to implement at locality level.

### Project: CYP 20-04 Suffolk SLT
- **RAG:** On Hold
- **Update/Action Required in Red or Amber:**
  - Project on hold due to COVID-19 - school closures, cessation of face to face contact and groups/clinics. Milestones to be reviewed when there is greater clarity regarding full school opening and capacity of 0-19 and other health staff allows.

### Project: CYP 20-05 NEE Neuro Developmental
- **RAG:** On Track
- **Update/Action Required in Red or Amber:**
  - Development and implementation of Neurodevelopmental Disabilities (NDD) and Behaviour pathways in NE Essex are driven by the SEND Written Statement of Action (WSOA) key priority area for improvement and the NEE Alliance priorities. The pathway redesign is also aligned to the CCH review and procurement of Community Services (Paediatric Therapies).
  - A strategic discussion is taking place to agree the optimal approach, governance and joint commissioning opportunities for NDD/SEND to deliver the quality improvements across both the Local Area and at placed based level.
  - A review of the governance and meeting structure for the overall Children, Young People and Families and Transformation is currently being undertaken by the Nursing Directorate and Transformation Directorate.
  - There is a key interdependency with this project and the Essex wide implementation of the Balanced System approach and Framework for SaLT. The SaLT programme is not expected to be implemented until December 2021.

### Project: CYP 20-06 Suffolk Neuro Developmental
- **RAG:** On Track
- **Update/Action Required in Red or Amber:**
  - Business case approved by Exec for the procurement of VCS support. The VCS support procurement will commence by the end of July 2020 with an expected implementation of the support by the end of the year. The coordination function will be established and operational to coincide with the introduction of the VCS offers. The diagnostic pathways will be reviewed and ready for testing by January 2021, the neurodevelopmental pathway will run in test form until May 2021 when it will be formally launched alongside the new Mental Health delivery model.

### Project: CYP 20-07 Suffolk Community Paediatrics
- **RAG:** On Hold
- **Update/Action Required in Red or Amber:**
  - Phase 2 temporarily suspended due to COVID-19. New project timeframes to be set during July/August once new project manager is in post.
## West Suffolk FT - Month 2 YTD – Quality Plan on a Page

### CCG Quality Assurance Rating:
Level 3 (→ from last month)

### CQC Rating:
2020. Requires improvement

### QSG surveillance Rating:
Enhanced

### Issues / Concerns / Comments

<table>
<thead>
<tr>
<th>Hospital</th>
<th>CCG Quality Assurance Rating:</th>
<th>CQC Rating:</th>
<th>QSG surveillance Rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Suffolk Hospital Foundation Trust (WSFT)</td>
<td>Level 3 (→ from last month)</td>
<td>2020. Requires improvement</td>
<td>Enhanced</td>
</tr>
</tbody>
</table>

### Actions / Progress

1. WSFT submitted an updated Trust improvement plan summary report, which was presented at their Board meeting on the 26 June 2022. This has been shared with the CCG and estimates a 60% status against 12 trust CCG actions. 25 actions were identified as either Green - action on target or complete or Red - partial. Discussions are ongoing at the CCG level to ensure clear and timely actions.

2. CCGQ is now complete. Discussions are ongoing between WSFT and the CCG to ensure clear and timely actions.

3. External audit of patient care services in Trust - findings to be discussed at next Board meeting.

4. Board meeting on 26 June 2022 reviewed progress against the improvement plan summary report.

5. West Suffolk Hospital Foundation Trust (WSFT) has submitted an updated Trust improvement plan summary report, which was presented at their Board meeting on the 26 June 2022. This has been shared with the CCG and estimates a 60% status against 12 trust CCG actions. 25 actions were identified as either Green - action on target or complete or Red - partial. Discussions are ongoing at the CCG level to ensure clear and timely actions.

6. CCGQ is now complete. Discussions are ongoing between WSFT and the CCG to ensure clear and timely actions.

7. Board meeting on 26 June 2022 reviewed progress against the improvement plan summary report.
West Suffolk FT – Month 2 – Top 10 Performance Items

<table>
<thead>
<tr>
<th>Elective</th>
<th>Standard</th>
<th>This Month</th>
<th>Last Month</th>
<th>Assurance</th>
<th>SPC Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 wk RTT Incomplete(N)</td>
<td>92.0%</td>
<td>57.6%</td>
<td>66.8%</td>
<td>Consistently failed</td>
<td>Special cause variation: Low</td>
</tr>
<tr>
<td>RTT 52 Week Waiters(N)</td>
<td>0</td>
<td>228</td>
<td>87</td>
<td>Both met and failed</td>
<td>Special cause variation: High</td>
</tr>
<tr>
<td>18 wk RTT Incomplete(N)</td>
<td></td>
<td>17,554</td>
<td>17,859</td>
<td></td>
<td>Special cause variation: Low</td>
</tr>
<tr>
<td>Diagnostic test waiting times(N)</td>
<td>1.0%</td>
<td>67.6%</td>
<td>62.8%</td>
<td>Both met and failed</td>
<td>Special cause variation: High</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Standard</th>
<th>This Month</th>
<th>Last Month</th>
<th>Assurance</th>
<th>SPC Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cancer 2 week wait(N)</td>
<td>93.0%</td>
<td>86.6%</td>
<td>88.5%</td>
<td>Both met and failed</td>
<td>TBD - Trend or CCV</td>
</tr>
<tr>
<td>Two week wait for breast symptoms(N)</td>
<td>93.0%</td>
<td>97.5%</td>
<td>96.3%</td>
<td>Both met and failed</td>
<td>TBD - Trend or CCV</td>
</tr>
<tr>
<td>Cancer 31 day wait: Percentage receiving 1st treatment within one month of cancer diagnosis(N)</td>
<td>96.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>Consistently met</td>
<td>TBD - Trend or CCV</td>
</tr>
<tr>
<td>Cancer 62 day wait: urgent GP referral for suspected cancer(N)</td>
<td>85.0%</td>
<td>50.0%</td>
<td>80.0%</td>
<td>Both met and failed</td>
<td>Special cause variation: Low</td>
</tr>
<tr>
<td>NEW 28 day Referral to Diagnosis</td>
<td>TBC</td>
<td>N/A</td>
<td>N/A</td>
<td>Consistently failed</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A&amp;E</th>
<th>Standard</th>
<th>This Month</th>
<th>Last Month</th>
<th>Assurance</th>
<th>SPC Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E 4 Hour Standard-Nat'l</td>
<td>95.0%</td>
<td>No Data</td>
<td>No Data</td>
<td>Consistently failed</td>
<td>No Data</td>
</tr>
</tbody>
</table>

**ISSUES:**
1. 18 weeks: Performance was 57.6%, down from 66.8% in April against 92% target. May’s waiting list is 17,554 – impacted by Covid-19 restrictions.
2. 228 patient breaches of 52 weeks in April – COVID-19 impacted.
3. 62 day cancer target was 50.0% in May (down from 80.0%). Diagnostic tests at 67.6%, up from 62.8% in April - COVID-19 impacted.

**ACTIONS:**
1. Work with WSFT to understand what planning is required to recover waiting lists and waiting times impacted by COVID-19. Waiting lists are falling, but wait times are rising – capacity is reduced due to the ongoing COVID-19 restrictions.
2. Weekly PTL monitoring implemented. Recovery plan in place – figures include the start of COVID-19 restrictions.
3. WSFT to understand capacity available for outsourcing diagnostics.
4. Supporting WSFT with the re-triage the clinical need for those patients at 52 weeks.
<table>
<thead>
<tr>
<th>Issues / Concerns / Comments</th>
<th>Actions / Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CCG Quality Assurance Rating:</strong> Level 3 (→ from last month)</td>
<td><strong>CQC Rating:</strong> 2020: Requires improvement</td>
</tr>
<tr>
<td><strong>Month updated:</strong> Jul-20 (May-20 data)</td>
<td><strong>QSG surveillance Rating:</strong> Enhanced</td>
</tr>
<tr>
<td>1. Eating disorder performance has been below the expected standard</td>
<td>1. The standard is 85% for urgent cases to be seen within 1 week and 85% routine cases to be seen within 4 weeks. The published data shows falling performance over the year rather than current – so for ISSCO it is 54.6% urgent and 76.4% routine (West is 21.7% urgent and 85.7% routine). The CCGs are aware of an improved position in terms of performance over the last 3 months (work with the emotional well-being hub and work on recording data) but this will take some time to be reflected in the data and there are still breaches. The CCGs continue to attend the EU steering group, maintaining close oversight on improvements. Patient experience and patient outcomes is an area requiring focus as current reporting structures are not providing a triangulation of qualitative and quantitative data. The CCGs are working with Rebecca Mann, East of England NHSI CYP Lead, specifically with a view to supporting the required development of the Eating Disorders Service. The key issue being that the service is commissioned as a county wide service but delivered differently in the East and West (as separate CYP services) and the West (as an all-age service).</td>
</tr>
<tr>
<td>2. There continues to be concerns around the face-to-face provision being provided by NSFT during the COVID-19 response. This is following a Suffolk User Forum survey specialty in relation to the Trust’s COVID-19 response.</td>
<td>2. This has been escalated to Director level to seek assurance around decision making. This is in relation to face-to-face care offers and the Trust’s ongoing review of risk assessments of patients reporting no contact from care co-ordinators. There is also concern in terms of the link between the increasing there are currently no reports in crisis and the increase in Mental Health Assessment and admissions. This is being overseen through the recently reconstituted CQFM forum. These care groups are undertaking deep dives into those presentations to better understand the drivers and what is needed to support people differently in view of the changes being seen.</td>
</tr>
<tr>
<td>3. Dealing in contact from children, young people and families</td>
<td>3. Demand and capacity cells continue on a fortnightly basis to oversee the system response during COVID-19. There remains concerns regarding the numbers of referrals received into the system across health and social care. The Emotional Wellbeing Hub (EWH) continues to see a significant reduction in demand and the First Response Service is now reporting on demand; CYP demand is noted as significantly lower. Work continues with NSFT around the monitoring and system thinking about how the CCGs as commissioners can increase the support available via a more proactive approach.</td>
</tr>
<tr>
<td>4. Admissions into the Learning Disability (LD) Inpatient Service remains low with positive system working. The East of the county appears to be moving forward and implementing some of the areas within the Priority 4 transformation evaluation - the West is just beginning this journey.</td>
<td>4. There is currently one inpatient cohort at Watford Clinic, which has enabled a bungalow to be closed for refurbishment. The team continues to work proactively with social care. The CCGs have noted that Suffolk has not had an admission to Specialist LD Inpatient Services since December 2019.</td>
</tr>
</tbody>
</table>
Suffolk CCGs at NSFT – Month 2 Year to Date – Top 10 Performance Items

**Children, Families and Young People**

<table>
<thead>
<tr>
<th>Item</th>
<th>Standard</th>
<th>This Month</th>
<th>Last Month</th>
<th>Assurance</th>
<th>SPC Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 day routine referral to assessment</td>
<td>95%</td>
<td>67.3%</td>
<td>59.6%</td>
<td>Consistently fail</td>
<td>Common Cause Variation</td>
</tr>
<tr>
<td>4 hour crisis referral to assessment</td>
<td>95%</td>
<td>80.0%</td>
<td>84.2%</td>
<td>Both Meet and fail</td>
<td>Common Cause Variation</td>
</tr>
<tr>
<td>15 weeks referral to treatment</td>
<td>95%</td>
<td>85.7%</td>
<td>82.4%</td>
<td>Both Meet and fail</td>
<td>Special Cause Variation - Low</td>
</tr>
<tr>
<td>1 hour eating disorder emergency ref to assess</td>
<td>95%</td>
<td>50.0%</td>
<td></td>
<td>Both Meet and fail</td>
<td></td>
</tr>
<tr>
<td>4 hour eating disorder routine ref to assess</td>
<td>95%</td>
<td>60.0%</td>
<td>81.8%</td>
<td>Both Meet and fail</td>
<td>Common Cause Variation</td>
</tr>
</tbody>
</table>

**Adult/Older People**

<table>
<thead>
<tr>
<th>Item</th>
<th>Standard</th>
<th>This Month</th>
<th>Last Month</th>
<th>Assurance</th>
<th>SPC Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 day routine referral to assessment</td>
<td>95%</td>
<td>71.7%</td>
<td>51.8%</td>
<td>Both Meet and fail</td>
<td>Common Cause Variation</td>
</tr>
<tr>
<td>4 hour crisis referral to assessment</td>
<td>95%</td>
<td>85.6%</td>
<td>84.1%</td>
<td>Both Meet and fail</td>
<td>Special Cause Variation - Low</td>
</tr>
<tr>
<td>15 weeks referral to treatment</td>
<td>95%</td>
<td>89.6%</td>
<td>89.7%</td>
<td>Both Meet and fail</td>
<td>Special Cause Variation - Low</td>
</tr>
<tr>
<td>14 days Early Intervention in Psychosis</td>
<td>56%</td>
<td>54.5%</td>
<td>50.0%</td>
<td>Both Meet and fail</td>
<td>Common Cause Variation</td>
</tr>
</tbody>
</table>

**Wellbeing**

<table>
<thead>
<tr>
<th>Item</th>
<th>Standard</th>
<th>This Month</th>
<th>Last Month</th>
<th>Assurance</th>
<th>SPC Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovery Ipswich &amp; East Suffolk CCG</td>
<td>50%</td>
<td>50.7%</td>
<td>50.1%</td>
<td>Both Meet and fail</td>
<td>Special Cause Variation - High</td>
</tr>
<tr>
<td>Recovery West Suffolk CCG</td>
<td>50%</td>
<td>53.3%</td>
<td>43.1%</td>
<td>Both Meet and fail</td>
<td>Special Cause Variation - High</td>
</tr>
</tbody>
</table>

**ISSUES:**

1. RTA/RTT waits lengthening, impacted by capacity gaps due to staff isolation/sickness despite lower referrals
2. EIP – Non compliance for last two consecutive months despite slight drop in new cases seen. Clinical lead on maternity leave. SNEE ICS is poorest performer in region
3. Continuing variable compliance with ED standards despite falling waiting list for routine referrals and zero waiting list for urgent cases

**ACTIONS:**

1. Targeted care group level action plans to manage team capacity in order to address RTA/RTT waits.
2. NSFT sourcing Locum for maternity leave cover
3. NSFT working up a business case with key stakeholder involvement - this will identify where additional investment may be required
# Mental Health Programme Dashboard

**Overall Programme RAG**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>GREEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Programme Status:** Other projects have been identified for the SNEE programme but due to Covid 19 are now being reviewed. A full programme of work will be reviewed and updated on in August.

<table>
<thead>
<tr>
<th>Project</th>
<th>RAG</th>
<th>Update/Action Required in Red or Amber</th>
<th>Project</th>
<th>RAG</th>
<th>Update/Action Required in Red or Amber</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Adopter Haverhill Pilot - Community</td>
<td>On Track</td>
<td>During COVID-19 the wider community mental health and early adopter transformation work was paused. However, a small working group continued to meet so that the Primary Care Specialist Mental Health Nurses were able to start working in the 2 Haverhill practices to support patients during the pandemic and the adult early adopter started on the 7th May. Due to COVID-19, this only meant the MH Specialist Nurses supporting the practices virtually and starting with the minimal of plans in place rather than ensuring that all of the elements of the project were in place before the launch. Over the last couple of months, the task and finish groups have been meeting on a weekly/ biweekly basis. The group has grown in size as more and more people have been returning to business as usual. Further work has continued to embed the core specialist mental health offer in the 2 Haverhill practices, plus the CPYP offer at the front door, links with the HITS, Social Prescribing, Turning Point. The Haverhill Early Adopter will continue throughout 20/21 to test the emerging community mental health model. This project highlight report will become part of the MH community project plan and highlight report.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SMI Physical Health - ICS</td>
<td>At Risk</td>
<td>Data &amp; Information: Quarterly reporting received from GP Practices via Port (east) and data collection sheet (West): I6E5CCCG24 (Jan-Mar 2020) - 52.1% W5CCCG 24 (Jan-Mar 2020) - 37.7% EHR data extraction software has been authorised for purchase by the CCGs and the purchase order has been raised by Finance. If are progressing this and will roll this out to all EHR’s practices across east and west (timescale tbc). This will avoid the need to make assumptions about the missing data, and can also be used to support other workstreams/projects. Outstanding since 2019. Ongoing close working with I6E and West Primary Care teams; regular meetings in place with the SMI Physical Health Team. Workforce Development: Accountability now with CDO teams in order to support delivery of 60% target, with input from Transformation across east and west to ensure clear communication and opportunities for joint working are fully explored.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Disabilities and Autism</td>
<td>On Track</td>
<td>COVID-19 paused the transformation work in relation to the Suffolk Alliance MH Transformation Programme which impacted on the milestones laid out in this highlight report. These milestones have now been refreshed and will be reflected in the updated highlight report in August. COVID-19 paused the transformation work in relation to the Suffolk Alliance MH Transformation Programme which impacted on the milestones laid out in this highlight report. These milestones have now been refreshed and will be reflected in the updated highlight report in August. A monthly LD&amp;A Steering Group is to be established which will bring together Alliance and Co-production partners to ensure that these milestones are met. The first meeting is planned for mid August and will be a ‘Balance and Check’ meeting to update the group on the work completed so far for priority 4 i.e. workforce and experts by experience engagement and to go through the high level pathways.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IAPT Wellbeing - ICS</td>
<td>At Risk</td>
<td>Ongoing implementation of IAPT LTC business case, to expand from initial LTCs at Year 1, in line with 3 year plan. Main focus for Year 2 is developing new joint LTC pathways (Cancer, MSK and Gastro) within community/primary care settings - work alongside AS for ensuring Wellbeing Suffolk are integrating with Haverhill Early Adopter team and Ipswich/Coastal Early Adopter conversations. Work to continue in order to mitigate risks of reduction in referrals due to COVID-19, and ensure stretch 25% access target reached by March 2023. Prior to COVID-19 - joint working with acute trusts currently on hold.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Mental Health Programme Dashboard

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GREEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Programme Status:** Other projects have been identified for the SNEE programme but due to Covid 19 are now being reviewed. A full programme of work will be reviewed and updated on in August.

#### Project RAG Update/Action Required in Red or Amber

- **Crisis (ICS):** On Track
  - During CV19, a number of crisis areas were expedited in their transformation as to support the system. Key areas of focus for the ICS are to deliver 24/7 MH crisis provision, CORE 24 Mental Health Liaison and deriving crisis alternatives.
  - SNEE has implemented crisis phone lines responding to the CV19 ask of expediting transformation plans. Requirement to move Suffolk to 111(2) in time. Finalising contract and reporting requirements in line with resuming to BAU.
  - NEE is in the process of mobilising the MH service to reach CORE 24 service requirements. This is progressing via the Steering Group and taking into scope wider environmental asks. Suffolk services are at CORE 24 standards.
  - Crisis cafes are live in both Colchester and Clacton albeit currently only providing a virtual services. Plans are in place to resume face to face come September including deriving one service model for both sites. Suffolk is just commencing scoping of crisis cafe provision.

- **Dementia (ICS):** At Risk
  - Dementia diagnosis rates have been impacted due to Covid 19 with an average across the ICS of 61.8%. This is in line with national and regional movements. Action plans have been reinstated and work ongoing with memory assessment services to return to a new form of BAU. Support services are due to expire at the end of March 21 with an extension being sought and procurement process prepared.

- **Personality Disorders:** On Track
  - Working group established to develop fully costed business case for new integrated pathway for people with Personality Disorders, to include whole pathway from early intervention/self-care through to crisis and working with VCS partners, ensuring that any changes to Waves/Night Owls are included via the business case. Ensure that the new pathways are weaved in to the early adopter models across east and west Suffolk.

- **Specialist (ICS):** On Track
  - The specialist mental health workstream has recommended the transformation work following the pause of Covid 19. Groups have been remodelled and associated implementation plans reviewed with milestones realigned as appropriate.

- **Eating Disorders:** On Track
  - Suffolk - Key highlights:
    - Personality Disorders - Working group established to develop fully costed business case for new integrated pathway for people with Personality Disorders, to include whole pathway from early intervention/self-care through to crisis and working with VCS partners, ensuring that any changes to Waves/Night Owls are included via the business case. Ensure that the new pathways are weaved in to the early adopter models across east and west Suffolk.
    - Eating Disorders - Work about to commence to review existing service specification and outcomes for Adult ED service with NIFT colleagues with a view to developing new spec and offer based on national guidance, including approach to medical monitoring for CYP and adults. Creation of Suffolk Eating Disorders Steering Group to create governance and forum for all age discussions and ensure joined up approach across CYP and adult offer.

- **Community (NEE):** On Track
  - NEE - Key highlights: Both SPMH and PD&CN business cases have been completed and have progressed through most of the governance routes with Governing Body remaining and planned for August. EIP business case has been received and is pending review and in the interim additional agency resource provided to address increasing demand. IPS service are in place to meet required national targets for 20/21 (and beyond in NEE) with discussions underway in Suffolk regarding service extension and expansion. OoAP are increasing post Covid due to reduced capacity with initial trajectories input needing review but commitment remaining to have zero by March 21.

- **Eating Disorders:** On Track
  - The overall community programme of work has recommenced following the pause of transformation due to Covid 19. Milestones are being reassessed inclusive of re-engaging stakeholders and reviewing associated implementation plans.
  - The mental health community models have commenced the early adopter approach in t Colchester with stakeholder engagement, modelling and recruitment underway. Progressing.
  - RoO out of LLTTF has commenced in NEE with intial engagement underway with interest gained across stakeholders. Ambition to link with NEE IAPT mobilisation for April 21st.

---

**Notes:**

- NEE is in the process of mobilising the MH service to reach CORE 24 service requirements. This is progressing via the Steering Group and taking into scope wider environmental asks. Suffolk services are at CORE 24 standards.
- Crisis cafes are live in both Colchester and Clacton albeit currently only providing a virtual services. Plans are in place to resume face to face come September including deriving one service model for both sites. Suffolk is just commencing scoping of crisis cafe provision.
- Dementia diagnosis rates have been impacted due to Covid 19 with an average across the ICS of 61.8%. This is in line with national and regional movements. Action plans have been reinstated and work ongoing with memory assessment services to return to a new form of BAU. Support services are due to expire at the end of March 21 with an extension being sought and procurement process prepared.
- Working group established to develop fully costed business case for new integrated pathway for people with Personality Disorders, to include whole pathway from early intervention/self-care through to crisis and working with VCS partners, ensuring that any changes to Waves/Night Owls are included via the business case. Ensure that the new pathways are weaved in to the early adopter models across east and west Suffolk.
- The specialist mental health workstream has recommended the transformation work following the pause of Covid 19. Groups have been remodelled and associated implementation plans reviewed with milestones realigned as appropriate.
- Suffolk - Key highlights:
  - Personality Disorders - Working group established to develop fully costed business case for new integrated pathway for people with Personality Disorders, to include whole pathway from early intervention/self-care through to crisis and working with VCS partners, ensuring that any changes to Waves/Night Owls are included via the business case. Ensure that the new pathways are weaved in to the early adopter models across east and west Suffolk.
  - Eating Disorders - Work about to commence to review existing service specification and outcomes for Adult ED service with NIFT colleagues with a view to developing new spec and offer based on national guidance, including approach to medical monitoring for CYP and adults. Creation of Suffolk Eating Disorders Steering Group to create governance and forum for all age discussions and ensure joined up approach across CYP and adult offer.
- NEE - Key highlights: Both SPMH and PD&CN business cases have been completed and have progressed through most of the governance routes with Governing Body remaining and planned for August. EIP business case has been received and is pending review and in the interim additional agency resource provided to address increasing demand. IPS service are in place to meet required national targets for 20/21 (and beyond in NEE) with discussions underway in Suffolk regarding service extension and expansion. OoAP are increasing post Covid due to reduced capacity with initial trajectories input needing review but commitment remaining to have zero by March 21.
- The overall community programme of work has recommenced following the pause of transformation due to Covid 19. Milestones are being reassessed inclusive of re-engaging stakeholders and reviewing associated implementation plans.
- The mental health community models have commenced the early adopter approach in Colchester with stakeholder engagement, modelling and recruitment underway. Progressing.
- RoO out of LLTTF has commenced in NEE with intial engagement underway with interest gained across stakeholders. Ambition to link with NEE IAPT mobilisation for April 21st.
### CCG Quality Assurance Rating:
Level 2 (→ from last month)

### CQC Rating:
Care UK 2017: Good

### QSG surveillance Rating:
Routine

#### Key Issues / Concerns / Comments

1. **81.07% calls answered in 60 sec in May.** This is an improvement from 60.47% in April & 60.2% in March and exceeds previous monthly performance pre-COVID however remains below target >=95%.

2. **969 category 3 and 4 ambulance validations are at 68.32% for May.** An improved position from 23.78% in April and 16.39% in March. Performance remains outside the local target of 80% however exceeds the national target of 50% for the reporting period. Continued improvements expected.

3. **Audit activity has been reduced in relation to the 111 and CAS service so that more call-handlers are available.** This is in relation to increased call volumes associated with COVID-19. Full audit activity will be resumed by 1 July.

4. **On-going feedback and support to develop accurate and comprehensive reporting, particularly in relation to the OOH service in Suffolk.**

5. **Work in relation to pilot the star (*) line, used to fast track callers to a clinician in the CAS, is not progressing at the pace, the pilot in Suffolk is being worked up.**

6. **Improved assurance regarding recruitment processes; mandatory training and audit data for OOH (Suffolk) however alignment of reporting with core contractor is still required.**

7. **Work in progress to establish the local IUC CAG (Clinical Assurance Group).**

8. **CCG has not received the Safeguarding Assurance Report for Q’s 3 and 4.**

#### Actions / Progress

1. Increased scrutiny is taking place for assurance regarding performance and breach data requested when there is concerns regarding the impact on patient safety.

2. This is followed up for assurance at the CQPM and will also be discussed at the new local and regional IUC quality groups.

3. The CCGs have had assurance the required % of call audits will take place and especially targeted at new staff and staff on action plans.

4. Reconciliation of data expected by July reporting (June data).

5. The timeline has been flexed in relation to the unprecedented response needed in relation to COVID-19; however it is anticipated this will be gather pace as care home pilot is launched. Further updates to follow.

6. Monthly data continues to be monitored. Concerns shared with Care UK as core provider. Reconciliation of data expected by July reporting (June data).

7. The newly established local Clinical Quality Assurance Group (CQAG) will provide further opportunity for clinical quality oversight, assurance and facilitate quality improvement. It reports to the Regional IUC Clinical Quality Group. There has been some delay in the timeline due to the response needed for COVID-19.

8. The CCGs Safeguarding Team are following this up with the service.
## Care UK Urgent Care - Transformation Summary

*Revised data to be provided for M3*

<table>
<thead>
<tr>
<th>Project</th>
<th>RAG</th>
<th>Update/Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>111 Online – CPCS Emergency Prescription</td>
<td>On Track</td>
<td>Implementation planned for 2&lt;sup&gt;nd&lt;/sup&gt; March 2020</td>
</tr>
<tr>
<td>MIC Direct Booking</td>
<td>Completed</td>
<td>MIC Direct Booking went live on the 11&lt;sup&gt;th&lt;/sup&gt; February 2020</td>
</tr>
<tr>
<td>GP+ Direct Booking</td>
<td>On Track</td>
<td>Currently aiming to implement for April 2020</td>
</tr>
<tr>
<td>GP Connect - Records Viewers</td>
<td>At Risk</td>
<td>Implementation planned for April – CCG’s are required to implement this within GP Surgeys, this may be delayed to co-inside with activation of EEAST GP Connect.</td>
</tr>
<tr>
<td>ED ITK Messages</td>
<td>On Track</td>
<td>This has been activated for WSH. We are awaiting Endpoints for ESNEFT hospitals.</td>
</tr>
<tr>
<td>111 Online – CPCS Minor Injuries</td>
<td>On Track</td>
<td>Scoping out who to involve from CCG’s Care UK and Pharmacies.</td>
</tr>
<tr>
<td>GP OOH Direct Booking</td>
<td>On Track</td>
<td>Currently aiming to implement for April 2020</td>
</tr>
<tr>
<td>Non-Clinical Care Homes Line to the CAS</td>
<td>At Risk</td>
<td>Awaiting action plan from Care UK</td>
</tr>
<tr>
<td>Option 2 Mental Health Crisis Line Changes to 111.</td>
<td>On Track</td>
<td>Implementation on track for May 2020</td>
</tr>
<tr>
<td>Beautiful Information Project</td>
<td>At Risk</td>
<td>A manual workaround has been implemented and the aim is to have this data be automated from 1&lt;sup&gt;st&lt;/sup&gt; May 2020</td>
</tr>
<tr>
<td>Border re-alignment within Suffolk</td>
<td>At Risk</td>
<td>Currently trying to engage with Norfolk and Waveney CCG to realign borders with Suffolk, currently Suffolk take 1,000 calls a months of Waveney patients and N&amp;W take 250 SNEE calls.</td>
</tr>
<tr>
<td>Multimedia capability within the IUC.</td>
<td>On Track</td>
<td>They might want a date for when this will be in place...</td>
</tr>
</tbody>
</table>
## CCG Quality Assurance Rating:
- Level 2 (~ from last month)

## CQC Rating:
- Report Pending

### Issues / Concerns / Comments

1. May data shows KPIs re inbound journeys at 77.75% (75.31%) and outbound (outpatient) journeys at 96.63% (96.65%). Outbound discharge and transfer journeys at 78.70% (75.70%).

2. A recruitment strategy is ongoing and has been effective through the use of the NHS Jobs website. The current staff turn-over rate is 3.5%. Current vacancies being recruited into include Ambulance Care Assistants (5.75 wte), a Road-based Supervisor, a Controller and an Operational Support Supervisor. The sickness rate for May is 7.8% (10.7%).

3. Mandatory training compliance is below the KPI for some elements, including safeguarding (64%). E-Zec recognise this and have a plan in place to address this.

4. There were no complaints or serious incidents during May. There were 8 incidents and 3 complaints. E-Zec Medical collected 60 patient experience surveys, from which 12 patients expressed concern regarding the timeliness of their journeys.

5. E-Zec had the CQC visit the service at Great Yarmouth in January.

### Actions / Progress

1. The figures show some improvement, although the outpatient activity has been low from April-July. However, E-Zec have also provided crews to support EEST. Furthermore, effective use of social distancing has reduced the passenger capacity for each vehicle.

2. The CCGs have requested a more comprehensive workforce report and data. The CCGs Contracts and Clinical Quality Teams will resume work with E-Zec to improve the reporting requirements, especially in relation to workforce data.

3. This will be followed up with the Compliance Manager. However, it is noted that E-Zec staff have a low threshold for raising concerns and that their log of raised concerns is shared with the CCGs for assurance.

4. The CCGs Clinical Quality Team will work with and support E-Zec to access more patient feedback underpinned with the use of the revised Friends and Family Test.

5. The CQC did not visit the Suffolk site and there is no further update of information regarding the visit yet.
### KPI Description

<table>
<thead>
<tr>
<th>KPI Description</th>
<th>Standard</th>
<th>This Month</th>
<th>Last Month</th>
<th>Assurance</th>
<th>SPC Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-bound - % Service Users arriving between 5 and 60 mins prior to their booked appointment time.</td>
<td>95%</td>
<td>78.6%</td>
<td>77.2%</td>
<td>Consistently failed</td>
<td>TBD - Trend or CCV</td>
</tr>
<tr>
<td>Journey Times - % Service Users on the vehicle between 0 and 90 minutes.</td>
<td>90.0%</td>
<td>97.6%</td>
<td>97.4%</td>
<td>Both met and failed</td>
<td>TBD - Trend or CCV</td>
</tr>
<tr>
<td>Journey Times - % Service Users in the IESCCG &amp; WSCCG footprint on vehicle between 0 and 60 min.</td>
<td>85.0%</td>
<td>93.3%</td>
<td>93.0%</td>
<td>Both met and failed</td>
<td>TBD - Trend or CCV</td>
</tr>
<tr>
<td>Outbound OP Journeys - % Service Users waiting no more than 60 mins after booked collection time.</td>
<td>95.0%</td>
<td>96.8%</td>
<td>96.8%</td>
<td>Both met and failed</td>
<td>TBD - Trend or CCV</td>
</tr>
<tr>
<td>Outbound Discharge - % Service Users waiting less than 60 mins after their booked collection time.</td>
<td>95.0%</td>
<td>79.5%</td>
<td>80.8%</td>
<td>Consistently failed</td>
<td>TBD - Trend or CCV</td>
</tr>
<tr>
<td>Unplanned short notice booking - % patients collected in a 4 hr timeframe from initial request.</td>
<td>90.0%</td>
<td>99.1%</td>
<td>99.3%</td>
<td>Both met and failed</td>
<td>TBD - Trend or CCV</td>
</tr>
<tr>
<td>Unplanned short notice booking in hours service - % Short Notice Journeys Honoured by the Provider.</td>
<td>100.0%</td>
<td>99.8%</td>
<td>99.8%</td>
<td>Both met and failed</td>
<td>TBD - Trend or CCV</td>
</tr>
<tr>
<td>End of Life Trfs from hospital to choice of placement - % met in 2 hours of the original request.</td>
<td>95.0%</td>
<td>95.0%</td>
<td>100.0%</td>
<td>Both met and failed</td>
<td>TBD - Trend or CCV</td>
</tr>
<tr>
<td>Front Door and Assessment Area - % Service Users collected less than 60 minutes after initial contact.</td>
<td>90.0%</td>
<td>66.7%</td>
<td>84.0%</td>
<td>Both met and failed</td>
<td>TBD - Trend or CCV</td>
</tr>
<tr>
<td>Timed Care Packages - % Service Users returned to place of residence in time for timed care package</td>
<td>95.0%</td>
<td>0</td>
<td>99.8%</td>
<td>Both met and failed</td>
<td>Special cause variation: Low</td>
</tr>
<tr>
<td>Call Handling - % Calls received by the patient line answered within 3 minutes</td>
<td>95.0%</td>
<td>99.1%</td>
<td>99.4%</td>
<td>Both met and failed</td>
<td>TBD - Trend or CCV</td>
</tr>
</tbody>
</table>

### ISSUES:
1. Although improvements have been seen, service users arriving after their booked appointment time remains a concern.
2. Dedicated discharge vehicles has improved timeliness of patient discharges although delays are still being seen.

### ACTIONS:
1. New supervisor in post and continued recruitment program for road based crews. Further rota and capacity review to take place to ensure still meeting demand profile.
2. Additional 1600-2400 discharge vehicle for each hospital now in place.
## EEAST – Month 2 YTD – Quality Plan on a Page

<table>
<thead>
<tr>
<th>Key Issues / Concerns / Comments</th>
<th>Actions / Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Allegations against staff.</td>
<td>1. Fortnightly safeguarding meetings have moved to monthly in relation to allegations against staff. Significant progress has been made with a total of 12 cases remaining open.</td>
</tr>
<tr>
<td>2. An independent investigation into three unexplained deaths of ambulance staff in Nov-2019 has now been completed and published.</td>
<td></td>
</tr>
<tr>
<td>3. CQC action plan oversight.</td>
<td>2. The investigation set out 12 recommendations which have been discussed by the Trust Board and an action plan has been developed and agreed to make sure the recommendations are implemented in full as quickly as possible. The implementation of the action plan will be monitored monthly through the Executive and Quality Assurance forums and has been discussed at PGRM meetings. This investigation was presented for sign off at the CCG internal SINE panel where EEAST were in attendance. It was agreed there will be an additional meeting to take place in November 2020, at which EEAST will present action plan evidence to the CCGs for assurance; there will be a focus on gaining assurance of cultural changes within the organisation.</td>
</tr>
<tr>
<td>4. There have been 2 COVID-19 staff outbreaks in the last month both relating to the Bedford area.</td>
<td>3. EEAST has now shared its CQC action plan with the CCG. Further progress on its implementation has been requested and EEAST have agreed to share an updated report once it has progressed through Board. The CQC have undertaken an informal visit around the well led domain and the Trust has agreed to share feedback once received.</td>
</tr>
<tr>
<td>5. Remaining 30 of the 300 outstanding DBS known results for paramedics who work frontline.</td>
<td>4. All outbreaks are closed – the Trust have continued to be proactive in terms of its response.</td>
</tr>
</tbody>
</table>

### CCG Quality Assurance Rating:
- Level 2 (→ last month)

### Month updated:
- Jul-20 (Jul-20 Data)

### CQC Rating:
- 2019: Requires Improvement

### QSG surveillance Rating:
- Routine
# EEAST – Month 2 YTD – Quality Plan on a Page

<table>
<thead>
<tr>
<th>CCG Quality Assurance Rating:</th>
<th>Level 2 (→ from last month)</th>
<th>CQC Rating:</th>
<th>2019: Requires improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month updated:</td>
<td>Jul-20 (May-20 data)</td>
<td>QSG surveillance Rating:</td>
<td>Routine</td>
</tr>
</tbody>
</table>

## Issues / Concerns / Comments


2. Weekly Ambulance Response Programme targets (ARF)

   May 2020 outturn performance across the region, which is the basis upon which the standards are measured, is as follows:
   - C1M (7 mins or less) – 0:08:17
   - C190 (15 mins or less) – 0:11:25
   - C2 M (18 mins or less) – 0:14:51
   - C2 90 (40 mins or less) – 0:28:48
   - C3 90 (2 hours or less) – 1:08:37
   - C4 90 (3 hours or less) – 2:05:46

## Actions / Progress

1. The CCG continues to attend fortnightly assurance meetings with EEAST during the COVID-19 outbreak, with monthly meetings expected to resume later in the year. EEAST will be sharing a weekly quality report with the CCG.

2. Targets are monthly and consequences applied on a quarterly basis under normal operating conditions.

The CCGs have noted good performance for May; resource levels have also been noted as good in terms of response times, this will however present more of a challenge as the Trust moves to a new normal.
### EEAST Ambulance - IESCCG - Month 2 - Key Performance Items

<table>
<thead>
<tr>
<th>Elective</th>
<th>Standard</th>
<th>This Month</th>
<th>Last Month</th>
<th>Assurance</th>
<th>SPC Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1 - 7 min mean response time(L)</td>
<td>00:07:00</td>
<td>00:07:31</td>
<td>00:09:15</td>
<td>Both met and failed</td>
<td>TBD - Trend or CCV</td>
</tr>
<tr>
<td>Category 1T - mean response time(L)</td>
<td>00:09:11</td>
<td>00:11:21</td>
<td>CONSISTENTLY FAILED</td>
<td>TBD - Trend or CCV</td>
<td></td>
</tr>
<tr>
<td>Category 2 - 18 min mean response time(L)</td>
<td>00:18:00</td>
<td>00:16:58</td>
<td>00:21:12</td>
<td>CONSISTENTLY FAILED</td>
<td>TBD - Trend or CCV</td>
</tr>
<tr>
<td>Category 3 - 120 min 90th centile response time(L)</td>
<td>02:00:00</td>
<td>01:17:44</td>
<td>01:44:00</td>
<td>Both met and failed</td>
<td>TBD - Trend or CCV</td>
</tr>
<tr>
<td>Hear &amp; Treat Rate</td>
<td>8.1%</td>
<td>7.7%</td>
<td></td>
<td></td>
<td>No Data</td>
</tr>
<tr>
<td>Conveyed to ED %</td>
<td>50.0%</td>
<td>45.6%</td>
<td></td>
<td></td>
<td>No Data</td>
</tr>
<tr>
<td>LQR8 Time to Answer (99th Centile secs)(L)</td>
<td>60</td>
<td>40</td>
<td>50</td>
<td>Both met and failed</td>
<td>TBD - Trend or CCV</td>
</tr>
<tr>
<td>LQR3 - 90th centile - Stroke for Ambulance Patients (Time from call to hospital arrival)</td>
<td>01:54</td>
<td>01:57</td>
<td>No Data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LQR1 - ROSC at time of arrival at Hospital</td>
<td>30.0%</td>
<td>18.7%</td>
<td>19.4%</td>
<td>Both met and failed</td>
<td>TBD - Trend or CCV</td>
</tr>
</tbody>
</table>

### ISSUES:
1. Workforce - Local area still under resourced particularly for paramedic level staff.
2. Conveyance rates to A+E beginning to increase and are returning to normal levels of conveyances, pressure being added to A+E departments.

### ACTIONS:
1. Workforce recruitment plan is in place and this continues to be monitored on bi-weekly ICS calls with EEAST. Recruitment is currently good at technician level.
2. 111 enhanced clinical validation of C3/4 calls. Currently validating 60% of calls and redirecting 75%. CCG have set up programme with 111 for ambulance validation to improve this position.
3. HALOs have been agreed at hospital site 12/7 until end of October
### Quality Metrics

- **CQC Ratings (July 2020)**
  - Outstanding: 2
  - Good: 34
  - Requires Improvement: 2

- **Patient Survey (July 2020)**
  - Overall Experience of GP Surgery
    - CCG: 85.8%
    - NHSE: 81.8%
  - 2019: 86.3%
  - 2020: 82.9%

### Secondary Care

#### YTD Activity (May) per 1,000 patients

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>1920</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective Adm</td>
<td>4.5</td>
<td>18.6</td>
<td>-14.1</td>
</tr>
<tr>
<td>Emergency Adm</td>
<td>11.3</td>
<td>16</td>
<td>-4.7</td>
</tr>
<tr>
<td>A&amp;E Attends</td>
<td>23.5</td>
<td>42.9</td>
<td>-19.4</td>
</tr>
</tbody>
</table>

### Finance Summary (June)

- **Variance to Budget**
  - Adverse £772,268

  Detail on next slide

### Prescribing (April 2020)

- **Prescribing Budget**
  - No 20/21 Budget Set
    - £2.1m

- **Antibiotic Items**
  - Reduction per STAR-PU to <0.965
    - 0.944

- **Controlled Drugs**
  - Reduce prescription by 5%
    - 5.80%

### PCN Development

- Workforce Plans in progress (due 31st Aug).
- PCN Development resuming post Covid.
- 20/21 requirements in discussion.

### Commentary

- Prescribing: £2.1m over spent. This includes April actuals and costs for M02-M03 calculated using historical trends over last couple of years. In addition to this, accruals have been built in for the IESCCG share of the £15m monthly increase in Cat-M average monthly cost pressure. NB NHSE have written to CCGs to say that their intention remains to fund all reasonably incurred additional costs.
- All practices now offering Online Consultation.

### Performance

- **Dementia Prevalence**
  - Target 66.7%
  - May-20: 62.50%
  - May-19: 67.40%

- **Learning Disability Health Checks**
  - Target 75%
  - 2019/20: 70.70%
  - 2018/19: 67.10%

- **SMI**
  - Target - 60%
  - Q4 19/20: 52.10%
  - Q4 18/19: 36.90%
### Ipswich & East Suffolk CCG Primary Care Delegated Commissioning

Finance report for the period JUNE 2020

<table>
<thead>
<tr>
<th>2020/21 APPLICATION OF FUNDS</th>
<th>BUDGET APR-JUL</th>
<th>YTD BUDGET</th>
<th>YTD ACTUAL</th>
<th>YTD VARIANCE</th>
<th>MTH4 FORECAST</th>
<th>MTH4 VARIANCE TO BUDGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMS/PMS Core Contract</td>
<td>12,394,911</td>
<td>9,296,186</td>
<td>10,568,358</td>
<td>1,272,172</td>
<td>14,090,108</td>
<td>1,695,197</td>
</tr>
<tr>
<td>QOF/Seniority/Other</td>
<td>2,057,182</td>
<td>1,542,886</td>
<td>1,497,864</td>
<td>(45,022)</td>
<td>2,000,327</td>
<td>(56,855)</td>
</tr>
<tr>
<td>Enhanced Services</td>
<td>226,775</td>
<td>170,082</td>
<td>170,062</td>
<td>(20)</td>
<td>226,750</td>
<td>(25)</td>
</tr>
<tr>
<td>Premises costs</td>
<td>1,593,587</td>
<td>1,195,192</td>
<td>1,195,190</td>
<td>(2)</td>
<td>1,593,587</td>
<td>(0)</td>
</tr>
<tr>
<td>Professional fees - Disp/Prescr</td>
<td>1,128,139</td>
<td>846,102</td>
<td>831,151</td>
<td>(14,951)</td>
<td>1,108,202</td>
<td>(19,937)</td>
</tr>
<tr>
<td>Locum allowance/GP Retainers</td>
<td>73,334</td>
<td>55,000</td>
<td>55,625</td>
<td>625</td>
<td>74,166</td>
<td>832</td>
</tr>
<tr>
<td>Primary Care Networks</td>
<td>1,280,408</td>
<td>960,305</td>
<td>950,307</td>
<td>(9,998)</td>
<td>1,267,076</td>
<td>(13,332)</td>
</tr>
<tr>
<td>Other - Recharges</td>
<td>973,664</td>
<td>730,247</td>
<td>105,019</td>
<td>(625,228)</td>
<td>140,026</td>
<td>(833,638)</td>
</tr>
<tr>
<td>Pension/Levy</td>
<td>0</td>
<td>0</td>
<td>66</td>
<td>66</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td><strong>Primary Care Delegated</strong></td>
<td><strong>19,728,000</strong></td>
<td><strong>14,796,000</strong></td>
<td><strong>15,373,643</strong></td>
<td><strong>577,643</strong></td>
<td><strong>20,500,268</strong></td>
<td><strong>772,268</strong></td>
</tr>
</tbody>
</table>
## Ipswich & East Suffolk CCG
### Finance report for the period June 2020

The financial framework for CCGs for months 1-4 20/21 is being centrally prescribed. CCGs are working to revised funding allocations with a commitment from NHSE/I that any expenditure above allocation, including COVID related expenditure will be treed-up (or down) via a retrospective allocation.

<table>
<thead>
<tr>
<th></th>
<th>YTD</th>
<th>YTD-COVID</th>
<th>YTD (exc COVID)</th>
<th>MDS-01</th>
<th>MDS-01-COVID</th>
<th>MDS-01 (exc COVID)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Budget</td>
<td>Actual</td>
<td>Variance</td>
<td>Variance</td>
<td>Budget</td>
<td>Actual</td>
</tr>
<tr>
<td>Recurrent Indirect costs</td>
<td>100.0</td>
<td>120.7</td>
<td>0.0</td>
<td>0.0%</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Non Recurrent Adjustment</td>
<td>34.0</td>
<td>34.0</td>
<td>0.0</td>
<td>0.0%</td>
<td>34.0</td>
<td>34.0</td>
</tr>
<tr>
<td>Retrospective Allocation</td>
<td>4.3</td>
<td>4.3</td>
<td>0.0</td>
<td>0.0%</td>
<td>4.3</td>
<td>4.3</td>
</tr>
<tr>
<td>Internal Budget Transfer</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0%</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total Income</td>
<td>151.5</td>
<td>151.7</td>
<td>0.0</td>
<td>0.0%</td>
<td>146.4</td>
<td>146.4</td>
</tr>
<tr>
<td>Acute</td>
<td>72.1</td>
<td>72.1</td>
<td>0.0</td>
<td>0.0%</td>
<td>72.1</td>
<td>72.1</td>
</tr>
<tr>
<td>Mental Health</td>
<td>14.3</td>
<td>14.2</td>
<td>0.0</td>
<td>0.0%</td>
<td>14.0</td>
<td>13.9</td>
</tr>
<tr>
<td>Community</td>
<td>13.2</td>
<td>13.2</td>
<td>0.0</td>
<td>0.0%</td>
<td>13.2</td>
<td>13.2</td>
</tr>
<tr>
<td>Continuing Care</td>
<td>7.3</td>
<td>7.3</td>
<td>0.0</td>
<td>0.0%</td>
<td>7.2</td>
<td>7.2</td>
</tr>
<tr>
<td>Primary Care</td>
<td>10.1</td>
<td>10.1</td>
<td>0.0</td>
<td>0.0%</td>
<td>10.1</td>
<td>10.1</td>
</tr>
<tr>
<td>Other Programme</td>
<td>8.3</td>
<td>8.3</td>
<td>0.0</td>
<td>0.0%</td>
<td>8.3</td>
<td>8.3</td>
</tr>
<tr>
<td>Contingency</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0%</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total Programme Costs</td>
<td>135.0</td>
<td>138.8</td>
<td>3.8</td>
<td>2.8%</td>
<td>138.8</td>
<td>138.8</td>
</tr>
<tr>
<td>Total Primary Care Commissioning</td>
<td>14.8</td>
<td>14.8</td>
<td>0.0</td>
<td>0.0%</td>
<td>14.8</td>
<td>14.8</td>
</tr>
<tr>
<td>Total Running Costs</td>
<td>5.8</td>
<td>5.8</td>
<td>0.0</td>
<td>0.0%</td>
<td>5.8</td>
<td>5.8</td>
</tr>
<tr>
<td>Total Expenditure</td>
<td>160.8</td>
<td>160.8</td>
<td>0.0</td>
<td>0.0%</td>
<td>160.8</td>
<td>160.8</td>
</tr>
<tr>
<td>Anticipated Retrospective Allocation</td>
<td>4.4</td>
<td>4.4</td>
<td>0.0</td>
<td>0.0%</td>
<td>4.4</td>
<td>4.4</td>
</tr>
</tbody>
</table>

**Note:** Total expenditure includes NHS Block Payments

### Commentary

The CCG received a retrospective allocation of £4.3m for M02 costs. However, this did not cover all of the M02 year to date covid costs of £5.4m, and there was therefore a £0.9m internal budget transfer from the CCG Programme Allocation to cover the shortfall. The year to date covid costs at M03 are £7.5m.

Prescribing £2.1m over spend. This includes April actuals and costs for M02-M03 calculated using historical trends over last couple of years. In addition to this, accruals have been built in for the IESC General Practice share of the £15m monthly increase in CCG average monthly cost pressure - these figures have been taken from PMSQIP and are £1.24k in June and £10k in July.

Continuing Care £0.7m overspend: increase in price and number of packages. Further work to be done to understand the correct attribution to COVID and BAU.

Primary Care Delegated Commissioning £0.6m: overspend against plans as PMS practices are paid at a higher rate than the GMS Global sum rate at which the CCGs are funded.

Acute £1.4m underspend. Variance after the removal of Covid expenditure are impacted by the instructions from NHSE to ensure the budget lines are as per their model (deviated from M11 actual spend) and the moving of NHS 111 to other Programme.
# Ipswich & East Suffolk CCG – Month 2 – Key Performance Items

## Elective

<table>
<thead>
<tr>
<th>Standard</th>
<th>This Month</th>
<th>Last Month</th>
<th>Assurance</th>
<th>SPC Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 wk RTT Incomplete(N)</td>
<td>92.0%</td>
<td>58.5%</td>
<td>65.6%</td>
<td>Consistently failed</td>
</tr>
<tr>
<td>RTT 52 Week Waiters(N)</td>
<td>0</td>
<td>365</td>
<td>188</td>
<td>Both met and failed</td>
</tr>
<tr>
<td>Diagnostic test waiting times(N)</td>
<td>1.0%</td>
<td>54.5%</td>
<td>44.5%</td>
<td>Both met and failed</td>
</tr>
</tbody>
</table>

## Cancer

<table>
<thead>
<tr>
<th>Standard</th>
<th>This Month</th>
<th>Last Month</th>
<th>Assurance</th>
<th>SPC Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cancer 2 week wait(N)</td>
<td>93.0%</td>
<td>96.7%</td>
<td>94.1%</td>
<td>Both met and failed</td>
</tr>
<tr>
<td>Two week wait for breast symptoms(N)</td>
<td>93.0%</td>
<td>96.6%</td>
<td>92.3%</td>
<td>Both met and failed</td>
</tr>
<tr>
<td>Cancer 31 day wait: Percentage receiving 1st treatment within one month of cancer diagnosis (N)</td>
<td>96.0%</td>
<td>93.0%</td>
<td>89.9%</td>
<td>Both met and failed</td>
</tr>
<tr>
<td>Cancer 31 day wait: for cancer treatments- surgery(N)</td>
<td>94.0%</td>
<td>67.6%</td>
<td>69.7%</td>
<td>Consistently failed</td>
</tr>
<tr>
<td>Cancer 31 day wait: for cancer treatments- anti cancer drug regimens(N)</td>
<td>98.0%</td>
<td>97.2%</td>
<td>90.6%</td>
<td>Both met and failed</td>
</tr>
<tr>
<td>Cancer 31 day wait: for cancer treatments-radiotherapy(N)</td>
<td>94.0%</td>
<td>81.3%</td>
<td>100.0%</td>
<td>Both met and failed</td>
</tr>
<tr>
<td>Cancer 31 day wait: for cancer treatments- radiotherapy(N)</td>
<td>98.0%</td>
<td>97.2%</td>
<td>90.6%</td>
<td>Both met and failed</td>
</tr>
<tr>
<td>Cancer 31 day wait: urgent GP referral for suspected cancer(N)</td>
<td>85.0%</td>
<td>79.7%</td>
<td>79.0%</td>
<td>Consistently failed</td>
</tr>
</tbody>
</table>

## Other

<table>
<thead>
<tr>
<th>Standard</th>
<th>This Month</th>
<th>Last Month</th>
<th>Assurance</th>
<th>SPC Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated diagnosis rate for people with dementia(N)</td>
<td>66.7%</td>
<td>62.5%</td>
<td>64.2%</td>
<td>Both met and failed</td>
</tr>
</tbody>
</table>

## ISSUES:

## ACTIONS:
GOVERNING BODY

<table>
<thead>
<tr>
<th>Agenda Item No.</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference No.</td>
<td>IESCCG 20-35</td>
</tr>
<tr>
<td>Date.</td>
<td>28 July 2020</td>
</tr>
</tbody>
</table>

**Title**
Governing Body Assurance Framework and Directors Risk Registers

**Lead Director**
Amanda Lyes, Director of Corporate Services and System Infrastructure

**Author(s)**
Tony Buckle, Risk Manager

**Purpose**
To provide the committee with the updated CCG Governing Body Assurance Framework (GBAF) document for July 2020.

**Applicable CCG Clinical Priorities:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To promote self care</td>
</tr>
<tr>
<td>2</td>
<td>To ensure high quality local services where possible ✔</td>
</tr>
<tr>
<td>3</td>
<td>To improve the health of those most in need ✔</td>
</tr>
<tr>
<td>4</td>
<td>To improve health &amp; educational attainment for children &amp; young people ✔</td>
</tr>
<tr>
<td>5</td>
<td>To improve access to mental health services ✔</td>
</tr>
<tr>
<td>6</td>
<td>To improve outcomes for patients with diabetes to above national averages ✔</td>
</tr>
<tr>
<td>7</td>
<td>To improve care for frail elderly individuals ✔</td>
</tr>
<tr>
<td>8</td>
<td>To allow patients to die with dignity &amp; compassion &amp; to choose their place of death where appropriate ✔</td>
</tr>
<tr>
<td>9</td>
<td>To ensure that the CCG operates within agreed budgets</td>
</tr>
</tbody>
</table>

**Action required by the Governing Body:**
The Governing Body is requested to review and approve the updated Ipswich & East Suffolk CCG GBAF for July 2020.
1. **Background**

1.1 Content of the GBAF is reviewed by the Joint Leadership Team (JLT) every month and by the Governing Body, Clinical Scrutiny and Audit Committees at each of their meetings.

2. **GBAF - Key Issues**

2.1 The following amendments have been agreed by the JLT at their regular review meeting, and are included in the table for Ipswich & East Suffolk CCG. The wording in the GBAF has been revised to reflect the new leadership team structure.

2.2 The following amendments have been agreed by JLT at their regular review meeting:

<table>
<thead>
<tr>
<th>Risk No and Owner</th>
<th>Risk description and actions update</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESNEFT A&amp;E 27</td>
<td>A&amp;E failing to meet 4-hour standard presenting a potential risk to patient safety and experience. Granular operational risk revised. During the Covid-19 escalation period the ED has changed its processes to operate a red route for suspected Covid-19 patients and green route for non Covid-19 patients. Overall demand has reduced and as a result performance has improved however activity is beginning to increase. Key controls established revised. Other control meetings superseded system wide urgent care meetings to be established post Covid. Assurance of controls revised. Daily performance information supplied and monitored, regular discussions and monthly formal quality/contract meetings re-starting in July 2020. Action 1 June 2020 update - A&amp;E demand down and performance improved during previous 3 months. Sustained high performance post Covid-19 expected to remain a challenge need to review A+E intervention impact on activity post Covid learning and add in to inform new trajectory.</td>
</tr>
<tr>
<td>ESNEFT Cancer Targets 38</td>
<td>ESNEFT and Ipswich Hospital site are failing 62-day cancer targets. Granular operational risk revised. Currently service is completing approximately 60% of levels expected pre COVID, this is due to some treatments not being available particularly diagnostics, patients self-isolating or choosing not to attend, or patients isolating 14 days prior to swabbing. Key controls established revised. Super-green wards within are in place with all patients level 1 or level 2 but not suitable for ISP to be listed once 14 day isolation period and swabs completed. Dermatology team (high volumes with delays area) working through list of patients offering new dates whilst continuing to book new referrals. Standard agenda item on Quality, Contract Review Meeting. Activity and monitoring of cancer continues (colorectal referrals now back to pre-covid levels), capacity to support these patients being utilised with IP. Additional assurance of controls. Quality Contract Review Meetings restarted from July. Quality team review all &gt;104-day breaches, reviewing harm. ESNEFT performance in May above &gt;80%. Actions / progress update June 2020. Trajectory of &gt;85% by March 2020 was agreed pre Covid impact. Levels of referrals has been approximately 60% over last couple of months and demand is beginning to now increase/get back to pre-Covid levels. This impact alongside restrictions still in place effecting diagnostic efficiency means full impact is yet unknown. Cancer capacity is still good and a realistic new target for sustainable performance needs to be agreed/revisited post Covid.</td>
</tr>
<tr>
<td>ESNEFT RTT 46</td>
<td>ESNEFT is failing in their 18-week RTT performance on both an aggregate level and individual specialty level. Granular operational risks revised. Covid 19 has led to a reduction in referrals and clock starts however: - Capacity for outpatients is reduced (although virtual appointments have mitigated - this to a degree). - Theatre throughput for routine electives has been extremely limited. - Diagnostic capacity has been extremely limited or of line. Overall waiting list number has reduced due to limited referrals however length of wait due to restrictions with COVID has increased 92% target at 34 weeks, 319 &gt;52-week breaches. Most impacted specialties T&amp;O, General Surgery, Urology The delay may have an impact on service user’s quality of life and potentially on outcomes. Key controls established revised. Contractual performance review at each contract meeting. This will include review of recovery of this core standard.</td>
</tr>
</tbody>
</table>
### NSFT CQC 26a

**Lisa Nobes**

CQC and CCG inspections of NSFT services in Suffolk demonstrate that the service is inadequate leading to a risk of patient harm and poor experience.

**Action 2 update** - Implementation of Suffolk emotional wellbeing and mental health strategy to be commissioned through most capable provider process. **Update - June 2020 QCPM meeting to resume from July 2020. No further update currently.**

---

### Performance 26b

**Paul Gibara**

**Performance**

- **GP Capacity**
  - **NSFT**
  - **EEAST**

**Width: 595.3px Height: 841.9px**

**Further initiatives:**
- Virtual appointment roll out wherever possible using IP capacity already in place, expansion as part of recovery plan.
- 26ww process consideration to roll out to other specialties.

**Additional assurance of controls.**

- New review structure to be discussed at ECPG alongside recovery plan.

**Action 1 revised and June 2020 update** – RTT waiting list target was March 2020 to be the same as that in March 2018. Overall waiting list now under agreed target for. **June 2020 update - Target and plan will be revisited post Covid-19 following approval of Covid-19 recovery plans and understanding of backlog of activity within the community against restricted hospital capacity due to COVID measures.**

---

**NSFT Performance 26b**

**Paul Gibara**

**Key controls established.**

- National standards subject to scrutiny from NHS E/ I.
- CCG teams (transformation, quality performance, finance and improvement,) working closely with NSFT counterparts to identify root causes of problems.
- Monthly joint quality/ performance meetings with NSFT operational/ clinical/contract leads.
- Regular joint meetings of CCG and NSFT boards.

**Assurance of controls.**

- Reported to the multi-disciplinary team, clinical scrutiny, Clinical Executive and Governing Body as appropriate.
- CAHMS issues also overseen by EWB Hub Board.
- Progress routinely monitored at monthly Quality Contracts & Performance (QCPM) meeting.

**Actions below.**

1. **Early intervention in psychosis. Target (60% (3-month average)):** To be agreed with NSFT as BAU restarts. **Update (June 2020):** April validated: 50%. May unvalidated: 55%.
2. **Eating Disorders (urgent). Target (95% (3-month average)):** To be agreed with NSFT as BAU restarts. **Update (June 2020):** April validated: 50%. May unvalidated: not reported.
3. **Eating Disorders (routine). Target (95% (3-month average)):** To be agreed with NSFT as BAU restarts. **Update (June 2020):** April validated: 82%. May unvalidated: 60%.
4. **Emergency referrals. Target (95% (3-month average)):** To be agreed with NSFT as BAU restarts. **Update (June 2020):** April validated: Adult 84%; Children 84%. May unvalidated: Adult 86%; Children 80%.
5. **Routine referrals. Target (95%):** To be agreed with NSFT as BAU restarts. **Update (June 2020):** April validated: Adult 52%; Children 60%. May unvalidated: Adult 72%; Children 67%.
6. **Referral to Treatment. Target (95%):** To be agreed with NSFT as BAU restarts. **Update (June 2020):** April validated: Adult 90%; Children 82%. May unvalidated: Adult 90%; Children 86%.
7. **Children's emotional wellbeing hub. Target (95%):** To be agreed with NSFT as BAU restarts. **Update (June 2020):** April validated: 62%. May unvalidated: 31%.

---

**EEAST Performance 32**

**Ed Garratt**

**EEAST is failing performance targets against ambulance response categories, particular concern are delays in the higher acuity Category 1 and 2 calls.**

**Additional granular operational risk.**

- During Covid the volume of lower end ambulance calls has reduced dramatically this has allowed improved performance. This however is not sustainable and call volumes are beginning to increase.

**Action 1 update - EEAST have target workforce/capacity gap taking longer to fill than expected – overall Staff in Post is 2894 vs ISR target of 3146 SIP, patient facing staff hours below funded levels. **Update - June 2020 Update** Response times have continued to improve with performance at least at national standard in last four weeks with only one week where C1M was narrowly missed in that time. Enhanced management oversight and capacity management vs demand continues to reap dividends – holding revised RAG rating at 16 to determine if improvements and additional recruitment can sustain performance post COVID19 to review August 2020.

**GP Capacity**

**Significant reduction in the capacity of GP services in parts of East Suffolk practices, affecting**
### 3. Directors Risk Registers

#### 3.1 A brief highlight report on current risks which may cause concern to the CCGs from local Risk Registers is included in a summary table document with this report. These are reviewed on a regular basis by the JLT and the Risk Forum.

#### 3.2 The Risk Forum reviews all the departmental risk registers each month and they are all up to date. The accompanying risk register summary table has been updated.
Board / Governing Body Assurance Framework

2020 - 2021
<table>
<thead>
<tr>
<th>MONTH</th>
<th>VERSION No</th>
<th>REVIEWED BY</th>
<th>SUMMARY OF CHANGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2020</td>
<td>85</td>
<td>JLT 6 April 2020</td>
<td>Approved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Scrutiny 28 April 2020</td>
<td></td>
</tr>
<tr>
<td>May 2020</td>
<td>86</td>
<td>JLT 4 May 2020</td>
<td>Approved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Governing Body 19 May 2020</td>
<td></td>
</tr>
<tr>
<td>June 2020</td>
<td>87</td>
<td>JLT 1 June 2020</td>
<td>Approved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Scrutiny 23 June 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Audit Committee 7 July 2020</td>
<td></td>
</tr>
<tr>
<td>July 2020</td>
<td>88</td>
<td>JLT 6 July 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Governing Body 28 July 2020</td>
<td></td>
</tr>
<tr>
<td>August 2020</td>
<td>89</td>
<td>JLT 3 August 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Scrutiny 25 August 2020</td>
<td></td>
</tr>
<tr>
<td>September 2020</td>
<td>90</td>
<td>JLT 7 September 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Governing Body 22 September 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Audit Committee 6 October 2020</td>
<td></td>
</tr>
<tr>
<td>October 2020</td>
<td>91</td>
<td>JLT 5 October 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Scrutiny</td>
<td></td>
</tr>
<tr>
<td>November 2020</td>
<td>92</td>
<td>JLT 2 November 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Governing Body</td>
<td></td>
</tr>
<tr>
<td>December 2020</td>
<td>93</td>
<td>JLT 7 December 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Scrutiny</td>
<td></td>
</tr>
<tr>
<td>January 2021</td>
<td>94</td>
<td>JLT 4 January 2021</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Governing Body</td>
<td></td>
</tr>
<tr>
<td>February 2021</td>
<td>95</td>
<td>JLT 1 February 2021</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Scrutiny</td>
<td></td>
</tr>
<tr>
<td>March 2020</td>
<td>96</td>
<td>JLT 1 March 2021</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Governing Body</td>
<td></td>
</tr>
</tbody>
</table>
The Board / Governing Body Assurance Framework (B/GBAF hereafter) provides the NHS Ipswich and East Suffolk Clinical Commissioning Group (CCG) with a simple but comprehensive method for the effective and focused management of risk. Through the B/GBAF the CCG Board / Governing Body gains assurance that risks are being appropriately managed throughout the organisation.

The B/GBAF identifies which of the organisation’s strategic objectives may be at risk because of inadequacies in the operation of controls, or where the CCG has insufficient assurance. At the same time it encompasses the control of risk, provides structured assurances about where risks are being managed and ensures that objectives are being delivered. This allows the Board / Governing Body to determine how to make the most efficient use of resources and address the issues identified in order to improve the quality and safety of care. The B/GBAF also brings together all of the evidence required to support the Annual Governance Statement.

The B/GBAF should be seen as a working document and will be updated regularly by the Joint Leadership Team, monitored by the Audit Committee, Clinical Scrutiny and reported to the Board / Governing Body at each of its meetings. The B/GBAF is linked to the Directorate Risk Register’s, the content of which is also provided for review by the Joint Leadership Team. A flow chart setting out how risks are identified and managed is set out overleaf.

In order to ensure consistency in the risk assessment process, the likelihood and consequences of all risks on the Risk Register are assessed against the former National Patient Safety Agency (NPSA) 5X5 risk matrix and those scoring 15 and above and are of strategic concern migrate to the B/GBAF and thereby inform the Board / Governing Body agenda. Once added to the B/GBAF, a risk should remain in place until its RAG rating has been mitigated to a score of 1-6 when it is considered manageable and therefore no longer a strategic concern.

The 5X5 risk matrix and subsequent red, amber, green (RAG) score identify the level at which identified risks will be managed within the organisation. It also assigns priorities for remedial action, and determines whether risks are to be accepted on the basis of the colour bandings and risk ratings. In terms of evaluation of effectiveness, the RAG rating system is also used to present how well the agreed controls are operating.
RISKS IDENTIFIED THROUGH:

- Work Stream Risk Assessments
- External Assessment & Audit + Guidance & Alerts
- Serious Incidents, Complaints, Public Health & Quality Issues
- Public & Stakeholder Engagement
- Business & Service Delivery Plans

CCG Board / Governing Body Own & Manage Risks & the Joint Leadership Team Reviews the Directorate Risk Registers and the B/GBAF

Individual Risks Jointly Managed by Designated Directors & Clinical Leads

Board/Governing Body Assurance Framework

Review by Local Risk Forum

Review by Clinical Scrutiny Committee

Overview & Scrutiny by the Audit Committee

Assurance to the Board/Governing Body
The subsequent red, amber, green (RAG) scores identify the level at which identified risks will be managed within the organisation. It also assigns priorities for remedial action, and determines whether risks are to be accepted on the basis of the colour bandings and risk ratings. In terms of evaluation of effectiveness, the RAG rating system is also used to present how well the agreed controls are operating within the following classifications:

**Risk Appetite**
For all risks that have been agreed and then assessed and rated, an action plan should be drawn up containing the actions that will be taken, with timescales, in order to either totally eliminate the risk or to reduce its consequences to a level that the CCG is prepared to accept.

It is useful to consider the *Four T’s* when considering the management of risks:

<table>
<thead>
<tr>
<th>TOLERATE</th>
<th>Where the CCG accepts the risk and lives with it</th>
</tr>
</thead>
<tbody>
<tr>
<td>TREAT</td>
<td>Where the CCG takes action to reduce the risk</td>
</tr>
<tr>
<td>TRANSFER</td>
<td>Where the CCG lets someone else carry the risk such as by passing the responsibility for the risk to a contractor</td>
</tr>
<tr>
<td>TERMINATE</td>
<td>Where the CCG feels that the risk is too great and does not continue with the activity giving rise to it</td>
</tr>
</tbody>
</table>

In order to determine the likely consequence arising from an identified risk and using the 5X5 matrix:

- Define the risk explicitly in terms of the adverse consequence or consequences that might arise
- Use the table below for examples, by risk domains, to determine the consequence score relevant to the risk identified
## Consequence score (severity levels) and example of descriptions

<table>
<thead>
<tr>
<th>Risk Domains</th>
<th>1. Impact on the safety of patients, staff or public (physical/psychological harm)</th>
<th>2. Quality/complaints/audit</th>
<th>3. Human resources/ organisational development/staffing/ competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Domains</td>
<td>Negligible</td>
<td>Minor</td>
<td>Moderate</td>
</tr>
<tr>
<td>1. Impact on the safety of patients, staff or public (physical/psychological harm)</td>
<td>Minimal injury requiring no/minimal intervention or treatment. No time off work</td>
<td>Minor injury or illness, requiring minor intervention. Requiring time off work for &gt;3 days. Increase in length of hospital stay by 1-3 days.</td>
<td>Moderate injury requiring professional intervention. Requiring time off work for 4-14 days. Increase in length of hospital stay by 4-15 days. RIDDOR/agency reportable incident. An event which impacts on a small number of patients.</td>
</tr>
<tr>
<td>3. Human resources/ organisational development/staffing/ competence</td>
<td>Short-term low staffing level that temporarily reduces service quality (&lt; 1 day).</td>
<td>Low staffing level that reduces the service quality.</td>
<td>Late delivery of key objective/service due to lack of staff. Unsafe staffing level or competence (&gt;1 day). Low staff morale. Poor staff attendance for mandatory/key training.</td>
</tr>
<tr>
<td>4. Statutory duty/ inspections</td>
<td>No or minimal impact or breach of guidance/statutory duty</td>
<td>Breech of statutory legislation Reduced performance rating if unresolved</td>
<td>Single breech in statutory duty Challenging external recommendations/improvement notice</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
</tr>
<tr>
<td>5. Adverse publicity/ reputation</td>
<td>Rumours Potential for public concern</td>
<td>Local media coverage – short-term reduction in public confidence Elements of public expectation not being met</td>
<td>Local media coverage – long-term reduction in public confidence</td>
</tr>
<tr>
<td>6. Business objectives/ projects</td>
<td>Insignificant cost increase/schedule slippage</td>
<td>&lt;5 per cent over project budget Schedule slippage</td>
<td>5–10 per cent over project budget Schedule slippage</td>
</tr>
<tr>
<td>7. Finance including claims</td>
<td>Small loss Risk of claim remote Loss of 0.1–0.25 per cent of budget Claim less than £10,000</td>
<td>Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000</td>
<td>Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time</td>
</tr>
<tr>
<td>8. Service/business interruption</td>
<td>Loss/interruption of &gt;1 hour Loss/interruption of &gt;8 hours</td>
<td>Loss/interruption of &gt;1 day</td>
<td>Loss/interruption of &gt;1 week</td>
</tr>
<tr>
<td>9. Environmental impact</td>
<td>Minimal or no impact on the environment</td>
<td>Minor impact on environment</td>
<td>Moderate impact on environment</td>
</tr>
<tr>
<td>ACCOUNTABLE OFFICER &amp; GP OWNER</td>
<td>DESCRIPTION OF STRATEGIC RISK</td>
<td>GRANULAR OPERATIONAL RISKS</td>
<td>INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-------------------------------</td>
<td>--------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>PG/IQ</td>
<td>A&amp;E failing to meet 4-hour standard presenting a potential risk to patient safety and experience.</td>
<td>• Clinical risk of patients not being seen in appropriate timescales or insufficient beds to accommodate appropriate environments. • Risk of patient experience deterioration due to long waits. • Risk of breaching constitutional obligations. • Risk of needing to be prepared with agreed plan for managing surge in demand for services in Winter During the Covid-19 escalation period the ED has changed its processes to operate a red route for suspected Covid-19 patients and green route for non Covid-19 patients. Overall demand has reduced and as a result performance has improved however activity is beginning to increase. The RAG rating has improved but remains a challenge as the underlying issues pre-Covid-19 have not been resolved.</td>
<td>4 x 4 16</td>
</tr>
</tbody>
</table>
ESNEFT – Cancer Targets. Risk 38 added December 2018

<table>
<thead>
<tr>
<th>ACCOUNTABLE OFFICER &amp; GP OWNER</th>
<th>DESCRIPTION OF STRATEGIC RISK</th>
<th>GRANULAR OPERATIONAL RISKS</th>
<th>INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)</th>
<th>KEY CONTROLS ESTABLISHED</th>
<th>ASSURANCE OF CONTROLS</th>
<th>RISK APPETITE (Treat, Tolerate, Transfer, Terminate)</th>
<th>RAG RATING LAST MONTH</th>
<th>REVISED RAG RATING</th>
<th>TARGET RISK</th>
<th>ACTION POINTS &amp; TARGET DATES FOR COMPLETION</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESNEFT and Ipswich Hospital site are failing 62-day cancer targets.</td>
<td>• Clinical risk of patients not being seen in appropriate timescales</td>
<td>• Weekly specialty reporting and cancer focused ESNEFT PTL in place</td>
<td>4 x 5 20</td>
<td>Weekly performance information supplied and monitored, regular discussions and weekly exec meetings in place from November 2018. Will allow CCG to be inside decision making process and support improving performance.</td>
<td></td>
<td>Treat</td>
<td>4 x 5 20</td>
<td>4 x 5 20</td>
<td>2 x 5 10</td>
<td>Trajectory of &gt;85% by March 2020 was agreed pre Covid impact.</td>
</tr>
<tr>
<td>Risk to CCG If ESNEFT fail to meet 62 day target then the CCG would have failed to meet its constitutional performance requirements as stipulated by the Department of Health.</td>
<td>• Risk of deteriorating patient outcomes and experience due to long waits.</td>
<td>• Super-green wards within are in place with all patients level 1 or level 2 but not suitable for ISP to be listed once 14 day isolation period and swabs completed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Risk of breaching constitutional obligations.</td>
<td>• Dermatology team (high volumes with delays area) working through list of patients offering new dates whilst continuing to book new referrals.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Risk of increasing patient harm both physically and mentally due to being on Cancer pathway for extended period of time.</td>
<td>• Additional cancer reporting and information being received by CCG.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>During the Covid-19 escalation period cancer work continues and the risks remain critical.</td>
<td>• Standard agenda item on Quality, Contract Review Meeting N.B. Covid-19 Pandemic:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>In addition to the above there is a new risk emerging relating to patients not attending cancer appointments. Currently service is completing approximately 60% of levels expected pre COVID, this is due to some treatments not being available particularly diagnostics, patients self-isolating or choosing not to attend, or patients isolating 14 days prior to swabbing.</td>
<td>• Activity and monitoring of cancer continues (colorectal referrals now back to pre-covid levels), capacity to support these patients being utilised with IP.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Levels of referrals has been approximately 60% over last couple of months and demand is beginning to now increase/get back to pre-Covid levels. This impact alongside restrictions still in place effecting diagnostic efficiency means full impact is yet unknown.</td>
<td>• Some transformation activities will be delayed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cancer capacity is still good and a realistic new target for sustainable performance needs to be agreed/revisited post Covid.</td>
<td>• Cancer priority treatment lists will continue to be reviewed and managed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCOUNTABLE OFFICER &amp; GP OWNER</td>
<td>DESCRIPTION OF STRATEGIC RISK</td>
<td>GRANULAR OPERATIONAL RISKS</td>
<td>INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)</td>
<td>KEY CONTROLS ESTABLISHED</td>
<td>ASSURANCE OF CONTROLS</td>
<td>RISK APPETITE (Treat, Tolerate, Transfer, Terminate)</td>
<td>RAG RATING LAST MONTH</td>
<td>REVISED RAG RATING</td>
<td>TARGET RISK</td>
<td>ACTION POINTS &amp; TARGET DATES FOR COMPLETION</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-------------------------------</td>
<td>---------------------------</td>
<td>-----------------------------------------------</td>
<td>--------------------------</td>
<td>-----------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------</td>
<td>-----------------</td>
<td>-----------</td>
<td>-----------------------------------------------</td>
</tr>
</tbody>
</table>
| ESNEFT                          | ESNEFT is failing in their 18-week RTT performance on both an aggregate level and individual specialty level. Since Covid-19 impact greatly increased number of patients breaching 52-week 'maximum' target limit. Risk to CCG if ESNEFT fail to meet the 18-week RTT standard then the CCG will fail to meet its constitutional performance requirements as stipulated by the Department of Health. | Covid 19 has led to a reduction in referrals and clock starts however:  
- Capacity for outpatients is reduced (although virtual appointments have mitigated this to a degree)  
- Theatre throughput for routine electives has been extremely limited  
- Diagnostic capacity has been extremely limited or of line. Overall waiting list number has reduced due to limited referrals however length of wait due to restrictions with COVID has increased 92% target at 34 weeks, 319 >52-week breaches. Most impacted specialties T&O, General Surgery, Urology | 4 x 4 16 | Monthly Elective Care Performance Group (ECPG) is planning re-start. Contractual performance review at each contract meeting. This will include review of recovery of this core standard Further initiatives; Virtual appointment roll out wherever possible. Using IP capacity already in place, expansion as part of recovery plan. 26ww process consideration to roll out to other specialties. New review structure to be discussed at ECPG alongside recovery plan. CCG attend/active part of ECPG and Elective Care Programme Board. | Treat | 4 x 4 16 | 4 x 4 16 | 2 x 4 8 | 1) RTT waiting list target was March 2020 to be the same as that in March 2018. Overall waiting list now under agreed target for. Target and plan will be revisited post Covid-19 following approval of Covid-19 recovery plans and understanding of backlog of activity within the community against restricted hospital capacity due to COVID measures. |
<table>
<thead>
<tr>
<th>ACCOUNTABLE OFFICER &amp; GP OWNER</th>
<th>DESCRIPTION OF STRATEGIC RISK</th>
<th>GRANULAR OPERATIONAL RISKS</th>
<th>INITIAL RAG RATING (LIKELIHOOD X CONSEQUENCE)</th>
<th>KEY CONTROLS ESTABLISHED</th>
<th>ASSURANCE OF CONTROLS</th>
<th>RISK APPETITE (Treat, Tolerate, Transfer, Terminate)</th>
<th>RAG RATING LAST MONTH</th>
<th>REVISED RAG RATING</th>
<th>TARGET RISK</th>
<th>ACTION POINTS &amp; TARGET DATES FOR COMPLETION</th>
</tr>
</thead>
</table>
| CCG and Provider                | Trust failure to meet national maternity standards / targets and contract obligations. This is due to provider trusts unable to fund Birthrate+ recommended staffing levels, and also the increased workforce required to implement the continuity of care model | • CCG Assurance Framework non compliance  
• Trust not compliant with NHSE standard contract or national transformation programme targets and will experience regulator scrutiny/penalties  
• Trust not compliant with CNST therefore creating income risk (circa £1m) and reputational risk  
• Inability to maintain staffing levels and service delivery  
• Inequitable clinical outcomes for women and babies across the ICS | 4 x 5  
20 | LMS funded evidence based workforce planning tool to enable accurate workforce plans to be developed. National lead for CoC advised on staffing model. Attempting to calculate longer-term savings to the system. ICS Board made aware of programme costs and potential system savings. Evaluation from wave 1 teams showed rolling caseload of 1:36 manageable compared to 1:36 pa therefore reducing cost pressure. CCG commissioning intentions stated CoC must be implemented as per national targets and NHS standard contract requires target delivery. | • All Heads of Midwifery aware of recommended safe staffing levels  
• Full roll out plans received from providers to demonstrate how the CoC model can be rolled out when funding available  
• All options explored as to implementation at minimal cost | Tolerate | 4 x 5  
20 | 2 x 2  
4 | 1. Discussion between CCG CFO and Provider Trust DoF’s to ascertain if there is a solution to financial pressure.  
Target date: 06/03/2020  
Completion date: April 2020 update  
Transformation targets paused. CCG is maintaining its oversight, though recent QCPM meetings have been stood down. |
<table>
<thead>
<tr>
<th>LN</th>
<th>ACCOUNTABLE OFFICER &amp; GP OWNER</th>
<th>DESCRIPTION OF STRATEGIC RISK</th>
<th>GRANULAR OPERATIONAL RISKS</th>
<th>INITIAL RAG RATING (LIKELIHOOD X CONSEQUENCE)</th>
<th>KEY CONTROLS ESTABLISHED</th>
<th>ASSURANCE OF CONTROLS</th>
<th>RISK APPETITE (Treat, Tolerate, Transfer, Terminate)</th>
<th>RAG RATING LAST MONTH</th>
<th>REVISED RAG RATING</th>
<th>TARGET RISK</th>
<th>ACTION POINTS &amp; TARGET DATES FOR COMPLETION</th>
</tr>
</thead>
</table>
| | CQC and CCG inspections of NSFT services in Suffolk demonstrate that the service ‘requires improvement’ leading to a risk of patient harm and poor experience. | • Inability to meet performance and clinical quality targets in access to service, care in service and discharge arrangements  • Inability to maintain safer staffing levels in accordance with NICE and National Quality Board guidance  • Lack of confidence in performance data  • Lack of patient safety culture throughout organisation impacting clinical risk assessment, care planning.  • Lack of clinical leadership structure throughout organisation | 4 x 4 16 | Quality assurance process initiated jointly with NSFT to review every service line in NSFT. Monthly meetings to review / challenge quality performance. Quality dashboard. Attendance at monthly stakeholder assurance meetings led by NHS Improvement / CQC. Oversight of quality improvement plans (trust / local) and monthly monitoring of progress. Monitor primary care contract issues and Trust response. New Chair appointed and partnership arrangement agreed with East London Foundation Trust (ELFT). Quality Improvement methodology introduced by Trust and training rolled out. Weekly CCG: NSFT Director meeting to check progress against actions and escalate concerns. Escalation through joint NHSI: CQC oversight meeting. Service user tracker list commenced and patient harm review process commenced. | Improvements to patient safety and experience noted through QA process. Demonstrated improvement against identified contractual key performance indicators evidenced through quality dashboard escalation of issues via Contract Quality Performance Review (CQPR) meetings. Confidence that NSFT have capability and capacity to deliver the required quality improvements. Assurance that actions detailed in the quality improvement plan have been implemented. CCG Priority To improve access to mental health services | Tolerate | 4 x 5 20 | 4 x 5 20 | 3 x 2 6 | 2. Implementation of Suffolk emotional wellbeing and mental health strategy to be commissioned through most capable provider process  
Timescales for completion have been revised due to Covid-19. CCG currently unable to visit but maintaining two weekly care group lead meetings to oversee progress and maintain oversight under present conditions. CCG Associate Director of Nursing- CYP, MH, LD and Autism is liaising with Trust as part of this. NSFT have implemented a first response service, open 24/7 to manage patient need under the Covid-19 outbreak.  
June 2020 QCPM meeting to resume from July 2020. No further update at this time. |
NSFT – Performance. Risk 26b added January 2016

<table>
<thead>
<tr>
<th>ACCOUNTABLE OFFICER &amp; GP OWNER</th>
<th>DESCRIPTION OF STRATEGIC RISK</th>
<th>GRANULAR OPERATIONAL RISKS</th>
<th>INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)</th>
<th>KEY CONTROLS ESTABLISHED</th>
<th>ASSURANCE OF CONTROLS</th>
<th>RISK APPETITE (Treat, Tolerate, Transfer, Terminate)</th>
<th>RAG RATING LAST MONTH</th>
<th>REVISED RAG RATING</th>
<th>TARGET RISK</th>
<th>ACTION POINTS &amp; TARGET DATES FOR COMPLETION</th>
</tr>
</thead>
</table>

See below for next risk
| Poor performance of mental health services | Poor performance against a number of performance indicators. | National standards subject to scrutiny from NHS E/I. CCG teams (transformation, quality performance, finance and improvement,) working closely with NSFT counterparts to identify root causes of problems:  
• Demand over plan  
• Throughput under plan  
• Workforce gaps  
• System gaps  
• Underinvestment. Monthly MDT meetings in place, to review issues and actions. Monthly joint quality/performance meetings with NSFT operational/clinical/contract leads. Regular joint meetings of CCG and NSFT boards. During Covid 19:  
• CCG teams have maintained close contact with NSFT colleagues  
• NSFT have expanded their virtual and telephone offering. The CCGs have invested in additional voluntary sector capacity to manage lower risk patients. | Reported to the multidisciplinary team, clinical scrutiny, Clinical Executive and Governing Body as appropriate. CAHMS issues also overseen by EWB Hub Board Progress routinely monitored at monthly Quality Contracts & Performance (QCPM) meeting. | CCG Priority  
To improve access to mental health services | Treat | 4 x 5 | 20 | 4 x 5 | 20 | 2 x 5 | 10 |
|---|---|---|---|---|---|---|
| Risk to CCG  
If performance does not improve to the contractual agreed standard then service users will continue to receive an inadequate service and the CCG would have failed in its duty to commission quality safe services | National standards subject to scrutiny from NHS E/I. CCG teams (transformation, quality performance, finance and improvement,) working closely with NSFT counterparts to identify root causes of problems:  
• Demand over plan  
• Throughput under plan  
• Workforce gaps  
• System gaps  
• Underinvestment. Monthly MDT meetings in place, to review issues and actions. Monthly joint quality/performance meetings with NSFT operational/clinical/contract leads. Regular joint meetings of CCG and NSFT boards. During Covid 19:  
• CCG teams have maintained close contact with NSFT colleagues  
• NSFT have expanded their virtual and telephone offering. The CCGs have invested in additional voluntary sector capacity to manage lower risk patients. | Reported to the multidisciplinary team, clinical scrutiny, Clinical Executive and Governing Body as appropriate. CAHMS issues also overseen by EWB Hub Board Progress routinely monitored at monthly Quality Contracts & Performance (QCPM) meeting. | CCG Priority  
To improve access to mental health services | Treat | 4 x 5 | 20 | 4 x 5 | 20 | 2 x 5 | 10 |
| 1. Early intervention in psychosis  
Target (60% (3-month average)): To be agreed with NSFT as BAU restarts  
Update (June 2020):  
April validated: 50%  
May unvalidated: 55% | 2. Eating Disorders (urgent)  
Target (95% (3-month average)): To be agreed with NSFT as BAU restarts  
Update (June 2020):  
April validated: 50%  
May unvalidated: not reported | 3. Eating Disorders (routine)  
Target (95% (3-month average)): To be agreed with NSFT as BAU restarts  
Update (June 2020):  
April validated: 50%  
May unvalidated: not reported | 4. Emergency referrals  
Target (95% (3-month average)): To be agreed with NSFT as BAU restarts  
Update (June 2020):  
April validated: Adult 84%; Children 84%  
May unvalidated: Adult 86%; Children 80% | 5. Routine referrals  
Target (95%):  
To be agreed with NSFT as BAU restarts  
Update (June 2020):  
April validated: Adult 52%; Children 60%  
May unvalidated: Adult 72%; Children 67% | 6. Referral to Treatment  
Target (95%):  
To be agreed with NSFT as BAU restarts  
Update (June 2020):  
April validated: Adult 90%; Children 82%  
May unvalidated: Adult 90%; Children 86% |
<table>
<thead>
<tr>
<th>ACCOUNTABLE OFFICER &amp; GP OWNER</th>
<th>DESCRIPTION OF STRATEGIC RISK</th>
<th>GRANULAR OPERATIONAL RISKS</th>
<th>INITIAL RAG RATING</th>
<th>KEY CONTROLS ESTABLISHED</th>
<th>ASSURANCE OF CONTROLS</th>
<th>RISK APPETITE (Treat, Tolerate, Transfer, Terminate)</th>
<th>RAG RATING LAST MONTH</th>
<th>REVISED RAG RATING</th>
<th>TARGET RISK</th>
<th>ACTION POINTS &amp; TARGET DATES FOR COMPLETION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 7. Children’s emotional wellbeing hub | **Target (95%):** To be agreed with NSFT as BAU restarts
**Update (June 2020):** April validated: 62%
May unvalidated: 31% | | | | | | | | | |
| Leadership | EEAST is failing performance targets against ambulance response categories, particular concern are delays in the higher acuity Category 1 and 2 calls. | Workforce | EEAST under performing on recruitment against ISR plan impacting on the level of PFSh available to deploy on the road. | Handover delays | Arrival of ambulance to handover at ED delays and handover at ED to clear, ready for next call delays. | COVID 19 | During Covid the volume of lower end ambulance calls has reduced dramatically this has allowed improved performance. This however is not sustainable and call volumes are beginning to increase. | **Tolerate** | 4 x 4 | 4 x 4 | 2 x 3 | 1. Action – EEAST have target workforce/capacity gap taking longer to fill than expected – overall Staff in Post is 2894 vs ISR target of 3146 SIP, patient facing staff hours below funded levels. Actions/mitigations for safe service are: 
a. Incidents monitored monthly through lead team/PQRM  
b. Overtime/Private Ambulance Capacity targeted to peak demand shifts; 
c. Productivity/rota redesign work accelerated and revised strategic winter action plan agreed with NHS/E  
d. Local demand management schemes in place, these contribute to activity being 6% under agreed plan at month 8 
e. Handover delays at hospital managed /monitored weekly  
**Target:** June 2020 Update  
Response times have continued to improve with performance at least at national standard in last four weeks with only one week where C1M was narrowly missed in that time. Enhanced management oversight and capacity management vs demand continues to reap dividends – holding revised RAG rating at 16 to determine if improvements and additional recruitment can sustain performance post COVID19 to review August 2020. |
<table>
<thead>
<tr>
<th>MBWMS</th>
<th>DESCRIPTION OF STRATEGIC RISK</th>
<th>GRANULAR OPERATIONAL RISKS</th>
<th>INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)</th>
<th>KEY CONTROLS ESTABLISHED</th>
<th>ASSURANCE OF CONTROLS</th>
<th>RISK APPETITE (Treat, Tolerate, Transfer, Terminate)</th>
<th>RAG RATING LAST MONTH</th>
<th>REVISED RAG RATING</th>
<th>TARGET RISK</th>
<th>ACTION POINTS &amp; TARGET DATES FOR COMPLETION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Significant reduction in the capacity of GP services in parts of East Suffolk practices, affecting access times for patients, demand for other services and retention of clinical staff</td>
<td>• Clinical risk of patients not being seen in appropriate timescales Risk of patient experience deterioration due to increased waits. • Risk of some practices not being able to function • List closures • Increased prescribing costs • Increased use of A&amp;E</td>
<td>4 x 4 16</td>
<td>• CCG Primary care strategy and support team in daily contact with practices • Locality and PCN meetings • Bi-monthly Practice Manager meetings and CCG wide PM meetings • LMC/CCG/Fed meetings • Weekly Clinical Executive meetings • Bi-monthly Governing Body meetings • Quarterly medical secretary meetings • Establishment of an Ipswich Task Group • Increased practice engagement with the Integrated Neighbourhood Teams • Utilisation of Practices Resilience Fund and £3 per head Transformation Fund and £2.50 fund Roll out of E-consult</td>
<td>Currently: Primary care co-commissioning strategy CCG Priority To ensure high quality local services where possible Integrated performance report area. Clinical Quality and Patient Safety</td>
<td>Treat</td>
<td>3 x 4 12</td>
<td>3 x 4 12</td>
<td>2 x 3 6</td>
<td>1. Transformation Fund investments Target date: March 2021 Completion date: 2. Programmes of work for workforce recruitment agreed and in process of being rolled out Target date: March 2021 Completion date: 3. Two schemes agreed to; increase capacity being worked up, 1 LLTTF and 2, services for a small number of patients who present to services on a regular basis Target date: March 2021 Completion date:</td>
</tr>
</tbody>
</table>
## COVID 19 Outbreak, Primary Care – Risk 51 added April 2020

**New Risk**

<p>| ACCOUNTABLE OFFICER &amp; GP OWNER | DESCRIPTION OF STRATEGIC RISK | GRANULAR OPERATIONAL RISKS | INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE) | KEY CONTROLS ESTABLISHED | ASSURANCE OF CONTROLS | RISK APPETITE (Treat, Tolerate, Transfer, Terminate) | RAG RATING LAST MONTH | REVISED RAG RATING | TARGET RISK | ACTION POINTS &amp; TARGET DATES FOR COMPLETION |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MBW &amp; MS | An increase in the incidence of Covid-19 has caused a number of significant impacts on how primary care is delivered and has impacts on the capacity of primary care. Potential impact on the delivery of routine primary care due to staff illness and self-isolating. Potential impact on the delivery of high-quality general practice due to the need to undertake most consultations remotely. Access to sufficient PPE to enable patients to be seen safely. | 4 x 5 20 | New models of working using telephone and video consultations implemented. IT solutions to enable clinical staff to work from home Additional capacity put in place, enhanced OOHs, the development and implementation of a Covid car service. Opening surgeries at bank holidays in May with plans to escalate for other weekends if necessary. Supporting practices to undertake these consultations by cancelling non urgent activity Working with the incident centre to identify issues quickly and to seek resolution | Daily meeting of the COO senior staff to identify and address issues Daily meetings with all practice managers to address issues Daily meeting with local GPs to identify issues and trends Weekly meeting with PCN Clinical Directors to discuss issues and develop appropriate responses | Treat | 4 x 5 20 | 4 x 5 20 | 2 x 3 6 | |</p>
<table>
<thead>
<tr>
<th>ACCOUNTABLE OFFICER &amp; GP OWNER</th>
<th>DESCRIPTION OF STRATEGIC RISK</th>
<th>GRANULAR OPERATIONAL RISKS</th>
<th>INITIAL RAG RATING ( \text{LIKELIHOOD} \times \text{CONSEQUENCE} )</th>
<th>KEY CONTROLS ESTABLISHED</th>
<th>ASSURANCE OF CONTROLS</th>
<th>RISK APPETITE (Treat, Tolerate, Transfer, Terminate)</th>
<th>RAG RATING LAST MONTH</th>
<th>REVISED RAG RATING</th>
<th>TARGET RISK</th>
<th>ACTION POINTS &amp; TARGET DATES FOR COMPLETION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LNIQ</strong></td>
<td>There is a backlog in CHC patients with Deprivation of Liberty safeguards (DOLS) in place that require Court of Protection authorisation. This requires significant staffing resource and expertise in the Court of Protection (CoP) process. This may have financial impact if the individuals or their families contest the restrictions in place.</td>
<td>Risk to quality of care and safety of patients with DOLS in place within healthcare packages in their own homes - commissioned by CCGs.</td>
<td>4 x 4 16</td>
<td>Every patient has had desktop review for their health and care needs related to their cognition to understand if they are likely to lack capacity to agree to their care plan. Compared review to the composition of package to understand if it is likely that they will meet the acid test of having their liberty deprived. Case management teams aware of risk and starting to assess those patients. CHC register of patients requiring CoP applications monitored and reviewed at regular Health DOLS Meetings. External Advanced MCA and Advanced DOLS training commissioned by MCA/DOLS Lead and provided for CHC staff to upskill staff to make CoP applications</td>
<td>Concerns around CHC Register shared and discussed with CCGs MCA/DOLS Lead. CHC Priority List shared and discussed at 6 weekly DOLS Meetings chaired by CCGs MCA/DOLS Lead. Priority cases discussed with legal representative from Kennedys as necessary. Through dedicated case management system, patients frequently discussed and clinical supervision in place. Court of protection applications reviewed by legal prior to submission to Court. Audit of controls to be completed by internal audit.</td>
<td><strong>Tolerate</strong></td>
<td>3 x 4 12</td>
<td>3 x 4 12</td>
<td>3 x 3 9</td>
<td>1. CV-19 has impacted on progression of cases. Digital solution being scoped to enable DOLS assessments being completed virtually. It is recommended to transfer this risk the local CNO register.</td>
</tr>
<tr>
<td>ACCOUNTABLE OFFICER &amp; GP OWNER</td>
<td>DESCRIPTION OF STRATEGIC RISK</td>
<td>GRANULAR OPERATIONAL RISKS</td>
<td>INITIAL RAG RATING</td>
<td>KEY CONTROLS ESTABLISHED</td>
<td>ASSURANCE OF CONTROLS</td>
<td>RISK APPETITE (Treat, Tolerate, Transfer, Terminate)</td>
<td>RAG RATING LAST MONTH</td>
<td>REVISED RAG RATING</td>
<td>TARGET RISK</td>
<td>ACTION POINTS &amp; TARGET DATES FOR COMPLETION</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------------------</td>
<td>-----------------------------</td>
<td>-------------------</td>
<td>--------------------------</td>
<td>----------------------</td>
<td>---------------------------------</td>
<td>---------------------</td>
<td>-------------------</td>
<td>-------------</td>
<td>---------------------------------</td>
</tr>
</tbody>
</table>
| AL/JJ                          | Potential impact of cyber security incident could lead to wide scale IT system outages, meaning no access to patient records, e-dispensing services etc | • National requirements have increased, in respect of the need to achieve cyber essentials + accreditation.  
• No national funding has been identified specifically for cyber security work to mitigate against the increased risk, and the increased requirements.  
• No access to systems – would require frontline services to fully enact Business Continuity and Disaster Recovery procedures.  
• Potential for lack of access to relevant IT skills and insight to develop a recovery plan (dependent on type of attack).  
Restoration of services complex, would involve multiple vendors and take a significant period of time | 4 x 5 20 | Note - eliminating risk of cyber-attack completely is not possible. Following external cyber assessment (post-Wannacry cyber-attack local review); a number of areas to be addressed to reduce risk of an attack and any potential impacts (see actions). In progress: Service provider (NEL) undergoing wide scale review of cyber assurance, have achieved cyber essentials accreditation March 2019, and working toward cyber essentials + accreditation. CCG has own domain (green) under NEL is working towards achieving cyber essentials accreditation for the CCG. TIAA reviewed cyber controls. Assurance received. ETTF (GP IT Capital) funding successful to implement security product (DarkTrace) to improve network monitoring. Additional ETTF (GP Capital) funds have been successful to implement a NAC solution, details being worked up with NEL. Board level training to IESCCG and WSICC Board and Lay Members. | External Audit.  
Internal audit complete  
Monthly SLA provider meetings.  
Monthly service review provider meetings.  
Bi-monthly Joint Digital and IT Services Board.  
Audit Committee review.  
Scrutiny Committee review  
Governing Body | 4 x 5 20 | 4 x 5 20 | 3 x 4 12 | 1. Regular communications to users re phishing threats.  
Target date: Ongoing  
Completion:  
2. Wide scale review of patching processes and application.  
Target date: Ongoing  
Completion:  
Proposed further actions as implementation plans progress: Procure and rollout new network switching system with NAC (stage 1). Implement new licencing. (Office 2019 and potentially an O365 F1 licencing add on). Procure and rollout identity management system. Rollout W10. Implement end user training programme. Rollout DarkTrace |
<table>
<thead>
<tr>
<th>ACCOUNTABLE OFFICER &amp; GP OWNER</th>
<th>DESCRIPTION OF STRATEGIC RISK</th>
<th>GRANULAR OPERATIONAL RISKS</th>
<th>INITIAL RAG RATING (LIKELIHOOD X CONSEQUENCE)</th>
<th>KEY CONTROLS ESTABLISHED</th>
<th>ASSURANCE OF CONTROLS</th>
<th>RISK APPETITE (TREAT, TOLERATE, TRANSFER, TERMINATE)</th>
<th>RAG RATING LAST MONTH</th>
<th>REVISED RAG RATING</th>
<th>TARGET RISK</th>
<th>ACTION POINTS &amp; TARGET DATES FOR COMPLETION</th>
</tr>
</thead>
</table>
| AL                              | Lack of sufficient workforce across the system leading to risks to patient safety, care and services | • The system has an ageing clinical workforce with insufficient younger workforce to replace, leading to a clinical risk of patients not being seen in appropriate timescales and inability to meet clinical and performance quality targets.  
• Brexit instability affecting overseas workforce.  
• Inability to maintain safer staffing levels in accordance with NICE and National Quality Board guidance.  
• Higher sickness absence of staff due to workload further impact on patient safety, care and services impact on staff retention, losing staff due to increased workload.  
• Risk of patient experience deterioration due to long waits.  
• Risk of breaching constitutional obligations.  
• Primary care risk of some practices not being able to function and list closures.  
• EEAST underperforming on recruitment against ISR plan impacting on the level of PFSH available to deploy | 3 x 5 15 | At system level, a workforce strategy is in place.  
• Collaborative working across providers to deliver;  
• Joint recruitment initiatives,  
• Career development, portfolio careers,  
• Joint training (clinical and non-clinical)  
Interim NHS People Plan released.  
Local Workforce Assurance Boards established.  
System wide Primary Care Training Hub established.  
GP Support Hub providing support for the recruitment and retention of GPs. Regular monthly data showing progress.  
IESCCG and WSCCG LWAGs (Local Workforce Assurance Group) reporting to Local Workforce Assurance Board (LWAB).  
IESCCG and WSCCG Training Hub Advisory Groups (THAG) reporting to the Training Hub Governance Group.  
The THAG’s continue to meet bi-monthly. | TREAT | 3 x 4 12 | 3 x 4 12 | 2 x 3 6 | 1. Established nursing programme. Meeting target to raise student nurse placements by 15%. Fundamentals programme available for new nurses.  
Target date: Sept 2020  
Completion date:  
2. Next Generation Project established for careers advice and joint recruitments events across Suffolk/NEE.  
Working with schools and colleges.  
Target date: Sept 2020  
Completion date: |
<table>
<thead>
<tr>
<th>ACCOUNTABLE OFFICER &amp; GP OWNER</th>
<th>DESCRIPTION OF STRATEGIC RISK</th>
<th>GRANULAR OPERATIONAL RISKS</th>
<th>INITIAL RAG RATING (LIKELIHOOD X CONSEQUENCE)</th>
<th>KEY CONTROLS ESTABLISHED</th>
<th>ASSURANCE OF CONTROLS</th>
<th>RISK APPETITE (Treat, Tolerate, Transfer, Terminate)</th>
<th>RAG RATING LAST MONTH</th>
<th>REVISED RAG RATING</th>
<th>TARGET RISK</th>
<th>ACTION POINTS &amp; TARGET DATES FOR COMPLETION</th>
</tr>
</thead>
</table>
| RW                            | The IUC/111 service is failing the target for calls answered in 60 seconds. Care UK (Urgent Care Ltd.) predicting non-compliant performance until at least April 2020. | • Clinical risk of patients not being spoken to in appropriate timescales  
• Risk of deteriorating patient outcomes and experience due to long waits.  
• Risk of breaching constitutional obligations.  
• Risk of increasing patient harm. Potential impact on increasing demand for other providers. During the Covid-19 escalation period 111 saw a significant initial peak which has now subsided, and with additional recruitment in staffing performance is currently compliant. | 4 x 4 16 | Care UK have completed a capacity/demand staffing restructure, this has re-aligned the Health Adviser rota with demand. Commissioners have served Contract Performance Notice and Exception report notice due to failure to achieve previous recovery plan. New trajectory and action plans have been agreed with the provider.  
• Commissioners are working with Care UK and have reviewed the activity baseline and associated finances agreed in the Contract. N.B. Covid-19 Pandemic:  
• 111 facing unprecedented demand  
• Key standards will continue to be monitored | Updates from Care UK through regular conference calls. Contractual communication with Provider to ensure all immediate actions are being taken including use of clinical advisors (clinicians) front ending calls.  
• Updated recovery plan to be received fortnightly  
• Care UK have achieved recruitment targets set within agreed recovery plan | Treat | 4 x 3 12 | 3 x 2 6 | 3 x 2 6 | 1. Contract Performance Notice and Exception report issued. Contract management and agreement of new recovery plan proposed.  
2. Front end staff recruitment plan in place to be completed to full establishment June 2020. Completion: Care UK have met the calls answered in 60 seconds target in June 2020. Sustainability of this target will now be monitored in local contract meetings |
<table>
<thead>
<tr>
<th>ACCOUNTABLE OFFICER &amp; GP OWNER</th>
<th>DESCRIPTION OF STRATEGIC RISK</th>
<th>GRANULAR OPERATIONAL RISKS</th>
<th>INITIAL RAG RATING</th>
<th>KEY CONTROLS ESTABLISHED</th>
<th>ASSURANCE OF CONTROLS</th>
<th>RISK APPETITE (Treat, Tolerate, Transfer, Terminate)</th>
<th>RAG RATING LAST MONTH</th>
<th>REVISED RAG RATING</th>
<th>TARGET RISK</th>
<th>ACTION POINTS &amp; TARGET DATES FOR COMPLETION</th>
</tr>
</thead>
</table>
| LNJH                           | Unsafe operational delivery of acute mental health services | Wedgewood acute mental health inpatient unit has had significant quality concerns raised. This has included stakeholder, safeguarding and CQC concerns regarding:  
  - Safe staffing  
  - Leadership and management  
  - Datix and incident reporting  
  - Safeguarding practice  
  - Quality of care | 4 x 4 16 | Weekly Rapid Improvement Boards in place by NSFT with stakeholder attendance to oversee and provide scrutiny of the rapid improvements needed.  
  - Unannounced staffing level checks completed by CCG  
  - CCG planned quality walk around to provide an opportunity for us to talk to staff and patients to understand the challenges being faced and oversee areas of targeted improvement needed. | Oversight of key controls will feed into the CCG Quality and Contracts Performance Meeting (QCPM) with reporting into CCG Clinical Executive meetings and scrutiny committees as appropriate. | Tolerate | 4 x 4 16 | 2 x 2 4 | 1. Sustained improvement reported through the Rapid Improvement Board  
Target date: 01/04/2020  
Completion date:  
2. Stable leadership and management structure in place  
Target date: 20/03/2020  
Completion date:  
3. CCG assurance of improvement from unannounced and announced spot checks and quality walk around  
Target date: 01/04/2020  
Completion date:  
4. Rapid Improvement Board satisfaction with pace of improvement and quality of care. This would lead to the stepping down of this forum. This would be full satisfaction from all stakeholders involved.  
Target date: 01/05/2020  
Completion date:  
June 2020  
QCPM meetings will resume from July 2020. There is no indication that the position has worsened and improvement plans remain ongoing. |
<table>
<thead>
<tr>
<th>ACCOUNTABLE OFFICER &amp; GP OWNER</th>
<th>DESCRIPTION OF STRATEGIC RISK</th>
<th>GRANULAR OPERATIONAL RISKS</th>
<th>INITIAL RAG RATING (LIKELIHOOD x CONSEQUENCE)</th>
<th>KEY CONTROLS ESTABLISHED</th>
<th>ASSURANCE OF CONTROLS</th>
<th>RISK APPETITE (Treat, Tolerate, Transfer, Terminate)</th>
<th>RAG RATING LAST MONTH</th>
<th>REVISED RAG RATING</th>
<th>TARGET RISK</th>
<th>ACTION POINTS &amp; TARGET DATES FOR COMPLETION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 4 National Emergency. Current UK Alert Level: 3</td>
<td>Current UK Situation As of 4pm on 29 June, 311,965 people have tested positive. As of 4pm on 29 June, of those tested positive for coronavirus in the UK, across all settings, 43,575 have died. The 'R Number' remains between 0.7-0.9. Increased risk of fraud from Covid-19 related claims.</td>
<td>4 x 5 20</td>
<td>Business continuity plan in use. SuNEE incident room 0800-1800 Mon-Fri and 1000-1600 weekends with on-call cover outside these hours. Daily SuNEE operational and tactical meetings. Tactical resource supporting the Suffolk Outbreak Management Centre Local Outbreak Management Plan released 30/06/2020 Daily tracking of case numbers in place. Local Resilience Forum have stood up both TCG &amp; SCG meetings. CCG staff working virtually where possible and strict controls in place at office locations to support social distancing LCFS distributed warnings re Covid related fraud and passed to relevant finance staff. Invoice checking remains in place, where there are changes to these they do not relate to new suppliers and all items will be reconciled as required.</td>
<td>SuNEE Covid-19 Incident room staffed on rota basis Virtual support from Primary Care/ Care homes/ Communications and IPC teams. Business continuity plans in full operational use.</td>
<td>Treat</td>
<td>4 x 5 20</td>
<td>2 x 2</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Monitoring of proliferation of virus will remain on-going. CCG will implement national guidance as required.

**Target date:**
Completion date:

**June 2020 Update:**
ICC operations remain in place to support coordination of information from National/ Region teams to providers. Service provision has been maintained to meet demand of COVID19 patients. Continue local engagement in local resilience forums Service recovery groups established

<table>
<thead>
<tr>
<th>ACCOUNTABLE OFFICER &amp; GP OWNER</th>
<th>DESCRIPTION OF STRATEGIC RISK</th>
<th>GRANULAR OPERATIONAL RISKS</th>
<th>INITIAL RAG RATING (Likelihood x Consequence)</th>
<th>KEY CONTROLS ESTABLISHED</th>
<th>ASSURANCE OF CONTROLS</th>
<th>RISK APPETITE (Treat, Tolerate, Transfer, Terminate)</th>
<th>RAG RATING LAST MONTH</th>
<th>REVISED RAG RATING</th>
<th>TARGET RISK</th>
<th>ACTION POINTS &amp; TARGET DATES FOR COMPLETION</th>
</tr>
</thead>
<tbody>
<tr>
<td>JP/RW</td>
<td>Expenditure to support the Covid-19 response may result in financial risks for the CCGs and wider system leaving a requirement to restrict future services or fail financial targets.</td>
<td>Current national policy is all reasonable C-19 related expenditure is reimbursed to NHS bodies from central sources. This policy may change as the size/type of expenditure emerges. Insufficient cash in system to enable necessary supplies to be purchased and suppliers to be supported. System finance resources are inadequate to complete tasks effectively due to sickness and or diversion to operational tasks. The CCGs may not be able to capture and evidence expenditure accurately. C-19 may impact on ongoing areas of expenditure within the CCG in a way which is difficult to attribute and quantify, e.g. prescribing and individual placements. The need for swift decision making may lead to decisions which result in increased prices and reduced value for money. Control issues raised by internal and external audit.</td>
<td>4 x 5 20</td>
<td>Comms channels established through national/regional/system routes, so CCG / partner organisations stay up to date with latest guidance. Finance &amp; procurement workstream with CCG DOF as SRO. Regular system meetings to review resources, raise cash management, other issues and share knowledge. C-19 specific codes set up in CCGs and expenditure tracker in place. Normal financial reporting processes remain; all areas of expenditure to be assessed including / excluding C-19 impact where possible. C-19 resource assessment committee for speedy /robust decision making. Working closely with internal and external audit, with rework of the IA strategy planned to reallocate resource.</td>
<td>Feedback from NHSE/I regarding C-19 claims made. Reporting to finance committees on BAU and C-19 expenditure. Audit opinion on 2019/20 accounts. Internal audit assurance.</td>
<td>Treat</td>
<td>3 x 5 15</td>
<td>3 X 5 15</td>
<td>2 x 5 10</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1. 2019/20 audited closing position established for the CCGs and across the ICS Target date: end June 2020 Update: 2. Adjusted financial plan in place for 2020/21 Target date: End June 2020 Update: Allocations for M1-4 received.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Directorate Risk Register summary of top risks

**Date:** June 2020

<table>
<thead>
<tr>
<th>Department</th>
<th>Risk Description / consequences</th>
<th>Current controls / assurance</th>
<th>RAG</th>
<th>Actions with status</th>
<th>Completion date</th>
<th>Responsible person</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Corporate Services</td>
<td>Hawthorn Drive Surgery are 100% over capacity in current premises; housing developments in the area will add further pressure to the patient list</td>
<td>Feasibility study being conducted to identify all public assets in the area and the potential for the surgery relocation to co-located premises / new build health and care hub (first proposal due Dec 19). Final draft of feasibility study report awaited; expected June/July delivery of this was delayed due to Covid-19. Short-term plan being developed whilst the long-term plan is underway to place a portacabin on site to offer 2 additional clinical rooms and admin space. Confirmation awaited on asset transfer to enable this to move to delivery phase, this is expected in next couple of months.</td>
<td>6</td>
<td>Monthly meetings are in place with the surgery and key partners involved in the long-term and short-term plan including Ipswich Borough Council, the CCG and the One Public Estate project manager. Draft report has been reviewed by SCC and final draft expected in June/July which will then support development of strategy moving forward.</td>
<td>August 2020</td>
<td>Julia Hiley</td>
</tr>
<tr>
<td>2. Corporate Services</td>
<td>Brexit and the possibility of a 'no deal' exit from the European Union.</td>
<td>Preparedness reports requested from provider organisations. Engagement with NHSE full Incident Coordination Centre who will deal with any fall out of a negotiated/no deal scenario. DHSC EU Exit Operational Readiness Guidance including Action Card for Commissioners. Internal CCG EU Exit team created to assess emerging risks. Local Health Resilience Partnership EU Exit Plan written/EU Exit exercise.</td>
<td>9</td>
<td>Risk removed from both GBAFs and transferred to Corporate Services and System Infrastructure risk register as negotiations on the future UK/EU relationship are ongoing. RAG rating downgraded to 9 pending negotiations.</td>
<td>Dec 2020</td>
<td>Amanda Lyes</td>
</tr>
<tr>
<td>Risk Description / consequences</td>
<td>Current controls / assurance</td>
<td>RAG</td>
<td>Actions with status</td>
<td>Completion date</td>
<td>Responsible person</td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------------------------</td>
<td>-----</td>
<td>---------------------</td>
<td>----------------</td>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td>1. COO Ipswich &amp; East and West</td>
<td>A practice in the east of the county have encountered significant GP staffing issues which may impact on their ability to see patients in a timely manner</td>
<td>CCG is working with local practices and the current provider to develop a plan to deal with this issue.</td>
<td>16</td>
<td>Initial scoping discussions with practice.</td>
<td>June 2020</td>
<td>David Brown</td>
</tr>
<tr>
<td>1. Contracts</td>
<td>Covid-19 Recovery Many of our commissioned providers have had to withdraw or re-provide services in a different way. In some cases, there are risks to the stability of organisations (e.g. charities whose non-NHS income has dropped). If those organisations fail or are unable to restart some services in a timely way there may be an impact on the health and wellbeing of patients.</td>
<td>All providers have been contacted and supplied an analysis of their risks and concerns. Contract managers and colleagues have been in contact with all providers expressing concern. Periodically the CCG will seek updates from all providers on their risks and concerns.</td>
<td>9</td>
<td>Where possible the CCG have put in place measures to ensure financial security during the Covid-19 escalation period. The CCG will be beginning recovery planning imminently and will be contacting organisations about their plans and concerns relating to restoring their services. The CCG are working closely with the hospices in particular to support their financial situations as far as possible.</td>
<td>31 August 2020</td>
<td>Jon Reynolds Nicola Brunning</td>
</tr>
<tr>
<td>1. Finance</td>
<td>Failure to achieve in year financial balance, secure financial sustainability and deliver optimum service from financial resources available.</td>
<td>Guaranteed Income Contracts in place with key providers. Clinical Executive and Governing Body review expenditure and significant investments. Project management approach to delivery of QIPP through PMO</td>
<td>10</td>
<td>Regular executive level dialogue between CCG and providers. Regular FPC reporting. Note that payments have been altered due to Covid-19 and the extent and length of these changes is as yet uncertain: the Covid-19 GBAF risk covers this.</td>
<td>March 2021</td>
<td>Jane Payling</td>
</tr>
<tr>
<td>Risk Description / consequences</td>
<td>Current controls / assurance</td>
<td>RAG</td>
<td>Actions with status</td>
<td>Completion date</td>
<td>Responsible person</td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------------------------</td>
<td>-----</td>
<td>---------------------</td>
<td>----------------</td>
<td>--------------------</td>
<td></td>
</tr>
<tr>
<td><strong>1. Nursing</strong></td>
<td>CPN and RAP in place.</td>
<td>12</td>
<td>CCG Clinical quality team providing support to the Provider with reporting for SIs, incidents and complaints. Additional monthly meetings at E-Zec Medical with CCG Clinical quality team to provide support and assurance. Additional monthly meeting stood down due to CV-19 pandemic. E-Zec have been supporting the ICS during the CV-19 pandemic. Regular QCPM’s now re-commenced and will focus on performance moving forward.</td>
<td>Jan 2021</td>
<td>Rowena Harland</td>
<td></td>
</tr>
<tr>
<td><strong>1. Transformation</strong></td>
<td>MAY 20: Revised NHSE Dementia action in place, agreed at Clinical Executive 11/03/2020. Full Programme of work underway as agreed with NHSE &amp; CE. Highlights include EQUIP dementia diagnosis audit work; Care Homes Liaison Nurse working closely with care homes and practices; West Suffolk Dementia Operational Group established; Dementia Together Navigators working with as part of the INT to offer a locality approach of support engaging well with localities and the local community, also working as part of the MATs team and undertaking Dementia Friendly reviews.</td>
<td>12</td>
<td>MAY 20 - Paused COVID 19 (but programme being reinvigorated) APR 20: Paused COVID-19 MAR 20: Revised NHSE Dementia Action plan in place and will focus on the Big 5: 1. Leadership and Governance, including clinical leadership 2. Improving Memory Assessment Services 3. Case finding in acute settings 4. Case finding in care homes 5. Engaging primary care in diagnosis. As well as Post Diagnostic support. An immediate focus will be data integrity, communication</td>
<td>Nov 2020</td>
<td>Gail Cardy / Rob Chandler</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>throughout the pathway and raising awareness across the locality in the importance of a dementia diagnosis.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
GOVERNING BODY

<table>
<thead>
<tr>
<th>Agenda Item No.</th>
<th>14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference No.</td>
<td>IESCCG 20-36</td>
</tr>
<tr>
<td>Date.</td>
<td>28 July 2020</td>
</tr>
</tbody>
</table>

**Title**  
Freedom of Information

**Lead Director**  
Amanda Lyes, Director of Corporate Services and System Infrastructure

**Author(s)**  
Tony Buckle, Risk Manager

**Purpose**  
To update the Governing Body on Freedom of Information activity within the CCG.

**Applicable CCG Clinical Priorities:**

1. To promote self care
2. To ensure high quality local services where possible ✔
3. To improve the health of those most in need
4. To improve health & educational attainment for children & young people
5. To improve access to mental health services
6. To improve outcomes for patients with diabetes to above national averages
7. To improve care for frail elderly individuals
8. To allow patients to die with dignity & compassion & to choose their place of death where appropriate
9. To ensure that the CCG operates within agreed budgets

**Action required by the Governing Body:**

The Governing Body is asked to note the report.
1. **Background**

1.1 The Freedom of Information Act 2000, provides a general right of access to information held by public authorities, including the NHS. Anyone can request information and has the right to be told:

- Whether the public authority holds the information, and
- If it does, to be provided with the information (subject to exemptions)

The Management Delivery Team handles requests on behalf of both West Suffolk CCG, Ipswich and East Suffolk CCG and on behalf of North East Essex CCG.

2. **Key Issues**

2.1 This report covers the last quarter of 2019/20 and first quarter of 2020/21.

2.2 Suffolk requests received average around 20 - 25 per month with NEECCG receiving slightly less. Almost all of the Suffolk requests cover both CCGs with only a few being directed specifically to one Suffolk CCG. Since the Covid-19 pandemic, the number of requests has reduced.

2.3 Both Suffolk and NEE CCGs had all requests answered within the 20 working days allowed under the Act, apart from one request which required a response via Survey Monkey; this does not allow the CCGs to have a copy of the response. The requestor has been asked a number of times to supply the request in a different format (i.e. Word document) but no reply has been forthcoming.

2.4 The type of information varies; please see appendix 1 for more information. This information is only for Suffolk CCGs. Appendix 2 contains information regarding FOI responses following the Covid-19 pandemic.

2.5 The main topics requested have been varied with no real popular topic.

3. **Future Action**

3.1 The Risk Manager will continue to manage the responses to requests for information received under the legislation.

3.2 The tables in Appendix 1 give an overview of the number of requests received for the fourth quarter of 2019/20 and first quarter of 2020/21 for Suffolk and NEE CCGs.
## Appendix 1

### FOI requests January 2020 to June 2020.

<table>
<thead>
<tr>
<th>FOI requests received for period 01/01/2020 - 31/01/2020</th>
<th>IESCCG</th>
<th>WSCCG</th>
<th>NEECG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of FOI requests received</td>
<td>25</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>I&amp;ESCCG &amp; WSCCG</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I&amp;ESCCG</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WSCCG</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Answered within 20 days</td>
<td>25</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Not answered within 20 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not due for response</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closed as no response from enquirer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of information requested</td>
<td>25</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Clinical – 10, Commissioning – 4, Corporate – 1, Finance – 1, HR – 2, ICT – 3, Prescribing – 2, Primary Care – 2, Other – 1.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FOI requests received for period 01/02/2020 - 29/02/2020</th>
<th>IESCCG</th>
<th>WSCCG</th>
<th>NEECG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of FOI requests received</td>
<td>20</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>I&amp;ESCCG &amp; WSCCG</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I&amp;ESCCG</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WSCCG</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Answered within 20 days</td>
<td>20</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Not answered within 20 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not due for response</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closed as no response from enquirer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of information requested</td>
<td>20</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Clinical – 11, Commissioning – 6, Corporate – 2, Primary Care – 1.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### FOI requests received for period 01/03/2020 - 31/03/2020

<table>
<thead>
<tr>
<th></th>
<th>IESCCG</th>
<th>WSCCG</th>
<th>NEECG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total number of FOI requests received</strong></td>
<td>18</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>I&amp;ESCCG &amp; WSCCG</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I&amp;ESCCG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WSCCG</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>18</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Answered within 20 days</td>
<td>17</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Not answered within 20 days</td>
<td>*1</td>
<td>*1</td>
<td></td>
</tr>
<tr>
<td>Not due for response</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closed as no response from enquirer</td>
<td>18</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td><strong>Type of information requested.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contracts</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Awaiting reply from requestor regarding different format for response as Survey Monkey does not allow CCG to keep a copy.

### FOI requests received for period 01/04/2020 - 30/04/2020

<table>
<thead>
<tr>
<th></th>
<th>IESCCG</th>
<th>WSCCG</th>
<th>NEECG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total number of FOI requests received</strong></td>
<td>10</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>I&amp;ESCCG &amp; WSCCG</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I&amp;ESCCG</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WSCCG</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>10</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Answered within 20 days</td>
<td>10</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Not answered within 20 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not due for response</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closed as no response from enquirer</td>
<td>10</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td><strong>Type of information requested.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commissioning</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corporate</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## FOI requests received for period 01/05/2020 - 31/05/2020

<table>
<thead>
<tr>
<th></th>
<th>IESCCG</th>
<th>WSCCG</th>
<th>NEECCG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total number of FOI requests received</strong></td>
<td>10</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>I&amp;ESCCG &amp; WSCCG</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I&amp;ESCCG</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WSCCG</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>10</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Answered within 20 days</td>
<td>10</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Not answered within 20 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not due for response</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closed as no response from enquirer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Type of information requested.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance – 1, Commissioning – 3, Clinical – 3, Corporate – 1, HR – 1, Strategy &amp; Development – 1.</td>
<td>10</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

## FOI requests received for period 01/06/2020 - 30/06/2020

<table>
<thead>
<tr>
<th></th>
<th>IESCCG</th>
<th>WSCCG</th>
<th>NEECCG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total number of FOI requests received</strong></td>
<td>16</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>I&amp;ESCCG &amp; WSCCG</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I&amp;ESCCG</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WSCCG</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>16</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Answered within 20 days</td>
<td>16</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Not answered within 20 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not due for response</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closed as no response from enquirer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Type of information requested.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commissioning – 5, Primary Care – 5, Prescribing – 1, Clinical – 1, Contracts – 2, Finance – 1, ICT - 1</td>
<td>16</td>
<td>16</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2

This is an excerpt from the ICO website regarding responding to FOI requests during the Covid 19 Pandemic.

---

**FOI and the coronavirus: a measured approach**

The ICO recognises the unprecedented challenges all are facing during the coronavirus (COVID-19) pandemic.

In particular we understand that resources, whether they are finances or people, may be diverted away from usual compliance or information rights work. Whilst we can’t extend statutory timescales, we will not be penalising public authorities for prioritising other areas or adapting their usual approach during this extraordinary period.

To further support our information rights colleagues, we will tell people through our own communications channels that they may experience understandable delays when making information rights requests during the pandemic.

We are a reasonable and pragmatic regulator, one that does not operate in isolation from matters of serious public concern. Regarding compliance with information rights work when assessing a complaint brought to us during this period, we will take into account the compelling public interest in the current health emergency.

We are here to help you, information is available on our website or via our helpline on 0303 123 1113.
GOVERNING BODY

<table>
<thead>
<tr>
<th>Agenda Item No.</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference No.</td>
<td>IESCCG 20-37</td>
</tr>
<tr>
<td>Date.</td>
<td>28 July 2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Creation of an Area Prescribing Committee in Common for Medicines Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Director</td>
<td>Maddie Baker-Woods, Chief Operating Officer</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Rifat Choudhury, Interim Chief Pharmacist and Maddie Baker-Woods, Chief Operating Officer</td>
</tr>
<tr>
<td>Purpose</td>
<td>The Governing Body is asked to approve the formation of an Area Prescribing Committee (APC) with delegated responsibility for medicines governance.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicable CCG Clinical Priorities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To promote self care</td>
</tr>
<tr>
<td>2. To ensure high quality local services where possible</td>
</tr>
<tr>
<td>3. To improve the health of those most in need</td>
</tr>
<tr>
<td>4. To improve health &amp; educational attainment for children &amp; young people</td>
</tr>
<tr>
<td>5. To improve access to mental health services</td>
</tr>
<tr>
<td>6. To improve outcomes for patients with diabetes to above national averages</td>
</tr>
<tr>
<td>7. To improve care for frail elderly individuals</td>
</tr>
<tr>
<td>8. To allow patients to die with dignity &amp; compassion &amp; to choose their place of death where appropriate</td>
</tr>
<tr>
<td>9. To ensure that the CCG operates within agreed budgets</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action required by the Governing Body:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Governing Body is asked to approve the formation of an Area Prescribing Committee (APC) with delegated responsibility for medicines governance.</td>
</tr>
</tbody>
</table>
1. **Background**

   There are currently two processes for medicines governance as below:

1.1 Secondary care high cost drug pathways and all formulary drug applications; these would all go through the Medicines Optimisation Committee (MOC) at the Trust/s for clinical approval then onto the CCG Clinical Executive for final sign off, if financially required.

1.2 Primary care policies and protocols go to the CCG Medicines Management Workstream for advice and approval unless there are significant financial implications above the delegation level of the Chief Officer or their representative, in which case they are referred to the Clinical Executive for review and approval.

2. **Key Points**

2.1 The APC has been operational in a shadow form for over 12-months and was an essential forum for discussion and aligned decision-making in relation to end of life care formularies during the initial Covid-period. It has also enabled effective discussion about shared care guidelines and patient safety issues such as MHRA alerts.

2.2 The shadow APC has been excellently chaired by Dr David Egan, chair of the Ipswich and East Suffolk medicines management workstream and supported by Interface Pharmacist, Anisha Sharma.

2.3 Making the Suffolk and North East Essex APC a decision-making committee will mean that all medicines governance issues across the whole system are discussed in one place, thereby improving the quality and safety of prescribing and patient care as well as cost effectiveness of decision making.

2.4 Whilst the APC will provide a process whereby medicines governance is streamlined across the ICS, it will allow for local implementation as is relevant to each CCG/ PCN/ locality.

2.5 Outputs of the APC will be endorsed as follows *Approved by SNEE Area Prescribing Committee on (date). Review date: XXX*

2.6 A draft Terms of Reference that will govern the business of the APC and subject to consultation is in Appendix 1.

2.7 The SNEE APC meetings will be held as a committee-in-common.

2.8 The financial delegation level remains to be determined following discussions about the CCG’s wider scheme of financial delegation.

2.9 There are no additional staffing implications currently. Management and administration of the APC resource is currently provided from within the CCG/provider partners, as noted above but this will need to be reviewed in April 2021.

3. **Next Steps**

3.1 All three CCGs and provider bodies are required to approve the progression of this shadow group to a formal Committee in Common. This process is currently underway. Once complete with an estimated timeline of September, the formal Committee can be realised.
4. **Recommendation**

4.1 The Governing Body is asked to agree the formation of an Area Prescribing Committee with delegated responsibility for medicines governance, subject to final confirmation of the delegation level.
**Name** Clinical Commissioning Group Governing Body  
**Area Prescribing Committee Terms of Reference**

### Constitution

(Name) Clinical Commissioning Group (CCG) Governing Body (‘the Governing Body’) hereby resolves to delegate its medicines management decision making function to a committee.

The Governing Body having resolved to establish a Committee to be known as the Area Prescribing Committee (‘the Committee’) to which the Governing Body delegates the function of deciding prescribing policy.

### Role of the committee

The Committee will decide and recommend on prescribing policy as provided for herein and all medicines management matters relevant to area wide QIPP delivery in order to coordinate a cross organisational approach to medicines management and clinical decision making which affect (Name) CCG, acute hospitals, and mental health, Primary Care Networks and community services.

The Committee will also:

- Support the sharing of good practice relating to medicines and prescribing whilst encouraging CCG specific innovation; and
- Provide organisational assurance on patient safety as relates to medicines governance through the production and oversight of medicines management guidance and policy; and
- Provide operational risk management with respect to medicines optimisation; and
- Promote cooperation and consistency of approach in the commissioning process within and across different care pathways; and
- Enable key stakeholders and clinicians working in the CCG, to exert an influence on the prioritisation, improvement, development and transformation of healthcare delivery at primary, acute, mental health, community services, Primary Care Networks (PCNs) and Alliance interfaces

### Membership

**Members:**

- The Director of [name] CCG whose portfolio is [prescribing] (Chair) ("the Chief Operating Officer")
- CCG Clinical Lead for Prescribing* (co-chair)
- Primary Care Network (PCN) Clinical representative* (on behalf of PCNs within [name] CCG) (co-chair). *(This may also be a CCG Clinical Executive GP)*
- Chief Pharmacist, [name] CCG
- 1 Prescribing Adviser(s)/ QIPP Pharmacist/High Cost Drugs Pharmacist
- [name] CCG Lay member

**Attendees:**

- Chair, East Suffolk and North Essex NHS Foundation Trust* (ESNEFT) Medicines Optimisation Committee (MOC)
- Chief Pharmacist, ESNEFT
- Chair, West Suffolk NHS Foundation Trust* (WSFT) Medicines Management Group (MMG)
- Chief Pharmacist, WSFT
• Chair, Norfolk and Suffolk NHS Foundation Trust* (NSFT) Medicines Management Group (MMG)
• Chief Pharmacist, NSFT
• Clinical representative, Anglian Community Enterprise (ACE)
• Chair, Essex Partnership University Trust (EPUT) Medicines Management Group (MMG) Meeting* (Mental Health & Learning Disabilities)
• Chief Pharmacist, EPUT
• North and South Essex Local Medical Committee (LMC) Representative*
• Suffolk LMC Representative *
• Essex Local Pharmaceutical Committee (LPC) Representative
• Suffolk LMC Representative
• Business Manager Transformation Team

*Medical practitioner

Additional attendees may be co-opted as necessary to provide expertise in a particular subject area, such as:
• Essex County Council (ECC) and Suffolk County Council (SCC)
  Public Health representation as determined by the agenda
• Relevant secondary care clinicians as determined by the agenda
• NHS England Midlands and East (East)
  o Strategic Clinical Networks
  o Clinical Senates
  o Public Health England
• [name] CCG finance

Members and attendees should, where possible, identify deputies to attend on their behalf in the event of non-attendance.
Members will have regard to the views of the attendees.

**Chair**
The Committee shall be chaired by the Clinical lead for Prescribing or deputy (as named by the Prescribing Clinical Director) if absent. The role of Chair will rotate between the CCG Clinical Leads, and each CCG will cover two consecutive meetings per year.

**Quorum**
The quorum of the Committee is three of the five members, to include at least the Chair, and the Chief Pharmacist or the Deputy Chief Pharmacist who can be from any of the 3-member CCGs within the ICS.

There must also be 50% of the attendees which must include one representative from ESNEFT, WSFT, EPUT, NSFT, ACE and the LMC. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee.

**Decision-making**
For any single decision on the matters set out in the "Role of the committee" (above) which will lead to a cost to the CCG in excess of £XX (to be determined, as noted above) or multiple decisions in respect of the same matter which will lead to a cost of the sum (to be determined as noted above) in each financial year (hereinafter known as "the Prescribed Amount") the Director whose portfolio is Prescribing must first obtain the prior approval of the Governing Body in order to seek a decision on the matter from the Committee.

Such approval will be sought at any prior meeting of the Governing Body, such approval being by way of a simple majority.

Where such approval of the Governing Body has been obtained the Director,
whose portfolio is Prescribing may refer the matter for a decision to the next meeting of the Committee.

Where no such approval has been obtained the Committee will only be permitted to take a decision on any matter the cost of which does not exceed the Prescribed Amount.

On any matter as set out in the "Role of the committee" (above) which will lead to a cost to the CCG the Committee is permitted to make recommendations to the Board on such matter or matters and no prior approval for such recommendation is required.

On any matter as set out in the "Role of the committee" (above) which will not lead to a cost to the CCG the Committee is permitted to take decisions on such matter.

The chair of the Committee will work to establish unanimity as the basis for decisions of the Committee. If, exceptionally, the Committee cannot reach a unanimous decision, the chair will put the matter to a vote, with decisions confirmed by a simple majority of those members present, subject to the meeting being quorate.

The Committee will ensure that any conflicts of interest are dealt with in accordance with the CCG standards of business conduct policy and the CCG’s conflict of interest policy.

<table>
<thead>
<tr>
<th>Duties of the Committee</th>
<th>The Committee shall provide oversight and give assurance to the Governing Body on medicines governance as set out below:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical</strong></td>
<td></td>
</tr>
<tr>
<td>• Receive, consider and provide decisions and guidance on medicines management issues that have an effect on clinical practice and the overall delivery of healthcare in support of the QIPP agenda. This includes the following functions:</td>
<td></td>
</tr>
<tr>
<td>▶ assessment of the clinical and cost-effectiveness of medicines</td>
<td></td>
</tr>
<tr>
<td>▶ development and maintenance of a joint formulary</td>
<td></td>
</tr>
<tr>
<td>▶ development and approval of shared care guidelines</td>
<td></td>
</tr>
<tr>
<td>▶ development and approval of prescribing guidelines</td>
<td></td>
</tr>
<tr>
<td>• Receive and endorse the recommendations of relevant East of England/stakeholder advisory groups where appropriate e.g. Regional Medicines Optimisation Committee, PrescQipp, WSFT, EPUT, NSFT MMG and ESNEFT MOC decisions</td>
<td></td>
</tr>
<tr>
<td>• Facilitate local implementation of national policy and/or guidance where it has implications across organisations (e.g. NICE guidance)</td>
<td></td>
</tr>
<tr>
<td>• Utilise the agreed Fast-track process for time limited reviews e.g. NICE TAGs with 30 day implementation or safety issues.</td>
<td></td>
</tr>
<tr>
<td>• Refer topics for wider review and consideration to the Regional Medicines Optimisation Committee (RMOC) or East of England Priorities Advisory Committee (PAC)</td>
<td></td>
</tr>
<tr>
<td>• Engage with new and emerging organisations/groups who will have an impact on medicines management in the health community e.g. PCNs, private providers, community providers</td>
<td></td>
</tr>
<tr>
<td><strong>Commissioning</strong></td>
<td></td>
</tr>
<tr>
<td>• Support the horizon scanning, planning and managed entry of high cost drugs information</td>
<td></td>
</tr>
<tr>
<td>• Ensure that decisions taken about medicines usage are consistent with wider commissioning frameworks, CCG priorities and annual budgets</td>
<td></td>
</tr>
</tbody>
</table>
- Consider patient pathways and work with commissioners and contractors to ensure that systems are in place to manage high-risk medicines and treatments, within the context of existing (and future) contracting arrangements with primary care contractors and other providers

**Governance**
- Ensure that robust standards and governance arrangements underpin decision-making/advice related to medicines
- Provide local guidance for appropriate working with the pharmaceutical industry
- Ensure decisions, once made, are implemented and/or endorsed by relevant organisations, for example, by an implementation and monitoring plan
- Advise, endorse or approve patient group directions as relates to CCGs

**Patient Safety**
- Ensure patient safety is incorporated as a specific issue in all decisions and recommendations made by the APC, including the safety aspects of the way medicines are used in practice
- Support safe medicines usage across care interfaces including identifying the need for and/or developing shared care protocols and treatment guidelines, discharge prescribing arrangements and the use of unlicensed medicines
- Work with the Quality and Safety Committee

<table>
<thead>
<tr>
<th>Frequency of meetings</th>
<th>Meetings shall be held bi-monthly and not less than four times a year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notice of meetings</td>
<td>Meeting dates are set by the Business Manager for each financial year in advance. Changes to meeting dates or calling of additional meetings should be provided to members and attendees within four weeks of the meeting. A minimum of four weeks’ notice and dispatch of meeting papers is required. This will allow for consultation with the (Clinical Reference Group and other) stakeholder bodies. Notice of all meetings shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed and supporting papers.</td>
</tr>
<tr>
<td>Administration and minutes of meetings</td>
<td>The Business Manager shall be secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the chair and committee members. [name] CCG medicines management team hosts the administration of the meetings and associated correspondence with additional clinical support from all other organisations where applicable.</td>
</tr>
<tr>
<td>Reporting responsibilities</td>
<td>The Committee shall: Submit to the Governing Body complete copies of minutes of all meetings; and Submit an annual report of its work to the Governing Body and Submit minutes to Provider Trust MMG and MOC for information</td>
</tr>
</tbody>
</table>
| Authority | The Committee is authorised by the Governing Body to make decisions on all medicines management activities within its terms of reference including for the avoidance of doubt the Prescribed Amount referred to above.  

On any matter as set out in the "Role of the committee" (above) which will not lead to a cost to the CCG the Committee is permitted to take decisions on such matter. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>The Committee shall bi-annually review its own performance and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Governing Body for approval.</td>
</tr>
</tbody>
</table>

Reviewed XXX
GOVERNING BODY

<table>
<thead>
<tr>
<th>Agenda Item No.</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference No.</td>
<td>IESCCG 20-38</td>
</tr>
<tr>
<td>Date.</td>
<td>28 July 2020</td>
</tr>
</tbody>
</table>

Title: Minutes of Meetings

Lead Director: Amanda Lyes, Director of Corporate Services and System Infrastructure

Author(s): Jo Mael, Corporate Governance Officer

Purpose: Minutes of Meetings:
To receive a report from the Lay Member for Governance seeking the endorsement of minutes and decisions from the following Ipswich and East Suffolk CCG Sub Committees.

a) Audit Committee
The unconfirmed minutes of an extraordinary meeting held on 17 June 2020

b) Remuneration and HR Committee
The unconfirmed minutes of a meeting held on 09 June 2020

c) Financial Performance Committee
The unconfirmed minutes of a meeting held on 16 June 2020

d) Clinical Scrutiny Committee
The unconfirmed minutes of a meeting held on 23 June 2020

e) Covid-19 Resource Approval Committee
Minutes from meetings held on 7, 12, 14, 21, 27 May and 4, 10, 24 June 2020

f) Community Engagement Partnership
Minutes from meetings held on 9 March and 27 April 2020

g) Ipswich and East Suffolk CCG Primary Care Commissioning Committee
The unconfirmed minutes of a meeting held on 23 June 2020

h) Commissioning Governance Committee
Decisions from virtual meetings held on 14 and 26 May and 15 June 2020

Applicable CCG Clinical Priorities:

1. To promote self-care
2. To ensure high quality local services where possible
3. To improve the health of those most in need
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>To improve health &amp; educational attainment for children and young people</td>
</tr>
<tr>
<td>5.</td>
<td>To improve access to mental health services</td>
</tr>
<tr>
<td>6.</td>
<td>To improve outcomes for patients with diabetes to above national averages</td>
</tr>
<tr>
<td>7.</td>
<td>To improve care for frail elderly individuals</td>
</tr>
<tr>
<td>8.</td>
<td>To allow patients to die with dignity and compassion and to choose their place of death where appropriate.</td>
</tr>
<tr>
<td>9.</td>
<td>To ensure that the CCG operates within agreed budgets</td>
</tr>
</tbody>
</table>

**Action required by Governing Body:**

**To endorse** the minutes and decisions as attached to the report whilst noting that ‘unconfirmed’ minutes remain subject to change by the relevant Committee/Group.
Unconfirmed Minutes of an Extraordinary Meeting of the Ipswich and East Suffolk Clinical Commissioning Group Audit Committee held on Wednesday, 17 June 2020

PRESENT
Graham Leaf - Lay Member for Governance (Chair)
Steve Chicken - Lay Member
Irene MacDonald - Lay Member for Patient and Public Involvement

IN ATTENDANCE
Colin Boakes - Governance Advisor
Emily Bosley - Project Accountant
Mark Game - Deputy Director of Finance
Dr Michael McCullagh - GP Clinical Executive Member
Jane Payling - Director of Finance
Debbie Hanson - Ernst and Young: External Audit
Alison Riglar - Ernst and Young: External Audit
Jo Mael - Corporate Governance Manager
James Thompson - Financial Accountant
Liz Wright - RSM UK, Internal Audit

20/041 WELCOME AND APOLOGIES FOR ABSENCE
The Chair welcomed everyone to the meeting and apologies for absence were noted from:

Amanda Lyes - Director of Corporate Services and System Infrastructure

20/042 DECLARATIONS OF INTEREST AND HOSPITALITY AND GIFTS
No declarations were received.

20/043 AUDIT RESULTS REPORT AND CONCLUSION ON THE CCG’S ARRANGEMENT FOR SECURING ECONOMY, EFFICIENCY AND EFFECTIVENESS IN THE USE OF RESOURCES.

The Committee was in receipt of the Audit Results Report from Ernst and Young the CCG’s External Auditors.

Subject to the adequate resolution of the outstanding matters listed in the report, the auditors confirmed that they anticipated being in a position to issue an unqualified audit opinion on the financial statements in the form that appeared in Section 3 of the report, before the revised statutory deadline of 25 June 2020. They had included an ‘emphasis of matter’ section within the audit report to draw attention to the going concern disclosure linked to Covid-19. They also had no matters to report about arrangements to secure economy, efficiency and effectiveness in the use of resources and would issue an unmodified (unqualified) value for money conclusion.

On 23 March 2020, NHSE/I had written to all commissioners and providers setting
out changes to the 2019/20 accounts reporting timescales as a result of Covid-19. The deadline for submission of audited accounts was changed from 28 May 2020 to 25 June 2020. The external auditors had worked with the CCG to deliver its audit in line with the revised reporting timescale.

Key points included;

Changes to the risk assessment as a result of Covid-19 - the adoption of IFRS 16 by the DHSC GAM as the basis for preparation of NHS financial statements had been deferred to 2021/22. The CCG would therefore no longer be required to undertake an impact assessment, and disclosure of the impact of the standard in the financial statements did not now need to be financially quantified in 2019/20. It was therefore no longer considered to be an area of audit focus for 2019/20.

The Audit Planning Report, communicated that audit procedures would be performed using a materiality basis of 2% of gross operating expenditure. The auditors had considered whether any change to materiality was required in light of Covid-19. Following that consideration they remained satisfied that the rationale for the basis of planning materiality, performance materiality and audit threshold for reporting differences reported in the Audit Planning Report remained appropriate.

The planning materiality assessment had been updated using the draft financial statements. Based on the materiality measure of gross operating expenditure the overall materiality assessment had been updated to £11.8 million (Audit Planning Report — £11.0 million). That resulted in updated performance materiality, at 75% of overall materiality, of £8.9 million, while the threshold for reporting misstatements of £0.3 million remained unchanged.

The report went on to detail additional audit procedures as a result of Covid-19.

Whilst the external auditors anticipated issuing an unqualified auditor’s report in respect of the CCG accounts, until outstanding procedures had been completed it was possible that further matters requiring amendment might arise.

The audit opinion would include an emphasis of matter paragraph. The emphasis of matter would draw attention to the CCG’s going concern disclosure in Note 1.1 of the financial statements, which described the financial and operational consequences the CCG was facing as a result of Covid-19, which was impacting future financial planning and contracting arrangements. The audit opinion was not modified in respect of that matter.

There was one unadjusted audit difference of £0.702 million in respect of provisions. There were no adjusted audit differences although management had corrected a number of disclosure misstatements.

There were no matters to report about arrangements to secure economy efficiency and effectiveness in the use of resources.

The auditors had yet to complete the procedures requested by the National Audit Office with respect to the CCG’s Whole of Government Accounts submission. Although they expected to report that the CCG’s consolidation schedule submission agreed to the audited financial statements within a tolerance of £0.3 million. They expected to have one matter to report to the National Audit Office. Audit procedures had identified that the CCG made two “discretionary payments” totalling £3.3 million to other NHS bodies within the same Integrated Care System.

No value for money issues had been identified.

Having been informed that there was an addition to the audit fee associated to the impact of Covid-19 which was likely to equate to £3000-£5000 per CCG, the
Committee expressed disappointed at not being alerted to the increase at an earlier stage. The External Auditors agreed to provide a breakdown of the additional fee.

The External Auditors thanked the CCG’s finance directorate for assistance provided during the 2019/20 Audit.

The Committee noted the content of the reports and thanked the External Auditors and Finance Team for their work.

20/044 ANNUAL REPORT AND ACCOUNTS

The report provided the proposed management response to the ISA 260 Report presented by Ernst and Young and gave committee members the opportunity to review the latest version of the CCG’s Annual Report and Accounts for 2019-20.

The audit was only formally finalised at the point of signature, and therefore it was possible there might be further amendments required.

Management had made various amendments to the Annual Report and Accounts since the drafts that were presented to members on 27 April 2020. In respect of the Governance Statement and Accounts those amendments were relatively minor in nature and agreed with audit colleagues during the audit process. None of the amendments resulted in a change to the previously reported in-year surplus of £1.2M.

The year did not introduce any major changes to the accounting standards. The CCG applied IFRS (International Financial Reporting Standard) 9 and 15 (Financial Instruments and Revenue, respectively) in the transition period in 2018/19 and continues to apply them in the current year. IFRS 16, a new standard regarding the accounting for leases was expected to be applied from 1st April 2020, but the transition had been delayed due to Covid-19. The impact would not be material for the CCG upon application.

Management had decided not to amend a misstatement identified during the audit process, because it was immaterial and, in the CCG’s opinion, considered that the non-current provision was both justifiable and recognised a genuine financial risk to the CCG.

Having considered the latest version of the Accounts and reviewed the appropriateness of the management response to the Audit Results Report, the Committee recommended that the CCG Governing Body approve the Accounts and draft Letter of Representations.

20/045 INTERNAL AUDIT ANNUAL REPORT 2019/20

The Committee was in receipt of the Internal Audit Annual Report 2019/20 which, it was explained, had been presented to the previous meeting.

The report provided an annual internal audit opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation’s risk management, control and governance processes. The opinion should contribute to the organisation’s annual governance reporting.

The internal audit opinion was that ‘the organisation had an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective’.

Having noted that the CCG had been rated as ‘amber’ in relation to not being able
to demonstrate compliance with counter fraud standards, it was explained that, as the CCG had not experienced any fraud, it was considered as being unable to demonstrate evidence that it could comply with standards.

The Committee accepted the report.

20/046 EXTERNAL AUDIT BRIEFING

The External Auditors advised that there was nothing to report at present.

20/047 INTERNAL AUDIT PROGRESS REPORT 2020/2021

The Committee was in receipt of the Internal Audit Progress Report.

The internal audit plan for 2019/20 was approved by the Audit Committee at its 20 September 2019 meeting. The audit plan had yet to commence at the request of the CCG management, in response to the impact of the current pandemic, with the plan delivery scheduled to commence from July 2020. The report provided an update on that plan, following discussion with management and detailed the amendments proposed and also the expected timings for each review.

Whilst amendments in the report were being presented to the Committee today for consideration, comment and approval, it was noted that the plan would need to be flexible and subject to change should additional capacity be identified.

The Director of Finance reported that on a national/regional level audit of Covid-19 claims had been commissioned. Two organisations within a region were to be audited at any one time and the CCGs were not within the first phase.

The Committee accepted the Internal Audit Progress Report whilst noting the requirement for it to be flexible throughout the year.

20/048 ANY OTHER BUSINESS

External and Internal Audit teams were thanked for their work throughout 2019/20.

20/049 DATE OF NEXT MEETING

Although the next meeting of the Audit Committee was scheduled to take place on 7 July 2020 at 2.00pm, it was agreed that meeting be cancelled and another meeting scheduled for August/September 2020.
Unconfirmed Minutes of a meeting of the Ipswich and East Suffolk Clinical Commissioning Group Remuneration and Human Resources Committee Meeting 
-held on Tuesday, 09 June 2020

PRESENT:
Graham Leaf Lay Member for Governance (Chair)
Irene MacDonald Lay Member for Patient and Public Involvement (Part)
Dr Mike McCullagh GP Clinical Executive Member

IN ATTENDANCE:
Mark Cory Lay Member, North East Essex CCG
Geoff Dobson Lay Member, West Suffolk CCG
Pamela Donnelly Lay Member, North East Essex CCG
Amanda Lyes Director of Corporate Services and System Infrastructure
Jo Mael Corporate and Governance Officer
Victoria Robertson Deputy Director of People and Culture
Lynda Tuck Lay Member, West Suffolk CCG
Jerry Wedge Lay Member, North East Essex CCG

20/019 WELCOME AND APOLOGIES FOR ABSENCE
The Chair welcomed everyone to the meeting and no apologies for absence were received.

20/020 DECLARATIONS OF INTEREST
No declarations of interest were received. Members were reminded of the need to declare any hospitality or gifts via completion of the relevant documentation.

20/021 MINUTES OF THE PREVIOUS MEETING
The minutes of the Ipswich and East Suffolk CCG Remuneration and Human Resources Committee meeting held on 11 February 2020 were reviewed and confirmed as a correct record.

20/022 MATTERS ARISING AND REVIEW OF THE ACTION LOG
There were no matters arising and the action log was reviewed and updated.

20/023 MANAGEMENT RUNNING COSTS
The Committee was provided with an overview of the year to date management running costs at the end of March 2020.

The CCG running cost allocation for 2019/20 was £8,520k but budgeted to spend £8,129k, the balance of the allocation was being used to fund programme costs.
In month 10 the CCG received an additional allocation of £23k for HSCN IT costs which increased the running allocation to £8,543k and budgeted to spend to £8,152k, the balance of the allocation was being used to fund programme costs.

The full year calculated spend per head was £18.01 compared to funded spend per head of £20.85.

The Director of Corporate Services and System Infrastructure advised of the intention to invite a finance representative to future meetings to present the report. Management costs were currently on track and there were no areas of concern.

Following the recent restructure it was queried whether there had been any effect on remaining staff in areas where staffing numbers had been reduced. In response the Committee was advised that the restructure had been successful with staff having settled well and embraced new ways of working introduced as a result of the Covid-19 pandemic.

The staff survey had not identified any areas of concern and the workforce had recently been surveyed with regard to the availability of support during the pandemic and use of new technology. 278 staff had completed the survey with many finding working at home positive.

Lay Members highlighted some issues associated to the ability to access documents when using MS Teams on iPads and the Director of Corporate Services and System Infrastructure agreed to take those issues forward with the Head of IT.

The Committee noted the content of the report

20/024 WORKFORCE REPORT

The Committee was in receipt of a report from the Director of Corporate Services and System Infrastructure which provided information on a wide range of workforce performance indicators.

Points highlighted during discussion included;

• Staff had adapted swiftly to new ways of working put in place during the Covid-19 pandemic which included the support of frontline staff.
• Sickness was low within all three CCGs. A small number of staff had been tested for Covid-19 and all had been provided with one to one support and were currently well. Some had returned to work.
• It was noted that infection control would be a key feature going forward in respect of sickness and, it was explained, that risk assessments were being carried out across all offices. There was also an additional level of scrutiny via the Health and Safety and Risk Committee.
• Redundancies associated to the restructure had all been finalised according to that previously reported with payment at the end of March 2020.
• With regard to long term sickness, one to one support via line managers was provided together with occupational health support if required.

The Committee noted the content of the report.

20/025 HEALTH AND WELLBEING

The workforce team had been working to set up multiple offers to CCG and whole system staff to support their health and wellbeing throughout the pandemic.
Section 2 of report detailed work with key points and comments being;

Having queried how the Alliance fed into the Local Workforce Action Board (LWAB), it was reported that the work of the LWAB had been paused during the Covid-19 pandemic but was due to recommence. There was now opportunity to review the current system whereby the Local Workforce Action Groups (LWAGs) reported into the LWAB. It was agreed that the review should incorporate a review of membership of the LWAB to ensure that it retained system working. It was suggested that the Remuneration and HR Committee might like to feed into the LWAB review.

It was reported that following the recent staff survey approximately 11 members of staff had indicated they were feeling isolated working at home. Welfare calls were to be introduced for all staff and virtual staff rooms had been established along with ‘keeping in touch’ staff videos circulated.

The Committee noted the content of the report.

20/026 INTEGRATED CARE SYSTEM (ICS) UPDATE

The Director of Corporate Services and System Infrastructure reported that recent focus had been on the Covid-19 pandemic although work was now beginning to be carried forward with the second ICS Board meeting scheduled for later in the week.

The Committee noted the update.

20/027 DIRECTOR OF PERFORMANCE IMPROVEMENT

The Committee was in receipt of a paper which advised of the appointment of a new Director of Performance Improvement across Ipswich and East Suffolk, West Suffolk and North East Essex CCGs.

Interviews to find a new Director of Performance Improvement for all three CCGs had taken place on 22 April 2020. Three candidates were interviewed for the position with the interview panel agreeing to the appointment of Paul Gibara. Paul had accepted the position at a salary of £110,000 and was due to commence employment on 14 July 2020.

The Committee noted and endorsed the above appointment to Ipswich and East Suffolk CCG, North East Essex CCG and West Suffolk CCG’s Joint Leadership Team.

20/028 LEARNING LESSONS TO IMPROVE OUR PEOPLE PRACTICES – PROVIDER REQUIREMENTS

The Director of Corporate Services and System Infrastructure reported that policies and procedures were being reviewed with the aim to align them across the three CCGs where possible. The Committee would be asked to review policies on an individual basis as and when required.

The Committee noted the update.

20/029 STAFF RISK ASSESSMENT – INCLUDING VULNERABLE GROUPS

The Committee was in receipt of a report which sought to provide assurance of the steps taken to minimise any risks to staff during the Covid-19 pandemic.

A risk assessment had been completed by all staff to ascertain initial risks in early March 2020. That had provided information regarding shielded staff and
those with caring or other responsibilities.

The vast majority of staff had been able to work from home providing the highest level of protection possible. A much smaller number of staff had been participating in critical work in Aspen House and social distancing and increased hygiene measures had been put in place. A small number of staff with a clinical background had been redeployed to the front line.

As the evidence base surrounding Covid-19 had grown the CCGs had adjusted their approach and risk assessment. For example, when the BAME evidence emerged the CCGs had risk stratified anyone on the front line with a BAME background and offered a risk assessment.

There had been instances of staff wishing to re-enter primary care and acute settings, which had only been permitted where the environment was compliant with social distancing.

Following the publication of risk assessment information around vulnerable staff on 29 May 2020, the CCGs were in the process of asking line managers to speak with all of their team members to complete a further risk assessment. That risk assessment would be used as planning for a return to the office space and would allow discussion regarding the working environment.

Managers in North East Essex CCG had all received leader training coaching and Suffolk managers had all received mental health coaching. A package of health and wellbeing support was in place to support individuals.

The Committee noted the report.

(Irene Macdonald and Pamela Donnelly left the meeting)

20/030 REVIEW OF TERMS OF REFERENCE

The Committee was in receipt of its terms of reference for annual review.

The Committee approved its terms of reference as presented.

20/031 HEALTH SAFETY AND RISK COMMITTEE

The Committee was advised of work currently being undertaken in relation to Health and Safety which included:

The last meeting of the Committee was on 28 May 2020 and was mainly to discuss the potential return to office working in light of the Covid-19 pandemic.

The highlights of the meeting were as follows;

- There had been no health and safety related incidents since the last meeting.
- Following publication of the Government’s document ‘Working safely during Covid-19 in offices and contact centres’, on 11 May 2020 the CCG had carried out a risk assessment to reduce the risk to the lowest reasonably practicable level whilst taking preventative measures regarding the return of staff to office working.
- Suffolk County Council (SCC) had brought out a draft copy of a document called ‘Principles of Reoccupation – Covid-19’. The document outlined the measures and principles to be followed for safe office working. SCC would also be conducting workplace risk assessment at all of its buildings to ensure they were safe for reoccupation which would begin on 1 June 2020.
- The CCG had carried out its own draft risk assessment for Endeavour House, with others planned to take place in relation to West Suffolk House.
and Landmark House.
- The current key message for staff was to continue to work from home.

**The Committee noted** the content of the report.

### 20/032 JOINT STAFF PARTNERSHIP COMMITTEE

At its meeting held on 27 May 2020 the Joint Staff Partnership Committee had received the following updates:

**HR Workforce Report** – the Covid19 HR workforce report was presented to the group.

**Staff Working From Home Survey** - the group was informed of the recent staff survey which had been launched to gain insight on how colleagues had been finding working from home and if the CCG could provide better support. Over 200 staff had responded with very positive results.

**RIDDOR Reporting** - the group agreed that CCG staff that tested positive for Covid19 should be reported to RIDDOR. Currently four colleagues across three CCGs had tested positive for Covid19. All four members of staff self-isolated at home and did not require hospital treatment.

**Risk Assessments** - Trade unions requested confirmation that colleagues who were deployed into a clinical setting to support Covid19 were given appropriate risk assessment.

**Buying and Selling Annual leave policy** - it was agreed the new policy should be for buying annual leave only, as it was important from a health and wellbeing perspective that staff were encouraged to take all their annual leave. The policy would be updated to reflect that, prior to final approval being sought.

**Principals of Re-occupancy – Suffolk County Council buildings** - the Director of Corporate Services and Risk Manager continued to work closely with SCC and partners within Endeavour House on the guidance and principals for reoccupation of CCG offices and floorplates. Risk assessments were currently being carried out across all CCG office sites. Once drafts were finalised they would be communicated with colleagues and Trade Union partners.

**The Committee noted** the update.

### 20/033 EQUALITY AND DIVERSITY

The Deputy Director for People and Culture reported that North East Essex CCG had been accepted onto the Equality and Inclusion programme operated by NHS Employees.

**The Committee noted** the news and welcomed future updates.

### 20/034 POLICIES FOR APPROVAL

No policies were received for approval.

### 20/035 ANNUAL PLAN OF WORK

**The Committee noted** its current annual plan of work and that it would be revised in line with actions agreed at today’s meeting and an annual plan of work developed for North East Essex.

### 20/036 ANY OTHER BUSINESS
It was agreed that for future meetings, papers being presented to all three Committees would be circulated across the three CCG Committees.

20/037 DATE AND TIME OF NEXT MEETING

The next meeting was scheduled to take place on 6 October 2020 at 10.30am.

The Director of Corporate Services and System Infrastructure agreed to review the North East Essex Remuneration and HR Committee terms of reference for presentation to the next meeting.
Unconfirmed Minutes of a Meeting of the Ipswich and East Suffolk CCG
Financial Performance Committee held on Tuesday, 16 June 2020

PRESENT:
Steve Chicken  Lay Member (Chair)
Ed Garratt  Chief Executive
Dr Mike McCullagh  GP Member
Jane Payling  Director of Finance
Dr Imran Qureshi  GP Member
Dr Mark Shenton  CCG Chair

IN ATTENDANCE:
Ameeta Bhagwat  Head of Financial Planning and Management Accounts
Jo Mael  Corporate Governance Manager

20/015  WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting and there were no apologies for absence.

20/016  DECLARATIONS OF INTEREST

Dr Imran Qureshi declared an interest insofar as the agenda related to Aldeburgh Community Hospital as Leiston surgery provided primary care support for the hospital.

20/017  MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 17 March 2020 were agreed as a correct record.

20/018  MATTERS ARISING AND REVIEW OF ACTION LOG

There were no matters arising and the action log was reviewed and updated.

20/019  2019/20 FINANCIAL YEAR

Year End Report

At Month 12, the CCG had achieved its planned £1.9m in year surplus. At the end of Month 12, the CCG had delivered £9.3m of its savings plan (QIPP) against a target of £9.4m (99.3% delivery).

Having queried whether ‘other’ community costs were those associated to West Suffolk NHS Foundation Trust (WSFT) equipment costs, the Committee was reminded that it had previously been presented with a report in respect of support for WSFT which included a share of community equipment costs as set out within today’s report.

It was noted that when agreeing support for WSFT the CCG had requested representation on relevant financial scrutiny meetings with the Trust. The Director of Finance agreed to take the matter forward, noting that meetings of this nature were currently suspended due to the Covid-19 emergency response period.

Continuing Healthcare Analysis
The CCG was £740k overspent in-month. The overspend in package costs accounted for £525k of the total overspend. The majority owing to PHBs (+£344k), Home Care (+£172k), and One to One Packages (+£126k). Those costs were offset slightly by underspends in PuPOC payments and staff costs (vacancies).

Year to date the CCG was £296k overspent which was driven by an overspend of £2,533k in care costs. Those costs were offset by £1,022k of PY reversals, underspends in PuPOC payments £917k, and Staff costs £174k (vacancies). The majority of the overspend in package costs was owing to PHB Packages(+£2,018k), One to One Packages(+£787k) and Fast Track (+£607k). In addition, overspends on ‘Other’ were due to high cost Rehab/Recovery packages and an educational package. Funded Nursing Care was overspent by £463k as the nationally mandated inflation rate was released post the budget setting stage and was increased by 4.7% against the PY; he budget represented an increase of only 2.9%.

The challenge of facilitating discharge to assess pathways across the Alliance in a timely manner going forward was recognised, and the importance of ensuring pathways were audited emphasized.

It was suggested that consideration be given as to whether there might be benefit from exploring pooled budgets.

The Committee noted the reports.

20/020 202/21 FINANCIAL YEAR

Allocations, Budgets and Reporting Processes

The period April–July 2020 was initially designated within the NHS as the Covid-19 response period, that might be extended. During that period the following changes to the financial regime had been implemented nationally:

- All planning and contracting had been suspended
- A system of block payments had been calculated nationally for providers. Those were based on 2019/20 values + inflation. CCGs had been mandated to make those payments
- Cashflow improved to CCGs and to providers (providers received two x monthly block payment in April then monthly value).
- Providers would receive regular ‘top up’ payments to cover BAU costs and lost income e.g. HEE, R&D. Aiming to assist all trusts to break even April-July 2020.
- Providers and CCGs made retrospective Covid-19 claims to cover the reasonable, additional costs of the current period for both revenue and capital.
- In addition, £1.3bn funding was announced to support hospital discharge.

The report went on to outline revised allocations and comparisons, in year financial management and the budget for 2020/21. Key points highlighted included;

The Director of Finance reported that allocations for the initial four month period had been a reduction of what had been expected and nothing had been received as yet in respect of month five onwards.

The effect on acute Trusts of the reduction in payment was questioned. It was explained that Trusts and CCGs were required to break even over the first four months and top-up payments were being provided directly to trusts in this emergency period alongside additional funding to cover the costs associated with Covid-19 where required.

There was currently not enough information from NHS England to allow presentation of a full year budget for 2020/21 for sign off and it was anticipated that a further meeting would be required in July 2020 prior to final presentation to the Governing Body at the end of July 2020.

Having queried what NHS England was expecting the CCG to deliver for the financial year, the Committee was informed that a 2020/21 ‘neutral’ year was being discussed.
The Financial Performance Committee;

- **Approved** the high level M1-4 budgets as set out in the paper as prescribed by NHSE/I.
- **Noted** the draft running cost budgets for the full year (finalised once M5-12 allocations were confirmed),
- **Noted** that primary care delegated budgets would be presented to the Primary Care Commissioning Committee in June 2020 and brought back to the Financial Performance Committee in July 2020.
- **Noted** that in the next few weeks the CCG expected to receive and analyse the M5-12 allocations, alongside arrangements for reporting and reimbursement for the remainder of the year. Given that was expected by the end of June 2020, it was proposed to present full year budgets to the Governing Body at the end of July 2020.

**Running Costs**

The Director of Finance reported that a draft paper was available that would be circulated outside of the meeting.

20/021 MONTH TWO EXPENDITURE

The Committee was in receipt of the finance report for Month two which, it was explained, was in a new format.

The report included both year to date and forecasted information with Covid-19 expenditure included and excluded. The full year position indicated an £8.9m overspend, which when Covid-19 expenditure was excluded showed a £2.3m underspend.

Comments included;

- As information had been presented in line with the NHS England template there was no opportunity to pin point the exact cause of the acute variance, as the allocation figure does not equate exactly to the mandated provider block payments.
- Continuing Healthcare increases were due to an increase in price and volumes, and work was to take place with the Council to ensure full identification of patients in the hospital discharge programme. The need to review expenditure against previous years was emphasized.
- There were to be audits against Covid-19 expenditure.
- There was little effect on primary care.

The Committee noted the content of the report.

20/022 COVID-19 RESOURCE APPROVAL COMMITTEE – REPORT ON EXPENDITURE

The Director of Finance reported that the Covid-19 Resource Approval Committee (CRAC) had been established across the three CCGs. It reported directly into the Governing Body with oversight from Financial Committees.

Its first meeting had been held on 23 April with initial meetings focussing on retrospective decisions made during the immediate emergency response to the pandemic. Minutes and summaries of decisions were presented to the Governing Body.

The report went on to set out:

- Commentary on the costs incurred, including why there were differences between the CCGs
- Provide a list of CRAC approval decisions as at 9 June 2020
- Identify 2019/20 reimbursement totals (for which reimbursement was received)
- Provide a summary of Covid-19 costs included in non ISFE submissions for month 1 and 2.
Having noted the block purchase of care home beds, the effect on hospital wards was queried, together with the need to view primary care Easter weekend activity separately.

**The Director of Finance agreed** to provide a break down on expenditure per CCG for future reports.

**The Committee noted** the content of the report.

**20/023 INTEGRATED CARE SYSTEM FINANCE REPORT M12 2019/20**

The Committee was in receipt of a report that set out financial information on the health and care organisations within the Suffolk and North East Essex ICS, combining where possible, to show the position for each of the three local alliances.

The information was sourced by the STP finance lead and pulled from the statutory monthly returns made by NHS organisations to their regulators, and separate data collection from County Councils.

Where an organisation covered multiple alliances, the figures had been distributed pro-rata to reflect that split. Norfolk and Suffolk Foundation Trust was included in part within the figures (with the remainder being within Norfolk and Waveney STP), East of England Ambulance Service NHS Trust (EEAST) was included in total due to Ipswich and East Suffolk CCG being the host commissioner. Due to its regional nature, EEAST had not been allocated across the alliances but was reported in the ‘other’ category.

As it was the end of the financial year, the full year position only was shown along with the cash and borrowing position.

The final slide summarised the additional monies received by the trusts in SNEE through achievement of organisational and system control totals.

It was suggested that it might be interesting to review expenditure of the three Alliances to ascertain variances over the last 3-4 years. The significant difference in community spend across Suffolk and Essex Council Councils was highlighted.

Differences in mental health and primary care spend across Suffolk and North East Essex was felt to be a consequence of the number of PMS contract holders in each area.

**The Committee noted** the content of the report.

**20/024 STRATEGIC FINANCE FOR IPSWICH AND EAST SUFFOLK CCG**

A discussion on strategic finance was prompted with points highlighted being;

- Work should continue to better understand finances across the CCG and ESNEFT during the Covid-19 recovery period.
- There should be increased work carried out with partners.
- Although the Alliance Finance Committee had been paused during the pandemic, when reinstated thought should be given to a change of emphasis.
- Thought should be given to development of an Alliance financial strategy.
- It was suggested that a review of the Guaranteed Income Contract (GIC) and potential adjustments be incorporated into any strategy developed. The impact of digital technology on the GIC should be explained.
- The Committee was informed that the Alliance was due to discuss governance at a meeting later in the day and there was a need to evolve decision making going forward.

As a result of the discussion the **Director of Finance agreed** to draft strategic intent with input from the FPC and Alliance partners.

**20/025 ANY OTHER BUSINESS AND REFLECTION**
No items of other business were received.

20/026 DATE OF NEXT MEETING

Although the next meeting was scheduled to take place on 15 September 2020 0830-1030hrs, as previously mentioned an additional meeting would be required at the end of July 2020. The Director of Finance and Corporate Governance Manager would liaise in respect of finding a date.
Unconfirmed Minutes of a Meeting of the Ipswich and East Suffolk CCG Clinical Scrutiny Committee held on Tuesday, 23 June 2020

PRESENT:
Dr Imran Qureshi  GP Clinical Scrutiny Committee Member (Chair)
Maddie Baker-Woods  Chief Operating Officer
Dr Lindsey Crockett  GP Clinical Scrutiny Committee Member
Nichole Day  Deputy Director of Nursing
Dr Dean Dorsett  GP Clinical Scrutiny Committee Member
Dr David Egan  GP Clinical Scrutiny Committee Member
Ed Garratt  Chief Executive
Dr John Hague  GP Clinical Scrutiny Committee Member
Dr Peter Holloway  GP Clinical Scrutiny Committee Member
Dr Juno Jesuthasan  GP Clinical Scrutiny Committee Member
Dr Lorna Kerr  Secondary Care Doctor
Dr Imaad Khalid  GP Clinical Scrutiny Committee Member
Graham Leaf  Lay Member: Governance and CCG Vice Chair
Amanda Lyes  Director of Corporate Services and System Infrastructure
Dr Michael McCullagh  GP Clinical Scrutiny Committee Member
Dr John Oates  GP Clinical Scrutiny Committee Member
Dr Omololu Ogguniyi  GP Clinical Scrutiny Committee Member
Jane Payling  Director of Finance
Dr Mark Shenton  GP Clinical Scrutiny Committee Member
Dr Ben Solway  GP Clinical Scrutiny Committee Member
Dr Ayesha Tu Zahra  GP Clinical Scrutiny Committee Member
Richard Watson  Director of Strategy and Transformation

IN ATTENDANCE:
Jo Mael  Corporate Governance Manager
Lianne Nunn  Deputy Director of Nursing (Part)
Penny Short  EA to the Director of Nursing
Kathy West  Clinical Priorities Manager, NEECCG (Part)

20/023 WELCOME AND APOLOGIES FOR ABSENCE

The Chair opened the meeting and apologies for absence were noted from;

Dr Padmanabhan Badrinath  Consultant in Public Health Medicine
Steve Chicken  Lay Member
Irene Macdonald  Lay Member: Patient and Public Involvement
Lisa Nobes  Director of Nursing

20/024 DECLARATIONS OF INTEREST AND HOSPITALITY AND GIFTS

No declarations of interest or hospitality and gifts were received.

20/025 MINUTES OF MEETING HELD ON 28 APRIL 2020

The minutes of the meeting held on 28 April 2020 were agreed as a correct record.

20/026 MATTERS ARISING AND REVIEW OF ACTION LOG
There were no matters arising from the previous meeting and the Chair advised that the action log would be reviewed by the Director of Nursing and himself outside of the meeting.

20/027 INTEGRATED PERFORMANCE REPORT INCLUDING COVID-19 UPDATE

The Committee was in receipt of the latest integrated performance report and Covid-19 update with key points highlighted being:

Clinical Quality and Patient Safety

- The CCG was holding oversight meetings in respect of Covid-19 which included identifying those care homes with outbreaks and providing support where appropriate. Work was taking place with Adult Care Services and Public Health to ascertain how support and intelligence might be integrated.
- The CCG’s Covid-19 Resource Approval Committee (CRAC) was to receive a paper seeking support for additional infection prevention and control resource to support care homes and integrated neighbourhood teams.

In response to questioning it was explained that whilst initially support to care homes had been in relation to infection, prevention and control training, that had now changed to the oversight of outbreak management and the importance of the sharing of intelligence was recognised. The benefit of improved linkage with primary care in order to identify concerns was emphasized.

Having questioned how the bid being made to the CRAC might be balanced against resource that had been transferred elsewhere during the pandemic, it was reported that staff had now mainly returned to the CCG in order to address new priorities.

- West Suffolk NHS Foundation Trust (WSFT) – feedback from a review into maternity services was now available and the CCG was working jointly with NHSE/I to seek assurance going forward. An interim Director of Nursing was in post and had simplified the Care Quality Commission action plan. The CCG was holding fortnightly meetings with the Trust to review progress. The Trust had established an Improvement Programme Board. The hospital had also experienced a hospital acquired outbreak of Covid-19 which was now closed with Serious Incident processes being followed.
- East of England Ambulance Service NHS Trust (EEAST) – the independent review of staff deaths had been published and contained 12 recommendations which had been discussed by the Trust Board. The Trust had experienced two Covid-19 outbreaks associated to staff in the Bedford/Luton area which had both been well managed.
- North East Essex and Suffolk Pathology Services (NEESPS) – following cessation of the current service a paper mapping out intentions going forward was awaited. The need for discussion in respect of how primary care might work with the hub in relation to the development of Test, Track and Trace was emphasized.

It was agreed that the end of month plan be reviewed at the next Scrutiny meeting.

Transformation

The Committee was informed that current focus was on performance and Covid-19 recovery. The Suffolk and North East Essex Covid-19 recovery plan had circulated which included information in respect of Phase 3 from August 2020 to March 2021. Work was underway to develop a month by month plan per provider.

Key points mentioned included;

- East Suffolk and North Essex NHS Foundation Trust (ESNEFT) was to have 50% additional critical care capacity on an ongoing basis and 168 beds were to
be reserved for Covid-19 patients each month. There was likely to be insufficient bed capacity for elective work going forward due to the reservation of beds for Covid-19 patients and social distancing measures. Information set out within the report was on the assumption that escalation beds would remain open, four additional modular wards would be mobilised, and community bed provision would continue.

- The Nuffield had indicated that it would not wish to continue its support post August 2020.
- There had been an 11% improvement in length of stays.
- It was expected that in-patient elective would only return to 70% of that of pre-Covid-19 with waiting lists and diagnostics being challenging. No mitigating plans had been received as yet from the acute Trusts and a meeting with NHS England was planned for later in the day.
- Emergency department activity was starting to increase.
- There was concern that national money to support the recovery plan might not be forthcoming.

Limiting access to diagnostics by primary care was highlighted as a concern and it was noted that efficiency might not return to pre-Covid-19 levels due to additional steps required in pathways.

It was noted that many patients were being asked to undergo Covid-19 swabs prior to presenting for diagnostics and it was not always easy for them to get to the testing sites.

(Lianne Nunn joined the meeting)

Mental Health and Community

- Although there had been investment in additional bed stock that could deteriorate in Winter with increased activity.
- Norfolk and Suffolk NHS Foundation Trust (NSFT) had not seen the expected increased in activity and IAPT virtual consultations were working well.
- The eating disorder service pressures remained.
- There was expectation nationally to return to the mental health transformation programme.

The need to be cautious in respect of a delayed mental health peak in activity was highlighted.

(Kathy West joined the meeting)

Primary Care

- As all CCG practices were rating either ‘good’ or ‘outstanding’ by the Care Quality Commission they were not subject to its emergency support framework.
- BAME risk assessments had taken place with each practice providing a statement in respect of resilience and business continuity plans.
- Two practices had experienced temporary closures with one having now re-opened.
- During the pandemic the CCG had been below national targets in respect of health check uptake and work was underway to improve performance.
- Mergers where underway had continued during the pandemic.
- There were now eight rather than 11 Primary Care Networks with Ixworth practice having formally opted out. The CCG was carrying out work to ensure that patients were not disadvantaged by the practice decision.
- The Primary Care Commissioning Committee was due to meet later that day.

Finance
The CCG had received a revised lower allocation for the first four months of the year and, to date, had spent £4.3m in addition to its allocation. There was expectation that the allocation would be made up to achieve a break-even position. Expenditure on Covid-19 had been £5.2m which, if removed from other expenditure resulted in a slight underspend against the allocation. Further information from NHS England was expected in the next few weeks regard the rest of the year.

The importance of adequately resourcing the voluntary sector going forward was highlighted.

The Committee noted the report

20/028 CQC REPORT FOR NSFT – ACUTE WARDS FOR ADULTS OF WORKING AGE AND PSYCHIATRIC INTENSIVE CARE UNITS AND ACTION PLAN.

The Committee received the CQC report in respect of NSFT’s acute wards for adults of working age and psychiatric intensive care units, together with the action plan.

Key points highlighted included;

- The CQC report had highlighted staff, leadership, managing risks and a lack of governance structure as key areas of concern. Caring and response had not been assessed.
- Weekly meetings had been held with the Trust pre Covid-19 and regular contact with the new lead nurse was to be introduced. Along with the new lead nurse a modern matron had been appointed and ward leaderships teams introduced.
- Ward visits had been planned prior to the pandemic and were to be reintroduced in order to gain assurance. Different ways of facilitating such visits or access could be explored.
- Contact had been maintained with Healthwatch in order to gain intelligence.
- Links had been made with the University in relation to improving staffing and to increase training.

The Committee noted the report.

(Liane Nunn left the meeting)

20/029 EEAST: INDEPENDENT INVESTIGATION INTO DEATHS OF STAFF

The Committee received the action plan from the independent investigation into deaths of East of England Ambulance Services NHS Trust (EEAST) staff.

The Committee was informed that the Serious Incident Scrutiny Panel had invited EEAST to provide progress in respect of the action plan.

It was felt that concerns in relation to the third case mentioned within the report were more associated with the culture of the organisation and it was anticipated that a further review of culture would be carried out prior to the Christmas period to look at provision in respect of the welfare and mental health of staff.

A further update was to be provided to the CCG’s Clinical Executive with regard to improved performance and staff sickness.

The Committee stressed the importance of providing support for the Trust’s new Chief Executive.

Having questioned what systems had changed in order to obtain information on staff’s feelings, it was explained that staff surveys had been introduced and there were now more internal staff forums.

The Committee noted the report and requested that a wider group discussion on EEAST be arranged.
Prior to the Covid-19 pandemic, the ICS Clinical Priorities Policy documents and review process were considered by the Clinical Scrutiny Committee and amendments agreed. The same documents and process were also submitted to the NEE Transformation and Delivery Committee (TDC) at a later date for consideration and agreement.

The Clinical Scrutiny Committee had previously agreed to the proposed amendments to the policies within the document and also the continuation of the review process. Whilst the TDC had also agreed to the proposed amendments to the policies within the document and the continuation of the review process, further comments had been made regarding the following policies:

- Weight Management Policy
- Policies that had been identified as in effect within one CCG area only and therefore, suggested for removal from the final document.
- CCGs received recommendations for collagenase clostridium histolyticum (Xiapex) to be stood down and TA459 to be withdrawn thereby affecting the proposed Dupuytrens Surgery Policy.

It was noted that patients could also self-refer into the weight management service and the importance of engagement of patients was emphasized.

The need to ensure clinical engagement prior to presenting such policies and also going forward, was highlighted.

After consideration of the report the Committee approved:

1) Weight Management Policy - the recommendations of the TDC in order to maintain standardisation of the Clinical Policies across the Suffolk and North Essex ICS.
2) Retention of existing Policies that were previously recommended for removal – and the recommendations of the TDC in order to maintain standardisation of the Clinical Policies across the Suffolk and North Essex ICS.
3) Removal of Collagenase Injections from the Dupuytrens Policy – Notification only.

20/031 GOVERNING BODY ASSURANCE FRAMEWORK (GBAF)

The Committee was in receipt of the current version of the CCG Governing Body Assurance Framework (GBAF) which was reviewed by the Joint Leadership Team every month and by the Governing Body and Audit Committee at each of their meetings.

Amendments/additions were detailed within paragraph 2.2 of the report.

The Committee reviewed and approved the GBAF as presented.

20/032 REGULAR REPORTING

a) Safeguarding children report Q4

The Committee was in receipt of the Quarter four safeguarding children report for information.

b) Safeguarding adult report Q4
The Committee was in receipt of the Quarter four safeguarding adult report for information.

Patient experience information contained within the report was queried and the importance of increased surveillance and the follow up of soft intelligence highlighted.

It was suggested that the Designated Doctor be invited to present any concerns to a future Clinical Executive meeting.

Looked After Children health assessments were highlighted as an area to address.

**The Committee noted** the reports.

### 20/033 ANNUAL PLAN OF WORK

The Committee reviewed its current annual plan of work.

### 20/034 DATE OF NEXT MEETING

The next meeting of the Clinical Scrutiny Committee was scheduled to take place on **25 August 2020**, from 0830-1100hrs.
Minutes of the CCG Covid-19 Resource Approval Committee meeting held on 7 May 2020

PRESENT
Dr Christopher Browning   Chair, West Suffolk CCG
Dr Mark Shenton          Chair, Ipswich and East Suffolk CCG
Dr Hasan Chowhan         Chair, North East Essex CCG
Ed Garratt               Chief Executive
Jane Payling             Director of Finance

IN ATTENDANCE
Pam Green                Chief Operating Officer (NEECCG)
Kate Vaughton            Chief Operating Officer (WSCCG)
Jane Garnett             Procurement Lead
Wendy Scott              Specialist Placement Manager
Belinda Hume             Head of Commissioning Finance
Vicki Decroo             Deputy Chief Operating Officer (NEECCG)
Helen Farrow             Executive Assistant to Chief Executive

Minute

20/031 Welcome and apologies

The Chair welcomed everyone to the meeting.

20/032 Declarations of Interest

No declarations of interest were received.

20/033 Minutes of the previous meeting held on 5 May 2020

The minutes of the previous meeting held on 5 May 2020 were approved as a correct record.

20/034 Matters Arising and Review of Action Log

There were no matters arising and the action log was reviewed and updated.

20/035 Requests for Covid-19 related investment

The Committee was in receipt of the following requests for Covid-19 related investment:
a) Incident Control Centre and Associated Costs

The Committee was in receipt of a report from the ICC Lead which set out the expenditure incurred to date, following establishment of the ICC in March to co-ordinate the CCGs' response to COVID-19, and planned future arrangements until June 2020.

It was explained that the majority of costs incurred related to out of hours costs, particularly during evenings and weekends, although with the ICC room now only functioning between the hours of 0800-2000, rather than 24/7, future costs would be reduced. Estimated cost for running the ICC room was £16,355 to the end of June.

Contracts for three fixed term Band 5 administrative staff, which would have finished in March 2020, were extended to support the ICC function, at an additional cost of £23.8k until the end of July.

It was noted there was a range of other small costs associated with the ICC, and ensuring that Aspen House was able to function effectively and safely during the current period:

- costs for decontamination, previously approved for 19/20, would continue into 2020/21 at an estimated additional cost of £7,200. Additional costs would also be incurred for enhanced security at Aspen House, estimated at £1,538, to mitigate the additional risk of having small teams working longer hours on a relatively isolated site.

The Committee noted the report and approved the costs as set out and were assured that the costs would be until July 2020 but that they would be kept under review.

b) Individual packages of care associated with COVID-19 (Suffolk)

The Committee received a report which sought approval for:

1) Additional resources for Ipswich and East Suffolk CCG and West Suffolk CCG due to double running costs being incurred following placements for two out of area patients being deferred until after lifting of the COVID-19 lockdown.

The patients were currently at Cawston Park (Jeesal) and Colchester Cygnet, with associated costs for the next 12 weeks of:

\[
\text{Cawston park (Jeesal) - £52,322 Ipswich and East Suffolk CC Suffolk CCG contribution to shared care package £31,173 = £21,149} \\
\text{Colchester Cygnet - £114,476 vrs West Suffolk CCG contribution to shared care package £31,173 = £83,302}
\]

2) Additional resources for Suffolk CCGs to commission a health care support package (via Suffolk County Council) for a homeless patient at West Suffolk Hospital unable to be repatriated due to COVID-19.

Cost of a contribution towards the care package for 12 weeks @ £54 per day was £4,536.

The length of care package would require review and would depend upon clinical considerations. Requests for any extension of funding would need to be considered at
that time.

The Committee sought assurance as to whether there was likely to be any other unexpected cost pressures relating to care packages, and were advised there were none anticipated. With the expected releasing of lockdown restrictions imminent, it was likely the aforementioned patients would be considered for discharge.

The Committee approved funding for all care packages as set out in the report.

c) Update on spend for PPE

The Committee received a report detailing expenditure on PPE to date, and were asked to approve spend commitment and agree principles for future spend.

Assurance was provided that items had been purchased through the traditional NHS Supply Chain route, or an alternative approved provider.

A large amount of stock was being held at Aspen house but requests for equipment remained high and were increasing, with supplies being distributed to primary care, care homes, CHC patients in own homes, optometrists and dentists, amongst others. The Procurement Lead advised that any provider which requested equipment was asked to demonstrate attempts to source elsewhere before accessing the CCGs' supply.

The Chair advised that there may an increased demand from GP practices and care homes for gowns and FFP3 masks, therefore there would be a requirement to establish how much would need to be supplied in order to match guidance circulated.

The Committee noted the report and approved spend commitment. The Committee supported future spend, with exceptional high costs deferred to Director of Finance, in order to build stock supplies to secure against any further surge in demand.

In response to a query around certification of equipment, the Committee were advised that this was poor, particularly with regard to masks, where only two genuine certificates had been found to date. This had been raised with the regional supply team.

Responding to a query as to which GP surgeries equipment, particularly thermometers, had been distributed to, the Committee were advised that an audit of distribution had been undertaken, with results available if requested.

20/036 Forward Planner

- Update on discharge funding and BCF
- Primary care
- Care UK
- Patient transport services (w/c 11 May)

20/037 Date of Next Meeting

Tuesday, 12 May 2020 2.00 p.m. via Microsoft Teams.
Minutes of the CCG Covid-19 Resource Approval Committee meeting held on 12 May 2020

PRESENT
Dr Christopher Browning  Chair, West Suffolk CCG (Chair) (Part)
Dr Mark Shenton   Chair, Ipswich and East Suffolk CCG Governing Body (Chair)
Ed Garratt   Chief Executive
Jane Payling    Director of Finance
Richard Watson  Director of Strategy and Transformation

IN ATTENDANCE
Carrie Bacchus  Contract Manager
Jennifer Kearton  Deputy Director of Finance
Jo Mael   Corporate Governance Manager
Victoria Sawtell  Deputy Director of Contracts

Minute

20/038 Welcome and apologies
The Chair welcomed everyone to the meeting. Apologies for absence were noted from;
Dr Hasan Chowhan  Chair, North East Essex CCG
Amanda Lyes   Director of Corporate Services and System Infrastructure

20/039 Declarations of Interest
No declarations of interest were received.

20/040 Minutes of the previous meeting
The minutes of the previous meeting held on 7 May 2020 were approved as a correct record.

20/041 Matters Arising and Review of Action Log
There were no matters arising and the action log was reviewed and updated.

20/042 Requests for Covid-19 related investment
The Committee was in receipt of the following requests for Covid-19 related investment:
ACE (Anglia Community Enterprise, NEE) agreeing process for claims on behalf of ACE and estimated claim for April.
The community services for the population of North East Essex was provided by Anglian Community enterprise (ACE) as part of the Care Closer to Home Contract. ACE was not an NHS organisation and therefore not part of the NHS Covid-19 reclaim process. ACE was pivotal to the response as all community services were, in terms of Discharge Hubs, Care Home and Community Hospital Support.

ACE had received confirmation from NHS Property Services that space changes within the hospitals would not be charged to the CCG or ACE and therefore the additional costs ACE would incur would be supportive in terms of staff and equipment. As a result NEECCG would capture the costs incurred by ACE on behalf of the NEE Alliance. A working paper had been set up and would be maintained by finance and operational deputies for the NEE locality and ACE. The Committee would be appraised of the element of each CCG claim that related to ACE and working papers would be made available as requested.

The arrangement would be in place for the duration of the Covid-19 emergency claim period. The CCG had received payment for the March 2020 claim and Region was aware of the arrangements put in place. There should be no greater risk of non-payment of the ACE element than there was of non payment for any other element of the claims made by the CCGs or local providers.

The Committee;

- **Approved** the process in place for approving claims made by ACE in respect of Covid-19 as set out in the report.
- **Noted** the claim made in March which had subsequently been reimbursed
- **Approved** the claim for April, subject to final scrutiny by the finance team
- **Agreed** that reporting should be via the Committee with a summary report at a later date.

**E-ZEC (patient transport, Suffolk) enhanced payroll and other costs associated with C-19**

Suffolk CCGs underwent a procurement exercise in 2017/18 for non-emergency Patient transport Services (PTS) and the contract was awarded to E-zec, a private sector provider. Unlike EEAST (an NHS trust), E-zec was unable to make direct claims to national funding for Covid-19 related costs.

In order to deliver the changes in service delivery and put in place the requirements regarding cross infection E-zec proposed the following to the CCGs:

- Additional costs for front line staff (road based crew)
- PPE / enhanced cleaning

**Additional staff costs for E-zec front line staff (road based crew)**

In order to ensure continuation of service provision, E-zec proposed to increase staff payments to Band 4 Agenda for Change terms and conditions during the emergency response period. The average B4 rate was £11.77 per hour, included 14 days sick pay, and enhanced overtime rates. E-zec requested additional funding from the CCGs to implement the increase and the proposal was signed off by the Chief Executive on 31 March 2020.

The contracts team estimated the enhanced payment rate represented an additional cost of 18% on top of the existing block contract, or £84k a month, which would be agreed on a rolling month by month basis while in Covid-19 escalation only.
The total estimated cost for the four months until the end of July was £336,000.

**PPE/cleaning costs**

In line with other organisations, E-zec had needed to increase the amount of PPE being used by its staff and also to increase cleaning regimes. The CCGs had agreed to support reasonable costs of PPE and cleaning on an open book basis.

No invoices had been received to date for PPE, but an estimate of the costs was £4,195 per month.

Having queried how the CCG might return to normal payrates, it was explained that the present funding would be purely for the four month Covid-19 period. The Committee was informed that E-zec had written to the CCG separately in respect of inflation funding.

The Committee was made aware that the East of England Ambulance Service NHS Trust had raised concern in respect of its own staff which might result in a request from the provider being received.

Having considered the report the Committee approved the additional staff and PPE/cleaning costs for Patient Transport provider (E-ZEC), as set out within the report, for the four month period applicable to Covid-19 funding.

**E-ZEC (patient transport) additional 3rd party crews – Suffolk CCGs**

The Committee was being asked to retrospectively approve the decision made to supplement the Patient Transport Service (PTS) capacity during the Covid-19 period from 19 March until 6 May 2020.

Unlike EEAST (an NHS trust), E-zec was unable to make direct claims to national funding for Covid-19 related costs.

The landscape for the requirements of; patient transport, use of public transport, associated national guidance and activity planning levels had regularly been updated/changed over the last six weeks. The key changes are listed in the table in section 2 of the report.

The CCGs acquired additional patient transport capacity in mid-March 2020, prior to national lockdown. Suffolk CCG’s were asked to be prepared and resourced for an influx of Covid-19 related activity.

The CCG subsequently asked E-zec to source seven bulkhead vehicles via a third party supplier (OMS).

The COVID March activity predictions of a rapid rise in demand impacting local services; and increasing usage of the additional community beds had not materialised.

Current PTS demand, and short-term activity predictions did not suggest that additional transport capacity continued to be required. That was demonstrated by the under-utilisation of the bulkhead vehicles within Suffolk.
The report went on to set out key issues, a summary of vehicle usage and overall activity with estimated costs the Committee was being asked to approve being:

<table>
<thead>
<tr>
<th>Cost area</th>
<th>Time period</th>
<th>Short summary</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd Party Crews</td>
<td>19th March – 6th May</td>
<td>Bulkhead vehicle provision</td>
<td>£265,000</td>
</tr>
</tbody>
</table>

The Committee recognised the need to bring the arrangement to an end in light of capacity not reaching the expected level, and noted that any future subsequent arrangement would be dependent on national guidance and the type of activity required.

**The Committee approved** the finance changes to the E-zec, patient transport service provider as set out within the report.

**(Dr Mark Shenton took over as Chair of the meeting)**

**Enhanced security at Aspen House**

The Committee was in receipt of a report which sought approval of expenditure related to an enhanced security presence at Aspen house in light of increased security concerns related to the level of PPE stock on site.

The building currently had staff on site from 6am- 8pm daily which was to decrease to 6pm from 1 June 2020.

In a previous paper reviewed on the 7 May 2020, costs had been estimated to be incurred for enhanced security at Aspen House at £1,538. That covered three x overnight checks of the building.

The building alarm was last tested on 13 June 2019 and would be retested during the week commencing 11 May 2020.

In light of increased risks to security, a review of building security had been undertaken. In response to that review it was proposed that rather than the three x night checks by the security team, we would move to having a staffed security base at Aspen overnight between 8pm and 6am. The cost for that including VAT was £5,952 for every month (calculated on 31 days in a month) from 8pm to 6am.

Having queried whether the stock was insured, the **Director of Finance agreed** to find out and report back.

The need for more regular testing of the alarm was emphasized.

**The Committee approved** the arrangements for the security at Aspen house and approved option 2 as set out within the report and its associated additional costs which would form part of the CCGs’ claim for COVID-19 reimbursement providing that remained an allowable reclaim.

**(Dr Christopher Browning left the meeting)**

**CYP CHC Covid-19 request (Suffolk)**

There were children in Suffolk who would normally access education with the help of
Specialist Learning Support services. Those children could not currently access education because they were self-shielding with their family/carers due to their life limiting conditions. That was putting additional strain on Parent/Carers.

During normal 13 weeks of school holidays Families/Carers received direct payments to access additional respite, additional activities or additional support as and when required. Suffolk CCGs proposed to provide additional Direct Payments to Families/Carers based on the agreed formula and as detailed within the report.

The Committee approved:

- additional direct payments of £27,711.15 to be made to Families/Carers of children that could not access education because they were self-shielding due to their life limiting conditions, to reduce the risk of placement breakdown by reducing the additional strain on Parent/Carers during Covid-19 lockdown.

- the increase in the budget available of £15,584 for the period up to the end of June 2020 for health care support packages for children with long term and or life limited conditions, where the family member who would normally provide the care was unable to due to Covid-19.

20/043 Forward Planner

- Primary Care focus – 14 May
- Home Visiting Service GP Fed/Care UK
- Certification of Death Car Proposal
- Primary care additional payments re Easter etc.
- Care UK
- Update on discharge funding and BCF

20/044 Any Other Business

1) Having queried the feedback process for the Suffolk CCG’s Executives, it was explained that oversight was by the Financial Performance Committees and, as a sub-committee of the Governing Body, minutes of the Covid-19 Resource Approval Committee would be regularly presented to the Governing Body.

2) The Committee was informed by the Director of Finance that it was likely it would be asked to consider capital proposals on behalf of the ICS at a future meeting.

20/045 Date of Next Meeting

14 May 2020 at 2.00pm via Microsoft Teams.
Minutes of the CCG Covid-19 Resource Approval Committee meeting held on 14 May 2020

PRESENT
Dr Mark Shenton Chair, Ipswich and East Suffolk CCG Governing Body (Chair)
Dr Christopher Browning Chair, West Suffolk CCG
Ed Garratt Chief Executive
Jane Payling Director of Finance
Richard Watson Director of Strategy and Transformation

IN ATTENDANCE
Maddie Baker-Woods Chief Operating Officer (IESCCG)
Gregory Brown Contracts Manager (Suffolk) (Part)
Pam Green Chief Operating Officer (NEECCG)
Lianne Jongepier Head of Clinical Quality Transformation – Planned Care (NEECCG) (Part)
Jennifer Kearton Deputy Director of Finance
Jo Mael Corporate Governance Manager
Kate Vaughton Director of Integration (WSCCG)

Minute

20/046 Welcome and apologies
The Chair welcomed everyone to the meeting. Apologies for absence were noted from;

Dr Hasan Chowhan Chair, North East Essex CCG
Amanda Lyes Director of Corporate Services and System Infrastructure

20/047 Declarations of Interest
No declarations of interest were received.

20/048 Minutes of the previous meeting
The minutes of the previous meeting held on 12 May 2020 were approved as a correct record.

20/049 Matters Arising and Review of Action Log
There were no matters arising and the action log was reviewed and updated.

20/050 Requests for Covid-19 related investment
The Committee was in receipt of the following requests for Covid-19 related investment:
Home Visiting Service GP Fed/Care UK

The report set out for retrospective approval the home visiting services put in place for

- A) North East Essex CCG via Care UK
- B) Suffolk CCGs via Suffolk GP Federation

Given potential conflicts of interest, the Suffolk request had been approved by the Commissioning Governance Committee (CGC) on the 14 April 2020. The paper to the CGC was attached at appendix A to the report.

NEECCG had commissioned a Covid-19 home visiting service from Care UK (through a CV to the IUCS contract) at a cost of approximately £27k per month to support primary care with the ability to safely segregate Covid from non-Covid activity and respond promptly to the primary care needs of the cohort, therefore supporting overall demand management.

Costs are expected to be reclaimed via the CCG Covid-19 cost claim forms which are now part of monthly reporting. Those arrangements supported the out of hospital and stay at home model of care during the Covid emergency response.

The two Suffolk CCGs had commissioned a Covid-19 home visiting service from Suffolk GP Federation. The initial proposal was to commission four cars. Following further work and guidance that was increased to 10 cars, some of which had a higher level of protection. The total cost for the provision of 10 cars was £818k. The CCGs are only charged for the service used, which was flexed based on levels of demand. The April charge amounted to £89,223, which was based on four cars.

The Committee was reassured that the Suffolk Commissioning Governance Committees that had approved the Suffolk service had not raised any concern.

Having noted that the NEE car was also carrying out verification of death and that there was a separate agenda item in respect of that issue for Suffolk, it was queried whether costs were comparable. It was explained that whilst costs were comparable there were differences in volume and the size of population.

The need to closely monitor the service and activity levels provided by Suffolk GP Federation was emphasised.

It was highlighted that continuation of the service post the Covid-19 funding four month period was likely to be seen as beneficial.

The Committee:

- **Approved** the provision of a home visiting car for NEE via Care UK
- **Endorsed** the home visiting service for Suffolk CCGs via the Suffolk GP Federation previously approved by the Commissioning Governance Committees

Consultant Connect

Whilst a report had not been included on today’s agenda, it was explained that the service was a key part of ESNEFT’s recovery plan. The Director of Finance advised that the report was to be presented to NEECCG’s Operational Executive Committee for approval.
Costs for Integrated Urgent Care Service related to COVID-19 – Suffolk & NEE CCGs

The Committee was in receipt of a report which sought retrospective and prospective approval of increased payments to staff, and reimbursement of home working costs for the Integrated Urgent Care Service.

Suffolk and NEECCGs underwent a procurement exercise in 2018/19 for Integrated Urgent Care Service (111/Clinical Assessment Service/ Out Of Hours) and the contract was awarded to Care UK, a private sector provider with Suffolk GP Federation as a mandated subcontractor for Suffolk OOH.

Unlike NHS trusts, Care UK and the Suffolk GP Federation were unable to make direct claims to national funding for COVID-19 related costs.

The 111 service provided urgent clinical triage or health advice to patients, it was also the main access route to the Out Of Hours Primary Care Service, and the Clinical Assessment Service within Suffolk and North East Essex.

The report went on to identify key issues and set out costs.

The CCGs recognised that some of the costs incurred by Care UK had been needed to continue to operate, however they were not assured that all of the additional costs should be fully charged to the CCGs and, as such, invoices were currently being reviewed.

Recognising that further work and discussion was required with the provider, the Committee noted the additional funding request being made by Care UK and awaited a further report clarifying the exact situation.

Summary of Changes to reimbursement for Primary Care relating to the Covid-19 response period

A number of changes had been made relating to direct primary care provision in respect of the response to Covid-19. The changes could be broadly categorised as:

a) Changes to reduce bureaucracy in GP practices whilst still accessing discretionary funding streams
b) Additional reimbursements to GP practices to offset additional reasonable costs which had resulted from Covid-19
c) Funding for changes to service provision

The report covered the changes agreed to date, which had been through due process via the Commissioning Governance Committees (Suffolk) or Chair of the Primary Care Committee (NEE).

The changes were detailed in Section 2 of the report.

The Committee was reassured that there had been oversight and an attempt to ensure unity across the three CCGs with additional costs within IESCGC being attributed to double running as a result of staff sickness, and each individual practice having opened over the Easter period.
The Committee noted and endorsed the primary care changes which had been approved by the Commissioning Governance Committees/Primary Care Committee Chair.

Verification of Expected Death – dedicated vehicle

In response to increased demand for clinical resource and the need to provide a robust remote primary care service both in hour and out of hours, activities that could be met in new ways were being identified. One of the activities identified was verification of expected death (VOED). It had been confirmed by the East of England Coroner’s Office that VOED could only be carried out by a trained and competent qualified health care professional eg, nurse, therapist, para-medic or medical practitioner.

The coroner’s office maintained that the systems in place for managing deaths in the community must seek to protect the public from harm and to expose the wrongdoing of others. Death management processes commenced with a robust verification of death. That requirement had not diminished as a result of the Covid-19 pandemic. As such the coroner was of the opinion that during the Covid 19 outbreak it would not be acceptable for any other person to carry out VOED, including, families and funeral directors.

The coroner’s office had also advised that during the Covid 19 outbreak, VOED trained and competent staff in care homes, who had been previously carrying out the role could continue to do so unless the care home experienced a cluster of deaths (two or more Covid 19 deaths in any 14 day period), in which case VOED should be carried out by a practitioner independent to the care home.

A new approach for delivering the important function was urgently required, and the local model had been developed and agreed.

As part of the agreed model a dedicated car was proposed which would ensure that the service was robust and able to respond in a timely way for all. The car would be co-ordinated via the clinical hub and be an extension of the pandemic home visiting service and OOH meeting the needs of both Covid-19 positive and non-Covid VOED.

It was queried whether the car was necessary that the current point of the pandemic and why it could not be combined with the home visiting service as in NEE.

It was explained that the rationale had been from a coroner perspective although the home visiting car was also verifying deaths.

Whilst recognising that it was the correct action to take, the need for it at present was questioned and therefore having noted the content of the report;

The Committee:

Agreed ‘in principle’ to fund and bring a dedicated car and staff into service to support VOED across East and West Suffolk subject to there being sufficient need identified. That need to be determined via joint agreement by a CCG Chair, Director of Nursing and Director of Finance.
20/051 Forward Planner

- Update on discharge funding and BCF (waiting for claims guidance for M1)
- M1 claims
- Remaining retrospective approvals
- New proposals
- Infection Prevention Control

20/052 Any Other Business

No items of other business were received.

20/053 Date of Next Meeting

The Committee agreed that meetings going forward should be weekly with the meeting to be held week commencing 18 May 2020 to be held on Thursday and all others on Tuesday.
Minutes of the CCG Covid-19 Resource Approval Committee meeting held on
21 May 2020

PRESENT
Dr Christopher Browning   Chair, West Suffolk CCG (Chair)
Dr Hasan Chowhan   Chair, North East Essex CCG
Dr Mark Shenton   Chair, Ipswich and East Suffolk CCG Governing Body
Ed Garratt   Chief Executive
Jane Payling   Director of Finance

IN ATTENDANCE
Jo Mael   Corporate Governance Manager

Minute

20/054  Welcome and apologies

The Chair welcomed everyone to the meeting. Apologies for absence were noted from;

Amanda Lyes   Director of Corporate Services and System Infrastructure
Richard Watson   Director of Strategy and Transformation

20/055  Declarations of Interest

No declarations of interest were received.

20/056  Minutes of the previous meeting

The minutes of the previous meeting held on 14 May 2020 were approved as a correct record.

20/057  Matters Arising and Review of Action Log

There were no matters arising and the action log was reviewed and updated.

20/058  M1 Covid-19 revenue expenditure and reimbursement

At its first meeting in April, the Committee received information on the first claim made by the CCGs for additional resources to offset expenditure made specifically to support the Covid-19 response.

A letter issued by Simon Stevens and Amanda Pritchard on the 17 March 2020 had set out the requirement to undertake urgent and immediate actions to manage the response and included a commitment that;
Additional funding to cover your extra costs of responding to the coronavirus emergency. Specific financial guidance on how to estimate, report against, and be reimbursed for these costs is being issued this week. The Chancellor of the Exchequer committed in Parliament last week that “Whatever extra resources our NHS needs to cope with coronavirus – it will get.” So financial constraints must not and will not stand in the way of taking immediate and necessary action - whether in terms of staffing, facilities adaptation, equipment, patient discharge packages, staff training, elective care, or any other relevant category.

The CCGs had continued to make commitments and incur costs as part of their response in the new financial year. Claims for month 1 expenditure were submitted on 15 May 2020.

The claim format required by NHS England/Improvement for CCGs was different in month 1 and followed a similar format to the normal monthly CCG reporting. Also included in the return was information on the hospital discharge funding claims made jointly by the CCGs and social care.

Appendices A, B and C to the report contained the month 1 claims by CCG, with D, E and F covering the hospital discharge pages. For ease of reference, a copy of the central log used by the CCGs to populate the claims was also included at appendix G which provided further detail.

Below is a summary of the claims by category:

<table>
<thead>
<tr>
<th>£M</th>
<th>IES CCG</th>
<th>NEE CCG</th>
<th>WSCCG</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total claimed (CCG)</td>
<td>3.29</td>
<td>1.47</td>
<td>1.35</td>
<td>6.11</td>
</tr>
</tbody>
</table>

As a reminder, the NEECCG claim included costs claimed on behalf of Anglia Community Enterprise, the community provider for NEE. As a non-NHS organisation, funding for its costs including significant decontamination and setting up of isolation pods, were claimed via the CCG following guidance from region.

The social care element of the claims for the whole of Suffolk was being processed via IESCCG as the nominated host. For NEE the host organisation was Mid Essex CCG, therefore the NEE and WS returns showed zero values against that heading.

Guidance for future claims was received on 20 May 2020. An update on any changes to the claims regime would be given to the Committee as soon as possible.

Having questioned the differences between CCGs, it was explained that Ipswich and East Suffolk CCG was the host for Suffolk social care for East, West and Waveney. Other differences were that West Suffolk CCG was the host for management cost issues and Ipswich and East Suffolk CCG for normal practical payments. Differences were not applicable to hospital trusts.

The Committee approved the revenue expenditure incurred and reclaimed in month 1 as set out within the report.

20/059 Requests for Covid-19 related investment
The Committee was in receipt of the following requests for Covid-19 related investment:

**Additional Hours for CCG Staff**

In order to deal with the additional workload associated with Covid-19, a small number of changes to staff hours had been put in place as detailed within the report. Those changes were in addition to previous papers covering the ICC and West COO additional staffing.

Changed hours were being kept under review, with agreement being sought from the Committee for expenditure to continue up to the end of July 2020.

The estimated additional cost was £13,159 April to July 2020.

The Director of Finance advised that costs could subsequently be lower if some staff reverted to normal hours.

One member of staff had been brought in from an agency to support information governance and digital in care homes until the end of May 2020. A substantive role was being recruited in August 2020 for which a CCG budget was in place. The request of the Committee was to extend the temporary member of staff to continue to support the work on Covid-19 prior to the substantive appointment being made. The estimated cost of the extension was £3k per month (£6k).

**The Committee approved** the changes in hours and associated costs, as detailed within the report, and the extension of the temporary contract which would both be included as part of the CCG Covid-19 claim.

**East Accord Staffing Costs**

As a result of the Covid-19 and declaration of it as a level 4 incident, there had been an urgent need to move towards digital solutions. The report sought approval for the cost of digital resources redeployed from the Eastern Regional Accord programme to undertake the Covid-19 specific activities in response to the situation.

The digital resource team was made up of existing ICS digital staff supplemented by contract staff bought in from Enable East and Reed, and a temporary bank resource. Those resources had supported the ICS and the East Regional response to Covid-19 where there were not existing resources in place to undertake the work, supplementing the digital teams in individual organisations. Areas covered by the team were Communications, Technical Architecture and Social Care, plus administration, co-ordination and Finance.

As Suffolk and North East Essex was the regional host for the East Accord, all expenditure and claims were being managed through West Suffolk CCG which was the designated host organisation.

The month 12 claim for £20k was approved as part of the 2019/20 sign off and had subsequently been reimbursed.

The full costs for month 1 had been calculated at £41k (March costs were for part of the month). It was anticipated that costs similar to those incurred in month 1 would continue to be incurred until the end of July 2020, giving a total of approximately £164k for 2020/21. That situation would be kept under review in terms of resource need.
The Director of Finance agreed to seek detail of the numbers of staff involved and report back to the Committee. Reassurance was also provided that if there was any issue with the claim costs would not become a financial issue for West Suffolk CCG.

Should there be a need to continue beyond July 2020 then the programme would require approval in order to acquire funding. The Director of Finance advised that further discussion could take place with Kate Walker, Digital Programme Lead as she was due to attend a forthcoming Committee meeting.

The Committee approved the additional digital resource costs, as set out within the report, which would be included as part of the CCG Covid-19 reimbursement claims.

20/060 Forward Planner

- Update on discharge funding and BCF – 26 May
- Any final retrospective approvals – 26 May
- East Accord

20/061 Any Other Business

The Director of Finance reported that the Committee was to be used to sign off capital plans as there was likely to be a shortfall in the ‘business as usual’ capital allocations issued for Trusts. A paper would be presented to the Committee week commencing 25 May 2020.

20/062 Date of Next Meeting

Although the next meeting was scheduled to take place on Tuesday, 26 May 2020 it would need to be altered to allow for presentation of the capital plan report.

Meeting now to be held on Wednesday, 27 May 2020 from 1.30pm.
Minutes of the CCG Covid-19 Resource Approval Committee meeting held on 27 May 2020

PRESENT
Dr Christopher Browning  Chair, West Suffolk CCG (Chair)
Dr Hasan Chowhan  Chair, North East Essex CCG
Ed Garratt  Chief Executive
Graham Leaf  Vice Chair, Ipswich and East Suffolk CCG
Jane Payling  Director of Finance
Richard Watson  Director of Strategy and Transformation

IN ATTENDANCE
Maddie Baker-Woods  Chief Operating Officer, Ipswich and East Suffolk CCG
Pam Green  Chief Operating Officer, North East Essex CCG
Jo Mael  Corporate Governance Manager
William Pope  Chair, Suffolk and North East Essex Integrated Care System
Kate Vaughton  Director of Integration, West Suffolk CCG

Minute

20/063 Welcome and apologies
The Chair welcomed everyone to the meeting. Apologies for absence were noted from;

Amanda Lyes  Director of Corporate Services and System Infrastructure
Dr Mark Shenton  Chair, Ipswich and East Suffolk CCG Governing Body

20/064 Declarations of Interest
No declarations of interest were received.

20/065 Minutes of the previous meeting
The minutes of the previous meeting held on 21 May 2020 were approved as a correct record.

20/066 Matters Arising and Review of Action Log
There were no matters arising and the action log was reviewed and updated.

20/067 Update on Hospital Discharge Funding and Arrangements
On the 17 March 2020, Sir Simon Stevens and Amanda Pritchard had written to the NHS copying in Local Authority Partners. That letter was followed by publication of the COVID 19 - Hospital Discharge Guidance – 8 April 2020. The Committee had previously been
asked to ratify and note the actions taken to respond to both the letter and the guidance which was detailed within the report.

The purpose of today’s paper was to update the Committee on the progress of arrangements specifically relating to additional care home capacity, guidance and funding announcements made in respect of Social Care.

It was suggested that discussion take place between County Council and CCG representatives in an attempt to take stock of what had been commissioned so far and what might be required going forward.

The Committee noted the report.

20/068 Phase 2 Revenue and Capital Reporting Arrangements

The Committee was in receipt of a letter issued to the CCG which set out changes to COVID-19 finance reporting and approval processes as we moved into the second phase of the NHS response.

The Committee noted the correspondence.

20/069 Requests for Covid-19 related investment

Retrospective Approvals

The Committee was provided with a report which provided a detailed summary of retrospective expenditure made by NEECCG in order to deliver the COVID-19 response, that expenditure being related to;

- Beacon House Ministries;
- Social care at the front door;
- Clinical support for discharge EOL and Care Home programme;
- Additional COO Hours;
- Additional Sirius networks.

In response to questioning it was confirmed that all funding was until the end of July 2020.

The Committee:
- Approved retrospectively the decisions taken, as set out within the report, totalling £88,526.
- Noted that, where not already included in claims made to date, the claims would be included from Month 2 onwards as appropriate.

Costs for supporting vulnerable patient discharge from acute/community hospital related to COVID-19 – Ipswich and East Suffolk CCG

Suffolk CCGs commissioned Lofty Heights CiC in June 2018 in Ipswich and East CCG (and November 2019 in West Suffolk CCG) to help facilitate hospital discharge by assessing and undertaking necessary work to remove potential barriers. There had been significant additional demand on the Ipswich and East Suffolk service since the pandemic started causing unexpected financial pressure for Lofty Heights (LH).

Key issues were set out in Section 2 of the report with costs detailed in Section 3.
If the service was not available to support discharge of patients quickly and efficiently, risks identified included:

- Blockages to discharge into Pathway zero and Pathway one
- Increase of readmission due to patients’ homes not being at a standard to support discharge
- Reduction in identification of self-neglect and subsequent reporting for safeguarding referrals and social care / fire service input via the self-neglect/hoarding pathway
- Unsafe working environment for carers
- Lofty Heights having no option but to cease the service they provide as not financially viable.

Having been advised that West Suffolk also used the service the Director of Strategy and Transformation agreed to seek clarification that the report was only applicable to East Suffolk.

The Committee was informed that Suffolk County Council safeguarding leads had recently expressed concern that there had been less community referrals in respect of hoarding during the pandemic and therefore it was likely activity would increase going forward.

The Committee approved the provision of funding to Lofty Heights CIC (LH) to supplement the Homeward Bound Service (HWB) capacity during the COVID-19 period from 1 March until 31 July 2020. That funding totalling £9,710.

Increase in Marginalised and Vulnerable Adults (MVA) capacity to support Rough Sleepers in east and west Suffolk

On 14 April 2020 NHS England released the Coronavirus (COVID-19) Clinical Homeless Sector Plan: triage – assess – cohort – care. The Plan called for a triage system to be in place to assess the health needs of rough sleepers before being placed in sites suitable to their needs termed ‘COVID-CARE’ and ‘COVID-PROTECT’ sites with wrap around support from specialist health care services.

In Suffolk the numbers of rough sleepers housed tripled following the national ‘get in’ call to local authorities and required a stepped up system response to increase the level of support needed.

Locally, the health plan seeks the MVA service acts as the coordinator of the CARE and PROTECT response and required an investment of three wte practitioners to support the additional asks as well as balance the inequity in provision east and west Suffolk.

The table below sets out the maximum costs which the Committee was asked to approve:

<table>
<thead>
<tr>
<th>MVA Resource</th>
<th>Annual Cost at mid-point</th>
<th>Costs 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Band 6 clinicians (west)</td>
<td>£82,668.00</td>
<td>£20,667.00</td>
</tr>
<tr>
<td>1 band 5 clinician (east)</td>
<td>£33,954.00</td>
<td>£ 8,488.50</td>
</tr>
<tr>
<td><strong>Total annual cost</strong></td>
<td><strong>£116,622</strong></td>
<td><strong>£29,155.50</strong></td>
</tr>
</tbody>
</table>

**Note:** the above was only the estimated direct salary costs and they might vary dependent upon grades recruited to. There would be additional non staff costs which had yet to be quantified. It was likely the costs would need to become permanent as Homeless numbers and associated demand continued to rise.
It was explained that the service was an enhancement of the already established MVA service and sought to provide support to individuals in order that they might be provided with the opportunity to assist themselves going forward. As such, the importance of seeking alternative funding in order to continue the service after July 2020 was emphasized.

The need to have seek to have a uniform plan across the integrated care system was highlighted.

**The Committee approved** the proposed additional resource required to meet the national COVID Rough Sleepers clinical guidance as set out within the report.

**Care Home Support**

NEE Alliance established its care home programme during April 2020. The programme was supported by a multi-disciplinary team from across the Alliance working together to support care homes, with discharge, access, education and infection control. The programme was currently supported by redeployed CHC nursing, however additional support was required. NEE had a disproportionate amount of the Essex Care Homes, within its locality.

Costs were estimated to be c£6,000. An individual found through Return to Work Programme. Casual contract arrangement for Band 6, 22.5 hours per week, starting asap for the period of COVID-19 Response (until the end of July 2020).

**The Committee approved** the proposal set out within the report to provide additional support to Care Homes, initially for two months, at an estimated cost of £6k.

**20/070**  
**Forward Planner**  
East Accord

**20/072**  
**Any Other Business**  
No items of other business were received.

**20/073**  
**Date of Next Meeting**  
Thursday, 4 June 2020 at 2.00pm.
Minutes of the CCG Covid-19 Resource Approval Committee meeting held on 27 May 2020

PRESENT
Dr Mark Shenton Chair, Ipswich and East Suffolk CCG Governing Body (Chair)
Dr Christopher Browning Chair, West Suffolk CCG
Ed Garratt Chief Executive
Amanda Lyes Director of Corporate Services and System Infrastructure
Jane Payling Director of Finance

IN ATTENDANCE
Greg Brown Contract Manager
Pam Green Chief Operating Officer, North East Essex CCG
Jo Mael Corporate Governance Manager
William Pope Chair, Integrated Care System
Kate Walker ICS Digital Lead (Part)
Kate Vaughton Director of Integration, West Suffolk CCG

Minute

20/074 Welcome and apologies

The Chair welcomed everyone to the meeting. Apologies for absence were noted from;

Dr Hasan Chowhan Chair, North East Essex CCG
Richard Watson Director of Strategy and Transformation

20/075 Declarations of Interest

Dr Christopher Browning and Dr Mark Shenton declared an interest in agenda items 05a (East Accord – Digital Investments) and 05b (Learning Disabilities Care Home Support Offer from General Practice), as primary care contract holders. It was noted that agenda item 05b had already been approved by the Commissioning Governance Committee and that the Covid-19 Resource Approval Committee was merely being asked to ratify that decision.

20/076 Minutes of the previous meeting

The minutes of the previous meeting held on 27 May 2020 were approved as a correct record.

20/077 Matters Arising and Review of Action Log

There were no matters arising and the action log was reviewed and updated with comment as follows;
20/020 - Primary Care IT investment (SNEE wide) – in response to questioning the Director of Finance agreed to present an update on overall capital spend to the CCG’s Financial Performance Committees.

20/078 Requests for Covid-19 related investment

East Accord – Digital Investments

The response to Covid-19 had highlighted the need to move to a more digitally based workforce where flexibility and speed of response was key. Individual organisations had responded locally from a digital perspective moving to virtual consultations and remote working.

From an overall ICS response the focus had been on coordinating the digital response and also undertaking new initiatives which could be used locally and across the wider East region. There were two main initiatives which required set up expenditure to be made on behalf of the region, those being:

1. Development of a Virtual Desktop for non-hospital based staff which allowed staff to work virtually if they did not have a CCG (or their own organisation) supplied laptop.
2. The second was a feasibility study and work for the development of a self-triage app to enhance the triage of patients with acute respiratory illness in the community. There were no associated ongoing costs.

Costs associated to the initiatives were detailed within the report as follows;

Virtual Desktop:
- Cost would be incurred with Softcat (VMware’s transactional partner).
- Total was £56k for three months: pilot, testing and running for 100 concurrent users.
- Should the CCG wish to continue after the end of the pilot (July 2020) it would be with the national solution which would be cheaper with ongoing costs assessed on a value for money basis against existing solutions.

Self-triage App:
Development work to set up an App for acute respiratory illness:
- Cost approx. £6k.
- The work would be undertaken by Digital Care Systems and was expected to be incurred in June 2020.

The Committee felt that the ‘virtual desktop’ worked well and, in response to questioning, it was reported that the self-triage app was a one-off cost expected in June 2020, with the app being available until no longer required.

Having noted the accompanying waiver, it was explained that the process had been carried out in line with national requirements.

The Committee;

1) Approved the expenditure on digital elements as set out within the report which would be reclaimed as Covid-19 expenditure on behalf of the eastern region.
2) Approved the accompanying waiver relating to virtual desktop

Learning Disability Care Homes support offer from General Practice
The Committee was in receipt of a report which sought financial support to enable primary care to implement a regular support offer for local learning disability care homes.

On the 1 May 2020 NHS England and NHS Improvement had written to CCGs to request that they urgently commenced the care home support offer from primary care. The model requested that practices and community services ensured:

- timely access to clinical advice for care home staff and residents
- proactive support for people living in care homes, including through personalised care and support planning as appropriate
- care home residents with suspected or confirmed COVID-19 were supported through remote monitoring – and face-to-face assessment where clinically appropriate – by a multidisciplinary team (MDT) where practically possible (including those for whom monitoring was needed following discharge from either an acute or step-down bed) and
- sensitive and collaborative decisions around hospital admissions for care home residents if they were likely to benefit.

Specific clinical tasks are as follows:

- Delivery of a consistent weekly ‘check-in’, to review patients identified as a clinical priority for assessment and care
- Development and delivery of personalised care and support plans for care home residents
- Provision of pharmacy and medication support to care homes

It had been confirmed that CQC registered care homes for learning disabilities were to be included within the remit of the scheme. Work was already under way to support general care homes and funding was available for that via the Care Home LES, but it did not include learning disability homes.

In order to equip GP practices to work with their local learning disability care homes, it was proposed that the level of payment which would be brought into effect in October 2020 when the PCN DES care home model was implemented be adopted. GP practices were already signed up to the CCG Care Home Local Enhanced Service (LES) which went above and beyond the PCN DES model and would continue to be paid via the LES for all other care homes (elderly and vulnerable, residential and nursing).

Once implemented, the PCN DES model would be paid at the rate of £120 per bed per annum. The costs for LD home coverage would be picked up within the care home element of the PCN DES which came into effect from October 2020. Additional resource was therefore only required from the 25 of May until the 31 of September 2020.

A detailed breakdown of the LD bed provision which would be covered by the payments was set out in appendix 1. The total cost across the three CCGs was £40,630.

Having queried why the number of care homes within North East Essex was so much higher than that in Suffolk, it was explained that a key reason was increased opportunity from available affordable estate.

**The Committee ratified** the proposed funding to GP practices as detailed within the report.
which had been previously approved by the Commissioning Governance Committees for IESCCG and WSCCG, and the chair of the Primary Care Commissioning Committee for NEECCG.

Costs for Integrated Urgent Care Service related to COVID-19 – Suffolk & NEE CCGs – follow up paper

The report presented for retrospective and prospective approval, additional costs related to staff payments for the Integrated Urgent Care Service.

The Committee was reminded that it had received a report on the 14 May 2020 relating to Care UK. At the time of presenting it was explained to the Committee that a number of requests had been received from Care UK relating to Covid-19 expenses, some of which were being queried. The Committee noted the claims received to date but asked that an update be provided to a later meeting.

In response to Covid-19, Care UK (CUK) had implemented a number of measures, without discussion with the CCGs, CUK took direction from NHS England who gave a message, that 111 needed to ‘move at pace’ and ‘do what you need to do and the money would follow’. Many requests to make changes came overnight for implementation by the next morning.

As a result, CUK put in place the following changes:

- Recruited additional Health Advisor (HA) staff – both faster, and more than the recruitment trajectory within the IUC Remedial Action Plan agreed with the CCGs.
- Added additional hours onto the CAS and OOH Service within Suffolk and North East Essex.
- Backfilled 111 HAs, Clinical Advisors and back office staff that were self-isolating.
- Implemented a home working solution so self-shielding 111 HAs could continue to work.
- Implemented a home working solution for back office staff so the 111 call centre could implement social distancing.
- Created a new operational call centre role (Call Co-ordinator) to handle Covid-19 calls.

The associated costs which had been reviewed by the CCG were detailed within Section 4 of the report.

The CCGs recognised that during the last couple of months additional expenditure had been required to support the IUC service run by CUK, to ensure services were as safe as possible during the initial outbreak.

Whilst, the Committee was informed that some small amounts of funding support had been offered by NHS England, the Director of Finance advised that if the costs were attributable to Covid-19 they should be expect to be reimbursed from Covid-19 funding.

The responsiveness of the Suffolk GP Federation during the pandemic was recognised and the importance of ensuring that financial flow worked in respect of any claims made by the Federation via Care UK to the CCG, was emphasized.

The Committee approved the additional costs for Care UK as set out within the report.
Costs at key providers (e.g. Sue Ryder & Marie Curie)
IPC
Month 2 submissions, including IT capital spend

20/080  **Any Other Business**

The Chair of the Integrated Care System (ICS) queried the process for report back of the outcome of the ‘private’ Covid-19 Resource Approval Committee meeting held on 27 May 2020 to the wider ICS.

The Director of Finance reported that the intention was for a report to be presented to next week’s STP Board outlining the outcome of the meeting.

In the meantime, **the Committee agreed** that the minutes of the ‘private’ Covid-19 Resource Approval Committee meeting held on 27 May 2020, be circulated to all those present for approval prior to presentation of the report to the STP Board.

20/081  **Date of Next Meeting**

It was agreed that a meeting be convened on Wednesday, 10 June 2020 at 1.00pm
Minutes of the CCG Covid-19 Resource Approval Committee meeting held on
10 June 2020

PRESENT
Dr Christopher Browning  Chair, West Suffolk CCG (Chair)
Dr Hasan Chowhan  Chair, North East Essex CCG
Dr Mark Shenton  Chair, Ipswich and East Suffolk CCG Governing Body
Ed Garratt  Chief Executive
Jane Payling  Director of Finance
Richard Watson  Director of Strategy and Transformation

IN ATTENDANCE
Jo Mael  Corporate Governance Manager
William Pope  Chair, Integrated Care System
Nick Faint  ICS Digital (Part)
Kate Vaughton  Director of Integration, West Suffolk CCG

Minute

20/082  Welcome and apologies
The Chair welcomed everyone to the meeting. Apologies for absence were noted from;

Amanda Lyes  Director of Corporate Services and System Infrastructure

20/083  Declarations of Interest
Dr Christopher Browning declared an interest in agenda item 5 (Signage Joint Purchase) as a member of a practice within the CCG area and remained in the meeting.

20/084  Minutes of the previous meeting
The minutes of the previous meeting held on 4 June 2020 were approved as a correct record.

20/085  Matters Arising and Review of Action Log
There were no matters arising and the action log was reviewed and updated.

20/086  Requests for Covid-19 related investment
Access to Attend Anywhere – virtual consultation platform – nationally endorsed – for St Helena Hospice

Attend Anywhere (AA) was a secure web-based platform for patients with pre-arranged
video consultation (VC) appointments. It can be used on any platform - PC, Mac or iOS/Android device, using Google Chrome (for PC/Mac/Android devices) or Safari (For iOS devices and Macs). The NHS had licensed it for use in NHS organisations and was now offering to extend access for non-NHS organisations, for example Community Interest Companies (CICs) and Hospices. The extended access would now enable those organisations to implement and use the platform under license, so during the Covid-19 pandemic, partner organisations within a system could continue to communicate and provide seamless care to patients in a virtual environment.

The guidance from regional NHSE/I was that commissioners in the East of England were to engage with non NHS organisations and, where there was a clear case that access to VC software would be beneficial to the local Covid-19 response, procure AA on their behalf with funding being provided through the Covid-19 response cost centre.

St Helena Hospice (St Helena) was in need of access to a secure VC platform which would enable the continued provision of end of life (care home, community and in patient), bereavement support and counselling services.

Appendix A included a draft license and costing structure. Based on conversations between Involve (vendor) and St Helena it was determined that neither Tier 2 nor Tier 3 would be applicable due to the planned usage of St Helena. St Helena required a platform with the ability to include more than 25 active users but much less than 100. It was therefore determined that Tier 3 would not provide value for money and that Tier 2 would not meet the needs of St Helena. Involve had developed a bespoke Tier for deployment to St Helena which was based on 50 Active users and 15 waiting rooms.

St Elizabeth Hospice (East) and St Nicholas Hospice (West) both currently had access to VC platforms. The request related solely to the deployment of AA at St Helena.

Key issues were set out in Section 2 of the report.

Comments included:

- Being aware that other ‘free’ consultation platforms were available, the need for AA was questioned. It was explained that the hospice was currently using a ‘free’ application that was considered not fit for purpose and as ESNEFT was already using AA it was felt there would be benefit from alignment.

- The Committee was informed that St Elizabeth’s Hospice was currently using AA as part of ESNEFT’s license and should there be any problem with that going forward, then a similar application on behalf of St Elizabeth’s Hospice might be received. St Nicholas’ Hospice was using a different software which was the same as that used by WSFT and it was unlikely that an application would be forthcoming.

- Having queried the situation should the hospice decide to ‘step up’ its use of the software going forward, it was explained that Involve was confident that active users were unlikely to exceed 50. Funding was for a one year period only with the Hospice being responsible for any costs associated with excess usage.

- Interest had only been received from the hospice at present although there was need to keep abreast of what other organisations were utilising.

- Having queried the CCGs role in procuring licenses for partners, the Committee was
informed that whilst additional CCG resource implications related to the administration of licenses might become apparent there was little appetite to take that work on at present.

- The need to ascertain the need for wider system procurements going forward was highlighted.

**The Committee approved** the procurement of AA (level Tier ‘bespoke’) for a period of 1 year of value £17,250 on behalf of St Helena under Option 2, ie that the CCG procured on behalf of the non-NHS organisation with the deployment of the VC platform direct into the non NHS organization, and **reiterated** the need to consider the more effective use of such licenses across the wider system, going forward

**Primary Care Signage**

The latest GP SOP (V3 – appendix 1) reiterated the need for social distancing and wider infection control measures. To comply and make it easy for the patient, whilst maintaining CQC requirements and a professional look, WSCCG practice managers had sourced a local sign and sundry supplier and collectively asked the CCG to coordinate the purchase of those elements on their behalf (also securing a bulk discount)

One practice had already ordered and claimed its signs and sundry items and a further two practices had ordered their own, and would claim on their monthly covid reimbursement claim.

The remaining 21 practices had combined their requests and the CCG had received a quote for the remaining supplies as detailed in appendix two of the report totalling £12,774.42.

As with the previous item, the need to consider wider procurement across the three CCGs was highlighted. The Committee was informed that following a previous Chief Operating Officer discussion across the three CCGs, it had been felt by IESCCG and NEECCG that many surgeries had already acquired appropriate signage.

As it was recognised that there might remain opportunity for economies of scale, subject to further work to ascertain need across Suffolk and North East Essex **the Committee approved** funding to a maximum of £38,323.26 (£12,774.42 x 3) for reclaim from national Covid-19 funding,

**20/087 Forward Planner**

Costs at key providers (e.g. Sue Ryder & Marie Curie)
IPC
Month 2 submissions, including IT capital spend

**20/088 Any Other Business**

No items of other business were received.

**20/089 Date of Next Meeting**

**It was agreed** that, subject to the availability of Infection Prevention and Control proposals (IPC), a meeting should be convened on Thursday, 18 June 2020
Ipswich & East Suffolk Clinical Commissioning Group
West Suffolk Clinical Commissioning Group
North East Essex Clinical Commissioning Group

Minutes of the CCG Covid-19 Resource Approval Committee meeting held on
24 June 2020

PRESENT
Dr Christopher Browning  Chair, West Suffolk CCG (Chair)
Dr Mark Shenton  Chair, Ipswich and East Suffolk CCG Governing Body
Ed Garratt  Chief Executive
Jane Payling  Director of Finance
Richard Watson  Director of Strategy and Transformation

IN ATTENDANCE
Ameeta Bhagwat  Head of Financial Planning and Management Accounts
David Brown  Deputy Chief Operating Officer, IESCCG (Part)
Richard Cracknell  Head of Quality Improvement and Patient Safety (Part)
Melanie Crouch  Head of Clinical Quality, NEECCG (Part)
Mark Game  Deputy Director of Finance
Terry Jones  Senior Contracts Manager
Jo Mael  Corporate Governance Manager
William Pope  Chair, Integrated Care System
Julia Shields  Infection Prevention and Control Lead (Part)
Eugene Staunton  Associate Director of Redesign (Part)
Lois Wreathall  Deputy Director of Primary Care, WSCCG (Part)

Minute

20/090 Welcome and apologies
The Chair welcomed everyone to the meeting. Apologies for absence were noted from;
Dr Hasan Chowhan  Chair, North East Essex CCG
Amanda Lyes  Director of Corporate Services and System Infrastructure

20/091 Declarations of Interest
Dr Christopher Browning and Dr Mark Shenton declared an interest as GPs insofar as the agenda related to the home visiting service and oxygen monitors. They remained in the meeting.

20/092 Minutes of the previous meeting
The minutes of the previous meeting held on 10 June 2020 were approved as a correct record.

20/093 Matters Arising and Review of Action Log
There were no matters arising and the action log was reviewed and updated.

**20/094 Requests for Covid-19 related investment**

**Suffolk GP Federation - Pandemic response Home Visiting service, extension of contract**

In April 2020 the Commissioning Governance Committees for IESCCG and WSCCG had approved a revised model for the Home Visiting Service to be provided by the Suffolk GP Federation as part of the pandemic response to the end of June 2020. That decision was subsequently ratified by CRAC on the 14 May 2020.

The scheme had been operating successfully for a number of months. It had been well supported and the referrals to the scheme were vetted by GPs working in the visiting service. That had ensured that only those patients that met the criteria were seen by the service. As the scheme had become established referrals had increased.

The anticipated benefits of a small cohort of GPs who were experienced in the use of PPE had been realised and that had increased their confidence in seeing patients who were ill with Covid-19.

The scheme was currently supported until the 30 June 2020. The provider, Suffolk GP Federation, had asked if the CCGs would like to continue the service in July 2020.

In making that decision, there are a range of finally balanced issues that need to be taken into account such as:

- Cost
- A reducing level of Covid in the general population
- A reduction in distancing and an opening up of businesses
- An R rate of 0.9 in Suffolk
- The complexity of switching the service off and then back on again.

Those issues had been considered in both CCGs, and on balance it had been agreed that an extension of one month should be sought from the Committee. That decision was supported by the Commissioning Governance Committees.

The additional maximum cost for the month of July 2020 would be £130,484, which would be reduced by clawback for any shifts that were not delivered, the average monthly rate of clawback thus far had been £26,176, giving a likely cost of c£110k.

If the scheme was extended it was proposed that a rapid review of the benefits, costs and likely future options was drawn up for consideration by the relevant Committees.

The Committee was informed that the scheme was applicable to two cars operating in Ipswich and East and two cars in West Suffolk.

There was concern as to whether the scheme was justifiable going forward in light of reduced demand. A similar scheme in North East Essex had been funded to July 2020 and therefore the proposal to extend would bring the Suffolk scheme in line with that one.

Benefits were that the cars and GPs were well equipped and trained in the use of PPE. It was felt that the engagement of PCN Clinical Directors would be key to the consideration of continuation of the scheme by PCN’s going forward.
The Committee endorsed the recommendation of the CGCs to extend the Home Visiting Service until the end of July 2020, at a maximum cost of £130,484.

(David Brown left the meeting)

S75 Agreement for the Hospital Discharge Funding

The hospital discharge programme came into being on 19 March 2020. It provided guidance on how patients would be discharged or admission avoided through closer work between Health and Social Care, with £1.3billion funding made available to support the additional work being routed via the NHS. The Committee had received a number of papers on the issue covering the arrangements and estimated charges put into place thus far.

One of the requirements of the scheme was that the funding was managed via a pooled budget arrangement alongside the Better Care Fund. To enact that, a document called a section 75 agreement was required as the formal sign off between the CCGs and the County Council.

Both of our County Councils had been working up S75 agreements. The Essex agreement was presented for sign off, with the corresponding Suffolk one to follow.

Local authorities which commission social care had nominated a lead CCG to work with in order to reduce the overall level of transactions and bureaucracy.

- Mid Essex CCG was the lead CCG for Essex CC
- Ipswich and East Suffolk CCG was the lead for Suffolk CC

The Committee approved sign off of the S75 agreement for the Hospital Discharge Programme for Essex.

Application for Reimbursement of Costs incurred in Support of COVID19 Contingency Measures – Specialist Neurological Care Centre (Sue Ryder)

In response to the letter sent by Sir Simon Stevens on 17 March 2020 which detailed the urgent next steps on the NHS in response to Covid-19, Ipswich and East and West Suffolk CCGs in partnership with Suffolk County Council commenced a contracting and purchasing process with Care, Residential and Nursing Homes to secure additional bed capacity for out of hospital care in the Suffolk system.

As part of that initiative, the CCG block contracted Sue Ryder to provide six beds for the rehabilitation of Neuro (Level 2) patients at its Chantry Park premises. That ensured that decision making, and patient flow, was optimised, supporting the wider acute system. The block contract for twelve weeks, rather than spot purchase costs, were ratified by CRAC in April 2020. The total number of beds currently commissioned by Suffolk CCGs at Chantry Park was 15 out of a total of 32 residents at the home.

Sue Ryder incurred additional costs over and above that which they would normally have incurred due to the additional constraints imposed by operating under the requisite infection control measures necessitated to comply with Coronavirus prevention and containment.

Those costs covered the period 01/04/2020 to 30/04/2020 for consumables, PPE, and staffing backfill in response to staff sickness levels, and were detailed, together with
reasons for incurring those costs, in the spreadsheet embedded in Appendix 1 of the report.

Those additional costs would continue on a monthly basis for the duration of the Covid-19 contingency measures, however, it was expected that ongoing staff backfilling costs would not be significant.

Having questioned whether there might be benefit from bringing the centre into the larger procurement environment in respect of PPE, it was explained that some PPE had been acquired via the CCG route and the funding was only applicable to that PPE which had to be purchased independently.

The Committee approved the reimbursement of additional costs totalling £28,189.43 incurred by the provider during the pandemic.

**Oxygen Monitors for GP practices**

A pulse oximeter was a small device that clipped onto your finger and monitored oxygen levels in the blood. It had the potential to help monitor symptoms of Covid-19 at home because some patients with very low blood oxygen levels (which required medical treatment) were not always aware of it.

According to the British Lung Foundation, the normal blood oxygen saturation level for someone who was healthy would be around 95–100%. If the oxygen level was below that, it could be an indicator that there was a lung problem. A level below 92% (or 88% for people with chronic obstructive pulmonary disease – COPD) would suggest someone was seriously ill and might need supplementary oxygen or to be monitored in hospital.

The CCGs had purchased pulse oximeters for all Care Homes and now proposed to purchase a small stock for each ICS GP practice to use in its premises, or to loan to specific patients who might benefit from monitoring their oxygen levels. They would also be available for community staff to pick to use/loan should the need arise.

The purchase of 136 oxygen monitors was proposed, that number being based on two per practice IESCCG and NEECCG with WSCCG practices requesting four.

If the request for 136 oxygen monitors was approved, then the procurement team would look to negotiate the best price for a bulk buy. Monitors would be given to practices, who would be responsible for any maintenance, infection control etc.

Having queried why practices in West Suffolk were seeking four monitors per practice and Ipswich and East practices only two, the Committee was informed that if considered as reasonable diagnostic equipment for practices to have then a group purchase with practices paying for their own supply should be considered. It was however felt that the idea was for the monitors to be loaned out to patients and community services and not directly used within practices.

The Committee therefore approved the proposal to purchase 136 oxygen monitors to a maximum spend of £3,400 subject to the instigation of a robust loan out process whereby practices were informed that the CCG could seek return on request.

**(Lois Wreathall left the meeting)**

Specialist Infection Prevention and Control Support for Health Care Settings
There was currently one infection prevention and control (IPC) lead employed by the three CCGs to cover the ICS footprint.

There was a requirement from PHE and NHSE/I for CCG infection control teams to provide expertise and advice to care settings, oversee outbreak management in collaboration with local public health and to work strategically as part of the outbreak plan delivery system with the two local authorities in SNEE.

Infection control and prevention support was required into the incident control centre to update on national guidance and support the numerous requests for help and information that came into the ICC on a daily basis.

There was a requirement for IPC support and guidance at an operational level across the three alliances to interpret guidance and provide support in both prevention and control.

The delivery of IPC advice, training and support into care settings and communities (including residential and nursing care homes, GP practices, hospice, home care providers, supported housing, extra care housing, day services) would be supported in alliances working with local providers and systems under the guidance of the ICS professional lead.

To manage the requirements in the interim, 17 nurses had been deployed in the initial Covid-19 response across the CCGs but that was not a sustainable solution long-term.

The proposal was to increase capacity of the ICS IPC team with two new band 8b specialist nurses, and 7.2 wte band 6 IPC nurse champions to increase IPC resource within each integrated neighbourhood team(INT)/ integrated care team(ICT) within IESCCG, WSCCG and NEECCG for 12 months. A review would take place at six months to establish the ongoing requirements beyond the initial 12 month period.

Given the uncertainty in funding, CRAC was being asked to endorse pursuing the approach for 2020-21 (at a cost of £351k) in order that changes to the team could be put into place. A firmer proposal would be brought to CRAC/Governing Bodies once there was greater clarity on M5-12 funding and the extent to which the Suffolk CC allocation could be accessed.

The Committee was advised that the proposal was only relevant to infection prevention and control support for the health and social care settings.

In relation to future funding, it was explained that discussions were taking place with County Councils to explore funding opportunities. It was queried whether funding from reduced business mileage costs might be used going forward. It was recognised that the issue in future was likely to be wider than Covid-19 and also incorporate flu and norovirus.

**The Committee approved** the proposal, as set out within the report, to enhance the IPC team for the remainder of the financial year at a cost of (£351k) pending further clarification of funding and **subject to discussions with local authorities regarding IPC requirements and potential funding contribution.**

*(Melanie Crouch, Julia Shields and Richard Cracknell all left the meeting)*

**Mental Health and Emotional Wellbeing CV-19 Proposal Update**

The Committee was in receipt of a report which followed up on an initial paper brought to the CRAC on 24 April 2020. It provided an update on funded initiatives and requested
continuation of funding where appropriate.

As a recap, most of the proposals agreed on 24 April 2020 predominantly emanated from the Voluntary Community Services (VCS) sector to bring additional capacity on board to support our population needs and to bolster statutory services (NHS/LA) at a time when staffing was under pressure and the full impact of Covid-19 on front delivery was unknown.

Work continued between the CCG’s and system partners to try and predict the likely increased need for mental health and emotional wellbeing support for our staff and the broader population through the stages of the Covid-19 pandemic and therefore further requests were likely. It was expected that there would be a ‘mental health surge’ in presentations of individuals requiring mental health and emotional wellbeing support as we move through the later stages of the pandemic.

There were a number of schemes set out in Appendix 1 of the report where funding was being sought to continue them for a further three-month period, in order to continue to support individuals already identified through the Covid-19 process thus far or where it was felt the further support commissioned would be helpful for future population presentation requiring mental health and emotional wellbeing support.

The organisations associated with the schemes were:

- Suffolk MIND Connect Service (E&W Suffolk)
- Suffolk User Forum (SUF) (E&W Suffolk)
- Refugee Action Colchester NEE)
- Age Concern (NEE)

There was a supporting appendix for each of the organisations setting out a review from each provider and further detail on requested costs.

Other schemes included in Appendix 1 would either stop as non-recurrent in the Covid-19 response or would continue and be funded via other identified routes.

Proposals in the main, had been considered via the system wide Mental Health, Emotional Wellbeing and Learning Disability Cell (working groups) in Suffolk and North East Essex and had included conversations with system partners to inform the merits of proposals being worked up.

Much of the work had been fast tracked as a result of Covid-19 and there was a recognised need to look at ongoing funding, together with a need to set expectations as to what could be afforded.

**The Committee approved** the continuation of funding in respect of proposals set out in Appendix 1 of the report.

**Incident Control Centre (ICC) – updated costs and extension**

At its meeting on 5 May 2020, CRAC approved a paper setting out the arrangements for the ICC.

NHSE/I Regional ICC had informed all East of England CCG’s of its decision to maintain its ICC room until March 2021. In the previous three years, NHSE/I had formed a regional winter room ICC from September until March, to coordinate the winter pressures responses
and challenges. NHSE/I decision to extend its current ICC until March 2021, was perhaps indicative of them foreseeing the challenge of managing normal winter capacity and demand pressure and those posed by Covid-19. The report took into account the lessons learned from the past three months of running the SNEE ICC, the current direction of travel for Covid-19 activity and trends, possibilities of a second or third wave, as well as the considerations to the recovery phase, which would see ‘business as usual’ NHS services coming back on line.

It was proposed to extend the current set up of the ICC core team and hours in its current format until 31 Aug 2020. That had been endorsed by the CCG Director team who had agreed to put in place arrangements for continuation of the redeployed staff in order to undertake business as usual.

The additional costs, which related to enhancements and admin cover (based on May 2020) would be approximately £10,782.

A further paper would be produced to consider the requirement for the ICC in relation to winter pressures and Covid-19 demands.

The Committee approved the proposal to extend the ICC until the end of August 2020. Any costs not able to be reclaimed via the Covid-19 funding arrangements (currently due to end on 31/7/20) would be picked up via the CCG running cost budget.

20/095 Forward Planner

- Month 2 submissions, including IT capital spend
- S75 agreement for Hospital Discharge Programme Funding – Suffolk CC
- Review of agreements ending 31 July including Hospice

20/096 Any Other Business

No items of other business were received.

20/097 Date of Next Meeting

The Director of Finance reported that the Month two submission could be circulated to members outside of the meeting with another formal meeting arranged for two weeks time.
COMMUNITY ENGAGEMENT PARTNERSHIP
ON MONDAY 9TH MARCH, 5:00 – 7:00PM AT THE KEY, IPSWICH, IP4 2BB

PRESENT:
Claire Martin Co-Chair CM
Ann Nunn Co-Chair AN
Gill Jones Healthwatch Suffolk GJ
Paul Gaffney PG
Caroline Webb CW
Jenny Pickering JP
Richard Squirrel RS
Susie Mills SM
Pat Durrant PD

IN ATTENDANCE:
Irene MacDonald IESCCG GB Lay Member for Patient & Public IM
Linda Moncur Deputy Director ESNEF LMK
Katie Sargeant Patient and Public Involvement Manager KS
Marielena Giner Patient & Public Involvement Officer MG
Simon Morgan Associate Director of Public Relations SM
Andrew McLaughlin Director of Clinical Strategy, ESNEFT AM

APOLOGIES:
Maddie Baker-Woods Chief Operating Officer MBW
Lynda Cooper LC
Gill Orves IHUG GO
Tina Rodwell TR
Vicky Thompson-Carr IHUG VTC
Linda Hogarth Disability Action Group LH

WELCOME AND APOLOGIES FOR ABSENCE
The chair welcomed everyone to the meeting and apologies for absence were received.

MINUTES OF THE PREVIOUS MEETING
These read accurately. These were agreed as a correct record.

MEMBER UPDATES
CW: Report on end of life work sent to KS
**Action:** KS to send this out to the group
CM: Sitting on procurement panel for early discharge stroke users, meeting later this month for confirmation of dates
GJ: Healthwatch are currently looking for people to feedback on the safeguarding referral process for children and adults to make the process smoother. It’s quite challenging to approach so we are looking for a minimum of 12 case studies, patients and professionals welcome.
SM: Some people still think that if you don’t have an address (ie. the homeless) you are unable to access a GP. Awareness cards have been made about this and are being nationally launched but we would really like to have these available in the Ipswich and east area very soon. IM said these will be rolled out during 2020.

**Action:** MG to find out more

**ACTION LOG**

Formal actions and issues:
We are waiting for a response from ESNEFT regarding the questions raised about the IH A&E department.

**Action:** MG to chase this with GO to see if she can help.
Issues were raised regarding the ‘learning from deaths’ action. LM advised that if a patient dies whilst under care, an investigation is conducted within 6 months of that death which is then fed into the CCG for monitoring.

**Action:** LM will pick up with Lianne to find out more.
Regarding the EZEC visit, MG is in the process of arranging this.

**Action:** MG to chase this with Rowena at CCG and let GJ know when a date is arranged.

**UPDATE ON COVID-19**

Simon Morgan, Associate Director of Public Relations, gave an update on the latest news regarding the coronavirus.

As a system we are working closely with partners. Public health are leading on this from a communications perspective. Three facilities have been set up for testing within the area. If a patient is positive they are referred on.

An incident room has been set up and will operate between 8am and 8pm.

Swabbing rooms are also set up within A&E.

A question was asked; if people require oxygen, is there a liquid oxygen supply at hospital sites? It was advised that there is a facility to provide mobile oxygen so that we don’t have to limit this treatment on site.

A question was asked about transport; how will people access the hospital or testing sites if they don’t drive, as public transport is obviously not recommended for those who are displaying symptoms? This will be advised by 111 which is the service everyone needs to go through.

**UPDATE ON THE ORTHOPAEDIC CENTRE**

Andrew McLaughlin, Director of Clinical Strategy at ESNEFT, gave a presentation on the proposed new Orthopaedic Centre. A copy of the presentation is attached along with a few points and questions from our members below.

As part of the creation of the STP ESNEFT had the support of commissioners to apply for capital funding to improve services. A bid was approved for just under 70 million pounds.
One of these is for improvements to urgent and emergency care, the other for elective care. New MRI and CT scans are going into Ipswich Hospital where the fracture clinic is, so as to be better placed for department access. The surgical assessment unit will be moved to aid the smooth running of this process.

In the carpark at the front of hospital will be an urgent treatment centre, and from there patients will be directed to emergency if necessary.

Two halves of the hospital will be connected by a new corridor. Fracture and Orthopaedic clinics will be moved to the Garrett Anderson centre building and will be combined with Rheumatology.

There are minimal changes at the Colchester site, but there will be better pathways for patients as the frailty unit and diagnostics centre will be together.

We estimate for work to be ready in December 2022. If approval takes longer it will be the following spring 2023.

For elective care, the plan for an elective planned orthopaedic surgery will be at Colchester. There will be large rooms that can cater for family members to stay within those rooms.

There will be a reduced risk of cancellations – at the moment ESNEFT are cancelling a lot of peoples surgeries due to emergencies (mainly trauma and people falling and breaking bones within the community) so by having a separate centre for planned operations there will be a significant reduction in waiting times.

The combined designated centre will have the best facilities in the UK, which could mean we will be a designated regional specialist centre.

A question was raised about recruitment and retaining staff, it was advised that the rate for vacancies was 12/13% before the Ipswich/Colchester merger and is now at 5%. Colchester was rated the best hospital for orthopaedic training, so it is anticipated that the unit will attract staff from all over the country who want to specialise in this area.

Q. Why has Colchester been chosen for this centre?
A. We looked at a range of options for both sites and the engagement consultation provided suggestions that it should be at Copdock, Ipswich, to make it accessible for everyone. We looked at community hospital sites too. After the financial appraisal Colchester came out on top – if the elective care centre is built here it frees up enough space (two wards and three theatres) within that facility to convert into a day surgery unit - this is much cheaper to do as converting existing space will cost about 12 million pounds. If we build it at Ipswich there will be complications as we’ll have to create a whole new building which would cost around 25 million pounds.

The sites we looked at in Ipswich were the carpark behind Garrett Anderson Centre but we’d have to re-route the road around it (this would be quite an expense) and we can’t afford to lose parking so would need to then build a multi-story carpark. We also looked at putting it in the education centre as that would be a good location but the space is strained between pathology and ward units so it would have to be built about 4 storeys high – there would then be difficulty with planning permission and it would also mean building a new education centre somewhere else.

Q. The consultation is misleading as it implies the location is actually up for consultation, which it isn’t. If patients realise they are going to the best place it will help them to accept it – they need to understand that they will be receiving specialist care.
A. A decision has not been made yet as we need to consult with the public before it can be approved. CCGs also have to look at this consultation. The proposal is to build in Colchester which is made very clear in the documents and within meetings we’ve had with the public. This goes to HM Treasury for final approval.

Q. What engagement has been had with staff?
A. We started engaging with staff in January 2018. We attended all staff events to answer questions, had an off-site away day with the majority of consultants, and conducted a number of sessions with theatre teams, medical staff and committees. Not all staff have welcomed the decision - excluding temporary staff we have 20 orthopaedic consultants, of
which three are unhappy. (don’t understand this next sentence)Nick Hume is going to speak at the next board meeting so we can listen to their concerns. Anxieties that have been raised have come from a small proportion of consultants and nursing staff.

Q. There is a quick turn-over of patients, what will be happening pre and post operations, for example pre-op appointments?
A. What won’t change is outpatients, diagnostics and pre-op assessments. Day surgery will remain. Emergency orthopaedic surgery will also remain. All follow-up appointments will be at the patient’s local hospital to provide continuity with the consultant. The only bit that changes is the main operation day.
We are looking to reduce the number of visits during these pathways. Currently, GP refers a patient into the service, several appointments will be within the community setting and then the patient might have up to 6 appointments at the hospital before they actually have the operation. Instead of this we are looking to reduce the appointments to one or two, then surgery will take place at the elective care centre.
Last year one in three appointments were cancelled – during the winter period each year about 80-100% are cancelled. There were 326 fewer procedures last year because of cancellations and lack of capacity. With an elective care centre there will be no cancellations as the emergency procedures will take place separately.
We’ve seen a significant increase in waiting times for surgery (sometimes up to a year), the waiting list has 46% more patients than 18 months ago – we need more capacity for emergency patients and for elective care. The knock on effect of just one emergency patient being seen is huge - all six patients that day will be cancelled and then the six the following day will also be cancelled due to deep cleaning and preparation of the ward to ensure patients don’t have MRSA.

Q. Will there be a new entrance?
There are plans to knock through on the Northern Approach Rd, but these haven’t been approved yet. We are waiting for the County Council to support this. It’s important to improve access for the centre. It will give direct access to maternity clinics and direct access to chemotherapy and radiotherapy which is currently at the back of the hospital which is difficult for patients to get to. There are lots of incentives to create this new entrance.

Q. What about those with blue badges, where will they enter?
A. We will look into this.
**Action: SM to feedback information to group. (what does this mean?)**

Q. Can something be done to present the consultation outcomes so that people can see and understand these better?
Q. Who will provide the non-emergency transport?
A. We think it’s better to ask this at public consultation to find out what people’s issues are and what might work for them.
LM shared that when she worked as an orthopaedic nurse they did elective centres separate to emergency care and this worked really well. When they rebuilt the centre they combined these two together and ever since there have been complications around infections, cancellations etc. Outcomes are better when in separate centres. Staff aren’t forced to move sites – staff that want to remain at Ipswich can, but a significant proportion will probably want to move into the centre. Regarding quality outcomes, these are excellent from both Ipswich and Colchester. These won’t change as consultants will still be there, but the facilities will be better. The amount of time you have to wait for surgery will decrease and this will help people to get seen more quickly.

Q. Can a presentation about this be recorded and uploaded for community and smaller groups to access?
A. This has been audio recorded and will be available from Friday.

Questions raised tonight will be fed into the consultation.
The full document is available on the website. There is also a report from the East of England Clinical Senate with recommendations for next stage actions and AML said that the submission to the Senate would now also be uploaded.

**TERMS OF REFERENCE**

Irene MacDonald, Lay Member for Patient and Public Involvement, presented the new wording for our CEP ToR which was agreed.

**PUBLIC FORUM**

We decided to have the next meeting as a closed meeting to plan for our May public forum.

Action: MG to invite contacts who will form part of this like PPG members, person in early adopter site, link workers etc, to help us plan.

Agreed date for next meeting is Monday 6th April, due to the Easter Bank Holiday.

**DATE OF NEXT MEETING:**

Monday 6th April
PRESENT:
Claire Martin Co-Chair CM
Gill Jones Healthwatch Suffolk GJ
Ann Nunn Co-Chair AN
Tina Rodwell TR
Richard Squirrel RS
Gill Orves IHUG GO
Vicky Thompson-Carr IHUG VTC
Pat Durrant PD

IN ATTENDANCE:
Irene MacDonald IESCCG GB Lay Member for Patient & Public IM
Marielena Giner Patient & Public Involvement Officer MG
Katie Sargeant Patient and Public Involvement Manager KS
Nichole Day Deputy Director of Nursing ND

APOLOGIES:
Susie Mills SM
(JM tried to attend but had connection problems)
Jenny Pickering JP
Paul Gaffney PG
Caroline Webb CW
Maddie Baker-Woods Chief Operating Officer MBW
Lynda Cooper LC
Linda Hogarth Disability Action Group LH

WELCOME AND APOLOGIES FOR ABSENCE
The chair welcomed everyone to the meeting and apologies for absence were received.

MEMBER UPDATES
It was advised that while CEP meetings are being held virtually member updates should be sent in advance to MG by email. Members will receive a collated report before each meeting highlighting issues, questions, concerns and examples of good practice. The engagement team will work with CCG colleagues to address the points raised and feedback will be given to members at the following meeting.

UPDATE ON THE CCG RESPONSE TO COVID-19
Nichole Day, Deputy Director of Nursing, gave an update on what the CCG has been doing in relation to supporting the system in relation to the Coronavirus.

In relation to Covid-19 our focus is changing to care homes rather than community services. At the moment we are concentrating on testing where we believe there are positive patients and staff working in care homes. There have been general concerns about people going into work who are showing symptoms. Testing is increasing for both staff and residents.

The system is working really well as one, acute trusts have put together a discharge hub – every patient being discharged will go through this hub. We are trying to keep patients safe when being discharged into homes or the community.

PPE has improved over the weekend.

We are also concerned that normal infection practice (i.e. for colds, flu) should be remembered. This still requires basic hand hygiene and other infection prevention practices. These things are very important as well as managing COVID positive patients appropriately.

There is a mental health workstream that’s doing an awful lot of work around what’s required now and what needs to be put into place when we are on the road to recovery – post covid-19. There are concerns that until the lockdown is removed we are probably seeing the calm before the storm – for example with domestic abuse and safeguarding issues. We are trying to get on top of these issues by planning ahead.

Questions from the group;

TR found out today that lots of children are being hit by covid-19 which is giving people an awful shock as we first predicted that children weren’t going to be a significantly affected group. GPs need to recognise the importance of an after virus attack as many children are suffering long after the virus with various declining symptoms. Many have experienced an inability to stand up, diarrhoea and increased blood pressure.

ND: We were concerned at the number of presentations dropping where parents weren’t taking children to the GP after showing signs of illness. Apart from the Covid-19 there are many other childhood illnesses which aren’t being diagnosed or treated. As a consequence we are having some poor outcomes. We have consequently tightened up on communications and the messages to parents and the community to be vigilant to safeguarding issues, and signposting parents where to go when children are showing signs of illness whether COVID related or not. These messages have also been shared with primary care too.

VTC has an end of life daughter who hasn’t received a letter about shielding. There are two and a half million people in the community who should be shielded haven’t had a letter yet. This letter will give them a priority slot at supermarkets etc, which means people may be going to shops at peak times and putting themselves at risk because they don’t have the letter yet. Many vulnerable people need help with their shopping too.

Action: ND advised that this will be taken back and investigated. 
KS to let VTC know what help she can receive in her area.

RS asked if we have to show symptoms in order to be tested? 
ND advised that NHS staff are now being encouraged to get tested whether they have symptoms or have family members with symptoms. Copdock and ESNEFT are opening up swabbing slots in order to get as many NHS staff back into the workplace. RS suggested that people already in the workplace without symptoms should be tested too and maybe we could do this in cohorts, for example by departments/wards within the hospital.

It was asked if child vaccinations are still happening?
ND: Yes these are still continuing. However at this time we are not registering child births so there will be a backlog on this issue and will be picked up as how we are going to address this and other issues as part of the COVID recovery plan when over the peak.

RS asked if people with asthma should be shielded? And should they be going for their review checks at the GP? He knows of someone who was told not to go in for a test, hasn’t been advised to shield and hasn’t received a letter.
ND: This person should be able to get a repeat prescription without having her review and she definitely should be shielding. Letters haven’t gone out to everyone yet so we will need to be patient with this, we suspect the letters are going out in batches.

KS: a question came up at the west voluntary group (CEG) - can we have NHS staff redeployed into care home settings?
ND: Yes. These are conversations we are having at the moment, the priority was initially to redeploy to acute care within hospitals, but we are now reprioritising to care homes. Also alliance cell discussions (system wide) are being had around how district nurses can support the care homes and how Integrated Neighbourhood Teams work together to meet that need.

PALS & COMPLAINTS UPDATE

Katie Sargeant provided an update on the PALS & Complaints Service.

Since the lockdown, within the CCG we’ve seen no change with the volume and nature of complaints. We haven’t had a significant number of issues raised in relation to covid-19 so far - not many members of the public have contacted us about it. This extends out to our PALS teams within the hospitals. We are aware that providers will start taking complaints before us as commissioners and so if they become overwhelmed we have plans to support them with this. I intend to give you a monthly update on the status of PALS complaints each month.

PREPARATION FOR POST COVID-19

Irene MacDonald, Lay Member for Patient and Public Involvement, discussed the preparation for post COVID-19.

As the CCG begins to look at how the system approaches recovery the CEP is in an ideal position to support the organisation in ensuring that the patient and public voice is at the heart of the planning..

The CEP could suggest what questions would be helpful to ask the commissioners and providers? Should services be radically changed?

GJ advised that a Healthwatch survey is now online for people to complete which only asks 4 questions. Please would people share this and encourage others to complete it. A link has been sent to the group members and is included below for reference; https://www.surveymonkey.co.uk/r/HWSCovid-19

VTC raised a concern for those with Learning Disabilities who live alone. Nobody is checking to see if they are shielding or being looked after.

*Action: KS to check in with the LD team to find out as there is a plan in place to address this*
ANY OTHER BUSINESS

RS asked if we could have virtual meetings more often as we will all be picking up various issues, it would be really helpful to do this more regularly and it will help with our wellbeing as well.

It was advised that this is certainly something we can talk about and potentially put in place.

GO: We are meant to be recruiting for new CEP members, given the situation would it be sensible to hold the CEP until later in 2020 to support the CCG better and give stability to existing members?

IM advised that recruitment has been stopped so that is what we will do. The only concern is that some people may feel that they want to be less involved so we need to ensure they know that there is no pressure for this should they wish to have less involvement. It would be good to start thinking about what happens coming out of this.

It was mentioned that CM is coming to the end of her term as Co-Chair, so we need to ask if she wants to stay in chair position and if not, would another member want to volunteer.

**Action: MG to send email to everybody asking if they wish to continue their involvement.**

TR: We need to help children to be heard, allowing them to tell us what their concerns are and actually listening to them. Coming out of this pandemic many children will be worried about going back to school, especially with the rules around social distancing.

IM: I also feel very strongly about the position of children and young people. In particular there will be behavioural changes, lack of social contact, lack of exercise etc. Tomorrow we have the Clinical Scrutiny meeting at the CCG where I can raise this. This might be a good place to hear children and young people’s voices. MG and KS to also work together on this issue. KS will be speaking to TR later this week to discuss further, KS to then liaise with MG.

**Action: IM, KS, TR and MG to discuss further**

Meeting closed at 5:00pm

DATE OF NEXT MEETING:

*To be arranged*
Meeting of the Ipswich and East Suffolk CCG Primary Care Commissioning Committee held on Tuesday 23 June 2020, via Microsoft Teams with members of the public invited to email in questions prior to the meeting.

(Meeting was inquorate)

PRESENT:
Irene Macdonald Lay Member: Patient and Public Involvement (Chair)
Ameeta Bhagwat Head of Financial Planning and Management Accounts
Dr Lorna Kerr Secondary Care Doctor
Wendy Cooper NHS England Representative
Simon Jones Local Medical Committee
Sue Merton Healthwatch Representative
Stuart Quinton Suffolk Primary Care Contracts Manager, NHS England
Dr Mark Shenton CCG Chair

IN ATTENDANCE:
David Brown Deputy Chief Operating Officer
Jo Mael Corporate Governance Officer
Caroline Procter Primary Care Commissioning Manager

20/18 APOLOGIES FOR ABSENCE

Apologies for absence were noted from:
Maddie Baker-Woods Chief Operating Officer
Steve Chicken Lay Member
Ed Garratt Chief Executive
Jane Payling Director of Finance
Cllr James Reeder Health and Wellbeing Board
Andy Yacoub Healthwatch

20/19 DECLARATIONS OF INTEREST AND HOSPITALITY AND GIFTS

Dr Mark Shenton declared an interest in agenda items as a PMS contract holder and member of a Primary Care Network.

20/20 MINUTES OF THE PREVIOUS MEETING

As the meeting was inquorate the minutes of Ipswich and East Suffolk CCG Primary Care Commissioning Committee meetings held on 26 November 2019 and 25 February 2020 were not approved and postponed for approval at the next meeting.

20/21 MATTERS ARISING AND REVIEW OF OUTSTANDING ACTIONS

There were no matters arising and the action log was reviewed and updated.
ANNUAL REVIEW OF TERMS OF REFERENCE

Those present were in receipt of the Committee terms of reference for annual review.

Comments included;

- In light of a number of recent inquorate meetings it was suggested that the terms of reference be further reviewed in respect of membership and quorum requirements whilst being mindful that the terms of reference had been based on an NHS England template.
- It was also suggested that more clarification be provided in respect of the holding of ‘virtual’ meetings.
- Having queried the necessity for both the Primary Care Commissioning Committee and the Commissioning Governance Committee, it was explained that the Committees had slightly differing roles although the need to avoid duplication was recognised.

Those present subsequently requested that the terms of reference be further reviewed, taking into account discussion at the meeting, prior to being presented again in August for approval.

GENERAL UPDATE

The Deputy Chief Operating Officer reported;

- That a lot of transformation had taken place as a result of the Covid-19 pandemic and a safe measured re-opening of services was planned.
- The development of Primary Care Networks continued, with one practice having formally opted out of the process.
- The importance of obtaining patient feedback from Healthwatch and the collection of patient stories was recognised.

Those present noted the update and thanked the primary care team for their hard work during the pandemic.

PRIMARY CARE CONTRACTS AND PERFORMANCE

Those present were in receipt of a report which provided an update on contractual and performance related matters in respect of GP Practices, together with actions taken.

The report provided information and outlined ongoing actions in respect of the following areas;

- Prescribing and medicines management
- Severe mental illness physical health checks
- Learning Disabilities (LD) health checks
- Dementia
- Primary Care Network Configurations
- Primary Care Network Development Funds

Key points highlighted during discussion included;

Primary Care Network (PCN) development continued with there now being eight PCNs which was a reduction from the original 11. £200k of funding had been made available to support PCN development and approval for the following funding proposals was being sought. The proposals had already been reviewed by an internal panel prior to their presentation today.

<table>
<thead>
<tr>
<th>PCN</th>
<th>Proposal</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orwell PCN</td>
<td>Group Consultations – coaching, on-line learning and training for staff.</td>
<td>£6500</td>
</tr>
<tr>
<td>East Suffolk PCN</td>
<td>SystmOne Configuration – review &amp; re-configure for effective working across each practice</td>
<td>£5000</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>North East Ipswich and East Ipswich</td>
<td>Mental health early adopter site – set up support costs. This funding covers GP resource, project management, administration, IT, communications and training and development.</td>
<td>£19,703.80 (per PCN)</td>
</tr>
</tbody>
</table>

Although guidance was that PCN’s should have patient list sizes of 30,000-50,000, discussion had taken place with NHS England in respect of those PCN’s with smaller list sizes and assurance given.

**Those present noted** the report and approved the PCN development funding proposals and 2020/21 PCN configurations as set out within it, subject to gaining approval from absent members outside of the meeting.

**20/25 PRIMARY CARE DELEGATED COMMISSIONING – FINANCE REPORT**

Those present were provided with an overview of the 2020-21 budget and forecast for Primary Care- GP Delegated Commissioning.

The CCG received a separate ring-fenced allocation for GP Delegated commissioning which was used to meet the statutory contractual obligations and any changes to GP contracts as per the NHS Long Term Plan such as PCN development. The allocation was based on contract payments made to practices at national GMS rate.

In addition to that, the CCG commissioned other primary care services such as Local Enhanced Services and OOH services which were funded through the CCG programme budgets.

The Financial Framework for CCGs for 2020/21 was still emerging. CCG revised allocations were released late May 2020 for the period April 20 to July 20 (M1-4). The allocations for M5 (Aug 20) onwards would be notified later in the month.

The delegated primary care budgets were largely unaffected by those changes and as such the CCG financial plan submitted in April 2020 had been used as a starting point to set budgets for 2020-21.

The Primary Care- GP Delegated Commissioning plan matched the allocation received and any additional costs (in excess of allocation) would be met through use of CCG programme allocation.

The planning figures had now been adjusted for material changes such as list size adjustments and further guidance received in respect of PCN development payments to calculate the expected cost pressure on Primary Care- GP Delegated Commissioning. Key changes to GP contracts are set out in Appendix 1 with the expected forecast for 2020-21 detailed in paragraph 2.6 of the report.

There was a significant cost pressure against the General Practice - PMS budget as the PMS practices within the CCG were paid at a higher rate than the CCG was funded. It was anticipated that the cost pressure and any other risks would be covered from the delegated contingency, any year-end flexibilities and the balance from main CCG programme contingency.

Although, the delegated primary care budgets were largely unaffected by the changes to the new financial framework, the CCG programme allocations were reduced compared with those previously announced, leaving additional shortfalls in many budgets. Any further reductions to the CCG programme allocations from M5 onwards would have a resulting impact on the CCG’s ability to cover the primary care budget shortfall.
Having questioned how NHS England might have managed the budget if the CCG had not taken on the responsibility of delegated commissioning, it was explained that NHS England had the benefit of being able to balance budgets across the patch. The benefit of delegated commissioning to the CCG was being able to have local influence. There would be a need to consider action on a recurrent basis.

Those present noted the content of the report.

**20/26 CARE QUALITY COMMISSION (CQC)**

The purpose of the report was to inform the Committee about Care Quality Commission (CQC) inspections of Ipswich and East Suffolk GP practices and the actions which are proposed to address issues, share good practice and enable continuous improvement.

The CQC had been very conscious of the amount of pressure the practices had been under during the pandemic and had postponed all Annual Reviews and visits.

The CQC had concentrated on the practices that were at high or very high risk during Covid-19 by calling each practice and asking them a number of questions as part of the Emergency Support Framework (ESF). Whilst IESCCG did not have any practices in that category, the CCG had contacted practices to ask the questions to ensure practices felt supported. The questions were set out in paragraph 2.3 of the report.

The impact of Suffolk Primary Care becoming a single CQC registrant was queried. It was explained that whilst there was potential to lose detailed insight into specific sites, such issues were currently being worked through.

Those present noted the report.

**20/27 ANNUAL PLAN OF WORK**

Those present reviewed the annual plan of work and noted that it would be updated in line with today’s discussions.

Sue Merton from Healthwatch agreed to ascertain whether the Healthwatch GP report would be available for presentation to the August meeting.

**20/28 DATE OF NEXT MEETING**

The next meeting was scheduled to take place on Tuesday, 25 August 2020 and liaison would take place in respect of the holding of an ‘in common’ meeting in October 2020.

**20/29 QUESTIONS FROM THE PUBLIC**

The following question had been received from Mr Ron Gray:

I note from press there are mobile testing units being positioned at various towns/locations in Suffolk but not Felixstowe and I would ask if you know why??

In response it was explained that larger testing sites had been set up in key areas and Copdock had been identified which was quite close to Felixstowe. Smaller sites staffed by military personnel had not been placed near to the larger sites. There was an intention that GPs could possibly do testing in future. The Deputy Chief Operating Officer agreed to feed the response back to Mr Gray outside of the meeting.
Decisions from a virtual meeting of the Ipswich and East Suffolk CCG Commissioning Governance Committee held on 14 May 2020

DECISION RECORD

Commissioning Governance Committee Members:

Graham Leaf, Lay Member for Governance
Steve Chicken, Lay Member
Ed Garratt, Chief Executive
Dr Lorna Kerr, Secondary Care Doctor
Irene Macdonald, Lay Member for Patient and Public Involvement
Jane Payling, Director of Finance

Declarations of Interest

No declarations of interest were received.

1 Antibiotic LES April 2020- September 2020
To receive and approve a report from the Chief Operating Officer

Maddie Baker-Woods
Report No: IESCCG/CGC 20-09

Decision

To approve the continuation of the current LES for a further six months (April 20 to September 20)
Decisions from a virtual meeting of the Ipswich and East Suffolk CCG
Commissioning Governance Committee held on 26 May 2020

DECISION RECORD

Commissioning Governance Committee Members:

Graham Leaf, Lay Member for Governance
Steve Chicken, Lay Member
Dr Lorna Kerr, Secondary Care Doctor
Irene Macdonald, Lay Member for Patient and Public Involvement
Jane Payling, Director of Finance

Declarations of Interest

No declarations of interest were received.

Learning Disability Care Homes support offer from General Practice

To receive and approve a report from the Chief Operating Officer

Maddie Baker-Woods
Report No: IESCCG/CGC 20-10

Decision

To approve the below funding to practices:

<table>
<thead>
<tr>
<th>CCG</th>
<th>Number of LD care homes</th>
<th>Number of beds</th>
<th>Cost (at £120 per bed) per annum</th>
<th>Cost for COVID response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ipswich &amp; East Suffolk</td>
<td>11</td>
<td>98</td>
<td>£11,760</td>
<td>£4,165</td>
</tr>
</tbody>
</table>
Decisions from a virtual meeting of the Ipswich and East Suffolk CCG  
Commissioning Governance Committee held on 15 June 2020

DECISION RECORD

Commissioning Governance Committee Members:

Graham Leaf, Lay Member for Governance  
Steve Chicken, Lay Member  
Dr Lorna Kerr, Secondary Care Doctor  
Irene Macdonald, Lay Member for Patient and Public Involvement

Declarations of Interest

No declarations of interest were received.

1  Suffolk GP Federation - Pandemic response Home Visiting service, extension of contract  
To receive and approve a report from the Chief Operating Officer

Maddie Baker-Woods  
Report No: IESCCG/GCG 20-11

Decision

The Commissioning Governance Committee approved the extension to the home visiting model at a maximum cost of £130,484 for the month of July.