

**MINUTES OF THE MEETING IN PUBLIC OF
NHS CALDERDALE CCG GOVERNING BODY**

HELD ON

THURSDAY 23 JUNE 2PM, ROOM B, THE TOWN HALL, HALFAX

PRESENT

Dr Steven Cleasby (SC)	Chair
Robin Tuddenham (RT)	Accountable Officer (via MS Teams)
John Mallalieu (JM)	Vice CCG Chair, Lay Member (Finance and Performance)
Neil Smurthwaite (NS)	Chief Operating Officer/ Chief Finance Officer
Lesley Stokey (LS)	Director of Finance
Denise Cheng-Carter (DCC)	Lay Advisor
Dr Farrukh Javid (FJ)	GP Member
Caroline Taylor (CT)	GP Member
Dr Rob Atkinson (RA)	Secondary Care Specialist
Prof Rob McSherry (RM)	Registered Nurse
Penny Woodhead (PW)	Chief Quality and Nursing Officer

MINUTES

Brenda Powell (BP)	Corporate Governance Senior Officer (Minutes)
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26/22 APOLOGIES FOR ABSENCE

Apologies for absence were received from Iain Baines, Deborah Harkins and Professor Peter Roberts.

RT asked for a thank you to IB for his contributions to be noted and updated the Governing Body on the recruitment process for his replacement. A candidate has been identified and is currently going through the relevant checks.

ACTION: SC to formally write to IB to thank him for his work.

27/22 DECLARATIONS OF INTEREST

The Chair invited Governing Body (GB) members and those in attendance to declare any interests relevant to items on the agenda. There were no declarations of interest.

The Register of Interests can be obtained from the CCG's website:

<https://www.calderdaleccg.nhs.uk/key-documents/#registerofinterests>.

28/22 QUESTIONS FROM THE PUBLIC

There were no questions received.

29/22 ACCOUNTABLE OFFICERS REPORT

RT presented the report. It was noted this was the last meeting and thanks were given to the Governing Body for the support over the last 10 years and, in particular, this enables the move to the new organisation with a degree of assurance and confidence.

JM will be the new Chair of the Partnership Board, DCC is an independent member. Following a recruitment process Stephen Naylor has been confirmed as the additional independent member. The first formal meeting in public is on 21 July 2022. All processes in readiness for the transition are now complete and the central team will close off all areas prior to the 1 July.

The Audit Committee met on 20 June 2022 and approved the annual reports and financial statements. The formal assessment from Audit Yorkshire was rated

HIGH assurance, it was noted this was the highest possible and a fantastic achievement.

The Governing Body thanked NS, LS and Corinne McDonald for all the work they and the teams have undertaken.

The annual public sector duty report has been through the approval process, this work is important to the delivery of services and the report included some very strong themes around networks, in particular the Long-Term Conditions network. The CCG has undertaken a lot of work done on access to health including working with refugees and work is currently being developed on the duty of care for travellers.

The Governing Body **RECEIVED** the Accountable Officers Report and **NOTED** the contents for **ASSURANCE**

30/22 DIRECTOR OF FINANCE REPORT

LS presented the paper and highlighted the following key points:

Finance

- Version 2 of the financial plan went to May Governing Body, there has been further revisions and submissions.
- The requirement is for a full year plan for 2022-23, the CCG will break even in Quarter 1 with the balance going to the ICB.
- There are some cost pressures such as utilities.
- There are some risks such as activity growth above planned, in particular prescribing.
- The QIPP target has been kept the same; £4.25million and has been risk assessed.
- The team are looking at identifying further savings.

Performance

- Continued pressure in A&E against the 4-hour target, activity levels above pre-Covid.

- Emergency Care Board is working on a number of initiatives to deliver an urgent community response model and the development of a new virtual ward.
- A joint bid with Kirklees and Wakefield has been submitted for additional money for the virtual ward, this will potentially help with hospital discharge. The new model will be quite technology heavy.
- Elective Recovery is included but an update has been provided from the team. There are 2 patients over 52 weeks, these both have dates so are on the correct trajectory.
- There have been high numbers of patients across all providers, this is impacting on staff pressures.
- Patient numbers are reduced due to the Covid safe requirements.

It was noted that the CCG had been doing well and the increase in patient numbers and staff pressures must be demoralising with the ceaseless demand beginning to wear people down.

RS has undertaken a piece of work in care homes and has been looking at the challenge of staff health and wellbeing and what systems are in place to support staff.

The Governing Body **RECEIVED** the Director of Finance Report and **NOTED** the contents for **APPROVAL** with a deficit of £1.2million.

31/22 COMPLAINTS ANNUAL REPORT

PW presented the report. There has been a small increase in the number of complaints, concerns and enquires; this is due to issues with face-to-face appointments.

The CCG continue to achieve all deadlines, it was noted that this is due to a good working relationship between the team and the Chief Operating Officer.

As part of the learning the team have worked with patients to signpost the process for their concerns.

The report detailed 3 complaints that have progressed to the ombudsman, PW confirmed there are not any concerns with how these have been handled.

The Governing Body **RECEIVED** the Complaints Annual Report and **NOTED** the contents for **ASSURANCE**.

32/22 PUBLIC AND PATIENT ANNUAL STATEMENT OF INVOLVEMENT

PW presented the report which catalogued how Calderdale as a system involve members of the public.

The impact of voice, influence and lived experience has been invaluable along with the range of activity including looking at healthcare services for refugees and members of the population.

The approach for involvement will be discussed in the Partnership Board development meeting, Calderdale have a fantastic legacy for this and hopefully this will continue.

DECISION: The Governing Body **RECEIVED** the Public and Patient Annual Statement of Involvement, **NOTED** the contents and **APPROVED** this as an accurate record of engagement during 2021-22.

33/22 JOINT SAFEGUARDING ADULTS AND CHILDREN ANNUAL REPORT

PW present the report which included a slide deck and an accessible version of these.

The team have engaged fully with safeguarding partnerships and boards over the last year and the report details this.

The team is a shared team across Calderdale and Kirklees and has a good level of expertise. Work over 2021-22 includes the following key areas:

- Burnt Bridges; this work has been taken forward.
- Trauma in practice.

The Health and Care Partnership has issued a new set of tools for practitioners 'Every Sleep Matters', whilst this sits under the ICB heading the work was carried out in Calderdale.

DECISION: The Governing Body **RECEIVED** the Joint Safeguarding Adults and Children Annual Report, **NOTED** the contents and **CONFIRMED** it is assured that the CCG is fulfilling its responsibilities as a statutory partner in safeguarding work and activity.

34/22 CLOSING STATEMENT

The Governing Body thanked all staff, partners and all those in the system. Good working relationships have been developed over the last 10 years and there have been lots of collaborative working including:

- Planned Elective Care
- Patient Pathways
- Urgent Treatment Centres

Everyone should feel proud of the work the CCG has done, it is in a good position to transition to the ICB and, as a small organisation, the CCG does punch above its weight.

Congratulations and thank you to everyone.

The Governing Body Meeting – Action Sheet

Report Title	Minute No.	Action required	Lead	Current Status	Comments / Completion Date
Patient Story	25/21	Patient stories for Governing Body	PW/FJ	Closed	No further meetings, Action Closed.
Workforce Report	12/22	Questions on Module 1 training to be reviewed.	JMG/TH	Closed	Mandatory training to be reviewed by the ICB. Action closed.