

NORTH YORKSHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

Thursday, 7 October 2021 at 10:00 – 12:00

Virtual Meeting – Microsoft Teams

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

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

In Attendance	
Lisa Pope	Assistant Director of Primary Care
Sasha Sencier	Board Secretary and Senior Governance Manager
Tanja Entwistle	Corporate and Governance Support Officer

1.0 Apologies for Absence and Quorum

Apologies were received from Sheenagh Powell, Lay Member for Financial Performance and Wendy Balmain, Director of Strategy and Integration. It was noted that Lisa Pope, Assistant Director of Primary Care attended to deputise for Wendy Balmain but would not be able to vote or count towards quorum.

The NHS North Yorkshire CCG Governing Body: Noted attendance 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.

It was noted that the following Governing Body have dual roles as detailed below and are included within their Declaration of Interest forms:

Name	Role at NY CCG	Other Role	Interest Type
Amanda Bloor	Accountable Officer	Partnership Director for the North Yorkshire and York Partnership for the Humber, Coast and Vale Health and Care Partnership (Integrated Care System)	Non-Financial Professional
Wendy Balmain	Director of Strategy and Integration	Director of Integration & Primary Care Transformation for the North Yorkshire and York Partnership for the Humber, Coast and Vale Health and Care Partnership (Integrated Care System)	Non-Financial Professional
Jane Hawkard	Chief Finance Officer	Director of Finance and Planning for the North Yorkshire and York Partnership for the Humber, Coast and Vale Health and Care Partnership (Integrated Care System)	Non-Financial Professional
Simon Cox	Director of Acute Commissioning	Appointed to joint role for NYCCG and York Teaching Hospital NHS FT on secondment as Executive Programme Director for the East Coast Acute Services Review transformation programme.	Financial Professional

In relation to the papers that had been agreed virtually it was noted that Dr Charles Parker had declared a conflict of interest in relation to Theatre Development at the Friarage Hospital and did not vote on the proposal. No further Governing Body members declared any interest in relation to the business of the meeting.

The NHS North Yorkshire CCG Governing Body: Noted the declaration of interest made in relation to the Theatre Development at the Friarage Hospital that had been agreed virtually and that no further declarations of interest had been made relation to the business of the meeting.

2.1 Questions received from members of the public

Two questions were received from a member of the public not related to the agenda, which the Governing Body responded to as follows:

- Q: What is the current plan for the development of residential provision within the Harrogate district for CHC funded adults with severe autism. Please outline objectives, dates and accountable officers.
- A: There are no plans at present for the development of residential provision specifically for adults with severe autism in the Harrogate area. We continue to work with North Yorkshire County Council (NYCC) and providers to plan for future needs. The accountable officers for housing needs for adults with severe autism are the Market Management Board which is comprised of NYCC and the CCG. Progress on relocating provision for those currently accommodated out of area has been slowed by the pandemic and we continue to work with families and individuals to address their needs.

Q: The CHC indicates that the national shortage of social care workers is limiting its ability to deliver services for CHC funded adults. What contingency plan does the trust have in place to resolve this situation – when will “normal” service be resumed?

A: There is a national shortage of health and care staff across the country affecting providers. The CHC is not limiting its service for CHC funded adults at this time and a normal service has operated since September 2020 when assessments were reinstated nationally following the restrictions during the first lockdown.

3.0 Governing Body Minutes and Matters Arising

3.1 Governing Body Minutes – 24 June 2021

The Chair presented the Governing Body minutes from the meeting on 24 June 2021. The Governing Body members noted no changes and approved the minutes as a true and accurate record of the meeting.

The NHS North Yorkshire CCG Governing Body: Approved the minutes of the meeting on 24 June 2021 as a true and accurate record.

3.2 Matters Arising from the Meeting – 24 June 2021

All matters arising had been completed since the last meeting with no additional matters noted.

The NHS North Yorkshire CCG Governing Body: Accepted the matters arising as complete from the meeting on 24 June 2021.

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. No questions were raised.

The NHS North Yorkshire CCG Governing Body: Accepted the report from the Clinical Chair as assurance.

4.2 Accountable Officer

Amanda Bloor presented the Accountable Officer Report and highlighted that staff briefings continue in NY CCG. More information has been issued regarding Integrated Care System (ICS) development which has been shared with staff. A Humber Coast and Vale (HCV) staff briefing led by Stephen Eames has also taken place and those will continue monthly.

The CCG and North Yorkshire County Council have hosted conversations with the four Local Care Partnerships (LCP) across North Yorkshire, which were well attended by a spectrum of organisations including the voluntary sector. The extensive work by the teams to prepare data and slide packs to facilitate the conversations was acknowledged.

With regard to the End of Year Assessment the CCG received a letter from NHS England/Improvement (NHSEI) stating that "the CCG has performed well during 2020/21 in difficult circumstances and in only the first full year of operation". The Accountable Officer wished to recognise the hard work of all CCG staff and the Chair congratulated everyone for this impressive achievement.

The Governing Body approved the proposals for moving to an interim approach to the governance arrangements of the CCG in transition to the ICS. It was agreed that significant risks usually submitted to the Finance, Performance, Contracting and Commissioning Committee (FPCCC) would be brought to the Governing Body for assurance and that the terms of reference for FPCCC would be brought back to the Governing Body for approval virtually.

The NHS North Yorkshire CCG Governing Body: Accepted the report from the Accountable Officer as assurance and approved the interim approach to governance arrangements as follows:

- **Governing Body** meetings to move to quarterly with any urgent decisions to be made virtually and then brought back to the Governing Body for ratification
- **Statutory committees** are to remain the same
- **Finance, Performance, Contracting and Commissioning Committee (FPCCC)** is to be replaced by virtual decision-making unless there are exceptional circumstances agreed by the Executive Lead and Chair that require an item to be discussed; that significant risks aligned to FPCCC would be brought to the Governing Body; and, that the terms of reference for FPCCC would be brought back to the Governing Body for approval virtually
- **Quality and Clinical Governance Committee (QCGC)** is to remain the same.

4.3 Communications and Engagement Update

The Director of Corporate Services, Governance and Performance presented the Communications and Engagement update and took the paper as read. The team was praised for the detail contained in the report and the amount of work carried out.

The NHS North Yorkshire CCG Governing Body: Accepted the Communications and Engagement Update as assurance.

5.0 Quality and Performance

5.1 Quality and Performance Report

The Chief Nurse and the Director of Corporate Services, Governance and Performance presented the Quality and Performance Report, which provides an integrated overview and assurance of quality and performance issues.

With regard to the Safeguarding Adults and Children's teams the Chief Nurse reported that an increase in safeguarding concerns have been raised, as domiciliary and residential care homes are affected by reduced workforce due to the loss of staff who have chosen not to be vaccinated against COVID-19. There has been a significant rise in children with complex and

extreme risk taking behaviours with two currently in acute provision with a lack of appropriate services to discharge into, linked to this is the lack of Tier 4 CAMHS provision nationally resulting in strain on the system and higher levels of stress for safeguarding professionals.

It was reported that there were 43 12hr trolley breaches in York and Scarborough Teaching Hospitals NHS FT (YSFT) and 5 in South Tees Hospitals NHS FT during July 2021. Infection control measures for COVID-19 patients combined with increased demand on Emergency Departments (ED) has resulted in sustained pressure. Assurance was given that patients are being managed appropriately in the EDs with significant work ongoing to improve flow through the hospitals but this remains a challenge on the Scarborough site due to lack of capacity in the ED.

Concern was expressed regarding the strain on senior clinical decision makers given the continuing pressures on Emergency Departments with the advent of winter and the continued presence of COVID-19. It was stated that this has been a challenge for a number of years but it was agreed that there needs to be a clinical conversation regarding the location of that expertise and the acuity of patients seen for on the day care.

The Emergency Care Improvement Support Team (ECIST) are conducting reviews across providers and have identified a number of issues on the Scarborough site, some of which are already addressed by the Winter Plan. It has been suggested that more patients could be streamed through the Urgent Treatment Centre (UTC) and the CCG has worked with the Trust to provide additional streaming nurses to work with Vocare to address this. It was agreed that the ECIST report would be circulated to the Governing Body.

It was emphasised that the demand on all sectors of the health and social care system is at unprecedented levels and requires a whole system approach. The integrated care system is undertaking work to review urgent care across all providers to ascertain how services could be delivered differently.

With regard to hospital acquired infections (HCAI) it was confirmed that thresholds have now been published for 2021/22. The CCG is currently one over the threshold for Clostridium Difficile (C.Diff) and under the threshold for E-Coli. NHSEI is conducting a review on C.Diff with YSFT on the Scarborough site and the Chief Nurse will be joining the feedback sessions.

The Director of Corporate Services, Governance and Performance reported that the RTT 52 week wait position had improved slightly over the last few months due to providers working together to address demand. It was confirmed that there is continuing pressure on diagnostic services, and it was agreed that a briefing on the planning of Community Diagnostic Hubs would be submitted to the next Governing Body meeting. The total number of GP referrals was queried and it was agreed to raise this with the Business Intelligence team.

The NHS North Yorkshire CCG Governing Body: Accepted the Quality and Performance Report as assurance.

6.0 Finance

6.1 Financial Report

The Deputy Chief Finance Officer presented the Financial Report and highlighted that a break even position was forecast at Month 4 and for the first half of the year (H1). A contingency of £1.8m is held to release against any overspend as well as a £1m COVID reserve. Pressures relate to agreed investment in mental health services and to the Elective Recovery Fund (ERF) where not all partners across the system have achieved activity over the baseline resulting in a £600k gap, however, provider partners have agreed to fund the shortfall as part of the risk share agreement. The Outline Business Case for the Friarage Hospital has been approved and it was confirmed that the Full Business Case would be received later than originally anticipated in January 2022. A savings shortfall is estimated for the full year due to the impact of the pandemic on acute services and increased waiting lists. There are plans in place to meet some of the savings target, but the shortfall will need to be met by the contingency and COVID reserve.

The NHS North Yorkshire CCG Governing Body: Noted the:

- Month 4 breakeven financial position, subject to expected additional resource allocations, and the underlying over and under spending areas
- Forecast breakeven position for the first half of the year (H1)
- Financial risks and mitigating actions being taken
- Planning timetable for October 2021 to March 2022 (H2)
- Capital Business Case Update
- Savings Opportunities Update.

7.0 Strategy and Planning

The Chief Finance Officer and Director of Acute Commissioning presented the planning guidance for the second half of the year (H2). It was reported that the priorities for H2 remain the same as H1 with an emphasis on elective waiting times. There will be regular monitoring of 52 and 104 week waits with an expectation to manage the lists and prevent an increase in total waits. The 62 day cancer target will need to be brought back to the levels achieved prior to the pandemic. Priorities around Mental Health, the transition to the ICS, vaccination programmes, supporting primary care and working through the Ockenden review recommendations for maternity services continue.

It was confirmed that the hospital discharge programme will continue to the end of March 2022 and consideration will need to be given to the management of discharges after that point. Initiatives that could be considered may include demand centres, system co-ordinators, funding for rehabilitation packages and Ageing Well funding in community services to enable a two hour response in order to keep people at home and reduce subsequent need for hospital care.

In terms of financial planning H2 has been based on H1 envelopes and adjusted for higher efficiency requirements. The COVID allocation for H2 will be reduced by 6% compared to

H1. The block contract for providers is being increased by 1.2% net of the 3% pay award, less efficiency and other inflationary impacts. Across North Yorkshire and York there is a capacity fund of £2.9m and Humber Coast and Vale have received £21m for investment in elective recovery with a significant focus on digital transformation. It was agreed that the presentation on planning guidance would be circulated to members.

The NHS North Yorkshire CCG Governing Body: Noted the H2 planning guidance.

7.1 Winter Planning 2021/22

The Director of Acute Commissioning presented the Winter Plan 2021/22, which summarises system pressures and contains details on specific actions, many of which are already in train. It was noted that the plan is an iterative document and was taken through A&E Delivery Boards and submitted to NHS England as part of the assurance process on 30 September 2021.

The NHS North Yorkshire CCG Governing Body: Noted assurance that the system partners have agreed the Winter Plans through the A&E Delivery Boards and approved the Winter Plan 2021/22 recognising that the plan is an iterative document and may be updated as plans progress.

7.2 EPRR Annual Statement of Compliance 2021/22

The Director of Corporate Services, Governance and Performance presented the EPRR Annual Statement of Compliance, which had been postponed in 2020/21 due to the pandemic. The self-assessment for 2021/22 concludes that the CCG is substantially compliant and while there are a small number of areas of non-compliance, due to the inability to include some of the testing this year, NHS England have concluded that the pandemic has tested systems sufficiently.

The NHS North Yorkshire CCG Governing Body: Approved the Statement of Compliance following assurance provided by the assessment against EPRR Measures confirming that the CCG is Substantially Compliant.

7.3 Virtual Decisions

The Governing Body noted that declarations of interest will be included on virtual decisions going forward and that in relation to the Theatre Development at the Friarage Hospital it was noted that Dr Charles Parker had declared a conflict of interest and did not vote on the proposal. The Governing Body ratified the proposals previously agreed virtually as follows:

- Theatre Development at the Friarage
- GP Out of Hours/Scarborough UTC
- Ageing Well Transformation
- Independent Sector Contracts

The NHS North Yorkshire CCG Governing Body: Received this report as assurance that decisions made virtually by the governing Body have been brought back to the meeting in public as a well governed and transparent CCG.

8.0 Governance

8.1 Significant Risk Report

The Director of Corporate Services, Governance and Performance presented the report and confirmed that this had been a significant piece of work where all risks have been reviewed alongside actions and mitigations with training for staff around the risk management process. The report provides assurance that the CCG has actions in place to address and mitigate risks and monitoring is undertaken via the Corporate Risk Review Group and other committees on a monthly basis. It was agreed to amend the cut and paste error. The Governing Body Assurance Framework had also been reviewed and it was agreed to close the three risks outlined in the report.

The NHS North Yorkshire CCG Governing Body:

- Reviewed the significant risks detailed within the Corporate Risk Register and received assurance that risks are monitored effectively through risk leads, the Corporate Risk Review Group and Committees where risks are aligned to them.
- Noted that the Audit Committee has received assurance that effective controls are in place to monitor risks within the Corporate Risk Register.
- Reviewed and approved the Governing Body Assurance Framework which has been reviewed by the Executive Director Leads and the risk leads. This includes the approval to close three risks that are no longer considered to have an impact on the delivery of the strategic objectives of the organisation.

9.0 Minutes and Key Messages of Governing Body Committees

9.1 Audit Committee

The Chair of the Audit Committee confirmed that the Committee had scrutinised the risk management system and reported that a considerable amount of work and documentation lies beneath the Significant Risk Report to support the risk management process.

9.2 Primary Care Commissioning Committee

The Vice Chair of the Primary Care Commissioning Committee confirmed that there was nothing further to add and no questions were raised on the minutes and key messages of the Primary Care Commissioning Committee.

9.3 Quality and Clinical Governance Committee

The Chair of the Quality and Clinical Governance Committee confirmed that the Committee has oversight of the ongoing quality and performance monitoring reviews of Tees Esk and Wear Valley NHS Trust. 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

The Chair of the Finance, Performance, Contracting and Commissioning Committee confirmed that there was nothing further to add and no questions were raised on the minutes and key messages of the Finance, Performance, Contracting and Commissioning Committee.

The NHS 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 agreed that a session on the ICS development would be held to update the Governing Body on progress to date.

The NHS North Yorkshire CCG Governing Body: Noted the session on ICS development to be scheduled.

11.0 Next Meeting

The Governing Body is next due to meet on Tuesday 21 December 2021. 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. Key decisions will be published within 24 hours of the meeting taking place.

The NHS 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

NHS North Yorkshire Clinical Commissioning Group Actions from the Governing Body Meeting in Public on 7 October 2021

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as applicable)
7 October 2021	4.2 Accountable Officer's Report	It was agreed that significant risks usually submitted to the Finance, Performance, Contracting and Commissioning Committee would be brought to the Governing Body for assurance.	Julie Warren	14 December 2021
7 October 2021	4.2 Accountable Officer's Report	It was agreed that the terms of reference for FPCCC would be brought back to the Governing Body for approval virtually.	Sasha Sencier	22 October 2021
7 October 2021	5.1 Quality and performance Report	It was agreed that the ECIST report would be circulated to members.	Simon Cox	15 October 2021
7 October 2021	5.1 Quality and performance Report	The total number of GP referrals was queried with agreement to raise this with the Business Intelligence team.	Tanja Entwistle	Completed. Paul Donnelly to review and if an error will correct for December report.
7 October 2021	5.1 Quality and performance Report	It was agreed that a briefing on the planning of Community Diagnostic Hubs would be submitted to the next Governing Body meeting.	Simon Cox	14 December 2021

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as applicable)
7 October 2021	7.0 H2 Planning Guidance	It was agreed that the H2 planning guidance presentation would be circulated to members.	Jane Hawkard	15 October 2021