

NORTH YORKSHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

Thursday 29 October 2020 at 10:00 – 12:00

Virtual Meeting – Microsoft Teams

Present	
Dr Charles Parker	Clinical Chair (Chair)
Dr Alistair Ingram	Vice Clinical Chair
Amanda Bloor	Accountable Officer
Jane Hawkard	Chief Finance Officer
Julie Warren	Director of Corporate Services, Governance & Performance
Simon Cox	Director of Acute Commissioning
Sue Peckitt	Chief Nurse
Dr Ian Woods	Secondary Care Doctor
Ken Readshaw	Lay Member for Audit and Governance
Kate Kennady	Lay Member for Patient and Public Engagement
Dr Mark Hodgson	GP Governing Body Member
Dr Bruce Willoughby	GP Governing Body Member
Dr Chris Ives	GP Governing Body Member
Dr Peter Billingsley	GP Governing Body Member

Apologies	
Wendy Balmain	Director of Strategy and Integration
Sheenagh Powell	Lay Member for Financial Performance (Deputy Chair)

In Attendance	
Sasha Sencier	Board Secretary to the Governing Body
Tim Readman	Senior Communications Officer
Tanja Entwistle	Corporate and Governance Support Officer (Minutes)

1.0 Apologies for Absence and Quorum

Apologies were received from: Wendy Balmain, Director of Strategy and Integration and Sheenagh Powell, Lay Member for Financial Performance.

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 – 27 August 2020

The Chair presented the Governing Body minutes from the meeting on 27 August 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 27 August 2020 as a true and accurate record.

3.2 Matters Arising from the Meeting – 27 August 2020

With regard to the Humber Coast and Vale Integrated Care System (HCV ICS) lay members' network, it was confirmed that there is a similar engagement group to that in the West Yorkshire and Harrogate Integrated Care System (WY&H ICS) although the structure and focus is slightly different. A proposal will be submitted to the next HCV ICS Partnership Board to formalise the role and structure, after that (assuming it is agreed), it will be communicated more widely about the group. It was agreed that the Lay Member for Public and Patient Engagement would represent North Yorkshire CCG (NY CCG) on that group.

It was confirmed that the minutes of the private meeting of the Governing Body in June had been approved by email.

The North Yorkshire CCG Governing Body: Accepted the matters arising as complete from the meeting on 27 August 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 feedback from GP practices to date was mainly in regard to issues with revenue costs on infrastructure and buildings.

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. An additional verbal update was given on re-designated pathways for COVID-19 positive patients being discharged from hospital into care homes. It was noted that since the first wave of the COVID-19 pandemic significant work has been undertaken to ensure safe discharge pathways into residential and nursing care settings with named Executive

Leadership and operational contacts for the whole health system having been agreed and formalised, further details of which will be published on the website.

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

4.3 Communications and Engagement Update

The 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 a sustained balance of continued service delivery and preparations for winter in the context of the COVID-19 pandemic. The report was taken as read and a verbal update given on the following areas:

- The Patient Partner Network in the Hambleton, Richmondshire and Whitby area met for the first time with good representation and positive feedback received
- A North Yorkshire CCG Instagram page is being developed to encourage participation from children and young people across the locality
- The staff newsletter has an open rate of only 50% therefore a user survey will be carried out to understand the reasons for this and encourage better uptake
- The Staff Engagement Group is well attended and is working well to generate ideas and provide a dialogue across the CCG.

The Director of Acute Commissioning identified that capacity and resources will need to be considered for the ongoing East Coast Review. It was agreed that this would be raised as an action with the Director of Corporate Services, Governance and Performance and the Communications and Engagement Team.

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 impact of pausing all but urgent planned procedures during wave 1 of the COVID-19 pandemic has resulted in a significant increase in patients waiting longer to be seen across all specialties. In recently submitted plans York Teaching Hospital NHS Foundation Trust (YFT) forecast that approximately 7,000 patients would be waiting in excess of 52 weeks for treatment by 31 March 2020 and Harrogate and District NHS Foundation Trust (HDFT) forecast approximately 1,300. It was noted that the pre-COVID-19 position across all providers had been in single figures.

Nationally, NHSE require oversight by specialty, length of wait and clinical validation of the entire waiting list and YFT will move to weekly Referral to Treatment (RTT) times monitoring from November 2020 as a national outlier. It is noted that HDFT and South Tees Hospitals

NHS Foundation Trust (STFT) will not fall into the same regional assurance process, however locally there will be a focus on working together to optimise solutions for mitigations and all main providers have had validation processes in place throughout the COVID-19 pandemic which will continue. In order to minimise clinical risk all patients are triaged to ensure those waiting the longest are being treated appropriately and all patients waiting have been clinically prioritised as follows:

- Priority level 1a: Emergency - operation needed within 24 hours
- Priority level 1b: Urgent - operation needed with 72 hours
- Priority level 2: Surgery that can be deferred for up to 4 weeks
- Priority level 3: Surgery that can be delayed for up to 3 months
- Priority level 4: Surgery that can be delayed for more than 3 months
- Priority level 5: Patient requested to remain on the waiting list but deferred treatment due to concerns regarding COVID-19
- Priority level 6: Patient has been offered two dates for treatment and has declined to accept for non-COVID-19 reasons but still wishes to remain on the waiting list.

The Director of Acute Commissioning confirmed that there will be a national requirement for reporting to be provided on 78 week waits in addition to the current 52 week wait standard and that work to address long waiting times is underway with Humber Coast and Vale Integrated Care System (HCV ICS) on these main areas of focus:

- At HCV ICS level the acute care collaborative will continue to scope the potential for a shared waiting list across the HCV and an elective hub
- The HCV ICS Recovery Lead is working with North Yorkshire & York colleagues to explore alternative offers of care and support which could be provided for patients waiting for long periods from community/out of hospital services and interventions
- Developing initiatives with partners in Primary Care to reduce the flow of patients going into Accident & Emergency Departments (A&E), for example, first contact practitioners for patients who present to their GPs with Musculo-Skeletal issues in the Harrogate area
- Exploring opportunities with all providers for increased productivity, while recognising capacity constraints due to social distancing and Infection Prevention and Control (IPC) measures
- Increasing access to Independent Sector capacity especially in Ophthalmology and Orthopaedics.

The Chief Finance Officer confirmed that the CCG is ensuring that activity contracted out to the private and independent sectors is being managed within financial limits and will be increased if required when reimbursement for the activity has been confirmed by NHS England & Improvement. Guidance is expected on a new local Independent Sector contract in early November 2020 which will potentially provide additional capacity to support management of the waiting list. It was noted that there are some specialties where the Independent Sector will not be able to provide capacity, such as Oral and Maxillo-facial, Complex Dental and Ear, Nose & Throat (ENT); and the CCG will work with providers to ensure solutions are in place for those patients.

With regard to A&E 4 hour wait performance, the Director of Acute Commissioning reported that since June 2020 attendances to A&E have increased, which combined with ensuring departments are as COVID-19 secure as possible, has had an impact on their ability to meet the performance standard. It is anticipated that the 'NHS 111 First' initiative will reduce attendances to A&E as patients will be booked into slots at times in which they can be seen more promptly.

The Chief Nurse highlighted that increasing numbers of referrals are being received into Children's Safeguarding and work is ongoing with partner agencies to review ways of working to ensure the health needs of children in care are met.

Due to the COVID-19 pandemic no Infection Prevention and Control (IPC) targets have been set for CCGs, however NY CCG continues to work with and monitor providers on their performance. All Trusts have IPC Committees at which the CCG is in attendance. Many of the quality metrics have been stood down as a result of the COVID-19 pandemic but the CCG continues to work closely with all providers to maintain quality standards. The Chief Nurse reported that a constructive challenge and response mechanism is in place with the two Trusts in enhanced monitoring, which is providing assurance that significant improvement has been made.

The CCG Flu Plan has undergone a confirm and challenge process via the HCV ICS Flu Board. To date over 50% of patients over 65 years of age have been vaccinated with vaccines still awaited for the low risk 50-64 age cohort. There is now a process for accessing extra stock which has been circulated to GP practices.

With regard to the Transforming Care Programme (TCP), the Chief Nurse was pleased to report that the CCG has been rated green by the Yorkshire and Humber NHSE TCP team for overall TCP performance and thanked the Mental Health Team for all their hard work.

The Quality and Performance Report was well received and the Governing Body thanked the Business Intelligence Team for a clear and easy to read report.

The North Yorkshire CCG Governing Body: Received assurance on the quality and performance standards; agreed that they are sighted on the current quality and performance issues and concerns; and, were assured that the appropriate actions are being carried out to effectively manage any safety and quality issues or risks.

5.2 LeDeR Annual Report 2019/20

The Chief Nurse presented the second LeDeR Annual Report 2019/20. It is a requirement that all patients have a mortality review within 6 months of death and outcomes of the review are published on the CCG website. The report shows that over half of local deaths were attributed to pneumonia or aspiration pneumonia; General Practices have been asked to ensure that all annual health checks are carried out promptly in order to identify any health concerns early. The Chief Nurse thanked the bereaved families for their contributions to the report and also the Safeguarding Adults and LeDeR Team for all their hard work.

The North Yorkshire CCG Governing Body: Approved the publication of the Learning Disability Mortality Review Annual report 2019/20.

6.0 Finance and Planning

6.1 Finance and Planning Report

The Chief Finance Officer presented the Finance and Planning Report and confirmed that the position expected at Month 5 is to break even. The government will refund the CCG for COVID-19 pandemic related expenditure and it is anticipated that this will continue to the end of Month 6. The report outlines the financial regime for Months 7 to 12 and sets out the allocations within which the North Yorkshire and York (NY&Y) system is expected to operate, including the management of COVID-19 related expenditure within the CCG's fixed budget. The four lead organisations have worked in partnership to produce a system plan to operate within the scope of the financial allocations, the principles for which are outlined in Section 2.4 of the report. Areas outside of the CCG's control, which are currently forecast to produce a £13.8m gap, relate primarily to Non-NHS income and annual leave accruals. It has been agreed that any risk to the plans will be monitored on a monthly basis and shared across the partner organisations. These plans have been accepted by the national and regional NHS England team.

The North Yorkshire CCG Governing Body: Approved the plan submission and noted:

- the month 5 financial position;
- the changes to the financial regime from month 7 onwards;
- the system planning principle set out in section 2.4, the current financial gap reported in the plan submission and the risks inherent in the financial plan submission; and,
- the change in management of COVID-19 expenses.

7.0 Strategy and Planning

7.1 Winter Resilience 20/21

The Director of Acute Commissioning presented the Winter Resilience Report and confirmed that the detailed winter plan has been produced by multiple agencies, which is being circulated through the 3 Accident & Emergency Delivery Boards (AEDB) for approval; once approved this will be circulated to the Governing Body for information. The plan focusses on supporting winter via the Phase 3 Recovery Plan, including: encouraging use of NHS 111 First; flu vaccination; supporting the ability of General Practices to stratify COVID-19 and non-COVID-19 patients; discharge and surge planning; creating capacity in the domiciliary care sector to facilitate appropriate discharge; improving psychiatric liaison; and enabling General Practices to operate OPEL levels 1 to 4 to ensure that pressures can be seen across the whole system and resolved quickly. It was acknowledged that the biggest risk is workforce with the issue of isolation due to COVID-19 as an added concern, however it is anticipated that NHS 111 First may help to improve resilience.

The North Yorkshire CCG Governing Body: Accepted and noted the Winter Resilience 2020/21 report.

7.2 Surge and Escalation Planning

The Chief Finance Officer presented the report, took the paper as read and noted that many of the themes were at Item 7.1 and will be picked up in Item 7.3.

The North Yorkshire CCG Governing Body: Received assurance that progress is being made by the CCG and other partners to implement recovery planning, prepare for winter and minimise the risks presented by a second wave of Covid, through a coordinated planning process.

7.3 Recovery Planning

The Chief Finance Officer shared the Recovery Planning Presentation on behalf of the Director of Strategy and Integration, which set out the North Yorkshire and York (NY&Y) health system triple aim of addressing: Winter/Seasonal Pressures; COVID-19 Resurgence; and, Restoration/Phase 3 Plan. The presentation set out: the escalation structure; the plans for delivery of elective and outpatient activity; managing primary and community care through winter; managing quality and safety; and addressing health inequalities. A detailed surge plan is underway which will be brought back to the next Governing Body for assurance. NHS England have reviewed plan and operating model and are assured that the system has a comprehensive grip on these three areas. The expectation is that planned procedures will not stop but pressures building in neighbouring areas may also impact here. Work to implement the OPEL escalation levels will facilitate local decision making as issues arise. It was confirmed that there are no plans to open the Nightingale facility within Harrogate imminently.

The North Yorkshire CCG Governing Body: received assurance that progress is being made with regard to recovery planning.

7.4 Sustainable Development Management Plan

The Director of Corporate Services, Governance and Performance presented the Sustainable Development Management Plan (SDMP). The CCG is required to report on sustainability in the Annual Report and has a legal duty to cut carbon emissions under the 2008 Climate Change Act. Both the Executive Directors Group and the Quality and Clinical Governance Committee (QCGC) have reviewed the plan and made a recommendation for the Governing Body to approve. The Governing Body is required to have a Sustainability Lead and the Lay Member for Patient and Public Engagement has agreed to take on this role at QCGC. Monitoring will be undertaken annually via the online self-assessment against the Sustainable Development Assessment Tool.

The North Yorkshire CCG Governing Body: Approved the Sustainable Development Management Plan and endorsed the Lay Member for Patient and Public Engagement as the Governing Body Lead for Sustainability.

7.5 Emergency Preparedness, Resilience and Response Policy, Major Incident Plan and Business Continuity Policy

The Director of Corporate Services, Governance and Performance presented the Emergency Preparedness, Resilience and Response Policy (EPRR), Major Incident Plan and Business

Continuity Policy and confirmed that these had been prepared in line with the Civil Contingencies Act 2004 and the NHS Act 2006 as amended by the Health and Social Care Act 2012. The plans have taken into account internal audit recommendations received from the three predecessor CCGs and will support the organisation to maintain key services and support the critical CCG activities. The Governing Body is responsible for approving the CCG's arrangements for business continuity and emergency planning annually. The Executive Directors Group has reviewed the documentation and has made a recommendation for the Governing Body to approve. Due to the COVID-19 pandemic, the process for this year's EPRR self-assessment was changed by NHS England & Improvement to enable submission by the Accountable Officer, which has been submitted and will be circulated to the Governing Body for information. Any requirements regarding the EPRR and Major Incident testing exercises will be reported to the Audit Committee by the Director of Corporate Services, Governance and Performance.

The North Yorkshire CCG Governing Body: Noted that the Executive Directors have reviewed and agreed the documentation; reviewed and accepted the Critical CCG Activities; noted the roles and supporting officers; approved the Emergency Preparedness, Resilience and Response Policy, the Major Incident Plan and the Business Continuity Policy.

8.0 Governance

8.1 NY CCG Values

The Director of Corporate Services, Governance and Performance presented the North Yorkshire CCG Values. This had been a comprehensive programme of work with staff participation in a number of workshops as well as contributing through the Staff Engagement Group. Executive Directors have reviewed the feedback from the staff survey and have taken advice from the Organisational Development Lead and propose that Governing Body agree the values which will then be submitted to the Council of Members for ratification. As the next Council of Members meeting is not scheduled until February 2021 it was agreed that the values could be circulated for ratification by email in order not to delay the development of the Organisational Development plan. It was also agreed that the values be listed alphabetically as all have equal importance.

The North Yorkshire CCG Governing Body: Noted that the values have been reviewed at the Executive Directors meeting who have made a recommendation for the Governing Body to agree; agreed the values of the CCG and recommends that the Council of Members ratify them; has agreed for the Accountable Officer to make any minor amendments to the Values subject to any discussion/outcome from the Council of Members; and, has noted the next steps to embed the values across the organisation with support from both the Human Resources and Organisational Development Team and the Communications and Engagement Team.

8.2 Operational Scheme of Delegation

The Chief Finance Officer presented the proposed amendments to the Operational Scheme of Delegation (OSD):

- Delegated authority for the Head of Medicines Management post equates to £45k per decision on medicines. It enables the CCG to maintain consistent decisions across North Yorkshire and replaces delegation to the three area prescribing committees. All decisions will be reported to Finance, Performance, Contracting and Commissioning Committee (FPCCC) with any decisions over this value requiring approval by FPCCC.
- GP Rent Reviews: any increase under £5,000 can be agreed by NHSE staff working for the CCG in Commissioning and any increase above £5,000 needs to be agreed by the Primary Care Commissioning Committee (PCCC) and noted by FPCCC. For clarity it was agreed to remove the reference to 5%.
- Primary Care Commissioning is amended for clarity with regard to NHSE co-commissioning staff delegated limits.
- On Call Arrangements is amended to ensure that staff on-call responding to emergency situations have the authority to make decisions in the best interests of the CCG's population.

The North Yorkshire CCG Governing Body: Approved the amendments to the Operational Scheme of Delegation and the update to the Corporate Governance Handbook where the OSD is contained.

8.3 Joint Committee of NHS County Durham, NHS North Yorkshire and NHS Tees Valley Clinical Commissioning Groups Terms of Reference

The Governing Body agreed the revised Terms of Reference, which include additional wording to safeguard the CCG's financial position.

The Governing Body approved the terms of reference and agreed that the Clinical Chair would report the decision back to the Joint Committee.

The North Yorkshire CCG Governing Body: Approved the updated terms of reference for the Joint Committee and approved for the Accountable Officer to make any further minor amendments following the outcome of the other Governing Body meetings.

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

No questions were raised on the minutes and key messages of the Primary Care Commissioning Committee.

9.3 Quality and Clinical Governance Committee

No questions were raised on the minutes and key messages of the Quality and Clinical Governance Committee.

9.4 Finance, Performance, Contracting and Commissioning Committee

No questions were raised on the minutes and key messages of the Finance, Performance, Contracting and Commissioning Committee.

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

It was noted that Dr Alistair Ingram will be stepping down from his role as Clinical Vice-Chair of North Yorkshire CCG on 31 December 2020 and his final meeting of the Governing Body will therefore be on 22 December 2020.

The North Yorkshire CCG Governing Body: Noted that Dr Alistair Ingram will be stepping down from his role as Clinical Vice Chair of North Yorkshire CCG on 31 December 2020 and his final meeting will therefore be on 22 December 2020

11.0 Next Meeting

The Governing Body normally meets on the 4th Thursday of the month but this has been brought forward to Tuesday 22 December 2020 to avoid Christmas Eve. 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 – Exclusion of Press and Public

The Clinical Chair noted that the Governing Body is holding a private session and is recommending that the Governing Body approves the following resolution:

That the press and public be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

The reason that the Governing Body is holding a private session is that information contained within reports relate to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter.

The North Yorkshire CCG Governing Body: Approved the resolution to close the Governing Body meeting to the press and public and to open a private session.

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 29 October 2020

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as applicable)
29 October 2020	4.3 Communications and Engagement Update	The Director of Acute Commissioning identified that capacity and resources will need to be considered for the ongoing East Coast Review. It was agreed that this would be raised as an action with the Director of Corporate Services, Governance and Performance and the Communications and Engagement Team.	Director of Acute Commissioning/Director of Corporate Services, Governance and Performance	Completed
29 October 2020	7.3 Recovery Planning	A detailed surge plan is underway will be brought back to the next Governing Body for assurance.	Chief Finance Officer	Completed
29 October 2020	7.5 Emergency Preparedness, Resilience and Response Policy, Major Incident Plan and Business Continuity Policy	Requirements regarding the EPRR and Major Incident testing exercises will be reported to the Audit Committee.	Director of Corporate Services, Governance and Performance	Completed
29 October 2020	7.5 Emergency Preparedness, Resilience and Response Policy, Major Incident Plan and Business Continuity Policy	EPRR self-assessment submission is to be circulated to the Governing Body for information.	Board Secretary	Completed
29 October 2020	8.2 Operational Scheme of Delegation	GP Rent Reviews: For clarity it was agreed to remove the reference to 5%.	Board Secretary	Completed

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as applicable)
29 October 2020	8.3 Joint Committee of NHS County Durham, NHS North Yorkshire and NHS Tees Valley Clinical Commissioning Groups Terms of Reference	Clinical Chair to report the Governing Body decision to approve the terms of reference back to the Joint Committee.	Clinical Chair	Completed

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