

Title of Meeting:	NY CCG Governing Body	Agenda Item: 6.1	
Date of Meeting:	21 December 2021		
Paper Title:	NYCCG Financial Update and Approvals Required	Session (Tick)	
		Public	X
		Private	
		Development Session	
Responsible Governing Body Member Lead Jane Hawkard Chief Finance Officer		Report Author and Job Title Jane Hawkard Chief Finance Officer	
Purpose – this paper is for:	Decision	Discussion	Assurance
	X		X
Information			
X			
<p>Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: Yes. A version of this paper has been received by the Executive Directors Group (EDG)</p>			
<p>Executive Summary</p> <p>This report is in a number of sections as follows:</p>			
PART 1	Final Performance against the 1 st half year plan (H1) for information and assurance		
PART 2	Financial plan and budgets for the 2 nd half of the year based on the H2 allocation for North Yorkshire and York (NY&Y) System – Budgets for approval		
PART 3	Budgetary Decisions relating to H2 for approval		
PART 4	Update on Non-recurrent and transformation funding received for information and assurance		
PART 5	An update on financial transition into the Integrated Care Board (ICB) for information and assurance		
PART 6	Financial Planning for 2022/23 for information		
PART 7	Summary of virtual decisions made by the Finance, Performance, Contracting and Commissioning Committee (FPCCC) for information.		
<p>Recommendations</p> <p>The Governing Body is to:</p>			
PART 1	Receive the final performance information against the 1 st half year plan (H1) for assurance.		
PART 2	Receive the financial plan and budgets for the 2 nd half of the year based on the H2 allocation for North Yorkshire and York (NY&Y) System for approval.		
PART 3	GB are asked to approve the budgetary decisions relating to H2 in terms of use of underspends.		
PART 4	Receive an update on non-recurrent and transformation funding received for information and assurance.		
PART 5	Receive an update on financial transition into the Integrated Care Board (ICB) for information and assurance.		
PART 6	Receive a brief update on financial planning for 2022/23 for information.		
PART 7	Receive virtual decisions made by FPCCC for information.		

Monitoring

Where required through internal and external audit work, the Executive Directors Group and the Finance Committee FPCCC. Regular reports are received by the Governing Body.

CCG Strategic Objectives Supported by this Paper

CCG Strategic Objectives		X
1	Strategic Commissioning: <ul style="list-style-type: none"> To take the lead in planning and commissioning care for the population of North Yorkshire by providing a whole system approach and to support the development of general practice. To make the best use of resources by bringing together other NHS organisations, local authorities and the third sector to work in partnership on improving health and care. To develop alliances of NHS providers that work together to deliver care through collaboration rather than competition. 	
2	Acute Commissioning: We will ensure access to high quality hospital-based care when needed.	
3	Engagement with Patients and Stakeholders: We will build strong and effective relationships with all our communities and partners.	
4	Financial Sustainability: We will work with partners to transform models of care to deliver affordable, quality and sustainable services.	X
5	Integrated / Community Care: With our partners and people living in North Yorkshire we will enable healthy communities through integrated models of care.	X
6	Vulnerable People: <ul style="list-style-type: none"> We will support everyone to thrive [in the community]. We will promote the safety and welfare of vulnerable individuals. 	
7	Well-Governed and Adaptable Organisation: In supporting our objectives we will be a well-governed and transparent organisation that promotes a supportive learning environment.	X

CCG Values underpinned in this paper

CCG Values		X
1	Collaboration	X
2	Compassion	
3	Empowerment	
4	Inclusivity	
5	Quality	X
6	Respect	

Does this paper provide evidence of assurance against the Governing Body Assurance Framework?

YES		NO	X
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Any statutory / regulatory / legal / NHS Constitution implications	The CCG has a financial statutory duty to meet agreed targets. Covid Discharge and Expenditure Guidance Section 75 Agreement with NYCC and CCG requires GB approval.
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.
Communication / Public & Patient Engagement	Not applicable.
Financial / resource implications	Financial and resource implications are detailed within the paper.
Outcome of Impact Assessments completed	Not applicable.

Jane Hawcard, Chief Finance Officer

NY CCG Financial Update and Approvals Required

Part 1: 1st Half of the Year (H1) Financial Performance

The table below shows the 2021/22 end of the half year position (H1) April to September 2021.

The CCG reported a breakeven position on the assumption that Covid 19 related Hospital Discharge Programme (HDP) costs (£2.9m) are fully reimbursed.

The CCG was asked by NHSE/I to identify the cost of the 3% Pay Award on any Non-NHS contracts, this has been estimated at £62k for H1, it has not been confirmed if additional central funding will be made available, but the cost is included in the Table 1.

Table 1 – YTD Position	YTD - Months 1 to 6			Covid19	Pay
	Bud £000s	Actual £000s	Var £000s	Costs £000s	Award £000s
Acute Services	225,487	224,685	-802		
Mental Health Services	36,487	37,050	563		
Community Health Services	27,844	27,767	-77		62
Continuing Care Services	27,891	29,324	1,433	289	
Primary Care Services	6,540	5,886	-654		
Prescribing	39,005	39,804	799		
Primary Care Co-Commissioning	34,011	35,466	1,455		
Other Programme Services	18,276	18,558	282	2,648	
Total Commissioning Services	415,542	418,540	2,998	2,937	62
Running Costs (ISFE)	3,432	3,432	-0		
CCG Net Expenditure reported at M6	418,974	421,972	2,998		
Resource allocation at M6	418,974				
Anticipated Allocations for ERF & HDP	2,999		-2,999		
Current Reported M6 Position (Under)/Over spend	421,972	421,972	0		

Within this position the CCG is still holding a contingency of £1.53m, and the COVID reserve £0.79m. The CCG received a Co-Commissioning allocation for Long COVID in Month 5 (£217k), £143k of this funding has been phased into H2 in line with planned expenditure and is excluded from the above position.

The variations in budget areas are due to the following main issues:

Acute Position: The £802k YTD underspend is primarily due to the significant underspend on Non-Contract Activity (NCAs) £605k.

Mental Health & TCP: The main driver for the increase in costs is patient numbers out of area, there has been a net increase of 18 patients since the 1 April 2021. NECS have been

commissioned to review this cohort of patients, there is a risk that costs could increase if packages are reviewed.

CHC: The YTD position has worsened in M6 to a YTD overspend of £1.4m. This cost will require the release of the contingency to off-set. Overspending is predominantly due to increasing numbers of patients discharged, increased costs in the care sector and increasing needs of the elderly population.

Primary Care and Co-Commissioning (-£654k + £1,455k = net of +801k)

The recurrent allocation shortfall in Co-commissioning is currently being partially mitigated by non-recurrent actions including prior year benefits (£617k), and the national rates review of primary care premises (£217k). An assessment of slippage against the PCNs 2021/22 recruitment plans for additional roles is to be made in H2.

Prescribing: As at September 2021 the CCG has prescribing data for April to July. Until the NHSBSA national spend profile is available the CCG will continue to forecast spend using the 20/21 actual spend as this is the worst-case scenario.

Part 2: H2 Plan and Agreement of Budgets

The schedule below shows the makeup of the NY CCGs allocation for H2 (Table 2).

HCV - North Yorkshire	42D	
	NHS North Yorkshire CCG	
Values for 2021/22 H2, £000s		Rationale for distribution proposal
System envelope funding		
21/22 H1 envelope funding		
CCG allocations - programme (includes funding for acute IS, MHIS and adjustments to model breakeven)	321,807	No proposed change to allocation envelope received
CCG allocations - running costs	3,932	No proposed change to allocation envelope received
CCG allocations - delegated primary care	34,290	No proposed change to allocation envelope received
Growth funding	611	Split across 4 partners
H1 System top-up efficiency reflecting 2019/20 CT shortfall	(424)	As per previous H1 split, equal split across partners
Total H1 envelope funding	360,215	
Additional funding for 21/22 H2		
Envelope growth - CCG programme allocations (includes H2 pay uplift)	4,285	As per system envelope distribution
Funding for H1 backpay - CCG programme allocations (including 2->3% backpay for MHIS)	4,550	As per system envelope distribution
Funding for H1 backpay - System top-up (including contribution to H1 backpay for provider other income distributed to lead CCG)	426	As per system envelope distribution
Additional funding for 21/22 H2	9,261	
System envelope including additional funding	369,476	
Risk Reserve distribution		
Risk reserve distribution	698	To allow the 4 main partners to breakeven
H2 Funding Envelope	370,174	

The envelope received for the first half of the financial year was £360,431k in comparison. The increase in H2 is mainly due to the funding of the pay award offset by a reduction in Covid funding not required by the CCG.

In addition to the £370m outline in Table 2 the CCG has also received Top Up, Growth, COVID, Capacity and SDF/SR Funding totalling £49m.

The envelope requires an efficiency/savings requirement from the CCG £1.4m. Plans have been agreed as follows to achieve this:

	Recurrent £'000	Non- recurrent £'000	Total £'000
CHC	260	215	475
Prescribing	404	320	724
Running Costs		200	200
Total			1,399

The following financial risks will require management within the overall financial position:

1. Income is expected to be received through the Elective Recovery Fund (ERF) to fund Independent Sector activity achieved above the 2019/20 baseline. This activity is estimated to cost £2.4m. The income is predicated on system performance rather than individual CCG performance. A risk share agreement is in place across the ICS to mitigate shortfalls however this remains as risk.
2. The non-delivery of the savings plan. A robust process is in place to monitor savings and efficiency projects and the savings plan for H2 is modest in comparison to previous years as NHS Provider savings have not been included due to the continued Covid financial regime.
3. Other cost pressures estimated at circa £2m, specifically with regards to CHC and prescribing. Some of these cost pressures have been mitigated by the risk share distribution across the NY&Y partners (£698k to NY CCG). Cost pressures are expected to be manageable through slippage in transformation projects in H2.

The CCG's H2 allocation is £419,357k, this is £237k less than planned due to the following allocations being reclassified as pending by NHSE/I:

- Long Covid £128k
- GPIT £17k
- Diabetes £92k

H2 Programme budgets have been set in line with 2021/22 H1 budgets and H2 forecast:

North Yorkshire CCG			
2021/22 Budget Holder Summary			
Accountable Officer			
Amanda Bloor			
	2021/22 H2 Budget		2021/22 H2 Budget
Programme Budgets	£000	Running Costs Budget	£000
		CCG Executive Team	550
		GP and lay Members	87
		Non Pay costs	8
Total Programme Budget	0	Total Running Costs Budget	645
<i>QIPP Assumed in Budgets</i>	<i>0</i>		
<i>Confirmed SDF included in Budgets</i>	<i>0</i>		

Chief Finance Officer Jane Hawkard			
	2021/22 H2 Budget		2021/22 H2 Budget
Programme Budgets	£000	Running Costs Budget	£000
Contract & Other Reserves	33	Finance & Contracting Pay Costs	629
H2 Capacity Funding	2,951	Internal & External Audit	61
NHSPS - Market Rates	149	NECS Support Services	437
		NECS Customer Dividend	0
		QIPP - unidentified	89
		Non Pay costs	311
Total Programme Budget	3,133	Total Running Costs Budget	1,528
<i>QIPP Assumed in Budgets</i>	<i>0</i>		<i>200</i>
<i>Confirmed SDF included in Budgets</i>	<i>0</i>		

Director of Corporate Services, Governance & Performance Julie Warren			
	2021/22 H2 Budget		2021/22 H2 Budget
Programme Budgets	£000	Running Costs Budget	£000
CHC & FNC packages of care	28,968	Human Resources Pay Costs	63
Continuing Health Care Assessment Team	772	Corporate & Business Office Pay Costs	141
Specialist Brain Injury Rehab	761	Communications & Engagement Pay Costs	149
Clinical Leads/GP costs	415	Performance/EPRR Pay Costs	190
		Non Pay Costs	110
Total Programme Budget	30,917	Total Running Costs Budget	653
<i>QIPP Assumed in Budgets</i>	<i>475</i>		
<i>Confirmed SDF included in Budgets</i>	<i>0</i>		

Director of Strategy & Integration Wendy Balmain			
	2021/22 H2 Budget		2021/22 H2 Budget
Programme Budgets	£000	Running Costs Budget	£000
Harrogate & District NHS FT - Community Services	8,963	Primary Care & Integration Pay Costs	331
York Teaching Hospital NHS FT - Community Services	813	Business Change & Planning Pay Costs	111
Humber Teaching NHS FT - Community Services	9,813	Non Pay Costs	42
South Tees NHS FT - Community Services	5,148		
Other Community Services (SUSD/Immedicare)	246		
Community Equipment	1,086		
Wheelchairs	652		
Continence Products	164		
Voluntary Sector Services	99		
Primary Care Delegated Budget	35,540		
Primary Care - Local Community Based Services (LES)	3,352		
GPIT Costs	821		
Primary Care - £1.50 per head	325		
Social Care/BCF - NYCC	5,582		
NYCC - Section 256/Living Well Coordinator	235		
Total Programme Budget	72,838	Total Running Costs Budget	483
<i>QIPP Assumed in Budgets</i>	<i>0</i>		
<i>Confirmed SDF included in Budgets</i>	<i>435</i>		

Director of Acute Commissioning Simon Cox			
	2021/22 H2 Budget		2021/22 H2 Budget
Programme Budgets	£000	Running Costs Budget	£000
Harrogate & District NHS FT	69,971	Acute Commissioning Pay Costs	182
York Teaching Hospital NHS FT	83,643	Non Pay costs	8
South Tees NHS FT	40,433		
Leeds Teaching Hospitals NHS Trust	4,853		
Hull University Teaching Hospitals NHS Trust	1,842		
North Tees & Hartlepool NHS FT	0		
Newcastle Upon Tyne Hospitals NHS FT	662		
County Durham & Darlington NHS FT	4,482		
Other Independent Sector	2,750		
Ramsey Health Care - Clifton Park	446		
Ramsey Health Care - Tees Valley Treatment Centre	566		
Nuffield Health - Tees	213		
Nuffield Health - York	181		
Spire Healthcare	98		
BMI - Woodlands	621		
BMI - Duchy	529		
Harrogate & District NHS FT (out of contract services)	391		
Other Acute Services	192		
Yorkshire Ambulance Service (Blue Light)	13,125		
Yorkshire Ambulance Service PTS	1,441		
NHS 111 - YAS & Wakefield CCG	1,249		
Other Patient Transport Services	167		
Non Contracted Activity	343		
Total Programme Budget	228,198	Total Running Costs Budget	191
<i>QIPP Assumed in Budgets</i>	<i>0</i>		
<i>Confirmed SDF included in Budgets</i>	<i>36</i>		

Director of Nursing, Quality & Clinical Governance Sue Peckitt			
	2021/22 H2 Budget		2021/22 H2 Budget
Programme Budgets	£000	Running Costs Budget	£000
Tees, Esk & Wear Valley NHS FT	25,286	Mental Health Pay Costs	95
Tees, Esk & Wear Valley NHS FT - Forensic Low Secure	274	Childrens & Young People Team Pay Costs	71
Transforming Care Programme	1,812	Quality & Nursing Pay costs (75% of Team Costs in Programme moved to Running Costs in H2)	261
MH Non Contract Activity (incl Section 117)	4,880	Non Pay Costs	4
Other MH Contracts	4,112		
The Retreat - Children's Autism	300		
Hospice Contracts & Services	1,643		
St Michael's/Herriot Hospice (End of Life Care)	468		
Primary Care Prescribing	40,877		
Medicines Management	277		
Safeguarding (Adults & Children)	234		
Clinical Quality & Assurance	174		
Total Programme Budget	80,339	Total Running Costs Budget	432
<i>QIPP Assumed in Budgets</i>	<i>724</i>		
<i>Confirmed SDF included in Budgets</i>	<i>2,468</i>		
TOTAL Programme	415,425	TOTAL Running Costs	3,932
Total Programme & Running Costs			419,357

Since the opening budgets were set the CCG has received in year allocations in months 7 and 8 totalling £5.7m:

Month 7 and 8 Allocations:

Q2 Hospital Discharge Programme	2,922
Co Commissioning IIF part 2	755
H1 Ageing Well	1,214
Winter pressures contact (NY&Y CCGs	210
Primary Care Workforce & Fellowship Funding	230
Community Diagnostic Hub Tfr Harrogate FT	198
Other	146
Total M7 & M8 Allocations	5,675

Part 3: Budgetary Decisions relating to H2

There are a number of underspending areas that have been identified within the month 8 management accounts together with a number of pressure areas which could be offset as follows:

Description of costs and underspending budgets	£'000
Final agreement of historic issues and outstanding invoices with Harrogate & District Hospitals has released	-2,508
Remaining Covid contingency not required	-788
Newcastle Hospitals refund	-143
S Tees Hospital Trust Quality improvement costs – a schedule of contract variations was received earlier in the year and has been in discussion between the finance teams and DOFs. The Quality of the Trust is improving and as a principle the CCG would wish to support the continued quality improvements within the Trust. This cost is a proportion of the costs split between commissioners to the overall contract. <ul style="list-style-type: none"> • Critical care initial investment £129k • Additional CT Scanner staffing £123k • Additional ward/beds £500k • Ophthalmology staffing safety investment £1,060k • Vascular/T&O/Neuro staffing rates £167k 	Circa £2m to cover quality improvements in critical care CQC initial investment ask, additional staffing for CR+T Scanner, additional ward/beds, ophthalmology staffing safety investment, doctor rotas
2 nd year funding in partnership with NYCC to fund increased healthcare and re-ablement services through the BCF transformation fund and expand and transform the North Yorkshire approach regarding a 'home first' approach. This is again in response to the increasing numbers of patients requiring faster discharge from hospital through Q3 & Q4. Last year funding of £300k per month for December to March was agreed to support this transformation work and speed up discharge in relation to the NHSE letter on COVID-19 Hospital discharge and recovery services . The investment supported the delivery against improvement targets set out in the letter to reduce the number of patients for each acute hospital site for 14+ days and 21+ days length of stay and the percentage of people not meeting the 'reasons to reside criteria'. As pressure continues to build in hospitals this year we are proposing that we contribute over 5 months rather than 4 (as we did last year) at £300k per month.	£1.5m

This initiative will be managed and monitored through the BCF section 75 contract arrangement and through the NY&Y System Delivery Exec and Silver Command structure.	
	Net neutral position

Decision Required:

The Governing Body is asked to approve the funding flows within the budget set out in the table above.

Part 4: Non-Recurrent Funding and System Development Funding (SDF) Update

The following non-recurrent funds have been received or notified to NY CCG for use as per the guidance issued with the funding.

The following non-recurrent funds have been received or notified to NY CCG for use as per the guidance issued with the funding.

i. Capacity funding

The North Yorkshire and York system received £2.9m of Capacity Funding in the (second half of the year (H2) budget allocation. The system agreed to work with A&E Delivery Board partners to prioritise spending. The criteria for the use of the funding was focussed on improving the urgent care system to enable elective activity to be maximised. The table below gives a summary of the uses of the funding.

A&E Delivery Board Partners	Value £000	Actions	Organisations involved
NY&Y Wide	£434	NHS 111 and local clinical advisory service expansion (CAS); Ambulance Capacity; Home from Hospital support	YAS/ Vocare/ VCS
York-Scarborough-Whitby	£1,343	Enhanced Emergency Dept (ED) streaming at Scarborough; Urgent Treatment Centre capacity at York Hospital (UTC) Enhanced staffing to promote hospital flow Step-down community capacity in York	YSFT, NYCC, CYC, Vocare, Nimbus
Harrogate & District	£553	Step-down community capacity Winter inpatient ward Enhanced GP streaming in ED	HDFT, NYCC, HARA
Hambleton & Richmondshire	£50	Additional patient transport Step-down bed capacity <i>S Tees Trust also received funding from the North East & Cumbria ICS</i>	South Tees FT, NYCC Cipher
Contingency	£227		
TOTAL	£2,946		

ii. Primary Care Winter Access Funding

Projects requiring funding circa £1.376 million have been agreed for North Yorkshire CCG. The projects seek to increase appointments the total number and the number of face to face

appointments available in primary care by circa 11,000 per month. More detailed plans are being worked up with PCNs and the procurement of remote capacity is underway. A process of cost validation has been set up by NHSE and requires cost submission through a primary care portal.

£'000	PRIMARY CARE INITIATIVES TO IMPROVE ACCESS: NY&Y	No. Appts Per month
£508	<p>Remote Capacity at scale available across NY Plan would be to support additional on the day urgent care capacity both face to face and remote GP capacity. Remote capacity would enable practice staff to increase face to face capacity where appropriate.</p>	4500
£191 Harrogate £191 HRW	<p>Working across all PCNs in N Yorkshire to increase capacity through mutual aid and PC hub solutions</p> <ul style="list-style-type: none"> • Capacity could focus on RSV/respiratory illness through the winter period on a hub model • Expand Extended Access capacity and move some capacity into in-hours • Extra primary care sessions from existing staff • Return of staff from vaccine centres to increase staffing back in practices 	1884 & 1884
£406	<p>E Coast Hub development with Scarborough practices</p> <ul style="list-style-type: none"> • Access to remote capacity • Exploring a single home visiting service <ul style="list-style-type: none"> - Capacity could focus on RSV/respiratory illness through the winter period on a hub model. - Expanding Extended Access - Non-clinical; workspace accommodation for ARRS staff would release clinical space for face-to-face consultations for patients. - Further sessions possibly from Nimbus to be explored 	3030

iii. Targeted Investment Funding – Capital

The following capital schemes have been agreed through regional and national processes to improve elective capacity in North Yorkshire and York

- £1m towards increasing surgical capacity at Wharfedale Hospital for use by Harrogate FT
- £4.9m to develop an elective surgical hub at Clifton Park in York to increase elective surgical capacity for York FT
- Circa £7m across the Humber Coast and Vale (HCV) area to enable digital improvements

These schemes should provide ring fenced surgical capacity for elective care on 'cold' sites which are not vulnerable to displacement of activity in favour of urgent care.

iv. Mental Health Winter Funding

£0.5m has been made available across NY&Y to improve sustainability of service provision across the winter period. The NY Mental Health Partnership Board agreed a range of initiatives for the £0.3m allocation to NY specifically.

v. Ageing Well Funding

£2.4m received to implement a community two hour crisis response service in the community across North Yorkshire. Transformation funding is anticipated across the next 3 years to implement this service. There are some services available in some parts of North

Yorkshire but this is not consistent. A comprehensive process of benchmarking process of services gaps was undertaken buy the community services commissioning team and the table below sets out the agreed funding envelopes agreed to mobilise the service form this winter. Non recurrent funding is available to expand further dependent upon workforce.

Summary financial requests - Ageing Well	Full Yr Effect £'000	Part Yr Effect £'000
Funding Available	2,428	2,428
Crisis response		
HARA	876	364
Humber FT	500	271
STHFT	500	270
Project Management		50
Anticipatory Care		
Immediacare		96
Local CAS 111 contribution		50
Station View - GP cover		1
Other Non recurrent initiatives		
Humber support to enable frailty service to commence in Scarborough		270
Flexibility to increase non-recurrent capacity to improve response		1,056

Part 5: An update on financial transition into the Integrated Care Board (ICB)

Attached at Appendix 1 is a schematic of the HCV project board which has been set up to oversee transition of the financial ledgers of the 6 CCGs in HCV into a single ledger from the 1st of April. The CFO of NY CCG is a member of the Board on behalf of the North Yorkshire and York (NYY) Strategic Partnership and the NY CCG Deputy Director for Financial Services and NY CCG Deputy Director of Management Accounts are both leading workstreams across HCV.

A lead from Shared Business Services (SBS) who run the ledger for the CCGs has been appointed and HCV has also appointed a dedicated project manager to oversee the whole project.

As part of transition planning contracts which have a review/end date of the 31 March 2021 are being reviewed and recommended for a 1 year extension where appropriate so that further alignment work can take place once the ICS is established from April 2022.

Part 6: Financial Planning for 2022/23

Financial planning guidance for 2022/23 is expected before Christmas. It is expected that planning will be for one year in terms of revenue allocations and three years in terms of capital allocations.

The plan will be at ICB level.

Part 7: Virtual Decisions made by FPCCC

The following decision were made virtually by the Finance, Performance Contracting and Commissioning Committee, since the Governing Body met on 7 October 2021.

Date Approved	Quorate	Decision Outline	Decision Made	Any COI
22/10/21	Yes	<p>A NICE Technical appraisal has been received from October's Area Prescribing Committee (APC) which exceeds the financial threshold that it can approve and therefore requires escalation for consideration and potential approval.</p> <p>There was a deadline for the CCG to approve the addition of this drug to formulary by 4 November 2021. The Chair and Executive Lead therefore agreed that this should be approved virtually, by email, from a quorate FPCCC.</p> <p>The recommendation was on (TA733 Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia).</p>	Approved	NO
12/11/21	Yes	<p>A Single Tender Waiver was received for consideration and agreement by FPCCC in relation to External Audit Services.</p> <p>The CCG has a strict procedure for both approving single tender waivers (by the CFO), and for ensuring openness and transparency within the CCG by taking them to FPCCC for noting and to Audit Committee for assurance of adhering to this procedure.</p> <p>The existing contract (for all 6 HCV CCGs) expires in March 2022. A 12-month extension will allow sufficient time for the NHS organisational reforms to become established, exploration of the future audit requirements of the new organisation and potential re-procurement options should it be determined as the appropriate course of action.</p> <p>The single tender waiver was approved by the budget holder and Chief Finance Officer, Jane Hawcard and sent for agreement of FPCCC members, via email.</p>	Agreed	NO

**Jane Hawcard, Chief Finance Officer
NHS North Yorkshire CCG**

QOQ – NHS Humber & North Yorkshire ICB

NHS SBS Finance & Accounting Merger Project

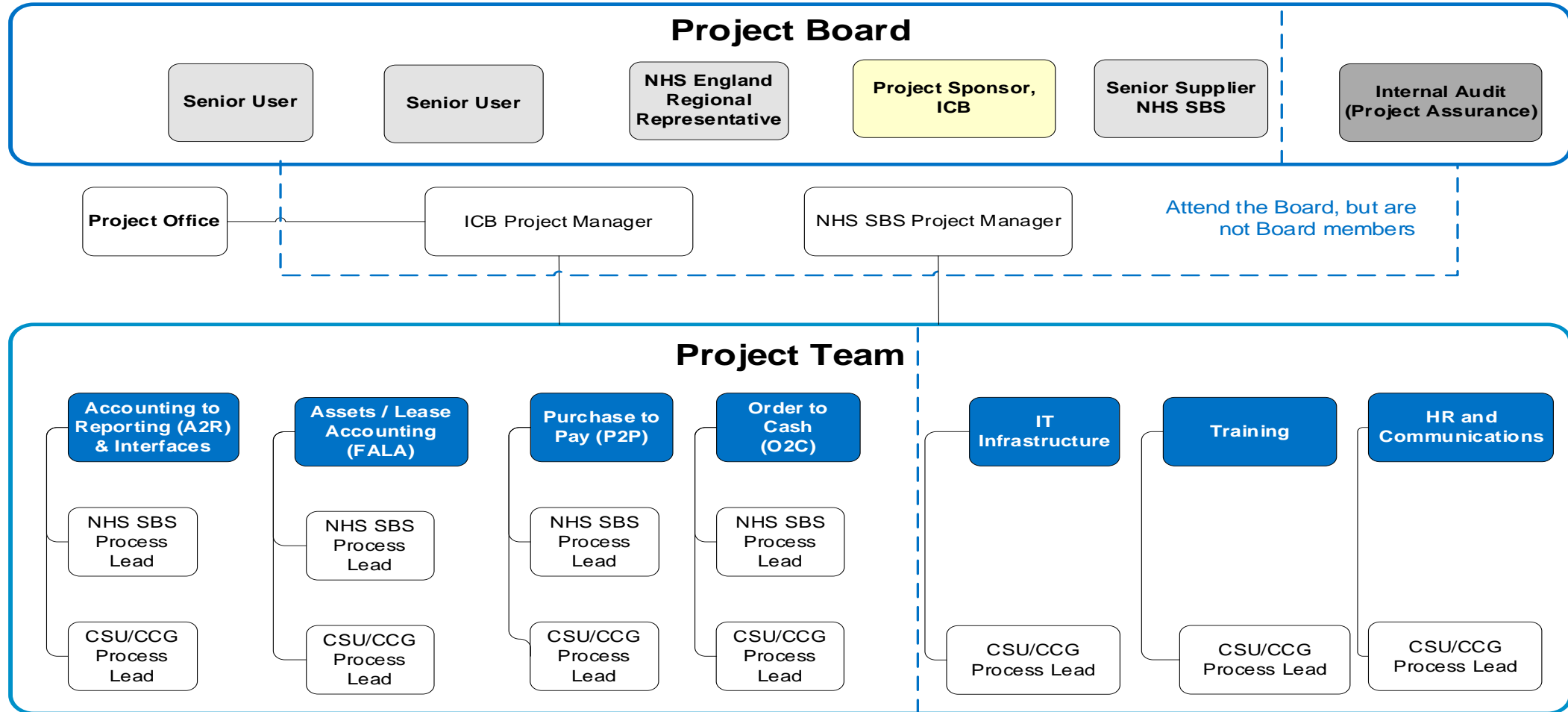
Project Board – 30th November 2021

Project Board

“The objective of the project is to merge the ledgers of NHS North Lincolnshire CCG, NHS Hull CCG, NHS North East Lincolnshire CCG, NHS East Riding of Yorkshire CCG, NHS Vale of York CCG, and NHS North Yorkshire CCG creating a new QOQ ledger, to go live on 1st April 2022”.

The Project Board is accountable for the quality of the project.

Project Structure



Project Governance

Project Board

Remit – Monitor progress against stage plans, take decisions, identify and act upon risks & issues

Members – Project Sponsor, ICB Project Manager, ICB Senior User(s), Internal Audit, NHS SBS Senior Supplier, NHS SBS Project Manager, NHSEI Regional Team Assurance Lead.

Frequency – There will be monthly Board meetings throughout the cycle of the project – PID approval, Progress Updates, Go / No Go Assessment, Post go-live Progress Update and Project Close

Outputs – Project status, ICB communications, decisions taken /needed

Implementation Project Team

Remit – Review project progress including risks & issues, allocate resources and agree actions for next period

Members – ICB (CCG) Team (Project Manager, Process Leads, Comms Lead, Payroll Lead); NHS SBS Team (Project Manager, Process Leads)

Frequency – Weekly

Outputs – Checkpoint report , Risk / Issue Logs