North East London
Clinical Commissioning Group

Governing Body meeting

12.30 - 2.30pm, Wednesday 25 August 2021, Microsoft Teams

Agenda

No.	Time	Item	Page	Action required	Lead
1	**Welcome**				
1.1	12.30pm	Welcome, introductions, apologies • Declarations of interest	3	Monitor	Chair
1.2		Minutes of the last meeting, actions and matters arising	22	Approve	Chair
1.3	12.40pm	Chair and Accountable Officer's report	29	Note	Sam Everington/ Henry Black
2	**People and Patient engagement**				
2.1	12.50pm	Questions from the public	Verbal	Discussion	Chair
2.2	1.05pm	Patient engagement report	36	Note	Khalil Ali/ Marie Price
3	**Corporate strategy and planning**				
3.1	1.15pm	Whipps Cross Redevelopment	43	Note	Alastair Finney
3.2	1.25pm	Further extension to the age variation for NEL CCG legacy fertility policies and update on harmonising NEL CCG policies	47	Approve	Diane Jones
3.3	1.35pm	Individual Funding Request Panel	50	Note	Diane Jones
4	**Governance and Assurance**				
4.1	1.40pm	Governing Body Assurance Framework	52	Note	Kash Pandya/ Marie Price
5	**Quality, Finance and Performance**				
5.1	1.50pm	Quality report	65	Note	Fiona Smith/ Diane Jones
5.2	2pm	Finance report	78	Note	Ahmet Koray
5.3	2.10pm	Performance update	95	Note	Noah Curthoys/ Archna Mathur
6	2.20pm	**AOB and close**	Verbal	Discussion	Chair

7	Attached for information (separate pack): • Audit and Risk Committee Chair's report and minutes • Primary Care Commissioning Committee Chair's report and minutes • Remuneration Committee Chair's report • Finance and Performance Committee Chair's report and minutes • Quality and Safety Committee Chair's report and minutes • BHR ICP Committee Chair's report and minutes • C&H ICP Committee Chair's report and minutes • TNW ICP Committee Chair's report and minutes

North East London Clinical Commissioning Group Register of Interests - August 2021

Name	Job title / Role	Name of organisation and nature of its business	Position held / Nature of Interest	Type of Interest			Date declared (from-to)	Date updated	Position / Role on CCG GB / Committee
				Financial	Non-financial professional	Non-financial personal			
Atul Aggarwal	Havering Clinical Chair	Maylands Healthcare	GP Partner	✓			2013 to date	9 March 2021	Governing Body - member
		Maylands Healthcare Ltd	Director and shareholder in on-site pharmacy	✓			2013 to date		
		Parkview Dental Practice	Sister is NHS Dentist within Havering			✓	1996 to date		
		Essex Medicare LLP	Part-owner (which owns Westland Clinic, Hornchurch. Space rented out to: • Inhealth (Diagnostics) • Nuffield Health (Brentwood) • Communitas Clinics (Dermatology and gynaecology)	✓			2014 to date		
		Havering Health Ltd	Shareholder. GP partner at Maylands Surgery (Dr Kendall) is a Director	✓			2014 to date		
		Barking, Dagenham and Havering LMC	Co-opted member		✓		2013 to date		
		Westlands Clinic (Langton Dental) who has an outsourced contract with BHRUT for oral surgery)	Spouse is dentist			✓	2018 to date		
		New Medical Centre (Havering Practice)	Family GP Practice			✓	1990 to date		
		Havering and Wellbeing Board	Member		✓		2013 to date		
		Anglia Ruskin University Medical School	Lecturer		✓		2019 to date		

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Khalil Ali	Lay Member for PPI	Chase Cross Medical Centre, Havering	Registered patient	✓			2019 to date	11 March 2021	Governing Body - member Primary Care Commissioning Committee - Deputy Chair Audit Committee - member Remuneration Committee - member Quality, Safety & Improvement committee - member
		St Francis Hospice, Havering	Spouse is a regular donor			✓	2017 to date		
		Cancer Research UK	Spouse is a regular donor			✓	2017 to date		
Ken Aswani	Waltham Forest Clinical Chair	Allum Medical Centre	GP Partner	✓			1990 to date	29 April 2021	Governing Body - member Finance & Performance Committee - member
		NEL RCGP Faculty	Member	✓			1995 to date		
		CQC	GP Inspector (Not in NE London_		✓		2014 to date		
		Clinical Panel	Advisory Role (Not in NE London)		✓		2015 to date		
		Fednet	Member Practice	✓			2014 to date		
Althea Bart	HealthWatch - Waltham Forest								Primary Care Commissioning Committee - attendee

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Ian Buckmaster	Executive Director & Company Secretary, HealthWatch - Havering	Havering Healthwatch CIC, provider of the Healthwatch Havering	Director		✓		March 2013 to date	18 August 2021	Primary Care Commissioning Committee - attendee
		St John Ambulance	Member			✓	April 1064 to date		
Karen Bollan	Healthwatch, Tower Hamlets								Primary Care Commissioning Committee - attendee
Henry Black	Acting Accountable Officer	BHRUT	Wife is Assistant Director of Finance			✓	2018 to date	11 May 2021	Governing Body - member Finance & Performance Committee - member Audit & Risk Committee - attendee Quality, Safety & Improvement committee - attendee Senior Management Team
		Tower Hamlets GP Care Group	Daughter is Social Prescriber			✓	2020 to date		
		NHS Clinical Commissioners	Board Member		✓		2018 to July 2021		
Richard Bull									Primary Care Commissioning Committee - attendee
Greg Cairns	Londonwide LMCs, Director of Primary Care Strategy	Nil	Nil	Nil	Nil	Nil	-	6 May 2021	Primary Care Commissioning Committee - attendee

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Gohar Choudhury	Assistant Head of Primary Care	Nil	Nil	Nil	Nil	Nil	-	4 May 2021	Primary Care Commissioning Committee - attendee
Paul Coles									Primary Care Commissioning Committee - attendee
Steve Collins	Acting Chief Finance Officer	Trisett Limited	Director		✓		2003 to date	22 March 2021	Governing Body - member Senior Management Team Primary Care Commissioning Committee - member Finance & Performance Committee - member Audit & Risk Committee - attendee
		Sevenoaks Primary School	Chair of Governors		✓		2002 to 2020		
		Hope Church Sevenoaks	Chair of Trustees		✓		2020 to date		
		Fegans	Wife is Chair of Trustees			✓	2017 to date		
		PwC	Daughter is Senior Associate			✓	2019 to date		
William Cunningham-Davis	Director of Primary Care Transformation, TNW ICP	Nil	Nil	Nil	Nil	Nil	-	11 May 2021	Primary Care Commissioning Committee - attendee
Noah Curthoys	Lay Member (Performance) NEL CCG	Democratic Society	Council Member - Unremunerated non-exec role, previously a paid Senior Partner from 2016 to 2019. Demsoc has contracted with		✓		2019 to date	10 March 2021	Governing Body - member Finance & Performance Committee - Chair

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			NHS England in the past.)						Audit & Risk Committee - deputy chair Remuneration Committee - Chair
		Bridgenor Group Ltd	Director - Founder / owner of this research consultancy, no contracts with the NHS	✓			2015 to date		
		Northshott Counsulting Ltd	Director - Founder / owner of this strategic communications consultancy, no contracts with the NHS	✓			2011 to date		
		NHS Coastal West Sussex CCG	Chief of Corporate Affairs		✓		2013 to 2015		
		Wallands Community Primary School	Governor - Co-opted governor, unremunerated, ending in July 2021		✓		2014 to 2021		
		Priory School	Associate Governor - Co-opted associate, unremunerated, not a voting member		✓		2021 to date		
Selina Douglas	Managing Director - TNW	Humankind	Board Member		✓		Sep 2020 to date	17 March 2021	Senior Management Team Primary Care Commissioning Committee - member Quality, Safety & Improvement committee - attendee
Sue Evans	Lay Member Primary Care	Worshipful Company of Glass Sellers' of London	Company Secretary / Clerk to the Trustees'		✓		2014 to date	19 March 2021	Governing Body - Deputy Chair

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		(City Livery Company) Charity Fund							Primary Care Commissioning Committee - Chair Remuneration Committee - deputy chair Audit & Risk Committee - member
		North East London NHS	Self and family users of healthcare services in NEL			✓	2017 to date		
		St Aubyn's School Charitable Trust	Trustee and Director of Company Ltd by Guarantee	✓			2013 to date		
Sam Everington	Tower Hamlets Clinical Chair	Bromley By Bow Partnership - based at the Bromley by Bow Centre Charity 1999	Partner	✓			1989 to date	5 May 2021	Governing Body - Deputy Clinical Chair
		Tower Hamlets surgeries (x4) - 1.XX Place 2. Bromley-by-Bow 3. St Andrews 4. Pauls Way	Partner GP	✓			1989 to date		
		NEL CCG Board (Tower Hamlets)	Committee member	✓			April 2021 to date		
		GP Care Group CIC	GP member	✓			2010 to date		
		British Medical Association	Council member		✓		1989 to date		
		Health & Wellbeing Board -(London Borough Tower Hamlets & Tower Hamlets ICP)	Deputy chair	✓			2016 to date		
		MDDUS (Insurance for GP Partnership)	Member		✓		2010 to date		
		Queen Mary University London	Honorary Professor		✓		2015 to date		

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		Queens Nursing Institute	Vice President		✓		2016 to date		
		College of Medicine	Vice President and Council member		✓		2010 to date		
		Ministerial Infrastructure Board (DoHSC)	Board Member		✓		2018 to date		
		NHS Resolution	Associate Non-Executive	✓			2018 to date		
		NESTA Advisory Board	Board Member		✓		2018 to date		
		East London Foundation Trust	Non-Executive Director	✓			2020 to date		
		Royal College of GPs	Member		✓		1989 to date		
		Bromley-by-Bow Ltd – Joint venture with Greenlight venture	Director	✓			2020 to date		
		Health Education England	Medical Apprenticeship Committee - Chair		✓		2021 to date		
		Health Education England	GP Pilot Committee - Member		✓		2018 to date		
		NHSX	Outpatient Referral Committee - Chair		✓		2020 to date		
		Bromley-by-Bow Partnership	Partner is a partner and a director of nursing (runs - XX Place, St Andrews and Bromley-by-Bow Health Centres.) - partner is involved in decision making on purchases of medicines and vaccines from pharmaceutical companies for			✓	1999 to date		

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			administration in practice.						
		TNW ICP	Quality & Safety Committee - partner is a committee member			✓	2020 to date		
		Tower Hamlets Together	Born Well Growing Well Board - partner is a committee member			✓	2018 to date		
		Tower Hamlets Together	Maternity and Early Years Sub group - partner is a committee member			✓	2016 to date		
		East London Local Maternity System -	Partner is a committee member			✓	2017 to date		
		NEL GPN 10 Point delivery Plan Group	Partner is a committee member			✓	2018 to date		
		ELC Ltd	Partner is an expert clinical mentor in receipt of travel expenses and reimbursement of time to the GP Practice.			✓	2020 to date		
		MEEBB PCN	Partner is a board member. A providers organisation commissioned by CCG			✓	2018 to date		
		NEL CCG (Tower Hamlets)	Partner is Clinical Lead, Maternity and Early Years	✓			2016 to date		
		TNW (WEL)	Partner is a member of Quality and Safety Board	✓			2020 to date		
		Mile End East and Bromley-by-Bow CIC	Partner is a Board Member.	✓			2019 to date		

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		Bromley by Bow Health	Partner is Partner in General Practice	✓			1999 to date		
		Bromley-by-Bow Limited and Greenlight GP Connect Ltd - joint venture with Greenlight pharmacy around training of pharmacists in Primary Care	Partner is Director of both	✓			Sept 2020 to date		
		Tower Hamlets CCG (legacy)	Partner is Covid and Flu lead (as part of GB member role)	✓			2020 to March 2021		
Angela Ezimora-West	Assistant Head of Primary Care, NEL CCG	Nil	Nil	Nil	Nil	Nil	-	18 August 2021	Primary Care Commissioning Committee - attendee
Mike Fitchett	Independent GP		QI coach for NEL, as well as delivering some total triage training sessions	✓			June 2018 to date	3 May 2021	Primary Care Commissioning Committee - attendee
Tracey Fletcher	System Lead Officer, City and Hackney	Homerton University Hospital NHS Foundation Trust	Chief Executive	✓	✓		2013 to date		
Charlotte Fry	*Temporary Assignment:* NEL ICS Covid-ICC SRO *Substantive Role:* Director of Transition Programme and Systems NELCA	Nil	Nil	Nil	Nil	Nil	-	15 March 2021	Senior Management Team

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Alison Goodlad	Deputy Director of Primary Care	St Andrews Health Care Northampton (mental healthcare provider)	Sister is Clinical Nurse Leader			✓	2008 to date	20 May 2021	Primary Care Commissioning Committee - attendee Quality, Safety & Improvement committee - attendee
Leonardo Greco	Healthwatch Newham Manager	Nil	Nil	Nil	Nil	Nil	-	26 April 2021	Primary Care Commissioning Committee - attendee
Simon Hall	Director of Transformation, NEL ICS	University Schools Trust (Charitable Academy Trust responsible for running schools in the London Borough of Tower Hamlets and the Royal Borough of Greenwich)	Trustee		✓	✓	2017 to date	18 March 2021	Senior Management Team Quality, Safety & Improvement committee - attendee
		Metro Charity Ltd (diversity and equalities charity based in Woolwich running HIV, youth, mental health and disability services in the south of London and south east of England; organisation also has lead charitable role in both Greenwich and Lewisham boroughs).	Unpaid role. Metro does have some pan-London contracts for HIV and sexual health work.		✓		2018 to date		
		The Keep Residents' Association Ltd.	Director			✓	2016 to date		

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		(residents' association in Blackheath, unpaid elected role)							
		Homerton University NHS Trust	Half-sister, Amy Davies works in the governance team			✓	2017 to date		
Siobhan Harper	Director of Transition City and Hackney ICP, NEL CCG	Health and Justice at NHSE	Sister is Head of HJ			✓	Current	18 March 2021	Senior Management Team Primary Care Commissioning Committee - member Quality, Safety & Improvement committee - attendee
Charlotte Harrison	Independent Secondary Care Specialist	South West London and St Georges Mental Health NHS Trust	Deputy Medical Director and Consultant Psychiatrist		✓		April 2021 to date	15 March 2021	Governing Body - member Primary Care Commissioning Committee - member Audit Committee - member Quality, Safety & Improvement committee - deputy chair
		CYP Covid-19 Recovery Steering Group	Co-Chair		✓		2020 to date		
Emily Hough	Director, NEL Acute Alliance	Nil	Nil	Nil	Nil	Nil	-	18 March 2021	Senior Management Team

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Lorna Hutchinson	Assistant Head of Primary Care	Nil	Nil	Nil	Nil	Nil	-	2 June 2021	Primary Care Commissioning Committee - attendee
Ceri Jacob	Managing Director BHR ICP	Nil	Nil	Nil	Nil	Nil	-	8 March 2021	Senior Management Team Primary Care Commissioning Committee - member Quality, Safety & Improvement committee - attendee
Jagan John	NEL CCG Chair Personalised Care Clinical Lead – Healthy London Partnership (NHS England)	Parkstone Holdings Ltd	Director	✓			Feb 2020 to date	13 May 2021	Governing Body - Chair Remuneration Committee - member Quality, Safety & Improvement committee - member
		Aurora Medcare (previously known as King Edward Medical Group)	GP Partner	✓			Jan 2020 to date		
		Parkview Medical Centre	GP Partner	✓			5 March 2020 to date		
		Together First Limited (GP Federation)	Practice is a shareholder	✓			May 2014 to date		
		Harley Fitzrovia Health Limited	Director and Shareholder	✓			Jan 2018 to date		
		Aurora Medcare (previously known as King Edward Medical Group)	Other GPs are family members			✓	Jan 2020 to date		
		New West Primary Care Network	Brother / GP Partner is the Clinical Director			✓	Nov 2020 to date		

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		Personalised Care – Healthy London Partnerships and NHS England London Region	Clinical Lead		✓		March 2017 to date		
		North East London Foundation Trust – Barking and Dagenham Community Cardiology Service	GPWSI in Cardiology		✓		Aug 2011 to date		
		Barking and Dagenham Health and Wellbeing Board	Deputy Chair		✓		2018 to date		
		Diagnostics 4u (previously Monifieth Ltd)	Director and Shareholder	✓			Oct 2020 to date		
Diane Jones	Chief Nurse	Royal college of Nursing	Professional member		✓		2020 to date	21 July 2021	Senior Management Team Quality, Safety & Improvement committee - member
		Royal college of Midwives	Professional member		✓		1994 to date		
		Nursing & Midwifery council	Professional member		✓		1992 to date		
		London clinical senate	Member		✓		2017 to date		
		Group B Strep Support	Director and Trustee		✓		2020 to date		
		Homerton Hospital	Midwife (Honorary contract)		✓		2015 to date		
Natalie Keefe	Head of Primary Care Transformation, BHR ICP	BHRUT Queens Hospital	Sister works in the PALS department			✓	Current	27 April 2021	Primary Care Commissioning Committee - attendee

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Ahmet Koray	Director of Finance, BHR ICP	Nil	Nil	Nil	Nil	Nil	-	8 March 2021	Audit & Risk Committee - attendee Finance & Performance Committee - attendee
Jane Lindo									Primary Care Commissioning Committee - attendee
Chris Lovitt									Primary Care Commissioning Committee - attendee
Archna Mathur	Director of Performance and Assurance	NHSX	Husband employed as Director of Platforms			✓	April 2020 to April 2021	8 March 2021	Senior Management Team Finance & Performance Committee - member Quality, Safety & Improvement committee - member
Jenny Mazarelo									Primary Care Commissioning Committee - attendee
Anil Mehta	Redbridge Clinical Chair	Fullwell Cross Medical Centre	GP Partner	✓			2013 to date	15 March 2021	Governing Body - member Primary Care Commissioning
		Metropolitan Police	Forensic Medical Examiner	✓			2015 to date		

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		The Cleaning Company	Sister-in-law is owner			✓	2013 to date		Committee - attendee
		NHSE	GP Appraiser	✓			2015 to date		
		Healthbridge Direct	Shareholder	✓			2014 to date		
		Fouress Enterprise Ltd	Director	✓			2015 to date		
		Prescon	Ad-hoc screening work	✓			2018 to date		
		London Healthwise Ltd (non-trading)	Director		✓		2009 to date		
		GMC	Associate		✓		2019 to date		
		Ilford Lane Surgery (BHR Practice)	Registered patient (family)		✓		2000 to date		
		Redbridge Health and Wellbeing Board	Vice Chair		✓		2013 to date		
		Anglia Ruskin University Medical School	Lecturer		✓		2019 to date		
		QMUL	GP Tutor		✓		2021 to date		
Manisha Modhvadia									Primary Care Commissioning Committee - attendee
Muhammad Naqvi	Clinical Chair Newham	Woodgrange Medical practice	GP partner	✓			2015 to date	6 May 2021	Governing Body - member Primary Care Commissioning
		Frenford clubs for young people (registered charity/ voluntary organisation)	Trustee			✓	2012 to date		

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		NHC - Newham GP Federation, Woodrange practice is a shareholder	GP partner	✓			2015 to date		Committee - attendee
		Newham Health and Wellbeing Board	Co-Chair		✓		2018 to date		
		Al-Sabr Foundation (registered charity/ voluntary organisation)	Trustee		✓		2021 to date		
Azeem Nizamuddin	Independent GP	Nil	Nil	Nil	Nil	Nil	-	11 May 2021	Primary Care Commissioning Committee - attendee
Kash Pandya	Lay Member Governance and Audit Chair	Southend-on-Sea Borough Council	Independent Audit Committee Member	✓			2016 to date	15 March 2021	Governing Body member Audit Committee - Chair Primary Care Commissioning Committee member Finance & Performance Committee - attendee
		Essex Police, Fire and Crime Commissioner's Audit Committee	Independent Audit Committee Member	✓			2021 to date		
		University of Essex	Independent Audit Committee Member		✓		2014 to date		
		Brentwood Citizen's Advice Bureau	General Advisor			✓	2009 to date		
		Metro Bank	Son, Kiren Pandya is Procurement Manager			✓	2019 to date		
		Accenture	Son, Anand Pandya is Senior Legal Counsel			✓	2017 to date		
Rachel Patterson	Director of People and Organisational Development	Homerton University Hospitals Trust	Spouse, Sally Quinn, is interim Deputy Director of People			✓	2011 to Jan 2021		Senior Management Team
Marie Price	Director of Corporate Affairs	Greater London Authority	Partner works as NE London Region Lead			✓	2017 to date	20 May 2021	Senior Management Team
		Lower Clapton GP Practice, Hackney	Registered patient			✓	2008 to date		

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									Audit Committee - attendee
Mark Rickets	City and Hackney Clinical Chair	GP Confederation	Nightingale Practice is a Member	✓				8 Nov 2019	Governing Body - member Primary Care Commissioning Committee – attendee Finance & Performance Committee - member
		HENCEL	I work as a GP appraiser in City and Hackney and Tower Hamlets for HENCEL	✓					
		Health Systems Innovation Lab, School Health and Social Care, London South Bank University	Wife is a Visiting Fellow		✓				
		Nightingale Practice (CCG Member Practice)	Salaried GP	✓					
Sarah See	Director, Primary Care Transformation, BHR ICP	NELFT; CAMHS Redbridge	Husband is an employee			✓	1998 to date	26 April 2021	Primary Care Commissioning Committee - attendee
		GP - WF	Registered with a GP practice in Waltham Forest; member of the practice team work with the CCG, LW LMC and NHSE/I			✓	2001 to date		
Fiona Smith	Independent Board Registered Nurse	Honesta Partners Ltd (a healthcare management consultancy)	Director and co-owner	✓			15 Jan 2015 to date	19 May 2021	Governing Body - member Primary Care Commissioning Committee - member Quality, Safety & Improvement committee -Chair Finance & Performance
		Honesta Partners Ltd	Spouse is a shareholder		✓		15 Jan 2015 to date		
		First Community Health and Care, Surrey	Non-Executive Director		✓		27 Nov 2019 to date		

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									Committee - attendee
Sarita Symon									Primary Care Commissioning Committee - attendee
Dr Tina Teotia									Primary Care Commissioning Committee - attendee
Sunil Thakker	Director of Finance, C&H ICP Acting Director of Finance, TNW ICP	Nil	Nil	Nil	Nil	Nil	-	7 April 2021	Audit & Risk Committee - attendee Finance & Performance Committee - attendee
Cathy Turland									Primary Care Commissioning Committee - attendee
Jon Williams	Executive Director, Healthwatch Hackney	Healthwatch Hackney	Contracts with NEL CCG: • Engagement and Coproduction Grant (Sept '19 - Sept 2021) • NHS Community Voice contract (April 2020 - Sept 2021) • Neighbourhood Involvement Contract (April 2021 - Mar 2022)	✓			Sept 2019 to current		Primary Care Commissioning Committee - attendee

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			• NEL CCG Disabled People's Research (Jan - July 2021)						
Gladys Xavier	Director of Public Health – London Borough of Redbridge	Faculty of Public Health	Medical appraiser		✓			18 August 2021	Primary Care Commissioning Committee - attendee
		London & KSS Speciality Training Programme for Public Health.	Education Supervisor		✓				

NHS
North East London
Clinical Commissioning Group

Governing Body meeting

12.30-2.30pm, Wednesday 30 June 2021, Microsoft Teams

Minutes

Present	
Dr Atul Aggarwal	Clinical Chair, Havering
Khalil Ali	Lay Member for Patient and Public Involvement
Dr Ken Aswani	Clinical Chair, Waltham Forest
Henry Black	Acting Accountable Officer
Noah Curthoys	Lay Member for Performance
Sue Evans	Lay Member for Primary Care and Deputy CCG Chair
Professor Sir Sam Everington	Clinical Chair, Tower Hamlets
Charlotte Harrison	Secondary Care Consultant
Dr Jagan John (Chair)	Chair, and Clinical Chair Barking and Dagenham
Dr Anil Mehta	Clinical Chair, Redbridge
Dr Muhammad Naqvi	Clinical Chair, Newham
Kash Pandya	Lay Member for Governance
Dr Mark Rickets	Clinical Chair, City & Hackney
Fiona Smith	Registered Nurse
In attendance	
Laura Anstey	Chief of Staff, NEL ICS
Siobhan Harper	Director for Transformation, City & Hackney ICP
Ceri Jacob	Managing Director, BHR ICP
Anne-Marie Keliris	Head of Governance
Kate McFadden-Lewis (minutes)	Board Secretary
Marie Price	Director of Corporate Affairs
Gloria Taplin	Governance and Committee Support Officer (interim)
Sunil Thakker (for Steve Collins)	Director of Finance, TNW and C&H
Cathy Turland	Chief Executive, Healthwatch Redbridge.
Chetan Vyas	Director of Quality & Safety, TNW ICP
Jon Williams	Healthwatch, Hackney
Apologies	
Steve Collins	Acting Chief Finance Officer
Archna Mathur	Director of Performance and Assurance

No.	Item
1	**Welcome, introductions, apologies** Jagan John welcomed the group and introductions were made. Apologies were noted as above. The following members of the public were in attendance: • Mohammed Arif, Commercial Manager- South, FDB (First Databank) • Christine Brand, Public Governor for NELFT representing B&D, Patient Engagement Forum B&D attendee and Carers B&D & Havering Trustee • Jim Fagan, Waltham Forest Save our NHS • Sophia Jaques, Partnership Development Manager – Mental Health, Learning Disabilities and Projects, Elysium Healthcare • Mary Logan, Waltham Forest Save Our NHS and Waltham Forest resident • Anil Makwana, Integrated Healthcare Manager, Teva. There were no declarations of interest.
1.2	**Minutes of the last meeting and matters arising** The minutes of the meeting held 9 June 2021 were agreed as an accurate record.
1.3	**Chair's report** Jagan John presented the Chair's report, updating the group on his key areas of work over the previous months. Khalil Ali expressed his thanks for the excellent service he received at his local vaccine centre in Havering, as well as for the hard work of the vaccine programme across north east London. He also highlighted the successful personalised care and social prescribing programme of work.
1.4	**Accountable Officer's report** Henry Black presented the Accountable Officer's report, giving an overview of the current key priorities, including the vaccination programme and the ambition to administer two doses to everyone over 40, and one dose to everyone over 18 before 19 July 2021, to support the government proposal to lift the coronavirus restrictions on that date. Henry reported the current vaccination figures of: • 93% of care home residents have had two doses • Over 80s - 88% have had one dose and 86% two doses • 75-79 year olds, 86% have had two doses • 70-74 year olds, 85% have had two doses Overall for London, 60% of those eligible have been vaccinated. Over half of the population is aged 18-39, and therefore have only been eligible for the vaccine for a few weeks. Dr Jagan John highlighted the recent visits to vaccination centres across north east London and the learning gained from the different approaches. The Governing Body noted the importance of effective messaging and communication, particularly for the younger population.
2.1	**Patient engagement report** Khalil Ali presented the patient engagement report to the group, giving an overview of the engagement work with communities in response to Covid-19 and the vaccination programme, as well as the work underway to ensure the patient and public voice is embedded in the new ICS. Marie Price updated the group on a recent meeting with voluntary sector leads across NEL with the ICS Chair Marie Gabriel, where the proposals in the ICS framework guidance around working with the voluntary sector was discussed.

	In discussion, the Governing Body noted the importance of ensuring patient and public engagement and involvement in the development of the communications around the vaccination programme, especially with the younger population. There was a discussion around ensuring the impact of patient and public engagement is reflected in the coversheet, as, although it is difficult to quantify in exact monetary value, there is a positive impact on improving quality of services, as well as on finance and performance.
2.2	**Questions from the public** Two questions were received from the public in advance of the meeting. **Jim Fagan, Waltham Forest Save our NHS:** What action has the North East London CCG Board taken, or intend to take to: 1. Guarantee a firewall to prevent any patient information in GP Records being used for the purposes of immigration enforcement? 2. Provide specific support to all GP surgeries to register everyone, including undocumented and under documented migrants and those without secure accommodation, and ensure that all other routes to vaccination are accessible to everyone? 3. Fund a public information campaign to ensure that communities impacted by the Hostile Environment are aware of their right to access the vaccine and register with a GP? **Answer:** We treat patient information with care – information in GP records is confidential and it is only in exceptional circumstances that we would be expected to disclose it – for example through a court order. Everyone is entitled to a vaccine regardless of whether they have an NHS number or are registered with a GP. We do encourage people to become registered as this has wider benefits but we have a number of clinics and way for people to receive their vaccine – including a number of pop up events. All of this is publicised widely including through community organisations. **Mary Logan, Waltham Forest Save Our NHS:** Whipps Cross Hospital is to be built with 51 fewer beds despite a huge projected increase in its catchment population. Part of the rationale for justifying reduced beds is the so called Transformation of Healthcare. This transformation includes people being sent home from hospital earlier in their recovery, as soon as deemed “medically fit”. I was recently shown a questionnaire by a friend who is currently under the care of Homerton Hospital. The questionnaire was apparently sent out by NEL Citizens to Hackney residents, looking for feedback on slightly different versions of a leaflet, to supposedly explain to patients what will happen when they come to be discharged from Homerton Hospital. It is a terrible piece of so-called public consultation. It gives no context. It doesn’t explain what is meant by ‘medically fit’. It gives no hint that a formerly fit person may be still be too weak to stand unsupported or feed themselves for instance. It doesn’t talk about the shortage of sufficiently trained and experienced Community Nurses and Therapists who can make the difference between full recovery, and disability .That staff shortage can mean visits that are rushed, and don't happen often enough to enable the recovery they should deliver.

	It doesn't explain what will happen if the person is unable to walk to the toilet, or use a bedpan without help. It doesn't talk about assessing the home circumstances to ascertain if anyone will be able or willing to provide physical care, or if the patient feels safe with whoever might be at home carrying out these essential caring duties. This policy risks further extending health inequalities. And may result in further emergency hospital admissions, loading more pressure on a hospital built too small for its population. I understand NEL CCG may have limited power as this strategy is likely to have come from NHSE. Is NEL CCG able to avoid using such deceitful "consultation" exercises? I ask you to explain to Health Scrutiny the risks that underlie the system of early discharge from hospital as soon as the person is deemed 'medically fit'. It is important to explain to Councillors, for example, that it might mean that, although a blood test may show inflammatory markers have fallen, i.e the antibiotics are defeating the infection for instance, the person may still be extremely weak, and the lack of sufficient appropriately skilled care can result in avoidable permanent disability. **Answer:** We have looked at this and Homerton Hospital and Hackney Council are encouraging feedback on some proposed leaflets and wider information for patients and their families about discharge from hospital. We are sharing the views provided by Mary so that these can be considered by the teams leading this project. With regard to arrangements across Waltham Forest, the introduction of the Whipps Cross Hospital integrated Discharge hub has meant that there is now a much more joined up approach to fast and effective discharges when someone requires additional support from either health or social care in the community. The model recognises that being in a hospital bed longer than is necessary can actually cause harm. The discharge hub organises all the support, social care, treatment and equipment an individual needs on discharge to ensure they are safe. This includes access to therapy and domiciliary care packages. The Hub works on a "discharge to assess" model. This means people should not have long term decisions about their future needs made while they are in hospital but in the community, whether that's in their home or a short term placement, where they can be fully assessed to ensure they are supported to be as independent as possible.
3.1	**Half year 1 (H1) NEL operating plan** Laura Anstey presented the overview of the NEL H1 Operating Plan submission to NHS England on 3 June 2021 in response to the guidance and implementation plan published in March. The guidance outlines six key priorities for the year, which are focussed on supporting the health and wellbeing of staff, delivery of the Covid-19 vaccination programme, recovery and restoration of services, including elective, cancer, and mental health, expanding primary care capacity, transforming community services and urgent and emergency care. The plan has been developed with our partners across the system, and work to further strengthen the collaborative system approach across the NEL ICS is ongoing. Laura Anstey highlighted the key focus on health inequalities, with executive and clinical leads in place in each organisation across the patch, as well as the key risks including workforce and reducing the backlog caused by the pandemic. A robust plan is in place to mitigate these risks, as well as regular meetings with NHS England giving assurance on delivery of the plan.

	In discussion, the way the wider public have contributed and supported the services across NEL was noted, including using NHS111, the social prescribing service, responding to messaging around the vaccine and making use of community services to relieve pressure on urgent care.
4.1	**Governing Body Assurance Framework - update** Kash Pandya and Marie Price updated members on the development of the Governing Body Assurance Framework (GBAF), reporting that with the risk policy and strategy agreed, as well as the CCG's corporate objectives, the risk registers and GBAF are now being populated, ensuring any relevant legacy risks are captured. The GBAF risks are focussed on vaccine delivery, third wave readiness and planning, recovery of services, ICS development and finance.
4 **4.2**	**Governance update** Marie Price updated members on changes made to the governance handbook since the 1 April Governing Body meeting, which include moderate changes to financial limits, inclusion of Terms of Reference (ToR) for the Quality, Safety and Improvement Committee, as well as amendments to some committee ToR. The Primary Care Commissioning Committee ToR now includes provision for decision by chair's action, which was previously omitted in error. Marie assured the group that chair's action will only be used in exceptional circumstances. There was a brief discussion around primary care clinician representation on the Quality, Safety and Improvement Committee and the need to ensure appropriate representation at ICP and NEL level. The Governing Body approved. Marie Price then presented the recently developed EPRR policy, which formalises the current integrated EPRR culture and incident response. The policy incorporates learning from Covid-19, and will continue to evolve in line with ICS development and learning from future incidents. The Governing Body approved.
4.3	
5.1	**Quality report** Fiona Smith and Chetan Vyas updated the Governing Body on the recent work of the quality groups and committees across NEL CCG. Key highlights included: i. to reflect the importance of patient and public engagement and involvement in the work of the Quality, Safety and Improvement (Q,S & I) Committee the Lay member for PPI has joined as a member on the committee ii. the need to ensure the NEL quality framework fulfils the commitment and policy direction of the National Quality Board iii. there is oversight of quality and safety in place at both NEL and local/ ICP level iv. deep dives are being undertaken on neonatal deaths and stillbirth across the system, as well as the Cygnet Hospital in Beckton, and will be reported at the next Q, S & I Committee meeting. Discussion points included: i. the need to continue to provide strong clinical support to care homes across NEL ii. the importance of encouraging openness and sharing across the system, and the changes already in place to support this, such as NEL CCG staff attending provider quality meetings iii. the need to look at the whole patient pathway when quality and safeguarding issues arise iv. the new medical examiner role in trusts and the potential for their input into oversight of quality within their provider.

5.2	**Finance report** Sunil Thakker updated the Governing Body on the financial position for month two, reporting a breakeven position for Half-Year 1 (H1). Although the H2 allocations are not yet confirmed, the block funding and elective recovery funds will continue and it is likely that there will be efficiency requirements. It was agreed to include in future reports to the Governing Body: • an update on how the CCG is performing on the Mental Health investment standard • and update on better care funds across NEL, to include outcomes achieved and any potential risks • progress across NEL on personal health and care budgets. (**ACTION: ST/ SC**)
6	**AOB:** None.

North East London
Clinical Commissioning Group

Highlighted items represent a recommendation to remove from register

NEL CCG action log August 2021

Reference	Meeting date	Minute reference	Action	Owner	Target completion date	Comment
GB - 1	30/6 2021	5.2	Include in future finance reports to the Governing Body: • an update on how the CCG is performing on the Mental Health investment standard • and update on better care funds across NEL - outcomes achieved and any potential risks • progress across NEL on personal health and care budgets.	Steve Collins	Oct-21	In progress.

North East London
Clinical Commissioning Group

NHS NEL CCG Governing Body
25 August 2021

Title of report	Chair and Accountable Officer update
Item number	1.3
Author	Henry Black
Presented by	Sam Everington, Deputy Clinical Chair and Henry Black, Accountable Officer
Contact for further information	Laura Anstey l.anstey@nhs.net
Executive summary	This paper provides an update and overview of recent activity for the governing body members from the Chair and Accountable Officer for the NEL CCG
Action required	Note.
Where else has this paper been discussed?	N/A
Next steps/ onward reporting	N/A
What does this mean for local people? **How does this drive change and reduce health inequalities?**	The report contains details of projects underway locally on our Covid-19 response, vaccination programme and tackling health inequalities.
Conflicts of interest	N/A
Strategic fit	The report relates to work underway to support achievement of our corporate objectives.
Impact on finance, performance and quality	N/A
Risks	N/A
Equality impact	N/A

1. **Update from the NEL CCG Acting AO Henry Black and NEL CCG Chair Dr Jagan John**

It has been another busy period since we last met as a Governing Body we have been working with colleagues across the system on the ongoing response to the Covid-19 pandemic, the rollout of the vaccination programme and to continue to develop and refine our Integrated Care System.

Dr John would like to put on record his apologies for missing this meeting due to taking some long outstanding leave.

There are a number of updates since the Governing Body last met:

- Covid-19 response and vaccination programme
- NEL response to flooding
- Key meetings
- Marie Gabriel appointed as Chair designate of the ICPB
- CCG and ICS People Planning
- New appointments
- Wes Streeting.

2. Covid-19 response and vaccination programme

The number of Covid-19 cases per 100,000 people in north east London has come down overall, with less variation across the patch, but still remains high, while being slightly below the national and London rate. We have robust plans in place for wave three which we have been continuing to monitor, stepping up our strategic gold command as and when required and working with system partners to manage pressures. We will continue to monitor this as we head in to autumn.

Our vaccination programme continues at pace and we have now given over two million Covid-19 vaccinations in north east London.

We continue to run a variety of events and campaigns to encourage people to take up their offer of a jab. Tower hamlets Council and Barts Health recently held a four day vaccine festival in Langdon Park in Poplar. The event was run to attract local people, in particular young adults, to get their first or second dose by offering live music and free food.

We are really pleased that Nadhim Zahawi the Vaccines Minister has publicly referenced the pop-up clinics held in mosques, temples and at other sites across Newham as examples of the successful work in London to vaccinate people from our South Asian communities. He said: “You literally would trip over a site walking anywhere in Newham, and that access to the vaccine is making a huge difference.”

We would like to thank everyone working hard across our vaccination programme, in our vaccine sites as well as across the system, managing the ongoing Covid response. It has been an incredible continued effort and we are really proud of how north east London continues to manage this.

3. NEL response to flooding

We would like to put on record my thanks to all those involved in responding to the flooding that affected areas of NEL in late July. Whipps Cross and Newham hospital were particularly impacted. The system rallied together and partners including the Trusts and London Ambulance Service worked tirelessly to ensure patient safety was never compromised. Thank you very much to everyone for their tireless efforts to get everything back up and running as quickly as possible.

4. Key meetings

4.1 London Vaccine summit:
It was an honour for north east London to host a London Vaccine Summit at the end of June in our offices in Stratford. Dr John and Henry Black were joined by Dr Muhammad Naqvi and Dr Farhana Hussain and Henry joined the session with the Mayor of London Sadiq Khan, vaccines minister Nadhim Zahawi MP and other leading figures including local leaders such as Gladys Xavier, Director of Public Health in Redbridge, to discuss the successes of the Covid-19 vaccination programme so far.

The Mayor praised everyone involved in getting the vaccine out so effectively in the capital. London regional medical director Vin Diwakar also thanked NHS staff for their hard work, while vaccines minister Nadhim Zahawi MP singled the NEL vaccination event at the London Stadium for praise, along with the smaller scale events taking place across London every day. Huge thanks also went to all the voluntary organisations, community leaders, faith groups and others who have been part of the momentous effort to get as many Londoners vaccinated as possible.

It was a fantastic opportunity to showcase north east London and the fantastic work we have been doing on our vaccines programme. The summit received coverage on BBC news and other outlets and we are really proud to see our efforts recognised in this way.

4.2 Outreach work for vaccinations:
Along with Clinical Chair colleagues, we have continued to support community outreach teams to encourage uptake of vaccinations across each borough in the system. There has been a real push on pop-up events and awareness raising as we offer as many people as possible the chance to get their jabs. We continue to explore new and different ways to encourage our younger adults (those aged 18-29) to come forward as well as those harder to reach communities. Our GP colleagues are now preparing for the next stage of the roll out as well as the winter flu campaign.

4.3 London post-Covid Programme:
Dr John is a member of the London Post Covid-19 Programme Board where we review vaccination clinic status and receive updates on the actions identified following recommendations to support systems in meeting patient demand.

4.4 Clinical leadership:
Dr John has continued with our twice weekly early morning meetings with my NEL Chair colleagues to review the system clinical leadership architecture to identify gaps and ensure that the structure supports the NEL integrated care system (ICS).

4.5 London CCG Chairs' meeting:
Dr John meets weekly with the London CCG Chairs to discuss areas of shared interest such as ICS clinical leadership structures, functions and engagement.

4.6 BHR Recovery Summit:
Colleagues from primary care, the CCG, Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT), North East London Foundation Trust (NELFT) and our councils came together for a recovery summit. It was a frank and open discussion in the spirit of collaboration and we came away with a number of good actions and a better understanding between the different organisations and individuals of what we are all experiencing. The critical point is that we are all in the same room, working to support each other and ultimately to give local people the best care we can. We are hoping to replicate this with our Barts Health and inner north east London colleagues.

4.7 HSJ Partnership Awards:
A big well done to winners at the HSJ Partnership Awards held in June, particularly Tower Hamlets Together for their work on family-focused multi-agency shielding support for clinically extremely vulnerable children; and NELFT, Barking and Dagenham and Redbridge's project with a local primary school, bringing older adults and young children together to improve the quality of life and opportunities for both.

5. Marie Gabriel – confirmed as Chair designate for the NHS NEL Integrated Care Board

We are delighted to confirm that Marie Gabriel, NEL Independent Integrated Care System Chair, has been officially confirmed as the Chair designate for the NHS NEL Integrated Care Board - the statutory Integrated Care System (ICS) body which is anticipated to be established as a result of the Health and Care Bill.

Marie has already been a fantastic appointment for north east London. Over the last year she has been working tirelessly to bring all our partners together on our ICS journey and has been working closely with patient groups including Healthwatch and the voluntary sector to ensure people are at the heart of our NEL ICS.

Marie, Dr John and Henry Black are working closely together to steer the organisation through to the next phase of our NEL ICS development.

6. CCG and ICS People Planning

6.1 People and Culture Group
NEL CCG has recently established a People and Culture Group, chaired by Kash Pandya, NEL CCG Lay Member, with representatives from our ICP management teams, staff networks, Trade Unions and the People and OD team. The intention of this Group is to support, champion, scrutinise and monitor delivery against our CCG people and organisational development priorities.

6.2 Culture and Leadership

Work is starting on the design phase of our culture and leadership programme, which started earlier in the year with a discovery phase which included interviews with our senior leadership team members and focus groups which staff attended. The model is based on the NHSI Culture and Leadership programme that a number of our providers have used. To support the next stage we will be starting a comprehensive staff engagement programme through a 'big conversation' approach which will ensure people are fully engaged in designing the culture for our organisation as it develops to become the ICS employing body.

A senior leadership forum has been established which will regularly bring together the ICP SMTs and deputies working in the central CCG teams. The intention is that this becomes a way in which we engage our most senior leaders, particularly on the culture development piece and our ICS development, given we will be relying on them to help lead in both of these important pieces of work. A manager's reference group has also been established to involve them in co-designing our people and OD related policies, procedures and processes, which will supplement the wider staff involvement in these areas, which we have been doing through our staff engagement groups, Joint Partnership Group (the formal trade union negotiating group) and staff networks.

6.3 Return to the office

Staff are starting to return to the offices from September onwards, following a month's pilot to test enablers such as our desk booking application and equipping our facilities appropriately. We have put support and guidance in place for managers and team members and we are being clear about the safety measures we are expecting people to comply with. We are expect to survey staff and get feedback through more informal routes to gauge how people are finding the expectation to work on a hybrid working model whereby the are expected in an office 1-2 days/week from September onwards.

6.4 ICS People Plan and ICS People Board

The Local Workforce Action Board, chaired by Tracey Fletcher, had a name change in November 2020 and became the NEL ICS People Board. At this stage the membership has remained the same however the intention, as the ICS plans develops, will be to consider the scope of the Board and whether it has the most appropriate representation on it to undertake its function in our newly forming ICS. In the meantime however there has been work undertaken through an initial workshop in May with a range of stakeholders and with our NEL provider trust Directors of People to identify seven key workforce priority areas.

Further work is taking place to develop these into a detailed ICS People Plan with clear objectives and deliverables however, the high level headings are:

- equality and diversity and improving representation in our workforce and access to our roles of people with protected characteristics that represent the population we serve
- anchor institutions and the role they play in widening access
- health and well being and how we maximise our offer to support staff in our NEL workforce
- recruitment and retention
- workforce design and development

- education and training
- best data use

As the governance arrangements for the ICS develop we will need to ensure the ICS People Board is connected into the appropriate committees and/or boards to make sure there is an understanding and support of our common goals relating to the challenging workforce agenda within our health and social care settings.

7. New appointments

7.1 Diane Jones

We would like to formally welcome Diane Jones, NEL ICS Chief Nurse, who officially joined us on 1 July following our recruitment process for this new ICS wide role.

Diane has extensive experience across the NHS in both senior management roles and as a trained midwife and joins us from North West London where she was the Chief Nurse and Director of Quality for the North West London CCG. Diane has worked previously in north east London across the BHR system so we are delighted to welcome Diane back to the patch.

The Chief Nurse role is pivotal in our ICS development, providing leadership across the organisation and the wider system to ensure the best possible standards of healthcare on behalf of the NEL population. In addition, the role has professional oversight of the CCG quality, nursing and safeguarding teams and is a member of the North East London ICS and a voting member of the CCG governing body.

7.2 Chris Cotton

We are pleased to update you that Chris Cotton has been appointed to my senior team as the NEL ICS Transition Director for next the next 12 months. Chris will be known to many of you through his role as Director of Strategy for TNW.

We would like to thank Antek Lejk who has been undertaking this role for the last two years on a part time basis. Thank you Antek for all your support with this, particularly your work on the CCG merger earlier this year.

Chris will start his new role in the next few weeks alongside handing over his TNW responsibilities. We are sure you will join us in congratulating Chris on his appointment, which will be key to delivering the next steps of our ICS development.

7.3 System appointments

Many congratulations to Matthew Trainer on his appointment as CEO for BHRUT from 16 August 2021. Matthew comes with great experience and knowledge and we look forward to working with him. A big thank you to Tony Chambers for everything he has contributed to BHRUT, particularly his leadership during the pandemic response and the integral role he played in the NEL system, we wish him well in his new role in Cornwall and look forward to working with Matthew.

We would also like to add our congratulations and welcome to Jacqui Smith who will be joining as the joint Chair for BHRUT and Barts from 1 October. This is another fantastic

appointment for NEL and we know she will being a great deal of experience and insight to this role and we look forward to working with her.

Finally, we would like to say congratulations on behalf of the whole CCG to Amanda Pritchard, the new CEO for NHSE taking over from Simon Stevens. It is fantastic to have our first female CEO for the whole NHS and also to have someone with such great experience. Amanda knows London well having been the CEO of Guys and St Thomas Trust and she has been at the helm of the ICS development so really understands the direction of travel. We look forward to working with Amanda and hopefully welcoming her to NEL one day soon.

8. Wes Streeting MP

We are really pleased to hear that Wes, MP for Ilford North, is recovering well following his recent cancer diagnosis and subsequent treatment. It is great to hear he has received such good support and care from local services including BHRUT and we wish him well as he continues his recovery and steps back in to his role as MP.

Henry Black, Acting Accountable Officer.
Dr Jagan John, NHS NEL CCG Chair

North East London
Clinical Commissioning Group

NEL CCG Governing Body

25 August 2021

Title of report	NEL CCG Patient and Public Involvement update
Item number	2.2
Author	Amy Burgess, Senior Engagement Manager
Presented by	Khalil Ali, Lay Member PPI
Contact for further information	amy.burgess7@nhs.net
Executive summary	This report provides a summary of patient and public involvement activity/planning at a north east London (NEL) and ICP/borough level. The report focusses on engagement work underway with communities in response to Covid and more specifically our efforts to vaccinate the population. The report also outlines the work underway to improve and embed patient and public voice in our new system arrangements, in anticipation of the new ICS in April 2022.
Action required	Note
Where else has this paper been discussed?	NEL CCG PPI Engagement Leads meeting
Next steps/ onward reporting	Any feedback from the NEL CCG Governing Body to be actioned by CCG engagement leads.
What does this mean for local people? **How does this drive change and reduce health inequalities?**	This paper sets out PPI activity across NEL and outlines progress for planning on how we engage with our local communities. All PPI activity has tackling inequalities at the forefront.
Conflicts of interest	N/A
Strategic fit	This paper provides information to the governing body in line with the running theme throughout our corporate objectives of patient and public voice being central to all that we do.
Impact on finance, performance and quality	Working with patients and the public from the outset has a positive impact on these areas.
Risks	Potential risks related to engagement structures or methods which do not meet the needs of our communities or enable us to reach all, but this can be mitigated through thorough planning and consultation with partners.
Equality impact	Equality impact assessments will be carried out as appropriate on specific pieces of work set out in this paper.

1. Purpose of the report

This paper sets out to assure the Governing Body that patient and public involvement (PPI) is of the highest priority as we move towards becoming a statutory ICS, and updates the Governing Body on patient and public involvement activity and strategic planning, both at NEL and Integrated Care Partnership level.

2. Key messages

This paper provides information about the following:

- Plans to engage our communities about the ICS
- Progress of the NEL engagement network
- Working with the voluntary and community sector
- ICP level PPI activity highlights
- Engagement with pregnant women, their families and those planning for pregnancy.

3. NEL level update

3.1 Engaging with our communities about the ICS

On 14 July the NEL CCG Senior Engagement Manager and Chief of Staff presented at the ELFT London Members and Stakeholders meeting about the ICS and what integrated care means for our residents and communities. An ongoing programme of similar events (e.g. patient groups, community and voluntary sector meetings) is being pulled together over the next six months to seek further feedback.

3.2 NEL engagement network

A key action from the first NEL engagement network meeting was the establishment of two working groups – one focused on development of both patient and staff focused training on patient and public involvement and a second which will work Together on a NEL definition of patient and public involvement, including the development of some shared standards and principles. These working groups have both been established, with membership from across the system, and have met to agree Terms of Reference and an action plan. Progress will be presented at the second NEL engagement network meeting in September.

3.3 Meeting with Voluntary and Community sector leaders

On 25 June Marie Gabriel chaired a meeting with VCS leaders from across NEL. It was a positive discussion with lots of appetite amongst VCS representatives for working closely with us as we develop the ICS. Funding to support VCS leads to scope current infrastructure, service provision, value to the health and care sector and proposals for future involvement in the ICS has been agreed. Redbridge CVS will host the officer brought in to coordinate this work.

3.4 Engagement on Long Covid

Work is underway to simplify the Long Covid clinic referral form to make it easier for both GPs and patients to complete. Feedback on the form is being sought from patients which will directly influence the design and approach we are taking across NEL with these referrals.

3.5 Maternity

3.5.1 Trust Maternity website review

As part of the NHSEI assurance framework, a full website review was completed for each Trust maternity website space, looking at accessibility, quality of information and resources. The review found that there is variation, with Homerton Hospital currently achieving an excellent standard across these areas and additionally offering support to non-English speaking service users.

3.5.2 East London Women's Experience Forum

The Forum meets on a monthly basis, providing an opportunity for pregnant or expectant families or people planning pregnancy to ask questions and seek information and advice from senior midwives. It is also used as a space to deliver timely messages and updates on the status of their service provision with respect to the pandemic and maternity service provision. The last meeting took place on 28 July and Tamsin Bicknell, Homerton Hospital's Consultant Midwife in Safeguarding and Public Health, presented and took part in a Q&A.

3.6.3 Pregnancy, Fertility and Covid-19 Vaccination webinar

On 9 July, NEL Local Maternity System (LMS) ran a webinar with presentations from subject experts including Mr Rehan Khan, Consultant Obsetrician at Royal London Hospital and Co-Chair of the NEL LMS; Dr Jagan John (NEL CCG Chair and GP), Dr Kate Wiles, Obstetric Physician and Nephrologist and Alison Herron, SRO of the NEL LMS and Associate Director of Midwifery at the Royal London Hospital. Ninety seven attendees participated in this webinar.

4. ICP level updates

4.1 Barking and Dagenham, Havering and Redbridge

4.1.1. Roma community work

Redbridge have a high number of the Roma community within the population and given insight that this community are cautious in terms of being vaccinated, the CCG commissioned a piece of bespoke work with a Roma teacher with strong links to the Roma community, to highlight to them the importance of the vaccination programme and combat hesitancy surrounding the vaccine. The engagement and development officer at Redbridge Council, worked closely with our contact and together they reached over 300 people and over 150 of these Roma residents were vaccinated. This figure exceeded our targets on contacts and people vaccinated. The first phase of this work is now complete and evidence shows the benefit of using a community member for engagement with hard to reach communities of this kind. We are now looking at a second phase and how we support other councils with this kind of work by sharing knowledge and learning.

4.1.2 Lithuanian community work

Barking and Dagenham has one of the largest Lithuanian populations in the UK. Working with the Lithuanian Embassy and community leaders, we have created

videos in Lithuanian to reassure people from this community that the vaccine is safe. Dr Tomas Jovaisa, a Consultant in Anaesthesia and Intensive Care Medicine at Barking Havering and Redbridge University Hospitals NHS Trust, and Linvas Pernavas, Lithuanian police attaché to the UK took part in the filming to answer many of the questions previously posed by the Lithuanian community. During this process, we also gained important insight on how to effectively communicate this content with the community, and we are working with stakeholder and community groups to continue to do this.

4.1.3 Polish community work

We worked with Havering Council and House of Polish & European community (HoPEC) to produce Polish language videos encouraging people to take the vaccine. The video features Dr Kmiotek Odpowiada, who answers frequently asked questions about the vaccine and shares the latest information. By working closely with our partners, we managed to ensure our messages were targeted and addressed specific concerns from the community. The video and transcripts of the video (in Lithuanian and Romanian) can be found on our website. We have been distributing the videos by sending them out to stakeholders and sharing them on social media.

4.1.4 Phlebotomy pilot

Work to develop a new model for community phlebotomy provision across BHR has been carried out with the input of the Executive Phlebotomy Group, which comprises commissioners, GPs, NELFT and BHRUT. From this, a pilot scheme began w/c 28 June which incorporates our learning from the past year regarding the demand around phlebotomy services across BHR. The steering group meetings are now well underway, involving all key providers and partners as well as a monthly dedicated phlebotomy sub communications and engagement group which includes representation from NEL CCG, BHRUT and NELFT. Four stakeholder updates have been issued so far, which include a dedicated email address for feedback and comment and are available on the NEL CCG website. The comms lead has also met with Healthwatch leads to discuss the detailed engagement programme to support the pilot. Updates for Healthwatch are being provided through existing CCG/ Healthwatch meetings by mutual agreement. The patient survey is now live and to date, feedback has been very much positive.

4.2 City and Hackney

4.2.1 Engagement activity to support vaccine uptake

- Almost 1,500 residents received the COVID-19 vaccine at a mass vaccination drive in Hackney Central over one weekend in the early part of July
- We have developed a communication and engagement plan with system partners aimed at 18–25-year-olds. The plan includes a proposal to establish a Young People grant scheme to fund local champions/youth groups/voluntary community service organisations to carry out activities to increase vaccine uptake and an online event
- We are working with Haringey Council to host a joint British Sign Language vaccine event

- Following a highly successful event that focused on pregnancy, breastfeeding and fertility, we are now looking at how best to engage with the doula community
- We are running a short survey with the City and Hackney Older People Reference Group (OPRG) on vaccination experiences and attitudes.
- We are working on a project with colleagues in the long-term conditions team. The project is aimed at supporting patients monitor their blood pressure at home. The first phase will pilot the use of remote monitoring across selected primary care networks. Residents will contribute to the pilot and help with implementation, messages and evaluation.

4.2.2 New engagement structure

We are working with system partners and our public representatives to establish the **People and Place Group**, which is a formal sub-committee of the City and Hackney Integrated Care Partnership Board (ICPB) and is directly accountable to the ICPB. Following two development workshops, the group's first meeting was held in July. Work is now underway to co-design how the group will work and its links with other parts of the system taking in to account the group's areas of interest, which are:

- Patient and Public Involvement and Engagement
- Co-production
- Equality and Diversity (Shared with Quality Group)
- Sustainability and Social Value

We are working with Healthwatch Hackney to set up a **City and Hackney Community Involvement Forum** (name TBC), which will be a space for local residents to share their views on issues that matter to them. This umbrella body will draw together community insight across the ICP and identify key themes and patterns. A development session is planned for early September.

4.3 Tower Hamlets, Newham and Waltham Forest

4.3.1 Engagement activity

Tower Hamlets

- REAL (a Tower Hamlets based organisation run by disabled people for disabled people) recently hosted a meeting to hear the varied experiences of disabled people during the pandemic and to give them the opportunity to make requests/recommendations in the way statutory organisations communicate with them, especially at vaccination centres
- The CCG is currently participating in two pieces of work to support the Somali community in Tower Hamlets: (1) Mental Health Task and Finish Group, and (2) Somali Womens' Health group.
- CCG leads have been providing support and working with the Tower Hamlets BAME Disparities Group which would like to ensure they have an opportunity for their voice to be heard at all levels of commissioning (THT, TNW or NEL)
- Bengali-speaking Tower Hamlets GP Dr Kamali will go on-air on Bengali TV to talk about mental health as part of an effort to address some of the stigma

and taboo around mental health in the Bengali community, which has reportedly worsened during the pandemic. Dr Kamali will appear alongside a supportive Imam.

- Leads have been speaking to the Canary Wharf Group about supportive advertising for the booster/flu jab around the Canary Wharf estate. In addition leads are working with Job Centres/Workpath Centres to ensure all staff are encouraging young people to get the vaccine
- Tower Hamlets is developing a place-based campaign ('I Love NY'-style) to promote a positive image of the borough over the next few years. All borough partners are on-board with this.

Newham

- Newham Council held a 'Walk in Week' from 19 to 26 July with pop up and walk in vaccination centres across the borough to make it easier for people to get their COVID jabs. There were information sessions during the week before, and the Walk in Week was promoted via local radio and print media, social media channels, the Mayor's office and also outreach teams leafletting and door knocking. The final numbers are still being collated
- Healthwatch Newham has launched 'Young Healthwatch' and is currently in the recruitment stage doing a call out for volunteers which we are supporting by helping spread the message. Young Healthwatch is an opportunity for anyone aged 16-21 who lives, works, or studies in Newham. The project gives young people the chance to assist with leading on a project, tailored to their interests in health and social care.
- We have engaged with Healthwatch Newham and public health partners to update and brief them on long Covid and also to demonstrate and get feedback on the soon to be released 'OneContact' tool. This is an online assessment tool for patients to complete before attending their GP to streamline patient access to the long Covid pathways in Newham, and to free up GP's time. It also signposts people to self-support resources for the many symptoms of long Covid.
- We are working closely with the Newham PPG Network to develop the network. Together we have developed a plan to move forward which includes, mapping out the of PPG's across the borough, and engage with them to see what level they are operating at with a view to provide support and guidance to help them succeed and join the network

Waltham Forest

- We have worked closely with the local authority to reach out to young people by providing key clinicians to answer the medical questions young people have. Local Clinical Chair Dr Ken Aswani answered questions from young people on an evening webinar. GP Sabeena Pherungee featured on some short social media clips reassuring young women in particular about the vaccine and pregnancy, birth and breastfeeding
- Colleagues across the local Waltham partnership are developing the engagement arrangements and strategy, by bringing together staff and resources across partners.

- We contributed to the establishment of the Whipps Cross Community Forum and the materials for the redevelopment newsletter, profiling key parts of the community services that will support the proposed profile of hospital beds.

5. Risks and mitigations

Potential risks related to engagement structures or methods which do not meet the needs or enable us to reach all of our communities, but this can be mitigated through thorough planning and consultation with partners.

6. Conclusion

This paper is intended to inform NEL CCG Governing Body members about patient and public involvement activity at both a NEL and ICP level.

Amy Burgess
NEL Senior Engagement Manager
09.08.2021

North East London
Clinical Commissioning Group

NEL CCG Governing Body
25 August 2021

Title of report	Whipps Cross Redevelopment
Item number	3.1
Author	Greg Madden, Programme Director, Whipps Cross Hospital
Presented by	Alastair Finney, Redevelopment Director, Whipps Cross Hospital
Contact for further information	Alastair.Finney@nhs.net
Executive summary	This paper provides an update on the Whipps Cross Redevelopment Programme. It explains the programme's position as a pathfinder within the Government's New Hospitals Programme, in the context of the work to finalise the Outline Business Case. It also highlights the wider programme activities, including the ongoing demolition works and work to develop service transformation delivery plans working with partners across the local health and care system.
Action required	NEL CCG Governing Body is asked to note the update on the Redevelopment Programme and provide any comments or questions.
Where else has this paper been discussed?	N/A
Next steps/ onward reporting	N/A
What does this mean for local people? **How does this drive change and reduce health inequalities?**	The Whipps Cross Redevelopment will provide substantial benefits from the building of a brand new hospital, enabling improvements in the delivery of health and care services for the population it serves.
Conflicts of interest	N/A
Strategic fit	The redevelopment of Whipps Cross is well established as a strategic priority for North East London
Impact on finance, performance and quality	The redevelopment will provide more efficient services with improved performance and quality of care.
Risks	The programme has a dedicated risk group on which the CCG has an officer member.
Equality impact	An equality impact assessment has been completed for the Whipps Cross Redevelopment, with input from both clinical, non-clinical and design perspective. To note that all implications identified will have a positive impact on the protected characteristic groups, with the design team ensuring measures identified are implemented, so that benefits are fully achieved.

REPORT TO NEL CCG GOVERNING BODY

WHIPPS CROSS REDEVELOPMENT PROGRAMME

INTRODUCTION

The Whipps Cross Redevelopment programme aims to build a brand new hospital to serve our communities for generations to come, improving health outcomes and reducing inequalities. It has reached two major milestones recently with the commencement of demolition of the disused buildings on the site of the former nurses accommodation and the submission of planning applications.

This paper provides a brief update on the programme, including: the work to finalise the Outline Business Case working alongside the Government's New Hospitals Programme; key ongoing programme delivery activities, including the demolition work to prepare the ground for a new hospital; and the continuation of communications and engagement work.

OUTLINE BUSINESS CASE (OBC) AND THE NEW HOSPITAL PROGRAMME

As one of 40 hospital development schemes in the Government's New Hospitals Programme (NHP), we are working closely with national colleagues as we finalise our Outline Business Case (OBC). The NHP team is bringing a programmatic approach to delivery, with a particular focus on the delivery of key national priorities such as net zero carbon, digital transformation, repeatable design and Modern Methods of Construction.

The Whipps Cross scheme is firmly established as one of 8 'pathfinders' within the NHP and, as one of the more advanced Trusts within that group, we are participating in and supporting the NHP's work to achieve greater standardisation of design across schemes. This will support a centrally-led commercial strategy aimed at ensuring market readiness for a pipeline of schemes, increasing the pace of delivery and reducing cost and risk. Over the coming period we will continue to collaborate with the NHP and other schemes and, following the conclusion of that work, expect to be able to complete and submit our OBC to Government for approval later this year.

Although that will mean an OBC submission later than originally planned, we continue to anticipate that the benefits of being part of the national programme mean it remains feasible to maintain our expected new hospital completion date of Autumn 2026. This will, of course, be subject to business case and planning approvals and of confirmation, in due course, of our individual scheme's timelines with the NHP as part of their overall approach to phasing of the schemes within the programme.

ONGOING PROGRAMME DELIVERY

Over and above our work with the NHP on the OBC, we continue to undertake a range of key tasks and activities to maintain momentum on the programme.

The **demolition of the disused buildings on the site of the former nurses' accommodation** is well under way. The 'phase 1' building – adjacent to Peterborough Road - has been demolished, with new temporary surface car parking laid in its place. Preparation for the demolition of the phase 2 building (one of the former nurses' accommodations) is well under way and phase 5 has been partially brought forward with two buildings also demolished to slab level.

The first part of a **clinically-led review for the future model for specialist palliative and end-of-life care** is soon to conclude. The review is looking at the models of care both in the hospital and in the community and, as such, is being taken forward by working groups led by the hospital and by North East London CCG respectively. These have been designed to ensure that both clinical staff and service user input is gathered in shaping the review.

The key output of this work will be a clear and compelling vision for how palliative and end-of-life care will continue to be transformed to benefit patients across the Whipps Cross Hospital catchment area. The second part of the review, following on from that, will be to assess the options for the configuration of specialist services in the new hospital, as the redevelopment plans are taken forward in greater detail. In the meantime, we continue to discuss the progress of the work with patient representatives and local interest groups.

We continue to work with our partners across the local health and care system on the planning and delivery of both in-hospital and primary care and community services transformation required over the coming years, supported by a Clinical and Professional Advisory Group (CPAG) bringing together clinical and professional leaders from across our health and care system.

We are also developing key ‘enabling’ plans that will help drive service transformation, including a digital strategy aligned to the overall Trust-wide Informatics strategy and linking with system partners to develop plans for workforce transformation.

Meanwhile, the Local Planning Authority has been undertaking a statutory consultation on our two **outline planning applications** - for the hospital and the first of two new car parks; and for the wider development of the site after construction of the new hospital is completed. We anticipate planning determination in the autumn.

COMMUNICATIONS AND ENGAGEMENT

We continue to communicate and engage with our staff and communities on the redevelopment, including:

- **a virtual celebration event in May**, hosted by Zebina Ratansi, Director of Nursing at Whipps Cross, attended by many former and current nurses at Whipps Cross to share memories of the old nurses’ accommodation and look forward to the prospect of a new hospital
- meeting with our **Whipps Cross Community Forum** in July – this has now grown to 10 community members, who are in leadership positions with a specialism in community development and engagement and working in organisations with an interest in health and wellbeing and community cohesion
- attending the **Outer North East London Joint Health Overview and Scrutiny Committee** on 15 June to discuss progress and nest steps on the programme
- **writing to our closest neighbours** in June – to over 2,500 residences – to keep them informed with the latest on the demolition works as well as sending out weekly emails to those on our electronic mailing list.

The NEL CCG Governing Body is asked to note:

- the close working with the NHP to finalise the OBC over the coming period and our position as a ‘pathfinder’ in that programme, which we anticipate will enable us to maintain our expected new hospital completion date of Autumn 2026
- key ongoing programme delivery activities – including the demolition works to prepare the ground for a new hospital
- the continuation of our communications and engagement work with staff and local communities.

Alastair Finney

Whipps Cross Redevelopment Director

North East London
Clinical Commissioning Group

NEL CCG Governing Body
25 August 2021

Title of report	Further extension to the age variation for NEL CCG fertility policies and update on harmonising policies
Item number	3.2
Author	Alison Glynn, Head of Commissioning and Contract Management, NEL
Presented by	Diane Jones, Chief Nurse and Caldicott Guardian
Contact for further information	Diane Jones/Alison Glynn - alison.glynn2@nhs.net
Executive summary	• A variation to uplift the age thresholds for each of the legacy fertility policies was agreed previously by predecessor governing bodies in order to ensure patients were not disadvantaged by the pausing of services due to the pandemic. • The paper proposes that this variation is extended again for another six months in light of continuing long waits for patients. • The paper gives a brief update on the plans for harmonisation and development of a single NEL CCG Policy.
Action required	• Approve the further extension of the variation to the age threshold for another six months up 31 March 2022. • Note the update on the project to develop a single NEL CCG policy.
Where else has this paper been discussed?	The previous variation was agreed at NEL Clinical Advisory Group (CAG) and the continued extension has been discussed at NEL Senior Management Team (SMT).
Next steps/ onward reporting	If agreed, providers and GPs will be informed of the continuation of the age uplift. Progress updates on the development of the single NEL CCG policy and final approval of the policy will return to the Governing Body.
What does this mean for local people? **How does this drive change and reduce health inequalities?**	Continuing the variation will support addressing any disadvantage patients may have experienced due to the current waiting lists in accessing IVF resulting from the pandemic.

	The development of a single NEL CCG policy will ensure we have an equitable and consistent approach to access for patients in north east London.
Conflicts of interest	None.
Strategic fit	Links to corporate objectives: • High quality services for patients • Put patient experience at the centre of our delivery.
Impact on finance, performance and quality	Data on the age of women is a protected field in the data that CCGs receive and therefore it is difficult to ascertain the number of women this will apply to, however it is likely to be very small numbers. In addition the current block financial arrangements for NHS providers are being extended into H2 which will mitigate any financial impact.
Risks	No risks identified.
Equality impact	An Equality Impact Assessment will be undertaken on any recommendations resulting from the full policy review for the single CCG policy.

Further extension to the age variation for NEL CCG fertility policies and update on harmonising policies

1.0 Purpose of the Report

Following agreement at the North East London Clinical Advisory Group, Governing Bodies in North East London (NEL) agreed in September 2020 to temporarily uplift the age limits for accessing IVF treatments by one year to mitigate the impact of the pandemic on patients seeking fertility treatment. This variation was initially approved to be in place until 31 March 2021 but then extended to 30 September 2021, as agreed by NEL CCGs predecessor governing bodies in March 2021.

It is however clear from discussions with providers that waiting times remain long while backlogs are cleared.

This paper seeks agreement for a further six month extension to the temporary lifting of the current upper age criteria for accessing IVF treatment.

If agreed, providers and GPs will be informed of the continuation of the age uplift.

2.0 Harmonisation and development of a single NEL CCG policies

In light of the merger of the seven CCGs into a single CCG and in preparation for a north east London wide ICS, the CCG is embarking on a project to harmonise these policies into a single policy for patients seeking fertility treatment who are registered in the area.

In addition to ensuring we have an equitable and consistent approach to access, clinical practice and research in this field has continued to evolve, along with changing views and attitudes in society. North East London's new fertility policy will need to address a broader range of questions and issues than previously considered.

It is estimated that this project will take 6-9 months from commencement.

There will be clinical and public engagement and a full equality and quality impact assessment performed on any recommendations resulting from the full review.

3.0 Recommendations for NEL CCG Governing Body

NEL CCG Governing Body is asked to:

1. Approve the further extension of the variation to the age threshold for another six months up 31 March 2022.
2. Note the update on the project to develop a single NEL CCG policy.

Author: Alison Glynn, Head of Commissioning and Contract Management, NEL CSU
Date: 11/08/21

North East London
Clinical Commissioning Group

NEL CCG Governing Body
25 August 2021

Title of report	Individual Funding Request (IFR) Panel
Item number	3.3
Author	Alison de Metz, Head of IFR & Policy Development, NEL CSU
Presented by	Diane Jones, Chief Nurse
Contact for further information	diane.jones11@nhs.net
Executive summary	• The Individual Funding Requests (IFR) policies relating to predecessor CCG organisations are being updated to reflect the establishment of the NEL CCG and improvements/developments to the IFR process that have already been agreed with the CCG. • IFRs must be managed in accordance with the IFR policy to mitigate the risk of successful appeals and legal challenges against IFR panel decisions. Some inconsistencies between the IFR policy and process have arisen over time and these will now be addressed in the policy update that is underway. • The NEL CCG IFR panel has been set up which also needs to be reflected in the IFR policy update. • Implementation of the Once for London IFR policy and process has been delayed hence the need for an update to the NEL CCG IFR policy.
Action required	Governing body members are asked to note this report. The updated IFR policy will go to the NEL CCG Quality Committee in September for approval. The policy will then go to the September GB for ratification.
Where else has this paper been discussed?	The proposed Once for London IFR policy and process were discussed at: C&H: PPI Committee July 2020 and Planned Care Workstream - Core Leadership Group August 2020 BHR: Quality & Performance Committee August 2020 WEL: Finance & Performance committee July 2020
Next steps/ onward reporting	The updated policy will be discussed at the Quality Committee in September 2021
What does this mean for local people? **How does this drive change and reduce health inequalities?**	The NEL CCG IFR panel will ensure consistent decision making about individual funding requests for the whole NEL population avoiding a potential 'postcode lottery'.
Conflicts of interest	None

Strategic fit	
Impact on finance, performance and quality	Adoption of this policy should be cost neutral although as above there are potential financial risks of legal challenge to IFR decisions if the policy changes are not adopted. The proposed NEL CCG IFR panel membership comprises the appropriate mix of professional, clinical, medical and lay expertise to ensure IFR panel decisions comply with CCG standing instructions.
Risks	Risks would arise from not having a NEL CCG IFR panel and in not complying with the IFR policy.
Equality impact	The result of the equality screening that has been undertaken by the NEL CSU IFR team demonstrates that the proposed policy changes will not have an adverse equality impact / health inequality impact on any of the protected groups as defined by the Equality Act 2010.

North East London
Clinical Commissioning Group

Governing Body meeting

25 August 2021

Title of report	Governing Body Assurance Framework - update
Item number	4.1
Author	Marie Price, Director of Corporate Affairs
Presented by	Marie Price, Director of Corporate Affairs Kash Pandya, Lay Member for Governance
Contact for further information	marie.price9@nhs.net
Executive summary	Since the last meeting a progress update and draft Governing Body Assurance Framework (GBAF) was discussed at the July Audit and Risk Committee and a subsequent deep dive and discussion on risk was held by the senior management team (SMT). CCG managers continue to populate the new templates, which incorporate the corporate objectives agreed in June. Further work continues to refine the overall register and GBAF to ensure ICP/borough risks are managed appropriately locally, but that key risks of significant score or applicable across NEL are escalated to the Governing Body. The current key risks relate to: • Underperformance against H1 metrics, specifically elective recovery • Continuing healthcare • Use of resources and finance balance • Vaccine delivery
Action required	Discuss and note.
Where else has this paper been discussed?	The wider risk process has been discussed through GB development sessions on objectives and risk management and at the NEL SMT. A draft GBAF and update on process went to the last Audit and Risk Committee.
Next steps/ onward reporting	Audit and Risk Committee for a more detailed focus on risk and deep dives as agreed by the committee.
What does this mean for local people? **How does this drive change and reduce health inequalities?**	Through effective management of risks to delivery of the CCG's objectives which focus on improving patient experience, quality of care, recovery post pandemic, preparations for potential further waves and our transition to an ICS.

Conflicts of interest	None identified.
Strategic fit	Implementing the risk strategy and policy for NEL CCG should support achievement of the CCG's corporate objectives through managing risks to delivery.
Impact on finance, performance and quality	Relates to achievement of our corporate objectives on these matters.
Risks	This report relates specifically to risk. The key risk in relation to this process is ensuring that we retain high levels of delegation but ensure a joined-up approach to ensure proper management and oversight of risk both locally and NEL wide.
Equality impact	N/A

North East London Clinical Commissioning Group
Governing Body Assurance Framework report

1. Purpose of the report

The purpose of the Governing Body Assurance Framework (GBAF) is to set out the key risks to the NEL CCG in achieving its objectives and priorities. It sets out the actions in place to manage those risks.

2. Background

NEL CCG has a responsibility to maintain sound risk management processes and ensure that internal control systems are appropriate and effective and where necessary to take remedial action. It is a key part of good governance.

The risk review uses the standard NHS methodology that considers the likelihood of the risk alongside its severity. Both measures are scored out of 5 (with 5 being the most likely and worst impact). The risk score takes account of the mitigating action proposed. This then gives a risk score and categorisation of:

Risk rating	Risk Score
Low	**1 – 3**
Medium	**4 – 6**
High	**8 – 12**
Severe	**15 - 25**

The GBAF is organised around the NEL CCG corporate objectives, and the GBAF will be updated monthly to reflect the progress being made, as well as identifying any new risks from the consideration of its business.

3. Risk appetite

The chart below shows the appetite grading for risks based on their potential impact

Appetite description	Appetite level
The CCG is not willing to accept these risks under any circumstances	1
The CCG is not willing to accept these risks (except in very exceptional circumstances)	2
The CCG is willing to accept some risk in this area	3
The CCG is willing to accept moderate risk in this area	4
The CCG is willing to accept high risk in this area	5

4. Process for escalation

Risks managed through the committees of the NEL CCG Governing Body, including the ICP area committees and programmes of work (e.g. ICS and vaccine delivery),

as well as in directorates that are rated 12 or above should be considered for escalation to the Governing Body. The escalated risk will still be maintained in the committee's / PMO register.

5. Progress to date

An update on developments along with the draft GBAF was presented to the CCG's Audit and Risk Committee in July. In addition, the SMT held a deep dive session on GBAF and ICP risks in early August.

A number of risks within the delegated responsibilities for the area committees are managed at that level, but there are a number which require triangulation and discussion at a north east London level to understand the overall impact for the CCG, and specifically the governing body in achieving the CCG's objectives. These are the ones included in the GBAF.

6. Risks for escalation

The current risks for escalation to the governing body are as follows, with the detail included in the appendix.

- **Underperformance against the H1 Operating Plan metrics, specifically in relation to elective recovery**
  The inability to deliver elective activity to pre-pandemic levels, increases the likelihood of lengthening waiting times for patients, affecting their quality of life and experience. There is a risk that funding will be insufficient to increase activity and that the third wave of Covid will also lead to a reduction in activity and lengthening waiting times to different degrees for different specialities across NEL ICS.

- **Use of resources and financial balance**
  There is a risk that the CCG does not ensure financial resources are deployed effectively, resulting in poor value for money, and inability to deliver effective services and recovery, or failure to delivery statutory financial duties.

- **Continuing healthcare**
  Risks relate to the backlog of cases and delays for patients/families/carers, delay in procurement of one management system, workforce shortages in health and social care, deprivation of liberty concerns and rising costs. *NB these are currently identified as separate risks and will be further consolidated.*

- **Vaccine delivery**
  There is risk that the COVID-19 vaccination programme will not be able to offer vaccinations to all children aged 12–15 years with specific underlying health conditions that puts them at risk of severe COVID-19 by the deadline set by NHSE/I (23 August 2021).

7. Next steps

SMT will continue to discuss the NEL wide risks to ensure further development and refinement of the GBAF, including agreement on risk appetite levels.

GBAF Content

Corporate objective	All six corporate objectives			**Risk reference**	
Risk description	Underperformance against the H1 Operating Plan metrics, specifically in relation to elective recovery. The inability to deliver elective activity to pre-pandemic levels, increases the likelihood of lengthening waiting times for patients, affecting their quality of life and experience. There is a risk that funding will be insufficient to increase activity and that the third wave of Covid will also lead to a reduction in activity and lengthening waiting times to different degrees for different specialities across NEL ICS			**Risk owner**	**Archna Mathur Director of Performance and Assurance**
ICPs impacted	C&H	TNW	BHR	**Risk appetite level**	*TBD*
	✓	✓	✓		

Score history and targets	**Initial rating (LxS)**	**Initial date**	**Rationale**
NB will be updated from August onwards.	**12**	August 2021	As per risk description
	Target rating (LxS)	**Target date**	**Rationale**
	12	March 22	While mitigations in place, uncertainty re Covid third wave impact, staffing challenges and financial uncertainty for H2 means the target risk rating is to not deteriorate.
	Current rating (LxS)	**Latest review date**	**Rationale**
	12	August 2021	As per risk description

Controls	**Assurances I= internal, E= external**	**Evidence for assurance**	**Date received**
NEL ICS Acute Collaborative Alliance is leading across the system, solely on Elective Recovery. Assurance is undertaken from within the ICS performance function and external with the NHSEI London Regional team specifically for HVLC work, outpatients and diagnostics.	I and E	Papers for monthly elective performance challenge sessions	Monthly
The regional hold a monthly elective recovery board, outpatient board and the ICS focus calls to assure ICS plans for elective recovery.	I and E	Papers for monthly regional ICS Focus Calls	Monthly

Mitigations/ actions to address the risk	**Target date**
Elective recovery plans in place for admitted patients, via the High Volume Low Complexity (HVLC) workstream, non-admitted patients via the outpatients' workstream and diagnostics. Collectively all groups report to the Planned Care Board to ensure oversight of the programme in totality. Operational issues actions and mitigations are discussed weekly at the operational cell, and the planning and transformation cell plans more strategically the work required across NEL to ensure mutual aid and review national and regional planning asks. Performance is reported weekly via the H1 dashboard and monthly to confirm the month end position and ensure corrective action. A monthly performance challenge is held undertaking speciality deep dives and sharing best practice from across NEL	Ongoing in accordance with Operating Plan trajectories
Clinical oversight across NEL ICS in place	In place

Governance - how, where and when this risk is being managed
NEL ICS - Planned Care Board chaired by Alwen Williams, CE Barts Health
Operational Elective Cell
Planning and transformation cell
Speciality clinical networks
Diagnostics working group and sub groups
Outpatient steering group
Data Group

Corporate objective	Ensure the best use of resources • to make sure we achieve maximum value from all available resources • to target our resources to address health inequalities			**Risk reference**	
Risk description	There is a risk that the CCG does not ensure financial resources are deployed effectively, resulting in poor value for money, and inability to deliver effective services and recovery, or failure to delivery its statutory financial duties			**Risk owner**	**Steve Collins Acting CFO**
ICPs impacted	C&H	TNW	BHR	**Risk appetite level**	*TBD*
	✓	✓	✓		

Score history and targets	**Initial rating (LxS)**	**Initial date**	**Rationale**
NB will be updated from August onwards.	**16**	April 21	Significant impact if resources are not deployed effectively, resulting in breach of statutory duties and impact on patient services
	Target rating (LxS)	**Target date**	**Rationale**
	8	March 22	Controls, mitigations and system working effective to manage probability of risk, although impact/severity score remains significant, especially with a number of provider trusts operating with a financial deficit.
	Current rating (LxS)	**Latest review date**	**Rationale**
	12	August 21	Additional Covid-19 financial measures currently in place for H1 creating some system level stability, but financial pressure increasing for providers, commissioners and local authorities, and significant uncertainty remains on H2 21/22 allocations, which will not be known until September-21

Controls	**Assurances I= internal, E= external**	**Evidence for assurance**	**Date received**
Defined monthly financial close process	I	Monthly Finance report and regular planning submissions	Monthly
Regular system level report and ongoing review of specific financial risks and opportunities	I	Risks reviewed through Finance and Performance Committee	Bi -monthly
Financial performance reported and reviewed by regional/national teams	E	ISFE/non-ISFE returns and ad hoc analyses	Monthly
Agreed Internal Audit and Counter Fraud Programmes with RSM	E	Updates provided to audit committee at each meeting	On-going
Annual External Audit with KPMG	E	Unqualified financial opinion provided at last audit	June-21

Mitigations/ actions to address the risk	**Target date**
For each planning round, CCG and system partners agree a contingency to allow for additional risks	31/10/21
Systematic review of current Covid related funding streams, such as Elective Recovery Fund and Hospital Discharge Fund	30/9/21
Review of risks and opportunities and balance sheet provisions	On-going
Business cases and transformation proposals reviewed for VfM, quality improvement and return on investment through ICP delivery boards or Finance and Performance in line with agreed delegated limits	On-going

Governance - how, where and when this risk is being managed
Risk is managed through the Finance & Performance Committee and Audit & Risk Committee, reported through the full Governing Body
Operational review takes place in ICP delivery/area committees, with financial controls managed through a defined monthly financial close process

Continuing Healthcare risks – to be further consolidated

Corporate objective	High quality services for patients Put patient experience at the centre of our delivery			**Risk reference**	
Risk description	CHC 1: The current fragmented systems across NEL for the accountability and management of CHC provision (resource) and delivery is leading to delays in assessments and reviews. Hence significant backlog in areas.			**Risk owner**	**Diane Jones** **Chief Nurse**
ICPs impacted	C&H	TNW	BHR	**Risk appetite level**	*TBD*
	✓	✓	✓		

Score history and targets	**Initial rating (LxS)**	**Initial date**	**Rationale**
NB will be updated from August onwards.	**15**	29 July 2021	Fragmented systems and ways of working across ICP
	Target rating (LxS)	**Target date**	**Rationale**
	6	October 2022	
	Current rating (LxS)	**Latest review date**	**Rationale**
	12	August 2021	Governance arrangements agreed to enable continuation of the improvement plan

Controls	**Assurances** **I= internal, E= external**	**Evidence for assurance**	**Date received**
The CHC transformation board is in place. However the workstreams need to be reviewed and priority actions taken forward	I	Minutes of the meeting	
ICP leads undertaking local reviews of staffing and operating models within CHC to feed into CCG restructure			

Mitigations/ actions to address the risk	**Target date**
Case management reviews by assessors	Weekly
Monthly meeting with CHC leads	Monthly
Monthly assurance meeting with NHSE/I	Monthly
Policy Harmonisation workgroup has been establish to develop aligned policies and procedures across NEL	Fortnightly
Governance - how, where and when this risk is being managed	
CHC Transformation board reporting in to the quality committee	

Corporate objective	High quality services for patients Put patient experience at the centre of our delivery Ensure the best use of resources			**Risk reference**	
Risk description	CHC 2: There is a delay in meeting national framework due to a lack of social workers to participate in the assessment process within the timeframe required.			**Risk owner**	**Diane Jones** **Chief Nurse**
ICPs impacted	C&H	TNW	BHR	**Risk appetite level**	*TBD*
	✓	✓	✓		

Score history and targets	**Initial rating (LxS)**	**Initial date**	**Rationale**
NB will be updated from August onwards.	**15**	July 2021	Lack of social workers availability within the required timeframe
	Target rating (LxS)	**Target date**	**Rationale**
	6	October 2022	
	Current rating (LxS)	**Latest review date**	**Rationale**
	12	August 2021	LA are working to address the deficiency

Controls	**Assurances** **I= internal, E= external**	**Evidence for assurance**	**Date received**
There is a regular review of activity and monitoring number of assessments completed and delays	I	Minutes of the meeting	
Improvement trajectory in place	I		
Quarterly reporting to NHSE/I	E	Quarterly submission data	

Mitigations/ actions to address the risk	**Target date**
Case management reviews by assessors	Weekly
Monthly meeting with CHC leads and LA	Monthly
Monthly meeting with Directors of Adults Social Care	Monthly

Governance - how, where and when this risk is being managed
CHC Transformation board reporting into the quality committee

Corporate objective	Ensure the best use of resources			**Risk reference**	
Risk description	CHC 3: The plan to procure one management system has been delayed.			**Risk owner**	**Diane Jones Chief Nurse**
ICPs impacted	C&H ✓	TNW ✓	BHR ✓	**Risk appetite level**	*TBD*

Score history and targets	**Initial rating (LxS)**	**Initial date**	**Rationale**
NB will be updated from August onwards.	**15**	July 2021	Pre procurement work has not started
	Target rating (LxS)	**Target date**	**Rationale**
	6	October 2022	
	Current rating (LxS)	**Latest review date**	**Rationale**
	12	August 2021	Escalation meeting held, next steps agreed

Controls	**Assurances I= internal, E= external**	**Evidence for assurance**	**Date received**
High level milestones outlined to meet October 2022 deadline	I	Milestones	

Mitigations/ actions to address the risk	**Target date**
Existing contracts extended	October 2022
Establish project workstream to progress the re-procurement	August 2021
Employ/identify workstream lead	August 2021
Develop detailed workstream plan that meets the deadline of October 2022	October 2021

Governance - how, where and when this risk is being managed
CHC Transformation board reporting in to the audit committee

Corporate objective	Ensure the best use of resources			**Risk reference**	
Risk description	CHC 4: There is an increasing cost due to D2A pathway which may impact on planned efficiencies required			**Risk owner**	**Diane Jones Chief Nurse**
ICPs impacted	C&H	TNW	BHR	**Risk appetite level**	*TBD*
	✓	✓	✓		

Score history and targets	**Initial rating (LxS)**	**Initial date**	**Rationale**
NB will be updated from August onwards.	**15**	July 2021	
	Target rating (LxS)	**Target date**	**Rationale**
	6	October 2022	
	Current rating (LxS)	**Latest review date**	**Rationale**
	12	August 2021	

Controls	**Assurances I= internal, E= external**	**Evidence for assurance**	**Date received**
The CHC transformation board is in place. However the workstreams need to be reviewed and priority actions taken forward	I	Minutes of the meeting	
CHC finance group in place, meets regularly	I	Minutes of the meeting	

Mitigations/ actions to address the risk	**Target date**
Case management reviews by assessors	Weekly
Monthly meeting with CHC leads	Monthly
Implement policies that minimise excessive package costs (1:1 care, patient choice, etc.)	September 2021
Agree Scheme 3 funding principles with Directors of Adults Social Care (with local variation as required)	

Governance - how, where and when this risk is being managed
CHC Transformation board reporting in to the Finance and performance committee

Corporate objective	High quality services for patients Put patient experience at the centre of our delivery			**Risk reference**	
Risk description	CHC 5: There are a number of patients in the community who are currently being deprived of their liberty through the care being provided and living situation. From 1 April 2022 there is a change to the legislation coming in called the need to implement the Liberty Protection Safeguards. These will increase the volume and scope of work required to ensure patients deprived of their liberty are being cared for appropriately.			**Risk owner**	**Diane Jones Chief Nurse**
ICPs impacted	C&H	TNW	BHR	**Risk appetite level**	*TBD*
	✓	✓	✓		

Score history and targets	**Initial rating (LxS)**	**Initial date**	**Rationale**
NB will be updated from August onwards.	**12**	August 2021	
	Target rating (LxS)	**Target date**	**Rationale**
	6	March 2022	
	Current rating (LxS)	**Latest review date**	**Rationale**
	12	August 2021	

Controls	**Assurances I= internal, E= external**	**Evidence for assurance**	**Date received**
Workstream reporting	I	Minutes and action log of the meeting	
Monthly reporting to the CHC Transformation Board	I	Minutes of the meeting	
Quarterly reporting to CCG Senior Management Team	I	Minutes of the meeting	

Mitigations/ actions to address the risk	**Target date**
Establish workstream to focus on the development of a Business Case for a team to undertake the work required in order to meet the requirements of this legislation	Fortnightly
Develop Business Case	December 2022
Establish Team	Feb 2022

Governance - how, where and when this risk is being managed
CHC Transformation board reporting

Corporate objective	Vaccination programme			**Risk reference**	
Risk description	There is risk that the COVID-19 vaccination programme will not be able to offer vaccinations to **all** children aged 12–15 years with specific underlying health conditions that put them at risk of severe COVID-19 by the deadline set by NHSE/I (23rd August 2021).			**Risk owner**	**Simon Hall**
ICPs impacted	C&H	TNW	BHR	**Risk appetite level**	**High**
	x	X	x		

Score history and targets	**Initial rating (LxS)**	**Initial date**	**Rationale**
Target = 9 (3x3) by Dec 21 • August 2021 20 (5x4)	**20 (5x4)**	17 August 20	NHSE have set very short deadline of identifying this patient cohort. Cascade that PCNs could complete searches for this cohort was received on Friday 13th August. Vaccinations for this group could also not be completed until the enhanced services contract was signed by PCNs.
	Target rating (LxS)	**Target date**	**Rationale**
	12 (3 x 4)	October 2021	Multiple cohort search (PCNs, CEG and Community Paediatrics) will be conducted to find individuals in this cohort group. Providers to offer vaccinations will be identified, invites sent and vaccinations offered.
	Current rating (LxS)	**Latest review date**	**Rationale**
	20 (5 x 4)	17 August 2021	Only PCNs and Hospital hubs will be able to provide vaccinations to this cohort group. NHS Digital has confirmed that the search tools for 12–15 year olds with specific underlying health conditions that put them at risk of severe COVID-19 went live on EMIS (late on 13 August). PCN searches have started but have not been completed yet.

Controls	**Assurances I= internal, E= external**	**Evidence for assurance**	**Date received**
Daily vaccination programme huddles and twice weekly NEL vaccination programme operational group meetings.	Internal	Action log, ICP highlight reports	Ongoing
Daily calls with the London region.	External	Minutes from meetings.	Ongoing
Assurance meetings with ICPs and specific boroughs that require further improvement.	Internal	Action plan from meeting.	Ongoing
NEL task and finish group has been set up identify eligible 12-15 year olds (cohort 13) to ensure they are offered a COVID-19 vaccination appointment by 23 August 2021	Internal	Action log from meeting	ongoing

Mitigations/ actions to address the risk	**Target date**
Contacted ICP leads to determine by borough confirm that practices have undertaken their searches and written to their patients offering a vaccine	19th August 2021
Contacted ICP leads to determine by borough confirm where the vaccines will be offered	Ongoing
Members of NEL task and finish group has been set up identify eligible 12-15 year olds will also send out offer letters to anyone who may have been missed out by the PCN searches.	Ongoing
Responding to and adapting our communications based on up to date insight from target cohorts	Ongoing

Governance - how, where and when this risk is being managed
NEL Vaccination Programme Oversight Board
NEL Vaccination Programme Operational Group
NEL Vaccination and Testing Programmes Clinical Task and Finish Group
NEL Infection Prevention and Control Group

SUPPORTING INFORMATION

Risk Category	
	Severe
	High
	Medium
	Low

Corporate Objectives

- High quality services for patients
- Put patient experience at the centre of our delivery
- Ensure the best use of resources
- Support our people to thrive
- Develop our NEL integrated care system
- Recover from the pandemic and be prepared for future waves

Risk grading matrix

											Likelihood					
											Rating	**1**	**2**	**3**	**4**	**5**
											Description	**Rare**	**Unlikely**	**Possible**	**Likely**	**Certain**
											Probability	**<10%**	**10% - 24%**	**25% to 45%**	**50% - 74%**	**>75%**
Severity	**Rating**	Description	A Objectives/ projects	B Harm/injury to patients, staff visitors & others	C Actual/potential complaints & claims	D Service disruption	E Staffing & competence	F Financial	G Inspection/ Audit	H Adverse media						
	1	**Insignificant**	Insignificant cost increase/time slippage. Barely noticeable reduction in scope or quality	Incident was prevented or incident occurred and there was no harm	Locally resolved complaint	Loss/ interruption more than 1 hour	Short term low staffing leading to reduction in quality (less than 1 day)	Small loss <£1000	Minor recommendations	Rumours	1	**1**	**2**	**3**	**4**	**5**
	2	**Minor**	Less than 5% cost or time increase. Minor reduction in quality or scope	Individual(s) required first aid. Staff needed <3 days off work or normal duties	Justified complaint peripheral to clinical care	Loss of one whole working day	On-going low staffing levels reducing service quality	Loss of 0.1% budget.	Recommendations given. Non-compliance with standards	Local media column	2	**2**	**4**	**6**	**8**	**10**
	3	**Moderate**	5-10% cost or time increase. Moderate reduction in scope or quality	Individual(s) require moderate increase in care. Staff needed >3 days off work or normal duties	Below excess claim. Justified complaint involving inappropriate care	Loss of more than one working day	Late delivery of key objectives/service due to lack of staff. On-going unsafe staff levels. Small error owing to insufficient training	Loss of more than 0.25% of budget.	Reduced rating. Challenging recommendations. Non-compliance with standards	Local media front page story	3	**3**	**6**	**9**	**12**	**15**
	4	**Major**	10-25% cost or time increase. Failure to meet secondary objectives	Individual(s) appear to have suffered permanent harm. Staff have sustained a "major injury" as defined by the HSE	Claim above excess level. Multiple justified complaints	Loss of more than one working week	Uncertain delivery of services due to lack of staff. Large error owing to insufficient training	Loss of more than 0.5% of budget.	Enforcement action. Low rating. Critical report. Major non-compliance with core standards	Local media short term	4	**4**	**8**	**12**	**16**	**20**
	5	**Severe**	>25% cost or time increase. Failure to meet primary objective	Individual(s) died as a result of the incident	Multiple claims or single major claims	Permanent loss of premises or facility	No delivery of service. Critical error owing to insufficient training	Loss of more than 1% of budget.	Prosecution. Zero rating. Severely critical report.	National media more than 3 days. MP concern	5	**5**	**10**	**15**	**20**	**25**

North East London
Clinical Commissioning Group

Governing Body
25 August 2021

Title of report	NEL Quality update
Item number	5.1
Author	Chetan Vyas, Director of Quality & Safety, North East London CCG (Tower Hamlets, Newham and Waltham Forest Integrated Care Partnership)
Presented by	Diane Jones, Chief Nurse
Contact for further information	chetan.vyas1@nhs.net
Executive summary	The report summarises the content of discussions at the second NEL CCG Quality Committee held on 14 July 2021. Key exceptional updates from the three Integrated Care Partnerships are shown in this report with greater detail in the appended slide deck.
Action required	Note.
Where else has this paper been discussed?	Content from this paper has been discussed at the NEL CCG Quality Committee.
Next steps/ onward reporting	To update the content of the report following feedback from GB members focussing on what improvements or steps to improvements have been made
What does this mean for local people? **How does this drive change and reduce health inequalities?**	Through the reporting of key quality metrics the ambition is to identify if there are any inequalities or areas of quality of services provided that need to be improved or drive improvement programmes of work, thereby seeking to reduce health inequalities
Conflicts of interest	None.
Strategic fit	To secure high quality services for our population and to put patient experience at the centre of our delivery.
Impact on finance, performance and quality	The report is focussed on improving the quality of services we commission.
Risks	The CCG GBAF risks relating to Quality are currently being refreshed and were shared with the Committee.
Equality impact	This document relates to all NEL residents in the nine protected characteristics that are covered by the Equality Act 2010 and our Equality Duties.

1.0 Purpose

1.1 The purpose of this report is to:

- Update the Governing body on key quality matters that were discussed at the North East London CCG Quality Committee on 14 July 2021

2.0 Introduction

2.1 The first North East London Clinical Commissioning Group (NELCCG) Quality Committee was held on 26 May 2021 with the following areas discussed and debated by the membership:

- National update
- Neo-natal/ Still births update
- Review of Trust Quality Accounts
- NEL wide overview of quality
- Quality exceptions from the Integrated Care Partnerships

2.2 This report will provide a brief overview with the details present in the appended slide deck

3.0 Update

3.1 National update

3.1.1 The Committee discussed the Integrated Care Systems; design framework, https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf which was published on 16 June, particularly the expectation that all Clinical Commissioning Group (CCG) functions and duties will transfer to an ICS NHS body, along with all CCG assets/ liabilities including their commissioning responsibilities and contracts.

3.1.2 In addition, there is an expectation that ICSs:

- Have arrangements for ensuring the fundamental standards of quality are delivered including to manage the quality and safety risks and to address inequalities and variation; and to promote continual improvement in the quality of services
- Build on existing quality oversight arrangements with collaborative working across system partners
- Appropriately resource quality governance arrangements, including System Quality Groups (which has been included into the evolving NEL Quality Model)
- Ensure clinical and professional leads have the capacity to participate in quality oversight and improvement
- Will undertake relevant statutory duties regarding safeguarding, children in care and special educational needs and disabilities.

3.1.3 The Committee were informed that the National Quality Strategy team is working with national/ regional colleagues and ICSs to scope and produce an initial position on how NHSE/I quality functions will be delivered through ICSs from April 2022.

3.1.4 The functions currently being considered span quality planning, control/ assurance and improvement, and include:

- **Quality oversight** – risk management, escalation and improvement, Safeguarding, National Clinical Audits, oversight of direct commissioning
- **Complaints and concerns** – Freedom to Speak Up (FTSU) and whistleblowing, Complaints
- **Professional standards and regulation** – professional standards, Controlled Drugs Accountable Officers
- **Experience of care** – improving patient, service user and unpaid carer experience of care through co-production; Insight and feedback (Patient surveys; FFT)
- **Patient safety** - insight, involvement and improvement
- **Transformation and improvement** – Continuing healthcare, infection prevention and control, LeDeR, children and young people, out of hospital

3.1.5 The final national update that the Committee noted was that the Ministers responsible for Safeguarding, (Nadine Dorries MP, Minister of State for Patient Safety, Suicide Prevention and Mental Health; Vicky Ford MP, Parliamentary Under-Secretary of Children and Families; and Victoria Atkins MP, Minister for Safeguarding) have written to CCG Accountable Officers and Chairs of Safeguarding Boards/ Partnership on 23 June 2021 to re-affirm the commitment outlined in the ICS design framework outlined in 3.1.2 above that; *Relevant statutory duties of CCGs regarding safeguarding, children in care and special educational needs and disabilities (SEND) will apply to ICS NHS bodies*.

Neo-natal/ Still-births update

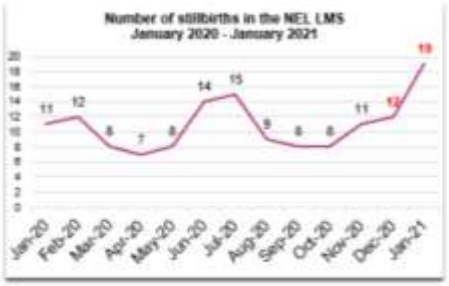
Since the publication of the Ockenden (first) report in December 2020, Local Maternity Systems (LMS) have been given greater responsibility and accountability to ensure maternity services provide safe services for all who access them.

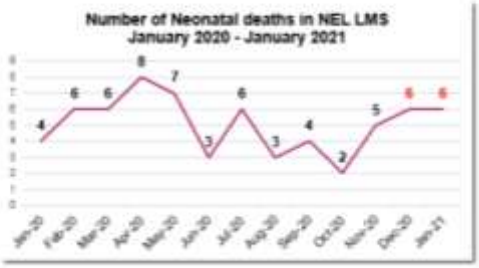
The NEL LMS identified in April 2021 (on submission of the latest safety data to NHSE), a sharp increase in Still Births and Neonatal Deaths across NEL in January 2021, in the period of the second wave of the Covid Pandemic.

The NEL LMS carried out an audit and deep dive of the information working collaboratively with NEL Trusts to investigate each still birth and neonatal death over a two-month period (December 2020 and January 2021).

Emerging themes/ findings and local actions are as below:

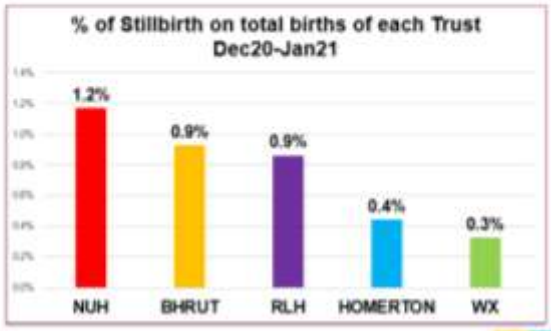
January 2020 to January 2021, an increase of **Stillbirths and Neonatal deaths** was identified **between December 2020 and January 2021**





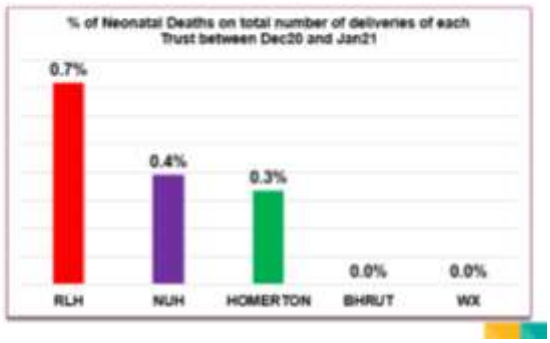
Percentage of Stillbirths in NEL LMS
based on number of deliveries of each Trust between Dec20 and Jan21

SITE	Number of STILLBIRTHS	TOTAL BIRTHS	% Stillbirth on tot birth
NUH	9	770	1.2%
BHRUT	10	1078	0.9%
RLH	6	696	0.9%
HOMERTON	4	899	0.4%
WX	2	613	0.3%
TOTAL	31	4056	0.8%



Percentage of Neonatal Deaths in NEL LMS
based on number of deliveries of each Trust between Dec20 and Jan21

SITE	Number of Neonatal Deaths	TOTAL BIRTHS	% Neonatal Death on tot birth in
RLH	5	696	0.7%
NUH	3	770	0.4%
HOMERTON	3	899	0.3%
BHRUT	0	1078	0.0%
WX	1	613	0.0%
TOT	12	4056	0.3%



The top recurrent factors across NEL observed within this timeframe were:

Still-births

- Preterm pregnancy (before 37/40)
- High-risk pregnancy
- Ethnicity of mothers
- Reduced foetal movement
- GAP grow chart not utilised
- Foetal anomalies
- NOT compatible with life
- IUGR
- Gaps in antenatal care

Neonatal deaths

- High-risk pregnancies
- Gap chart not used
- Pre-term pregnancy
- Foetal anomalies
- Ethnicity of mothers

The Committee noted the next steps of this work as:

- Sharing, learning and development of pathways for complex/preterm pregnancies across LMS
- Risk assessment at each individual antenatal contact identifying high risk women for each Trusts
- Identify barriers to increase the use of GAP Grow charts by using quality improving methodology across the LMS
- Review and Audit Reduced Foetal Movement guidelines across LMS
- Review gaps in ante-natal care and factors that could have an impact ie language, social factors.

The Committee requested a full deep dive into maternity services across NEL at a future meeting

Quality Accounts

The Committee noted the Quality Accounts of providers across NEL and were informed that there were a number of commonalities across them all around focussing their forward priorities on:

- Decreasing/ removing patient safety risks
- Reducing pressure ulcers
- Reducing violence and aggression
- Improving patient experience
- Enhancing patient engagement through the use of digital technologies
- Enhancing patient engagement,
- Reducing inequalities

The majority of the providers outlined they were using Quality Improvement methodologies within their services/ teams to deliver against their quality priorities.

System integration is another common theme and members were informed that the Quality Teams will now look to work with provider colleagues to explore the possibility of developing system quality priorities using a population health perspective and using the Quality Accounts as a basis.

NEL wide overview of Quality

In line with the previously reported, Chair's approval to continue to shape this report and feedback from the Committee post the first meeting, fewer areas were included on this occasion to enable more of a discussion:

- CCG complaints for quarter 4 of 2020/2021 and quarter 1 2021/2022 themed across ICPs
- Risks across each Integrated Care Partnership which continue to be worked up
- Continuing Healthcare
- Quality exceptions from Integrated Care Partnerships.

Safeguarding information will be included in the next iteration of the pack for the September Committee meeting.

There were no exceptions that the Committee felt needed to be escalated or brought to the attention of the NEL CCG Governing Body.

Quality exceptions from Integrated Care Partnerships

The Committee also heard from Integrated Care Partnership leads for Quality on key exceptions as follows:

Tower Hamlets, Newham and Waltham Forest (TNW)

Barts Health Diagnostic Imaging – the Care Quality Commission have undertaken a visit to Whipps Cross Hospital and the Royal London Hospital following concerns raised by the Royal Society of Radiographers regarding, safe practice, staff culture, and bullying and harassment. A Quality Summit was held with an Improvement Plan developed. Progress has been made against the Plan with the CQC reports expected to be published during August.

Elective recovery/ Clinical Harm Review – following progress against the elective recovery plan a number of 52-week breaches on the PTL were discovered. Risks have been identified with Barts Health colleagues and the TNW ICP Quality Team are working with the Trust with Directorates providing monthly updates to the Trust Clinical Advisory Board.

The TNW Quality, Safety and Improvement Committee discussed a Waltham Forest mental health, learning disabilities and children and young people system paper outlining system demand, capacity and risks. The Impact on quality of care was debated and the TNW Quality Team are no supporting colleagues to progress proposals in improving the quality of services/ offers.

Cygnet Beckton – the governing body will recall the previous updated with regards to this Provider. Positive progress has been made against the Improvement Plan with the TNW Quality Team providing leadership around the improvement and ensuring national commissioners are kept updated.

City and Hackney

Serious incidents reported as apparent/actual/suspected self-inflicted harm in City and Hackney were significantly higher in 2020/21 compared to previous years and continue to be reported. The ICP have undertaken a deep dive and results will be discussed with the system suicide prevention steering group which includes ELFT.

A local General Practice has practice reported a serious incident relating to a Coroner Regulation 28 Prevent Of Future Deaths Report. The CCG has formally reported the serious incident and the Homerton have also declared the case as a Trust serious incident. The patient sadly died of sepsis of the urinary tract. The CCG is working with the practice and Homerton to ensure there is one SI investigation report and any learning is implemented to ensure the pathway is safe.

Homerton have reported a Never Event around wrong site surgery and have also reported a higher than usual number of cases of C.Difficile over the past four months and are investigating the cause. This will be brought back to the local Quality Committee.

The National Paediatric Diabetes Audit (NPDA) 2019/20 was published in June 2021. Of the 65 cases in City and Hackney, 52.3% of patients completed all seven key care processes. Eye screening and foot examination had the lowest individual completion rates of 75% and 74% respectively.

Healthwatch undertook a mystery shopping exercise asking all General Practices for details of their registration process. Fifty-nine per cent of practices asked for proof of identity (mostly photo ID) and 69% asked for proof of address. The CCG has written to all practices outlining current guidance and best practice to support patients to register with a GP.

Barking and Dagenham, Havering and Redbridge

Following on from the previously reported emerging concerns regarding maternity services at BHRUT in relation to an increase in maternity related Serious Incidents (SI) for CTG monitoring, foetal distress and delayed or lack of escalation. A thematic review being conducted by CSU colleagues. Local Maternity System (LMS) leads who have also raised similar concerns including elements of whistleblowing from staff within BHRUT. Offers of support have been made to BHRUT which have since been overtaken by an unannounced visit from the Care Quality Commission (CQC).

Following a number of serious incidents relating to patient safety, allegations of sexual assault and an inpatient death, NELFT called an urgent quality summit with attendance by NHSE/I, Health Education England, CQC, local authorities, and NEL CCG. This resulted in an Acute and Rehab Directorate (ARD) Sunflowers Court improvement plan. Assurances have been provided that elements of these concerns are being addressed via the wider ARD inpatient improvement plan with further actions being progressed.

In-health endoscopy – Two triage queues were discovered that were in use which were not visible to the endoscopy operational team. Resulted in some patients not being offered appointments. BHR ICP Quality, planned care and commissioning colleagues worked with the provider to address this and continue to monitor.

Omnes electro cardiogram (ECG) reporting - In May 2021, it was identified that there was a potential issue with reporting of 24-hour ECG recordings in North East London. This issue was subject to an audit which identified a potential clinical risk. The risk identified was the potential for over-diagnosis of paroxysmal atrial fibrillation (PAF). PAF is a condition where the regular heart rhythm will periodically change into an irregular rhythm. When a patient has this condition, they are at increased risk of an ischaemic stroke. BHR ICP Quality, planned care and commissioning colleagues continue to have regular meetings with Omnes to ensure the review is carried out swiftly with additional BHR ICP support being provided to speed up the medication check element.

The Governing body are requested to:

NOTE the contents of this report

Author of report:

Chetan Vyas
Director of Quality & Safety
North East London Clinical Commissioning Group
Tower Hamlets, Newham and Waltham Forest Integrated Care Partnership

Significant contributions to the full slide deck have been made by colleagues across NEL CCG and NEL Commissioning Support Unit

Exceptions TNW ICP

Issue	Issue description	Actions Taken and Current Status
Barts Health CQC IR(ME)R Imaging Inspection	The Society of Radiographers raised concerns about Barts Health with CQC about RLH and WXH (NUH was not included but had had similar issues before): Lack of risk assessments: Unsafe equipment: Staff safety: Bullying and harassment CQC / IR(ME)R visited in May with Health and Safety Executive. Letter of intent: Possible Urgent Enforcement Action – Section 31 of the HSCA 2008 (20 May) required urgent action, including: Security of clinical imaging areas; Staffing –lack of oversight on number of hours worked; Governance – issues not escalated when identified, meetings not documented; Culture – 'paralysis, dysfunction, fractional' – operational delivery was not core focus; IRMER – excess radiation, lack of quality assurance of the equipment, purchased equipment was often not used; HSE report pending, no notices reported to date	Trust held risk summit following receipt of letter. Actions agreed: Apology to staff; Focus on psychological safety and staff engagement; Culture and leadership; Patient safety; Environment and safety; Safe staffing – rostering, oversight; Governance – root and branch review, peer reviews, new governance structure and framework by July 2021,I implement perfect ward; Support – external provider to review, support and facilitate partnership working
Clinical Harm Review	Restoration of elective activity (OP, surgery, procedures and diagnostics) key points: 52 week breaches on the BH PTL is around 15,000; Given the number, a different approach to managing clinical harm reviews is needed so that clinical time is balanced across managing risk and treating patients; All specialties completing clinical prioritisation of non-admitted and admitted patient lists; Admitted waiting list oversight using the Royal Society of Surgeons 4-level priority system; Utilising existing governance processes to flag harm – anyone on waiting list identified as having suffered moderate to severe harm is reported via Datix and reviewed through that established route; Clinical leads to escalate significant risk of delayed review to MDs; All departments confirmed position by 31 May, ongoing reporting on a monthly basis, reviewed at Clinical Advisory Board; Elective Restoration Fund support available if certain gateways are met, this may be percentage of usual volume procedures performed, after which a higher tariff is paid	Risks identified: Prioritisation, review and clinical harm review are part of clinical teams' duties, in addition to everything else they do, with no dedicated resource; There is no safeguarding / LD input into process; Primary care not involved in process, partly due to their own volumes of work
NELFT – Waltham Forest	The Quality and Safety committee has discussed key risks in Waltham Forest relating to NELFT mental health, Learning disability and children and Young peoples services with areas of concern related to demand and capacity in a number of services areas. further updates will be provided.	Updated report to be provided to the TNW QS&I sub committee outlining the impact of these issues on outcomes and quality of care

Exceptions TNW ICP cont…

Issue	Issue description	Actions Taken and Current Status
Mornington Hall Care Home CQC Inspection	Mornington Hall Care Home is a 120-bedded (47 people at time of inspection) nursing and residential care home located in Newham, and a part of the HC-One care home chain. In July 2019, the CQC inspected and gave the home an "Inadequate" rating, placing it under embargo, so that the home could not accept any new placements without the CQC's permission. Not enough staff, lack of training and staff knowledge about how to deal with allegations of abuse were among the reasons for the poor rating and embargo. The home closed one of its nursing units and a new manager was brought in February 2020. The CQC inspected the care home at the end of May and the overall rating has been given as "Good", with the "Safe" and 'effective' domains being "Requires Improvement", the effective domain was unrated in the current inspection. This is an achievement, because it is very rare to go from "Inadequate" to "Good" https://www.cqc.org.uk/location/1-3121814350/inspection-summary#safe	
Cygnet CQC Concerns About Safeguarding / Abuse	There remains ongoing discussions and oversight of Cygnet Beckton with regular discussions between CQC, NHS England, LBN, and Cygnet Beckton. The breaches of regulation have been published on the CQC website, this gives the overall rating for Cygnet Beckton as inadequate (previously good). To date there has not been media coverage despite the publication of the Beckton report at the same time as the CQC Cygnet Well Led review . There have been a couple of isolated instance on Hansa ward involving patients choking and an incident involving a ligature. The CQC have been generally happy with the action being taken to address the choking incident. With regard to the ligature incident the site are investigating this further, and there will be a focused working group session on observations and ligature risks. Following an unannounced CQC visit to Hansa ward on 13 May 2021 which was previously reported into the committee, the CQC have now conducted a full inspection of three remaining wards at Cygnet Becton on 10th and 11th June. The information detailed below is from initial findings, and at this stage is not for public release: The CQC have identified significant improvements in a large number of areas. There have been no recent instances of staff using unauthorised restraint techniques, the site now seems to be demonstrating best practice in CCTV use. The acuity of the patients is exceedingly high and there is a lot of de-escalation of incidents taking place, action taken was found to be proportionate to the issue. There were some areas requiring improvement, but these were minor, and are being progressed. There was good practice, in particular patients physical health needs being addressed, patients appear to have more freedom and freedom of choice, and the work on least restrictive practice appears to be having traction. The vacancy rate was still high, but recruitment is in place, and the support offer to new staff is positive. There has been a focus on staff reporting concerns, and staff morale appears to have improved. There's redevelopment work taking place to ensure that estate is improved, this will reduce the bed base of the hospital, but should lead to increased facilities such as a seclusion room, and a less institutional feel to the hospital.	A number of meetings continue to take place with placing commissioners and other parties. The CCG has presented the assurance oversight model in discussion with Cygnet. This established a fortnightly 'working group' meetings with: Cygnet; LBN; CQC; CCG and NHS E (specialist commissioning) and a monthly oversight meeting which will involve all key partners and placing commissioners. Additional comments have been received from the LDA section of NHS England and the local authority are looking further at how their arrangements can dovetail into this.

BHR Exceptions

Issue	Issue description	Actions Taken and Current Status
Barking, Havering & Redbridge University NHS Trust (BHRUT)	Recent emerging concerns regarding maternity services at BHRUT in relation to an increase in maternity related Serious Incidents (SI) for CTG monitoring, foetal distress and delayed or lack of escalation. Thematic review being conducted by CSU colleagues. Local Maternity System (LMS) leads who have also raised similar concerns including elements of whistleblowing from staff within BHRUT. Feedback from BHRUT following the inspection noted that the CQC did not pick up any issues that BHRUT were not already aware of. A number of provider information requests (circa 250) made by CQC with short turnaround timeframe, BHRUT also noted that no immediate or must do actions were required by CQC. BHR ICP and LMS colleagues will reconvene discussions once we have sight of the CQC inspection report.	Discussions held between BHR ICP quality colleagues and LMS. Informal offer of support given to BHRUT which was declined. Further offer of support was to be made, however, the CQC arrived at Queen's to conduct an unannounced inspection of maternity services.
North East London Foundation NHS Trust (NELFT)	Following a number of SI's relating to patient safety, allegations of sexual assault and an inpatient death, NELFT called an urgent quality summit with attendance by NHSE/I, HEE, CQC, Local Authorities, and NEL CCG. This resulted in an Acute and Rehab Directorate (ARD) Sunflowers Court improvement plan. As part of Host Commissioner arrangements for LD/Autism inpatient services (Moore Ward, Goodmayes Hospital) BHR ICP were informed of concerns relating to non-reported safeguarding concerns and lack of escalation of when patients are being physically or chemically restrained along with other general concerns.	BHR ICP colleagues attend regular NELFT internal quality summit meetings where updates on the improvement plan are provided. NELFT's Acting Chief Nurse presented the details of the improvement plan to the July 2021 BHR System Quality & Performance Oversight Group. Moore Ward concerns have been discussed with the ARD Integrated Care Director and Deputy. Assurances have been provided that elements of these concerns are being addressed via the wider ARD inpatient improvement plan. Remaining concerns have been discussed with agreed actions in place to address/

BHR Exceptions Continued

Issue	Issue description	Actions Taken and Current Status
Inhealth Endoscopy Service	During May 2021 BHR ICP were notified by InHealth of an issue whereby their endoscopy service has been managing the waiting list of patients using triage queues on XRM since September 2020. This was a change of process to enable Endoscopy to manage their waiting list backlog caused by the COVID pandemic. It has come to light that there were two triage queues being used that were not visible to the endoscopy operational team. One of the queues, endoscopy-triage, is an obsolete queue, and has 26 patients in this queue. It would appear that these were not transferred over to the default triage queue, therefore, resulting in these patients not being offered an appointment. Immediate actions were taken to ensure patients were offered an appointment at the earliest opportunity. The majority of these patients were attributed to BHR. For those that were nor, out of area CCG colleagues have been made aware.	BHR ICP Quality, Planned Care and Commissioning colleagues continue to have regular meetings with Inhealth to ensure these appointments are offered, with additional support provided to chase further information from GP colleagues.
Omnes ECG Reporting Service	In May 2021, it was identified that there was a potential issue with reporting of 24-hour ECG recordings in North East London. This issue was subject to an audit which identified a potential clinical risk. It was agreed on 4th June 2021 that this risk would be reported on STEIS as a serious incident, and a more extensive review would take place in order to identify patients who may have been harmed. As part of the initial findings, it was identified that this concern related to a single technician employed by Omnes. The risk identified was the potential for over-diagnosis of paroxysmal atrial fibrillation (PAF). PAF is a condition where the regular heart rhythm will periodically change into an irregular rhythm. When a patient has this condition, they are at increased risk of an ischaemic stroke. To reduce the stroke risk, a patient with a diagnosis of PAF will be treated with anticoagulant drugs. These drugs can increase the risk of bleeding and patients can experience side effects including gastrointestinal bleeding or haemorrhagic strokes. Immediate and appropriate actions were taken by Omnes and a full review of patients is underway. The review includes the following elements: • Record Extract • Cardiologist Review • Medication Check • Identification of potential harm • Identification of actual harm	BHR ICP Quality, Planned Care and Commissioning colleagues continue to have regular meetings with Omnes to ensure the review is carried out swiftly with additional BHR ICP support being provided to speed up the medication check element.

June 2021 City and Hackney ICP Quality Dashboard

CQC Inspections/ratings	NHSI/CQC single oversight rating	Primary Care – QOF	Mortality (SHMI)	Cancer/Referral to treatment times
G	G	G	G	A

Incident reporting rate	Never events	Safeguarding	Patient Feedback	GP quality alerts
G	R	A	G	G

Safe staffing	Infection control	Staff sickness	CQC patient surveys	Complaints ICP
	A	A		A

Key	Green	Amber	Red	White
	Doing well/performance above target/London or National average	Some concerns/performance below target/London/ National average	Significant concerns/performance significantly below target/London/ National Average	No new info/ event this quarter or area not applicable to provider

Safe

Serious incidents reported as apparent/actual/suspected self-inflicted harm in C&H were significantly higher in 2020/21 compared to previous years and continue to be reported. A deep dive has been undertaken and results will be discussed with the C&H suicide prevention steering group which includes ELFT.

Homerton reported a Never Event in May: wrong site surgery. The Homerton have reported a higher than usual number of cases of C.Diff. in the last four months and are investigating the cause.

A local practice reported a serious incident on NRLS relating to a Coroner Regulation 28 Prevent Of Future Deaths Report. The CCG has reported the SI on STEIS and the Homerton have also declared the case as a Trust SI. A patient with an indwelling catheter was discharged to GP care. The indwelling catheter required change by the urology specialist nurse but this did not occur for a year despite GP referral to the community nursing team for catheter care. The patient sadly died of sepsis of the urinary tract. The CCG is working with the practice and Homerton to ensure there is one SI investigation report and the pathway is safe.

Effective and equitable

The National Paediatric Diabetes Audit (NPDA) 2019/20 was published in June 2021. Of the 65 cases in City and Hackney, 52.3% of patients completed all seven key care processes. Eye screening and foot examination had the lowest individual completion rates of 75% and 74% respectively.

Patient and carer experience

Heathwatch Hackney undertook a mystery shopping exercise in March 2021 asking all practices for details of their registration process. 59% of practices asked for proof of identity (mostly photo ID) and 69% asked for proof of address. The CCG has written to all practices outlining current guidance and best practice to support patients to register with a GP.

Sources: Serious Incidents: STEIS; NPDA HQIP.

North East London
Clinical Commissioning Group

NEL Governing Body
Date 25 August 2021

Title of report	Finance Report Month 4
Item number	5.2
Author	Julia Summers, Head of Finance, NEL CCG
Presented by	Ahmet Koray, Interim Director of Finance, NEL CCG
Contact for further information	ahmet.koray@nhs.net
Executive summary	**Key Issues** NEL CCG budget has been set for the first six months of the financial year (H1) with a required break even position required across NEL. The total H1 budget is £1,935m. At Month 4 (period to end of July 2021), NEL CCG have achieved a break even position on the core budgets. However, a deficit has been reported to reflect specific allocation arrangements in place for H1. As with 2020/21 Hospital discharge (HDP), other allowable Covid spend and the elective recovery fund (ERF) are subject to the retrospective claim process. The reporting requirement is that these elements are shown as an overspend until the allocation is received. At Month 4 an allocation increase was actioned for part of the HDP and ERF claim. The impact of this was that NEL CCG reported a year to date deficit of £5m and a H1 forecast deficit of £9.7m across NEL. It is anticipated that a retrospective top-up will be received for this. There are some emerging pressures in activity driven areas, such as acute (independent sector and non-contracted activity), CHC and prescribing costs. These are currently being managed through the use of non-recurrent measures, including the reversal of balance sheet accruals which in some cases were made at year-end in anticipation pressures on these budgets during 2021/22. **Recommendations** The Governing Body is asked to note the contents of the attached presentation, including the risks flagged. As more activity data becomes available, further updates on performance against plan will be given to future meetings.

Action required	Note the financial position for month 4 and H1 forecast and the risks identified with delivering against plan
Where else has this paper been discussed?	N/A
Next steps/ onward reporting	Regular reporting to the Finance Committee and Governing Body on the financial position.
What does this mean for local people? **How does this drive change and reduce health inequalities?**	Delivery of financial plan to support the adequate provision of healthcare services.
Conflicts of interest	No conflicts of interest.
Strategic fit	NEL-wide operational plans have been set on the financial resources available. The report provides an update of financial performance against this plan.
Impact on finance, performance and quality	Delivery of financial plan and meeting control total is a mandated requirement.
Risks	Financial risks are outlined in the paper.
Equality impact	N/A

Introduction

The CCG has undertaken a full review of financial information at Month 4 and reported within timescales to NHSEI.

The attached presentation is intended to inform the Governing Body about the Month 4 financial position and the half year forecast (H1).

The paper links to the CCG corporate objective in relation to the delivery of the financial plan.

Key messages

The attached presentation includes a summary of the Month 4 year-to-date position and the forecast for the first six months of the financial year (H1).

The core CCG spend is reported as break even. Additionally, the CCG has incurred spend on the hospital discharge pathway, other allowable Covid spend and the elective recovery fund which forms part of the retrospective top up process funded by NHSEI. At month 4 NHSEI issued an allocation to part fund previous claims.

NHS contracts are currently paid via a block contract. There are some pressures in Month 4 in relation to the independent sector, CHC and prescribing. These have been managed via non recurrent measures.

Potential risks in relation to activity based issues and investment slippage have been flagged. The reporting of risks will be further developed in future reporting periods.

Body of report

Included in the attached presentation.

Risks and mitigations

Included in the attached presentation.

Conclusion / Recommendations

The Governing Body is asked to note the content of the Month 4 finance report. Updates will be given at future meetings.

NHS
North East London
Clinical Commissioning Group

Month 4 Finance Overview Report 21/22

Meeting name: NEL CCG Governing Body

Presenter: Ahmet Koray
Date: 25 August 2021

Finance Report Month 4

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Month 4 (July 2021) Executive Summary

- Budgets have been set for the first 6 months of the financial year (H1) across the three integrated care partnership systems for NEL CCG. **The total month 4 budget for NEL CCG is £1,296m, with a H1 budget £1,935m.**

- Allocations, totalling **£26.6m** were received by NEL in month 4. The largest allocations received relate to the retrospective top up for the Hospital Discharge Pathway (HDP) and NHS and the non-NHS elective recovery fund (ERF).The HDP retrospective allocation is £6.2m, the ERF top up for NHS providers is £9.8m and the ERF top up for non NHS providers is £2.4m. Additionally, £5.6m was received for the community diagnostic hub.

- At month 4 (period to the end of July 2021), NEL CCG have achieved a break-even position on the core budgets, however a deficit has been reported to reflect the specific allocation arrangements in place for the hospital discharge and elective recovery programmes.

- Funding for the HDP, other allowable covid related costs and ERF are made available post month-end. The reporting requirement is that these costs are shown in the CCGs accounts as an overspend until the allocation is approved and received. In month 4 the CCG received £6.2m HDP funding and £2.4m non NHS ERF funding. Additionally provider ERF was passed through the CCG but has no impact on the previously reported bottom line. The CCG is still expecting further HDP and ERF funding based on the latest year to date cumulative position.

- The impact of these items is a year-to-date deficit of £5m and a H1 forecast deficit of £9.7m across NEL CCG. It is expected that the CCG will receive the funds to cover these via a retrospective top-up from NHSE/I following final review and validation. A summary is provided below.

	YTD £m	Forecast £m
BHR Planned Position (excluding Covid and ERF)	0.0	0.0
CH and TNW Planned Position (excluding Covid and ERF)	0.0	0.0
HDP	-4.1	-8.8
ERF	-0.9	-0.9
Total Reported Position	**5.0**	**9.7**

- Activity driven areas, e.g. independent sector, continuing healthcare and prescribing are showing some variation to plan in month 4. These are being managed via non recurrent measures.

- Central ICS budgets include ICS funds, an element of System Development Fund (SDF), Spending Review (SR) and growth monies (further detail on total SDF / SR can be found in Appendix 2). At month 4 it is assumed these funds are fully committed.

Month 4 and Forecast Position

- The year-to-date overspend of £5m and forecast overspend of £9.7m relates to HDP and ERF costs. The CCG will submit a top- up request to NHSE/I for these and it follows the process in place last year.

- The anticipated top-up means that revised CCG position for the first 4 months and H1 is break even, however, this is **after releasing non-recurrent balance sheet mitigations (£6.1m to month 4 and £12m forecast).** This has been necessary to offset budgetary pressures with the independent sector and non-contracted activity that is not being recovered through the ERF programme.

- Appendix 1 includes Integrated Care Partnership (ICP) level information.

NEL CCG Financial Summary H1 2021-22	Month 4				Forecast			
	Budget £m	Actual £m	Variance £m	RAG	Budget £m	Actual £m	Variance £m	RAG
Acute	715.2	718.3	3.1		1,066.8	1,073.0	6.2	
Mental Health & LD	129.2	129.1	-0.0	3	193.8	193.8	-0.0	3
Community Health Services	115.7	119.7	4.0		170.4	179.0	8.6	2
Continuing Care	53.6	54.3	0.7		80.3	81.5	1.1	
Other Programme	45.6	46.2	0.6		68.3	69.3	1.0	
Prescribing	81.9	83.1	1.2		122.8	124.6	1.8	
Primary Care Services	28.4	29.9	1.5	2	42.6	45.6	3.0	2
Primary Care Co-Commissioning	112.5	112.5	0.0	3	168.7	168.7	0.0	3
Running Costs	12.8	12.8	0.0	3	19.2	19.2	0.0	3
Central Reserves & Efficiency Requirement	1.1	-5.0	-6.1	3	1.6	-10.4	-12.0	3
TOTAL EXPENDITURE	**1,295.9**	**1,300.9**	**5.0**		**1,934.6**	**1,944.3**	**9.7**	
Revenue Resource Limit Total	**-1,295.9**	**-1,295.9**	0.0	3	**-1,934.6**	**-1,934.6**	0.0	3
In Year Surplus / Deficit	**0.0**	**5.0**	**5.0**		**0.0**	**9.7**	**9.7**	
HDP/Covid Costs to be reclaimed		-10.3	-10.3	3		-15.0	-15.0	3
ERF to be reclaimed		-3.3	-3.3	3		-3.3	-3.3	3
HDP Covid Funding Received		6.2	6.2			6.2	6.2	
ERF Non NHS Funding Funding Received		2.4	2.4			2.4	2.4	
Adjusted Surplus / Deficit		**0.0**	**0.0**			**0.0**	**0.0**	3

NEL CCG – Key issues

NEL CCG reported a year to date and forecast break even position at Month 4. However, within this position there are some areas to note:

1. Acute – all NHS providers are paid via a block contract and are reporting on plan for H1. However, there are some pressures on the independent sector contracts as a result of increases in activity. **The reported position shows a month 4 overspend of £3.1m and a forecast overspend of £6.2m which has been mitigated by brought forward accruals set aside at year-end for the purpose of meeting any additional costs associated with the management of activity backlog.**

2. Covid and ERF– the total covid spend is showing as a year-to-date overspend of £4.1m with a forecast overspend of £8.8m. The majority of this relates to the outstanding costs of the hospital discharge pathway which is showing as an overspend against community health services (CHS). The remainder of the covid spend relates to primary care costs associated with vaccinations. The reported overspend associated with ERF (year to date and forecast) is £0.9m.

3. CHC – at month 4 CHC is reporting a year-to-date overspend of £0.7m, with a forecast overspend of £1.1m. CHC is a traditionally volatile area and it is not uncommon for the position to move throughout the year. The latest data on packages suggests there is an emerging pressures in BHR ICP, in relation to the cost of packages. **As with acute, accruals were made at year-end in anticipation of pressures on the CHC budgets and some of these have now been released at month 4 to manage the overspend.**

4. Prescribing – at month 4 there is a year-to-date overspend of £1.2m and a forecast overspend of £1.8m. This relates to run rate pressures and internal efficiencies not delivered in TNW ICP.

5. Primary care – at month 4 there is a year-to-date overspend of £1.5m, with a H1 forecast of £3m. Part of the forecast overspend relates to claimable covid costs for the vaccination programme, with the remainder relating non-claimable costs, for example the hot hubs.

6. Mental Health – at Month 4 it is assumed that MHIS will be achieved. Within mental health there are some potential areas of variability, for example S117, adult placements and CHC (mental health). There is a substantial level of investment in the main providers that will require in-year monitoring. At month 4 Service Development Funding (SDF) and spending review budgets for mental health have been transferred to ICP budgets and it is assumed these will be spent by year-end. Further details will follow next month once final plans have been agreed.

7. **The overspends in acute, CHC, prescribing and primary care have been managed through reserves and the release of specific balance sheet items.**

Hospital Discharge Pathway / Covid

Hospital Discharge Pathway

- System budget held centrally by NHSEI with NEL CCG reimbursed on actual spend. There is a notional budget capped at £20.5m for NEL CCG based on 2020/21 costs. Month 4 suggests NEL CCG will be within the cap.
- At month 4 NHSEI reimbursed 80% of the costs incurred for months 1 to 3. This equates to £6.2m. Therefore, at month 4 there is an additional HDP year-to-date claim of £3.8m.
- The HDP scheme covers the costs over and above that normally commissioned by the CCG and Local Authorities on post discharge recovery and support services/rehabilitation and reablement care following discharge from hospital and designated care settings.
- NEL CCG expenditure £10m year-to-date and a H1 forecast of £14.6m. **After the retrospective top up is applied the outstanding HDP claim is £3.8m year to date.**

	LA YTD £m	CCG YTD £m	Total YTD £m	LA FOT £m	CCG FOT £m	Total YTD £000s
BHR ICP	2.4	1.1	3.5	3.5	1.7	5.2
CH ICP	0.5	0.1	0.6	0.8	0.2	1.0
TNW ICP	2.2	3.7	5.9	3.1	5.4	8.4
Total	**5.1**	**4.9**	**10.0**	**7.3**	**7.3**	**14.6**
HDP Funds received M4	-3.1	-3.1	-6.2	-3.1	-3.1	-6.2
Outstanding HDP claim	**2.0**	**1.8**	**3.8**	**4.2**	**4.2**	**8.4**

Other Covid

- Other than HDP, the majority of Covid costs are funded within the CCG baseline.
- NEL CCG has claimed £0.3m in relation to vaccination costs with an expected forecast of £0.4m.
- Additionally, the CCG has submitted bids to NHSE/I for costs relating to reducing inequalities. These are still going through process and aren't included in the month 4 position but are in the region of £1m

Elective Recovery Fund

- ERF plans submitted to NHSE/I captures information from NHS and non-NHS providers – H1 forecast position of £26m.
- At Month 4, a total allocation of £12.2m was received. £9.8m was payable to BHRUT, Barts and Homerton. The remaining £2.4m was allocated to the CCG to fund the non NHS costs elective recovery costs. It is expected, therefore, that the system will receive an additional £13.3m ERF funds.
- At month 4, the total non-NHS cost is expected to be **£3.3m** (year-to-date and forecast position). The allocation received was **£2.4m** which means that **£0.9m** of the claim remains outstanding.

Elective Recovery Fund	YTD £m	FOT £m
BHRUT	5.7	5.8
Barts Health	12.8	12.9
Homerton	3.7	4.1
NEL CCG	3.3	3.3
Total ERF	**25.5**	**26.0**
Funding distributed - Trusts	-9.8	-9.8
Funding distributed - NEL CCG	-2.4	-2.4
Outstanding ERF claim	**13.3**	**13.9**
BHR ICP	0.6	0.6
CH ICP	0.0	0.0
TNW ICP	0.3	0.3
Total NEL CCG - outstanding	**0.9**	**0.9**

Financial Accounts Performance Metrics

- The Better Payment Practice Code (BPPC) performance measure requires 95% or more of invoices, in terms of value and volume to be paid within 30 days of receipt of the invoice, unless there is a dispute. Performance **across NEL CCG** is shown in the table below:

	2021/22 AP4 - JUL 21		2021/22 AP3 - JUN 21		2021/22 Year to date		2020/21 Outturn	
	Number	£000	Number	£000	Number	£000	Number	£000
Non-NHS Payables:								
Total Non-NHS trade invoices paid in the year	6,780	67,350	7,622	67,429	24,428	230,565	89,808	865,136
Total Non-NHS trade invoices paid within target	6,455	65,690	6,930	60,921	22,742	219,248	85,961	824,785
Percentage of non-NHS trade invoices paid within target	95%	98%	91%	90%	93%	95%	96%	95%
NHS Payables:								
Total NHS trade invoices paid in the year	299	222,163	381	251,993	1,116	891,039	12,449	2,407,453
Total NHS trade invoices paid within target	290	220,277	369	248,898	1,077	886,300	11,472	2,395,694
Percentage of NHS trade invoices paid within target	97%	99%	97%	99%	97%	99%	92%	100%
Combined non NHS and NHS:								
Total Non-NHS trade invoices paid in the year	7,079	289,513	8,003	319,422	25,544	1,121,604	102,257	3,272,589
Total Non-NHS trade invoices paid within target	6,745	285,967	7,299	309,819	23,819	1,105,548	97,433	3,220,479
Percentage of all trade invoices paid within target	95%	99%	91%	97%	93%	99%	95%	98%

- The BPPC target was met across all categories in Month 4.

Summary

- At Month 4 NEL CCG has reported a break-even position on the core budgets, with a reported variance as a result of the outstanding NHSE/I retrospective top-up for HDP, claimable Covid and ERF.

- NHS contracts continue to be paid on a block basis. However, within the reported position there are emerging risks on the independent sector, CHC, prescribing and in-envelope Covid spend in primary care. These have all been offset by the use of non-recurrent measures.

- NEL CCG has received funding for transformation areas (see Appendix 2). Plans are being developed by transformation leads. At month 4 it is assumed that the funds are fully committed.

- Although the CCG is seeing run rate pressures, these are currently being mitigated by non recurrent resources. This will continue to be updated and further updates will be given to the Governing Body and Finance Committee.

Appendix 1 – BHR ICP

BHR ICP Financial Summary H1 2021-22	Month 4				Forecast			
	Budget £m	Actual £m	Variance £m	RAG	Budget £m	Actual £m	Variance £m	RAG
Acute	216.0	217.9	1.9		323.3	327.1	3.9	
Mental Health & LD	41.4	41.3	-0.0	3	62.0	62.0	-0.0	3
Community Health Services	34.9	35.0	0.0	3	52.4	52.4	0.0	3
Continuing Care	25.6	26.3	0.7		38.4	39.4	1.1	
Other Programme	14.1	14.3	0.2	2	21.2	21.5	0.3	2
Prescribing	35.0	35.0	0.0	3	52.5	52.5	0.0	3
Primary Care Services	5.4	5.5	0.2	2	8.0	8.7	0.7	2
Primary Care Co-Commissioning	40.7	40.7	0.0	3	61.0	61.0	0.0	3
Running Costs	5.0	5.0	0.0	3	7.5	7.5	0.0	3
Central Reserves & Efficiency Requirement	-1.5	-3.8	-2.3		-2.2	-7.5	-5.3	
TOTAL EXPENDITURE	**416.6**	**417.2**	**0.6**		**624.1**	**624.7**	**0.6**	
Revenue Resource Limit Total	**-416.6**	**-416.6**	0.0	3	**-624.1**	**-624.1**	0.0	3
In Year Surplus / Deficit	**0.0**	**0.6**	**0.6**		**0.0**	**0.6**	**0.6**	
HDP/Covid Costs to be reclaimed		0.0	0.0	3		0.0	0.0	3
ERF to be reclaimed		-2.2	-2.2	3		-2.2	-2.2	3
HDP Covid Funding Received		0.0	0.0	3		0.0	0.0	3
ERF Non NHS Funding Funding Received		1.6	1.6			1.6	1.6	
Adjusted Surplus / Deficit		**0.0**	**0.0**			**0.0**	**0.0**	3

Appendix 1 – CH ICP

C&H ICP Financial Summary H1 2021-22	Month 4				Forecast			
	Budget £m	Actual £m	Variance £m	RAG	Budget £m	Actual £m	Variance £m	RAG
Acute	79.6	79.7	0.1	3	119.5	119.7	0.2	2
Mental Health & LD	26.1	26.1	-0.0	3	39.2	39.2	-0.0	3
Community Health Services	18.1	18.1	-0.0	3	27.2	27.2	-0.0	3
Continuing Care	6.4	6.4	0.0	3	9.6	9.6	0.0	3
Other Programme	3.2	3.2	0.0	3	4.8	4.8	0.0	3
Prescribing	9.4	9.4	0.0	3	14.1	14.1	0.0	3
Primary Care Services	5.2	5.2	-0.0	3	7.9	7.9	0.0	3
Primary Care Co-Commissioning	17.9	17.9	0.0	3	26.9	26.9	0.0	3
Running Costs	1.8	1.8	-0.0	3	2.8	2.8	0.0	3
Central Reserves & Efficiency Requirement	-0.5	-0.6	-0.1		-0.8	-1.0	-0.2	
TOTAL EXPENDITURE	**167.4**	**167.4**	**0.0**	3	**251.1**	**251.1**	**0.0**	3
Revenue Resource Limit Total	**-167.4**	**-167.4**	0.0	3	**-251.1**	**-251.1**	0.0	3
In Year Surplus / Deficit	**0.0**	**0.0**	**0.0**	3	**0.0**	**0.0**	**0.0**	3
HDP/Covid Costs to be reclaimed		0.0	0.0	3		0.0	0.0	3
ERF to be reclaimed		0.0	0.0	3		0.0	0.0	3
HDP Covid Funding Received		0.0	0.0	3		0.0	0.0	3
ERF Non NHS Funding Funding Received		0.0	0.0	3		0.0	0.0	3
Adjusted Surplus / Deficit		**0.0**	**0.0**	3		**0.0**	**0.0**	3

Appendix 1 – TNW ICP

TNW ICP Financial Summary H1 2021-22	Month 4				Forecast			
	Budget £m	Actual £m	Variance £m	RAG	Budget £m	Actual £m	Variance £m	RAG
Acute	247.2	248.3	1.2		370.4	372.5	2.1	
Mental Health & LD	61.4	61.4	-0.0	3	92.1	92.1	-0.0	3
Community Health Services	41.0	41.5	0.5		61.6	62.2	0.7	
Continuing Care	21.6	21.5	-0.1	3	32.4	32.3	-0.1	3
Other Programme	27.6	27.8	0.3	2	41.3	41.7	0.4	
Prescribing	37.5	38.7	1.2		56.2	58.0	1.8	
Primary Care Services	13.0	14.1	1.1	2	19.6	21.5	2.0	2
Primary Care Co-Commissioning	53.9	53.9	0.0	3	80.8	80.8	0.0	3
Running Costs	6.0	6.0	0.0	3	9.0	9.0	0.0	3
Central Reserves & Efficiency Requirement	-7.1	-10.8	-3.7		-10.6	-17.1	-6.5	
TOTAL EXPENDITURE	**502.1**	**502.4**	**0.3**		**752.7**	**753.0**	**0.3**	
Revenue Resource Limit Total	**-502.1**	**-502.1**	0.0	3	**-752.7**	**-752.7**	0.0	3
In Year Surplus / Deficit	**0.0**	**0.3**	**0.3**		**0.0**	**0.3**	**0.3**	
HDP/Covid Costs to be reclaimed		0.0	0.0	3		0.0	0.0	3
ERF to be reclaimed		-1.1	-1.1	3		-1.1	-1.1	3
HDP Covid Funding Received		0.0	0.0	3		0.0	0.0	3
ERF Non NHS Funding Funding Received		0.8	0.8			0.8	0.8	
Adjusted Surplus / Deficit		**0.0**	**0.0**	3		**0.0**	**0.0**	3

Appendix 1 – ICS Funds

ICS Funds Financial Summary H1 2021-22	Month 4				Forecast			
	Budget £m	Actual £m	Variance £m	RAG	Budget £m	Actual £m	Variance £m	RAG
Acute	172.4	172.4	0.0	3	253.7	253.7	0.0	3
Mental Health & LD	0.3	0.3	0.0	3	0.5	0.5	-0.0	3
Community Health Services	21.5	25.1	3.5		29.2	37.1	7.9	
Continuing Care	0.0	0.1	0.1	3	0.0	0.2	0.2	2
Other Programme	0.6	0.8	0.2	2	1.0	1.3	0.3	2
Prescribing	0.0	0.0	0.0	3	0.0	0.0	0.0	3
Primary Care Services	4.8	5.0	0.2	2	7.2	7.5	0.4	2
Primary Care Co-Commissioning	0.0	0.0	0.0	3	0.0	0.0	0.0	3
Running Costs	0.0	0.0	0.0	3	0.0	0.0	0.0	3
Central Reserves & Efficiency Requirement	10.1	10.1	0.0	3	15.2	15.2	0.0	3
TOTAL EXPENDITURE	**209.8**	**213.9**	**4.1**		**306.7**	**315.5**	**8.8**	
Revenue Resource Limit Total	**-209.8**	**-209.8**	0.0	3	**-306.7**	**-306.7**	0.0	3
In Year Surplus / Deficit	**0.0**	**4.1**	**4.1**		**0.0**	**8.8**	**8.8**	
HDP/Covid Costs to be reclaimed		-10.3	-10.3	3		-15.0	-15.0	3
ERF to be reclaimed		0.0	0.0	3		0.0	0.0	3
HDP Covid Funding Received		6.2	6.2			6.2	6.2	
ERF Non NHS Funding Funding Received		0.0	0.0	3		0.0	0.0	3
Adjusted Surplus / Deficit		**0.0**	**0.0**	3		**0.0**	**0.0**	3

Appendix 2 – SDF and Spending Review

	TNW £m	BHR £m	C&H £m	NEL/ICS £m	Total £m
20/21 Brought Forward Items					
Mental Health - Adult	0.0	0.0	0.0	5.3	**5.3**
Mental Health - Children	0.0	0.0	0.0	0.5	**0.5**
Primary Care	0.0	0.0	0.0	5.1	**5.1**
Cancer	0.0	0.0	0.0	3.7	**3.7**
Maternity	0.0	0.0	0.0	1.0	**1.0**
Ageing Well	0.0	0.0	0.0	0.8	**0.8**
Diabetes	0.0	0.0	0.0	0.8	**0.8**
Urgent and Emergency Care	0.0	0.0	0.0	0.6	**0.6**
Personalised Care	0.0	0.0	0.0	0.5	**0.5**
LD & Autism	0.0	0.0	0.0	0.2	**0.2**
Other	0.0	0.0	0.0	0.1	**0.1**
Total 20/21	**0.0**	**0.0**	**0.0**	**18.7**	**18.7**
21/22 SDF and Spending Review - H1 Only					
Mental Health - Adult	4.8	3.3	1.7	0.0	**9.8**
Mental Health - Children	2.7	1.4	1.0	0.0	**5.0**
Primary Care	0.0	0.0	0.0	5.9	**5.9**
Ageing Well	1.9	2.3	0.6	0.1	**4.8**
Cancer	0.0	0.0	0.0	2.7	**2.7**
Maternity	0.0	0.0	0.0	0.5	**0.5**
Diabetes	0.0	0.0	0.0	0.3	**0.3**
Urgent and Emergency Care	0.0	0.0	0.0	0.7	**0.7**
Personalised Care	0.0	0.0	0.0	0.2	**0.2**
LD & Autism	0.0	0.0	0.0	0.5	**0.5**
Other	0.0	0.0	0.0	0.6	**0.6**
Total 21/22	**9.4**	**7.0**	**3.2**	**11.5**	**31.0**
Grand Total	**9.4**	**7.0**	**3.2**	**30.2**	**49.7**

North East London
Clinical Commissioning Group

Governing Body meeting
25 August 2021

Title of report	NEL ICS Performance Report (Half Year 1 Operating Plan)
Item number	5.3
Author	NEL CSU Performance Team
Presented by	Archna Mathur, Director of Performance and Assurance
Contact for further information	archnamathur@nhs.net
Executive summary	The report provides an overview of the latest published performance position for May 21. **Elective Recovery** • **PTL (Patient Tracking List):** Total patients on the PTL continues to rise with the latest May published position at 169,534 across NEL, 20k in excess of 2019/20 levels. This is driven by increases at Barts Health and BHRUT. • **>52ww:** 52ww volumes are continuing to decline overall with the May published position at 14,116 and all three acute Trusts achieving trajectory. There were 8074 > 52ww in May on the non-admitted PTL and 6042 on the admitted. Work continues to balance the risks associated with high clinical priority patients with those that have been waiting a long time. • **>78ww**: Patients waiting 78 weeks (year and a half) have increased with latest May published data reporting 3557 > 78 weeks driven by Barts Health. • **Total Outpatient:** May published data reports 89% of BAU (Business as usual 19/20 activity) exceeding the local trajectory of 85% and national trajectory of 75%. Virtual activity for May was at 22% below the 25% national ask. The main risk associated with this is the ability for Trusts to accurately record. • **Total Elective Spells:** May published data reports 77% of BAU exceeding trajectory of 75% with overall increasing trend of activity across NEL Trusts. • **Diagnostics**: NEL achieved compliance in for 4 out of 7 modalities against the H1 Op Plan in May-21 (CT, non-obstetric ultrasound, Gastroscopy, Echocardiogram). The outliers were MRI, Colonoscopy and Flexi Sigmoidoscopy**.** • **Cancer:** The over 62 day backlog in NEL was ahead of plan in May-21 with 687 patients waiting over 63 days compared to 743 trajectory and a reducing trend. Two week wait

	referrals for May were below plan at 99% BAU compared to 107% target however recent trends show this trend increasing with increasing awareness campaigns. The number of patients receiving their first definitive treatment within 31 days of diagnosis was at 99% just below the 100% of BAU target for May. **Mental Health** • **IAPT**: There is some risk to the NEL IAPT access number meeting trajectories due to volumes slipping off track in NELFT boroughs. In Redbridge during Q1 the time between referral and first appointments reportedly increased which has resulted in an increase of DNAs (did not attends) and dropping out. Mitigating actions include; increase in triage appointments, follow-up of DNAs, new staff starting in July and other staff completing training to bolster capacity. • **Dementia:** All boroughs except Tower Hamlets continue to underperform against the national standard in May 2021 driving the NEL CCG position to a non-compliant, albeit improved position. All boroughs are reporting an improving trend. **Urgent and Emergency Care** • Performance against the 4 hour standard continues to be a risk at Queen's hospital with daily performance c65%. Ambulance handover delays over 30mins also present a performance risk across Queen's, Newham and Whipps Cross hospitals. • Demand for ambulances is high with London Ambulance Service (LAS) in the highest level of escalation (4), and requiring support from the metropolitan police and London Fire Brigade to ensure sufficient resources.111 continues to perform well against ambulance and emergency department (ED) validation as mitigation. • Walk in attendances to ED are at autumn levels. The NHS 111 First communications campaign has been relaunched, also promoting NHS 111 on-line as a first port of call to reduce pressure on both NHS 111 call handling. Pressure on the 111 clinical assessment service and downstream primary care remains challenging. • Overall UEC activity within the North East London system is a risk with calls to NHS 111 exceeding 50% vs plan with the vast majority of calls requiring primary care as opposed to acute care and treatment therefore also increasing type 3 attendances to UTCs (Urgent Treatment Centres). • Meetings to facilitate system wide solutions and discuss alternative approaches e.g. increasing usage of community

	pharmacy are in place and winter planning is commencing nationally, regionally and within NEL ICS. • The NEL Emergency Care Hub has been reinstated twice a week to support mutual aid and support when needed.
Action required	Note
Where else has this paper been discussed?	NEL CCG Finance and Performance Committee
Next steps/ onward reporting	Continue to monitor and plan for H2 (Half Year 2) when national planning requirements become available
What does this mean for local people? **How does this drive change and reduce health inequalities?**	Understanding the performance and drivers of performance across the NEL system is an indicator of equity to quality services, access and delivery of good health outcomes for the population of north east London. Performance against national metrics and comparison across providers/systems in NEL indicates unwarranted variation and supports prioritisation of resources to support reduction in health inequality.
Conflicts of interest	Nil
Strategic fit	Relates to all objectives: • High quality services for patients • Put patient experience at the centre of our delivery • Ensure the best use of resources • Support our people to thrive • Develop our NEL integrated care system • Recover from the pandemic and be prepared for future waves
Impact on finance, performance and quality	As per content of the paper
Risks	• Elective recovery to BAU levels of activity whilst primary care referrals and non-elective attendances increase to meet the unmet need of the community through the pandemic. • Rising UEC and mental health demand • Covid third wave impact • Workforce sustainability, exhaustion, and fear of Covid third wave.
Equality impact	N/A