

## NORTH YORKSHIRE CLINICAL COMMISSIONING GROUP

### GOVERNING BODY MEETING

Thursday, 27 August 2020 at 13:00 – 15:00

Virtual Meeting – Microsoft Teams

Present	
Dr Charles Parker	Clinical Chair (Chair)
Amanda Bloor	Accountable Officer
Jane Hawcard	Chief Finance Officer
Julie Warren	Director of Corporate Services, Governance & Performance
Wendy Balmain	Director of Strategy and Integration
Simon Cox	Director of Acute Commissioning
Sue Peckitt	Chief Nurse
Dr Ian Woods	Secondary Care Doctor
Kate Kennady	Lay Member for Patient and Public Engagement
Sheenagh Powell	Lay Member for Financial Performance (Deputy Chair)
Dr Mark Hodgson	GP Governing Body Member
Dr Bruce Willoughby	GP Governing Body Member

Apologies	
Dr Alistair Ingram	Vice Clinical Chair
Ken Readshaw	Lay Member for Audit and Governance
Dr Chris Ives	GP Governing Body Member
Dr Peter Billingsley	GP Governing Body Member

In Attendance	
Sasha Sencier	Senior Governance Manager and Board Secretary to the Governing Body
Tanja Entwistle	Governance Support Officer

#### 1.0 Apologies for Absence and Quorum

Apologies were received from: Dr Alistair Ingram, Vice Clinical Chair; Ken Readshaw, Lay Member for Audit and Governance, Dr Chris Ives, GP Governing Body Member and Dr Peter Billingsley, GP Governing Body Member.

**The North Yorkshire CCG Governing Body:** Noted attendance and apologies and that the NY CCG Governing Body meeting is quorate.

#### 2.0 Declarations of Interest in Relation to the Business of the Meeting

The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the Governing Body.

No Governing Body members declared any interest in relation to the business of the meeting.

**The North Yorkshire CCG Governing Body:** Noted no declarations of interest made in relation to the business of the meeting.

### **3.0 Governing Body Minutes and Matters Arising**

#### **3.1 Governing Body Minutes – 25 June 2020**

The Chair presented the Governing Body minutes from the meeting on 25 June 2020.

Governing Body members noted no changes and the minutes were approved as a true and accurate record of the meeting.

**The North Yorkshire CCG Governing Body:** Approved the minutes of the meeting on 25 June 2020 as a true and accurate record.

#### **3.2 Matters Arising from the Meeting – 25 June 2020**

The Director of Corporate Services, Governance and Performance reported that Healthwatch North Yorkshire had appointed a new Chief Executive, Ashley Green. The CCG has their next bi-monthly meeting with Healthwatch on 2 September 2020 and will enquire about attendance at public meetings.

**The North Yorkshire CCG Governing Body:** Accepted the matters arising as complete from the meeting on 25 June 2020.

### **4.0 Reports from North Yorkshire Clinical Commissioning Group**

#### **4.1 Clinical Chair**

Dr Charles Parker presented the Clinical Chair's report and took the paper as read.

It was noted that the Annual General Meeting (AGM), held virtually on 25 August 2020, had been well attended by members of the public. Members were asked to provide feedback in order to understand any limitations that virtual meetings may bring and to improve public attendance at future Governing Body meetings that may be held virtually. The Governing Body agreed to consider live streaming of future meetings taking into consideration any access issues for members of the public and also any information governance issues, for example ensuring that a generic background could be used by all in attendance.

**The North Yorkshire CCG Governing Body:** Noted the update from the Clinical Chair.

#### **4.2 Accountable Officer**

Amanda Bloor presented the Accountable Officer's report and took the paper as read.

No comments or questions were received by the Governing Body.

**The North Yorkshire CCG Governing Body:** Noted the update from the Accountable Officer.

### **4.3 Communications and Engagement Update**

Kate Kennady, Lay Member for Patient and Public Engagement, presented the Communication and Engagement Update that provides a review of the activities across the function over the last few months, with a focus on the CCG's response COVID-19 and activities associated with the North Yorkshire Clinical Commissioning Group (NY CCG). The report was taken as read and a verbal updated given on the following areas:

- A Patient Partner Network has been created in the Hambleton, Richmondshire and Whitby area with the inaugural meeting scheduled to take place on 23 September 2020. The group has 17 members from 9 practices across the locality. Feedback from the group will form part of the Communication and Engagement Update provided at Governing Body meetings.
- 32 members of the public registered for the AGM and 18 had participated with some very positive feedback having been received following the meeting.

The Accountable Officer requested that the Engagement Manager contact their counterpart at the Humber Coast and Vale Integrated Care System (HCV ICS) to enquire if there is a lay members network similar to that in the West Yorkshire and Harrogate Integrated Care System (WY&H ICS) in order for the Lay Member for Patient and Public Engagement to be included in that group. It was confirmed that engagement will still be maintained with WY&H ICS by the Lay Member for Patient and Public Engagement as appropriate

**The North Yorkshire CCG Governing Body:** Noted the update from the Lay Member for Patient and Public Engagement.

## **5.0 Quality and Performance**

### **5.1 Quality and Performance Report**

The Director of Corporate Services, Governance and Performance and the Chief Nurse presented the Quality and Performance Report, which provides an integrated overview and assurance of quality and performance issues. The CCG has continued to monitor patient safety and quality throughout the COVID-19 period; improvement in performance in some areas such as hospital acquired infections has been seen due to the reduction in activity, however this has also resulted in longer waiting times for diagnostic and non-emergency (elective) procedures going forward. In areas where there has been an adverse impact, plans are clearly outlined within the narrative on how recovery will be managed and monitored and more in depth details regarding recovery plans will be provided at Item 7.1 System Recovery Plan Updates.

The Chief Nurse reported that two acute providers are in enhanced quality monitoring and the CCG continues to work closely with them and the regulators to gain assurance on the necessary improvements required. The CCG has been supporting a GP practice that was

rated as inadequate by the Care Quality Commission (CQC). A number of standards have now been met and the CQC are assured that the necessary improvements are being made.

The Governing Body received assurance that future performance reporting will be reviewed at the Finance, Performance, Contracting and Commissioning Committee prior to Governing Body meetings and the Governing Body will receive a highlight report on specific areas, either where additional assurance is required or where significant progress has been made. This will be determined by the Executive Directors through their weekly meetings and will be reflective of significant risks detailed within the Governing Body Assurance Framework (GBAF) and the Corporate Risk Register.

With regard to Hospital Acquired Infection (HCAI) performance, the Chief Nurse confirmed that none of the hospital trusts have received their Infection Prevention annual trajectories yet and therefore continue to be monitored against last year's targets. The CCG continues to work closely with York Hospital NHS Foundation Trust, particularly at the Scarborough site, on their C-Difficile performance. It was confirmed that during the COVID-19 pandemic lockdown period patients with C-Difficile and E-Coli continued to receive support from the Infection Prevention and Control Teams in acute hospital trusts and community teams.

With regard to Accident & Emergency (A&E) 4 hour wait performance, the Director of Acute Commissioning confirmed that the improvement was largely due to much lower volumes of patients attending A&E departments as a result of the COVID-19 pandemic but expected that the integrated work with partner organisations carried out across the healthcare system last year would also have led to some improvement.

The Governing Body agreed that the format of the report is easy to read and understand, provides assurance on the size of the risks and noted all issues and appropriate actions being carried out to maintain safety and quality risks. It was agreed that page numbers should be provided on the next report.

**The North Yorkshire CCG Governing Body:** Received assurance on the quality and performance standards and agreed that they are satisfied with the appropriate actions being carried out to maintain safety and quality risks.

## **6.0 Finance and Planning**

### **6.1 Finance and Planning Report**

The Chief Finance Officer presented the report and confirmed that the position expected at Month 4 is to break even. The government has funded the CCG for expenditure related to the COVID-19 pandemic and it is expected that this financial regime will continue to the end of September 2020. Further guidance on the position from October 2020 to March 2021 is awaited. It was reported that some of the spend above COVID-19 expenditure is partly due to prescribing costs but is mainly due to the non-delivery of savings plans which have been on hold due to the COVID-19 pandemic. Work is now underway to reinstate some of the savings schemes in October 2020.

Attention was drawn to the guidance received from NHS England to enable a final plan to be submitted for the Humber Coast and Vale Integrated Care System (HCV ICS) by 21 September 2020, which outlines a numbers of areas of focus including health inequalities and winter planning. Primary Care focus includes childhood immunisation, cervical screening, care homes, learning disabilities and mental health.

**The North Yorkshire CCG Governing Body:** Noted the financial performance against plan at Month 3 and forecast to Month 4 and noted the revised planning guidance.

## **7.0 Strategy and Planning**

### **7.1 System Recovery Plan Updates**

The Accountable Officer reported that the CCG had received the Phase 3 planning letter and associated guidance from NHS England. A draft plan has been submitted and comprehensive work is ongoing to develop a cohesive system plan in readiness for the final submission on 21 September 2020.

#### **A. Recovery Planning and Sir Simon Stevens Phase 3 letter**

The Chief Finance Officer shared the system recovery presentation and Phase 3 letter from NHS Chief Executive Sir Simon Stevens, which requires the health system to restore activity to pre COVID-19 levels, reduce backlogs and waiting lists, and manage winter pressures alongside transformations made as a result of the COVID-19 pandemic. Important areas that must be responded to are the People Plan and health inequalities where there is a requirement for a 5 year action plan. The Director of Strategy and Integration has volunteered to be the Board Lead for health inequalities and confirmed that 8 out of the 11 Primary Care Networks (PCNs) now have a Health Inequalities Lead. HCV ICS has appointed Jane Adamson to produce a single People Plan across the integrated care partnership.

#### **The North Yorkshire CCG Governing Body:**

- Noted the progress made by the Silver Command Group in establishing a system recovery programme
- Noted the priorities and key requirements within the Phase 3 letter
- Noted that the North Yorkshire and York Silver Command Group is working to complete the system responses to support the ICS in preparing a HCV submission for NHS England/Improvement
- Noted that a draft version of the system responses was submitted on 25 August and that the final version will be submitted on 21 September
- Agreed the decision to appoint the Director of Strategy and Integration as the NYCCG Executive Board member responsible for tackling health inequalities.

#### **B. Recovery Acute Activity**

The Director of Acute Commissioning reported that there is a combined challenge within acute hospitals to provide a system that restores activity to pre COVID-19 levels in an environment that recognises those limitations. There has been a decrease in COVID-19 positive areas compared to the beginning of the outbreak but there remains the need to

maintain COVID-19 safe environments. There will be three areas, Blue which indicates the presence of COVID-19, Yellow which is largely COVID-19 free but not guaranteed and Green which is COVID-19 free and where patients are tested to confirm that they are negative.

For planned procedures there has been a relaxation of guidance which allows for increased capacity; people are being pre-screened but there is a reduction in isolation requirements and all patients will be tested before admission to ensure hospitals are as COVID-19 free as possible. It is expected that by Quarter 4 activity will be as close to pre COVID-19 levels as possible but this remains a real challenge for acute hospitals.

Work is underway with the independent sector to access care, and national contracts are in place with the majority of large independent sector providers which secures 75% of their capacity for NHS work. If there is a need to access more than 75% capacity this may still be covered in the national contract but is unconfirmed and would be a financial risk at present.

'NHS 111 First' is being promoted to facilitate access to the right clinical areas for patients. This is to encourage people to call 111 before making a decision to attend any physical location for their care. However, once patients are in the system there is a need for appropriate pathways and capacity to be in place in both acute hospital settings and primary care.

It will be important going forward to ensure the health system is easily able to facilitate discharges from hospital and work is ongoing with North Yorkshire County Council to get the right level of capacity to support that.

The validated waiting list position shows the impact of the reduction in referrals from March 2020 through to May/June 2020 due to the COVID-19 pandemic. However, the reduced level of outpatient activity has seen an increase in 18 week Referral to Treatment (RTT) waiting times, with over 52 week waits having risen from a very small number in February 2020 to close to 500 in June 2020. This will be one of the highest priorities for Phase 3 recovery planning in order to mitigate risks to patients waiting longer for treatment.

**The North Yorkshire CCG Governing Body:** Noted the Acute Activity Recovery Update.

### **C. COVID-19 and Cancer Referrals**

The Director of Acute Commissioning reported that while access to two week wait (2WW) pathways remained open through the COVID-19 pandemic period, 2WW cancer referrals dropped significantly. This is explained by fewer people going to their GP during the pandemic lockdown period but the number has now come back up to pre-pandemic levels which may result in a backlog for some cancer patients. Many cancers are not picked up through 2WW referrals but via screening and other referrals, and pressures on diagnostic capacity is the main shortfall, however providers are trying to improve capacity in endoscopy to detect any cancers present.

In response to a question regarding how realistic it will be to get back to pre COVID-19 levels of capacity it was thought that there is a willingness to deal with COVID-19 alongside other



illnesses in Secondary Care, while in Primary Care there may be more caution around the risk of COVID-19 which may affect productivity. There may also be a different approach to risk for patients discharged into care homes. However in both Primary Care and Secondary Care a lot of remote consultations are being carried out which will enable services to carry out as much activity as possible in order to meet these targets, this applies to elective, planned and cancer services.

**The North Yorkshire CCG Governing Body:** Noted the COVID-19 and Cancer Referrals Recovery Update.

#### **D. Primary and Community Services Recovery and Transformation**

The Director of Strategy and Integration presented the report and stated that detailed work is in progress to scope the high level priorities across Primary Care and Community Care. It was highlighted that key commitments in Phase 3 focus on providing a response to support acute hospitals to restart elective activity and that there is uncertainty in Primary Care as to what that might involve. An important piece of work needs to be carried out to bring together Primary Care and Secondary Care to support recovery, including maintaining the initiatives, such as non-face to face contacts where appropriate, that resulted from COVID-19, alongside how to increase elective activity safely such that Primary Care feel part of the system. It was confirmed that conversations are ongoing with the Local Medical Council (LMC) regarding perceived issues on the transfer of responsibility from Secondary Care to Primary Care.

Clinical Directors of Primary Care Networks (PCNs), having refocused on the COVID-19 pandemic response, now need to work on enhancing services. National funding to support this has not been fully allocated and work is ongoing to ascertain how the CCG can support PCNs to appoint roles to provide resilience and identify the right roles for the needs of the local populations, which links back to health inequalities.

Attention was drawn to the fact that as the CCG works through recovery there is likely to be a flu wave and important work is in progress on the flu vaccination programme with particular emphasis on delivering the programme to the most vulnerable groups.

In terms of digital capability, the CCG deployed 400 laptops to every GP Practice and more than 200 tablets to care homes. The CCG needs to understand what impact digital support will have on recovery, transformation and vision.

The Governing Body noted the details contained in each of the reports and the Clinical Chair thanked all those involved that contributed to this significant piece of work.

#### **The North Yorkshire CCG Governing Body:**

- Noted the primary care and community service key achievements during the first phase of the system response to the COVID-19 pandemic
- Noted the headline content and key objectives for primary care and community services within the system's transformation and recovery plan
- Noted that work is underway to achieve the system objectives.

## **8.0 Governance**

### **8.1 NY CCG Concerns and Complaints Policy**

The Director of Corporate Services, Governance and Performance confirmed that the Concerns and Complaints Policy had been reviewed by the Quality and Clinical Governance Committee (QCGC) and have made a recommendation for the Governing Body to approve. It was reported that complaints are being monitored by the QCGC.

**The North Yorkshire CCG Governing Body:** Approved the NY CCG Concerns and Complaints Policy.

### **8.2 Risk Management Matrix – Financial Consequence Descriptors**

The Chief Finance Officer presented the proposal to amend the financial consequence descriptors for the Risk Management Matrix to values that are more appropriate for NHS North Yorkshire CCG as a larger organisation with a yearly allocation of circa £700m. The Governing Body agreed the proposal and approved the update made to the financial consequence descriptors detailed within Appendix A of the Risk Management Strategy.

**The North Yorkshire CCG Governing Body:** Approved the update made to the financial 'consequence' descriptors detailed within Appendix A of the Risk Management Strategy and agreed for the Risk Management Strategy to be amended.

## **9.0 Minutes and Key Messages of Governing Body Committees**

### **9.1 Audit Committee**

No questions were raised on the minutes and key messages of the Audit Committee.

### **9.2 Primary Care Commissioning Committee**

The Chair of the Primary Care Commissioning Committee highlighted the positive results received from the GP survey, which had a good response rate and was rated above average in all areas with the exception of Digital. The CCG is continuing to support GP Practices in this area.

### **9.3 Quality and Clinical Governance Committee**

The Chair of the Quality and Clinical Governance Committee informed the Governing Body that with the agreement of the Executive Director Leads that the September meeting has been cancelled due to annual leave over the summer period and there being no significant pieces of work on the agenda. It was agreed that this will not have an adverse impact on the monitoring of quality or performance issues as the Governing Body has reviewed the Quality and Performance report and has had an extensive review of recovery. This complies with the Terms of Reference to have no less than ten meetings per year.

### **9.4 Finance, Performance, Contracting and Commissioning Committee**

The Chair of the Finance, Performance, Contracting and Commissioning Committee confirmed that the key messages from the July 2020 meeting had been circulated and that



the committee had also met the previous week, the key messages of which would appear on the next Governing Body agenda in October.

**The North Yorkshire CCG Governing Body:** Noted the key messages and minutes from the statutory and non-statutory committees of the Governing Body.

### **10.0 Any Other Business**

The Clinical Chair drew attention to the minutes from the private meeting held on 25 June 2020 that require to be approved. As there is no meeting in private, the Governing Body agreed that the minutes can be approved by email.

The Chair asked for Governing Body members' formal approval of the three decisions that were taken at the Governing Body discussion on 30 July 2020 which are detailed in the Chair's Report to approve:

- The formation of the Joint Committee of the NHS North Yorkshire CCG, NHS Tees Valley CCG and NHS Durham CCG, the Southern Collaborative Committee of the CCGs
- The Enhanced Community Housing Offer (ECHO) Business Justification Template
- The support required for Scarborough Central Healthcare General Practice.

**The North Yorkshire CCG Governing Body:** Agreed that the minutes of the private meeting held on 25 June 2020 can be approved by email and agreed to ratify the decisions taken at the discussion held on 30 July 2020.

### **11.0 Next Meeting**

The Governing Body is next due to meet on Thursday, 22 October 2020. It is currently expected that this meeting will take place virtually as social distancing rules are in place. All papers will be published on the CCG website and members of the public will have the opportunity to send any questions in advance of the meeting in line with usual processes. Healthwatch would be invited to join the virtual meeting. Key decisions will be published within 24 hours of the meeting taking place.

**The North Yorkshire CCG Governing Body:** Noted the date of the next meeting.

### **12.0 Close of the Meeting in Public**

#### **Follow up actions**

The actions required as detailed in these minutes are attached at Appendix A.

## Appendix A

### North Yorkshire Clinical Commissioning Group Actions from the Governing Body Meeting in Public on 27 August 2020

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as applicable)
27 August 2020	4.3 Communications and Engagement Update	The Accountable Officer requested that the Engagement Manager contact their counterpart at the Humber Coast and Vale Integrated Care System (HCV ICS) to find out whether or not there is a lay members network similar to that in the West Yorkshire and Harrogate Integrated Care System (WY&H ICS) in order for the Lay Member for Patient and Public Involvement to be included in that group.	Engagement Officer	Completed
27 August 2020	10.0 AOB	The Governing Body agreed that minutes from the private part of the meeting held in June should be approved by email.	Board Secretary	Completed