

NHS NORTH YORKSHIRE CLINICAL COMMISSIONING GROUP MEETING OF THE GOVERNING BODY

Thursday, 22 April 2021 10:00 – 11:00

Virtual Meeting

Standing Items				
1.0	Apologies for Absence and Quorum	To Note	Verbal	Dr Charles Parker
2.0	Declarations of Members' Interests in Relation to the Business of the Meeting	To Note	Verbal	Dr Charles Parker
3.0	Governing Body Minutes and Matters Arising			
3.1	Governing Body Minutes – 25 February 2021	To Approve	Enclosed	Dr Charles Parker
3.2	Matters Arising – 25 February 2021	To Accept	Enclosed	Dr Charles Parker
4.0	Reports from North Yorkshire Clinical Commissioning Group			
4.1	Clinical Chair	To Assure	Verbal	Dr Charles Parker
4.2	Accountable Officer	To Assure	Enclosed	Amanda Bloor
5.0	Quality and Performance			
5.1	Quality and Performance Report	To Assure	Enclosed	Julie Warren Sue Peckitt
6.0	Finance			
6.1	Financial Report NYCCG Plan Months 1-6 Budgets	To Assure and Approve	Enclosed	Jane Hawkard
7.0	Strategy and Planning			
7.1	Operational Planning 2021/22	To Assure	Enclosed	Wendy Balmain
8.0	Governance			
8.1	Governing Body Committees Annual Report 2020-21	To Assure	Enclosed	Julie Warren
9.0	Minutes and Key Messages of Governing Body Committees – to be Discussed by Exception			
9.1	Audit Committee	To Note	Enclosed	Ken Readshaw
9.2	Primary Care Commissioning Committee	To Note	Enclosed	Sheenagh Powell
9.3	Quality and Clinical Governance Committee	To Note	Enclosed	Kate Kennady
9.4	Finance, Performance, Contracting & Commissioning Committee	To Note	Enclosed	Dr Ian Woods
10.0	Any Other Business	To Note	Verbal	Dr Charles Parker
11.0	Next Meeting			
	24 June 2021	To Note	Verbal	Dr Charles Parker
12.0	Close	To Approve	Verbal	Dr Charles Parker

NORTH YORKSHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

Thursday 25 February 2021 at 9.30 – 10:30

Virtual Meeting – Microsoft Teams

Present	
Dr Charles Parker	Clinical Chair (Chair)
Amanda Bloor	Accountable Officer
Jane Hawcard	Chief Finance Officer
Wendy Balmain	Director of Strategy and Integration
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
Sheenagh Powell	Lay Member for Financial Performance (Deputy Chair)
Ken Readshaw	Lay Member for Audit and Governance
Dr Mark Hodgson	GP Governing Body Member
Dr Chris Ives	GP Governing Body Member
Dr Bruce Willoughby	GP Governing Body Member

Apologies	
Dr Peter Billingsley	GP Governing Body Member

In Attendance	
Sasha Sencier	Board Secretary and Senior Governance Manager
Julie Hardiment	Communications Officer
Tanja Entwistle	Corporate and Governance Support Officer

1.0 Apologies for Absence and Quorum

Apologies were received from Dr Peter Billingsley, GP Governing Body Member.

The NHS 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 NHS 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 – 22 December 2020

The Chair presented the Governing Body minutes from the meeting on 22 December 2020. Governing Body members noted no changes and the minutes were approved as a true and accurate record of the meeting.

The NHS North Yorkshire CCG Governing Body: Approved the minutes of the meeting on 22 December 2020 as a true and accurate record.

3.2 Matters Arising from the Meeting – 22 December 2020

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

The NHS North Yorkshire CCG Governing Body: Accepted the matters arising as complete from the meeting on 22 December 2020.

4.0 Reports from North Yorkshire Clinical Commissioning Group

4.1 Clinical Chair

Dr Charles Parker provided a verbal update and congratulated the Accountable Officer on her appointment to the role of Geographic Partnership Director for North Yorkshire and York for the Humber Coast and Vale Health and Care Partnership. A video due to be released on the regeneration of Whitby Hospital was recommended for members to watch. It was reported that the CCG now have agreement from respiratory nurses at the Friarage Hospital to support the provision of oxygen treatment as an alternative to admission for a small cohort of vulnerable patients suffering from COVID-19 for treatment in the care home or place of residence. This is an addition to the Oximetry at Home project.

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

4.2 Accountable Officer

Amanda Bloor provided a verbal update reporting that the CCG had received the Integrated Care System (ICS) White Paper, which is being reviewed and a briefing session has been held with staff. It was reported that acute providers have seen significant increases in COVID-19 patients during this wave of the pandemic but that the numbers of COVID-19 occupied beds are now reducing. Substantial progress has been made on the vaccination programme with a tremendous effort from CCG teams, GP practices, staff and volunteers resulting in excess of half a million people having received a vaccine in Humber, Coast and Vale Integrated Care System (HCV ICS) and over a quarter of a million people in the North Yorkshire and York system.

The NHS North Yorkshire CCG Governing Body: Accepted the verbal report from the Accountable Officer as assurance.

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 Director of Corporate Services, Governance and Performance reported that due to the focus on COVID-19 priorities detailed narrative had not been included in the report but narrative has been gathered on exception areas which is colour coded to highlight the differences from the last report. The main areas to note are: elective waiting lists are increasing and prioritisation of patients is ongoing; diagnostic endoscopy lists are being optimised; and, cancer pathways are being redesigned to develop shorter pathways towards diagnosis. The priority remains COVID-19 treatment and recovery to pre-COVID-19 pandemic levels. A meeting was held last week with NHS England and the guidance expected to emerge from that will be shared once received.

The Chief Nurse reported that for the two trusts in enhanced monitoring it had been agreed to reduce the level of concern due to the significant level of improvement seen and quality monitoring now continues as usual. C.Difficile rates have exceeded the targets carried forward from last year (there are no targets this year) but the numbers are lower than last year. Although Infection Prevention and Control Committees have been stood down due to the COVID-19 pandemic, it was noted that the Chief Nurse is the Chair of the HCV ICS Healthcare Associated Infection Group which has representatives from Acute, Mental Health and Community providers as well as Yorkshire Ambulance Service and NHS England/Improvement. Hospital on-site COVID-19 cases are being monitored; in the Harrogate area two wards have active outbreaks and 4 wards have had outbreaks in the last 28 days but no outbreaks have been reported in the last 13 days. With regard to the vaccination programme in care homes, phenomenal work led by primary care has resulted in over 90% of residents receiving their first dose of the vaccine with the second dose starting next week. Over 70% of staff in care homes have been vaccinated and locality sessions have been secured for those remaining. Further funding has been agreed for Improving Access to Psychological Therapies (IAPT) for 2021/22 and we continue to work in partnership with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) to deliver the long term plan.

The Director of Strategy and Integration reported that a Diagnostic Board has been established across Humber, Coast and Vale to drive work on diagnostics and to develop a specification for Community Diagnostic Hubs based on need and demand. This is a significant piece of work and as part of that a North Yorkshire and York group has been formed to understand diagnostic capacity, delays and waits and to establish the right place for diagnostic capacity in the future. The Diagnostic Board will also enhance communication with the public to encourage earlier reporting of symptoms.

Members expressed their thanks and admiration for the phenomenal responses of GP Practices, Primary Care Networks and Clinical Directors in vaccinating the population, as well as the CCG Team led by the Chief Nurse.

It was noted that elements of this report are also monitored at Quality and Clinical Governance Committee (QCGC).

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

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 year-end forecast remains at a break-even position. The £1.3m outlined in the report that related to hospital reimbursement costs has now been received. The underspend in programme areas has been used to fund enhanced hospital discharges during the latest peak of the COVID-19 pandemic and Finance, Performance, Contracting and Commissioning Committee (FPCCC) agreed to contribute £300k per month from December 2020 to March 2021. It was reported that there is uncertainty regarding the financial allocation for 2021/22 but FPCCC has conducted an exercise to review the run-rate of all organisations which will assist us in establishing our position going forward.

The Director of Strategy and Integration will lead discussions on the Hospital Discharge Scheme through the Integrated Care Partnership (ICP) Silver Command and reported that the ICP agreed that they will adopt a two pronged approach to reviewing discharge going forward:

1. Funding flows will be reviewed to determine how the system can continue to build on what has worked well over the last 10/11 months and how getting people out of hospital into their own bed with support around them can be implemented.
2. Home First approach: HCV ICS have asked how a community model that supports Home First could be funded. This is a big programme of work around system change, delivering a new operating model and keeping people at home with the support of therapists.

It was reported that the Emergency Care Improvement Support Team (ECIST) conducted a review with York Teaching Hospital NHS Foundation Trust and Harrogate and District NHS Foundation Trust before Christmas. High level feedback was very positive regarding the way the organisations in our system have worked together.

It was confirmed that the Section 75 contract variation had been agreed in April 2020 and due to COVID-19 priorities the formal governance for the hospital discharge programme is now being submitted for formal approval at the recommendation of the Finance, Performance, Contracting and Commissioning Committee. The NHS pays for all discharge packages, the local authority contribute a budget and the CCG is reimbursed every month by NHS England.

The NHS North Yorkshire CCG Governing Body: Noted: financial performance to Month 9; the current QIPP position and work ongoing for next year's plan; the current COVID-19 costs incurred to date; the new allocations received in Months 8 and 9; and, planning for 2021/22 and the indicative draft plan for Quarter 1. Approved the Section 75 variation to the 2020/21 Better Care Fund Section 75 agreement to formalise the hospital discharge programme pooling arrangements.

7.0 Strategy and Planning

No items were submitted due to the focus on COVID-19 priorities.

8.0 Governance

8.1 Delegation to approve the Annual Report, Annual Governance Statement and Accounts 2020/21

The Chief Finance Officer requested that formal approval of the Annual Report, Annual Governance Statement and Annual Accounts be delegated to the Audit Committee. It was confirmed that the timetable for the draft accounts to be submitted is 24 April 2021 and the final Annual Report and Accounts is 15 June 2021.

The NHS North Yorkshire CCG Governing Body: Approved the request to delegate authority to the Audit Committee to approve the Annual Report and Accounts 2020/21 for NHS North Yorkshire CCG.

8.2 Governing Body Assurance Framework and Strategic Objectives

The Director of Corporate Services, Governance and Performance presented the Governing Body Assurance Framework and Strategic Objectives and took the paper as read. It was noted that the increase to the maximum level of risk against 6-1 is as a result of the lockdown measures in response to the latest wave of the COVID-19 pandemic and the subsequent increase in domestic violence, which has affected the safeguarding system as a whole. It was confirmed different ways of working are being sought through the Safeguarding Adult Board and the Safeguarding Children Partnership in order to keep the risk as low as possible but until face to face visits can be reinstated this risk level needs to be maintained. It was concluded that the report provides a high level of assurance around the continued monitoring of risks.

The Governing Body agreed to recommend the addition to the Vulnerable People strategic objective to the Council of Members at their meeting on 2 March 2021, as follows in bold below:

Vulnerable People:

- We will support everyone to thrive [in the community]
- **We will promote the safety and welfare of vulnerable individuals.**

The NHS North Yorkshire CCG Governing Body: Noted: the assurance received from the Audit Committee that the GBAF demonstrates that adequately effective systems of internal control are in place to monitor the significant risks that may affect the delivery of the strategic objectives; the next steps to review the Audit Yorkshire benchmarking report and report

findings to Audit Committee after year end reporting has been finalised. Approved the Governing Body Assurance Framework and agreed to make a recommendation to the Council of Members to approve the addition to the 'Vulnerable People' strategic objective.

8.3 Equality and Diversity Plan and Objectives

The Director of Corporate Services, Governance and Performance presented the Equality and Diversity Plan and Objectives and confirmed that it has been reviewed by Quality and Clinical Governance Committee also. This is part of the CCG's duty on the Public Sector Equality Duty and it was noted that a group has been set up to produce an action plan which will be submitted to the Governing Body at a later date. The document was well received and easy to read with thanks to the team who produced it noted. The Chair challenged Executive Directors to continually look toward improvement on equality and diversity as well as sustainability assessments.

The NHS North Yorkshire CCG Governing Body: Approved the Equality and Diversity Plan, including the objectives and action plan.

9.0 Minutes and Key Messages of Governing Body Committees

9.1 Audit Committee

The Chair of the Audit Committee provided a verbal update from the meeting held on 23 February 2021. Approval was given for five Information Governance policies as well as the financial policy on Pharmacy Rebate Schemes and the Anti-Fraud, Bribery and Corruption Policy. The Chair informed the meeting that the Audit Chair from the Vale of York CCG attended the North Yorkshire CCG Audit Committee as part of joint working for the North Yorkshire and York system and confirmed that he would be attending the Vale of York CCG Audit Committee in due course.

9.2 Primary Care Commissioning Committee

The Chair of the Primary Care Commissioning Committee confirmed that a meeting was not held in January due to the focus on COVID-19 priorities. The next meeting will be held on 25 March 2021.

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

The Chair of the Finance, Performance, Contracting and Commissioning Committee confirmed that due to the focus on COVID-19 priorities specific actions were agreed virtually in January and that these had been ratified at the meeting held on 18 February 2021.

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

No other business was discussed.

The NHS North Yorkshire CCG Governing Body: Noted that there was no other business to discuss.

11.0 Next Meeting

The Governing Body is next due to meet on Thursday 22 April 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 25 February 2020

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as applicable)
25 February 2021	5.1 Quality and Performance Report	Due to the focus on COVID-19 priorities detailed narrative had not been included in the report but narrative has been gathered on exception areas which is colour coded to highlight the differences from the last report. It was agreed this would be circulated to members for their information.	Julie Warren	Completed

Title of Meeting:	Governing Body	Agenda Item: 4.2									
Date of Meeting:	22 April 2021										
Paper Title:	Accountable Officer Report	<table border="1"> <tr> <th colspan="2">Session (Tick)</th></tr> <tr> <td>Public</td><td>X</td></tr> <tr> <td>Private</td><td></td></tr> <tr> <td>Development Session</td><td></td></tr> </table>		Session (Tick)		Public	X	Private		Development Session	
Session (Tick)											
Public	X										
Private											
Development Session											
Responsible Governing Body Member Lead Amanda Bloor, Accountable Officer		Report Author and Job Title Amanda Bloor, Accountable Officer									
Purpose (this paper is for)	<table border="1"> <tr> <th>Decision</th><th>Discussion</th><th>Assurance</th><th>Information</th></tr> <tr> <td></td><td></td><td>X</td><td></td></tr> </table>			Decision	Discussion	Assurance	Information			X	
Decision	Discussion	Assurance	Information								
		X									
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: No.											
Executive Summary The purpose of this report is to provide a brief update from the Accountable Officer of the North Yorkshire CCG to members of the Governing Body on areas not covered on the main agenda.											
Recommendations The Governing Body is being asking to: Review this report as assurance.											
Monitoring The Accountable Officer will provide a report at each Governing Body meeting.											
Any statutory / regulatory / legal / NHS Constitution implications	Any implications will be detailed in the report as required in the individual sections.										
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	Any financial implications will be detailed in the report as required in the individual sections.										
Outcome of Impact Assessments completed	Not applicable.										

Amanda Bloor
Accountable Officer
NHS North Yorkshire CCG

Accountable Officer Report April 2021

1.0 ICS Developments

Conversations are underway with colleagues across regional health and care, local authorities and delivery partners to actively transform the way that health and care is planned and delivered to better integrate services and improve people's experience at all stages of health and care. This work is part of a national transformation programme for healthcare to integrate decision making and align delivery.

The White Paper has been released: *Integration and Innovation: working together to improve health and social care for all*. The focus is about getting Integrated Care Systems (ICS) to work locally, with as much local flexibility as possible. The current timeline remains, as outlined nationally, shadow form from September 2021 and fully established on 1 April 2022.

From a CCG perspective, we have agreed with system partners that the Gold Command meeting, that has been in place since the start of the pandemic, will be the Integrated Care Partnership Board for the North Yorkshire and York partnership. It will take a system view of the partnership plans and implementation of the wider system changes

The system will need to consider how it evolves in response to further national and regional guidance and legislation due to be published in May 2021 and learning from the local system.

2.0 COVID-19 Recovery

Integrated working

We are continuing to maintain our Incident Response and ensure that we have robust arrangements in place to respond to the ongoing COVID-19 pandemic and other concurrent incidents including Winter pressures. At a strategic level, the Gold Command meeting, comprised of Chief Executives and Accountable Officers across the North Yorkshire and York health system, continue to meet regularly to ensure we have the right resources in the right place.

Addressing Inequalities

Actions to address inequalities have been a priority during the Covid-19 response and now as part of the planning for 2021/22. Key actions include the following:

- To support the vaccination programme a dedicated health inequalities group has been established, focused on reducing the gaps in take up across different ethnic groups and in areas of deprivation.
- The Director of Strategy and Integration acts as the executive lead for addressing health inequalities in NYCCG.
- The Humber Coast and Vale Digital Inclusion steering group, chaired by NYCCG's Deputy Director of Business Change and Planning, provides guidance to transformation programmes on how to avoid digital exclusion.
- The CCG carried out a significant piece of work to support practices to establish a GP led Pulse oximetry@home programme, initially targeting over 65's and clinically extremely vulnerable with layered support.
- There is now increased recording of ethnicity in GP clinical systems using the flu vaccination and covid vaccination programme as an opportunity to capture more of this data,
- Acute trusts have completed clinical validation and risk stratification of waiting lists.
- Increased multi-agency working for the Learning Disability and Autism Programme, including a robust DSR (dynamic support register), and regular MDTs to discuss those most at risk
- Population Health Management (PHM) workstream in place with an agreed programme of work across North Yorkshire and York.

Managing surge in demand

All health organisations have surge plans in place to manage further waves in demand. These plans include ongoing review and prioritisation of services, maximising discharge and admission avoidance capability, and enabling flexible deployment of the workforce to areas of greatest need.

The clinical prioritisation process has ensured that patients requiring cancer treatment in North Yorkshire have not experienced delays in receiving treatment and care. Diagnostic, bed and critical care capacity has been protected for cancer patients to ensure that cancer diagnoses and treatments are not delayed.

Primary Care

In Primary Care all practices remained open during the second wave and have contingency plans in place to maintain priority services in the event of significant demand or a reduction in clinic capacity. In addition, the priorities include returning access to pre-covid levels and data suggests they already are. Primary Care appointments are available through a mix of face to face and digital consultations (on-line, video, telephone). Priorities remain supporting the clinically extremely vulnerable, rolling out the vaccination programme, annual health checks for patients on the Learning Disabilities Register and cervical cancer screening.

Covid-19 Vaccinations

- We have successfully met the milestone set by Government of offering everyone in JCVI cohorts 1-9 a vaccination by 15 April 2021. This includes everyone 50 and over, people who are extremely clinically vulnerable or have an underlying health condition, and health and care workers.
- As of Tuesday, 13 April we had vaccinated around 420,00 people in North Yorkshire and York and around 100,000 people had also received a second dose. This breaks down to 247k first doses and 57k second doses in North Yorkshire and 172k first doses and 43k second doses in York.
- There are currently around 35k people eligible for a Covid-19 vaccination who have not stepped forward. GPs and primary care colleagues have been working hard to reach these people and understand what more may be needed to support them in getting a vaccination, either through increasing their confidence in the vaccine or in ensuring they can access a vaccination centre. This work continues.
- The vaccination programme continues to develop: [13 April] saw the first dose of Moderna vaccination given in North Yorkshire and York at Askham Bar. Individuals in cohort 10 – those 45 and over – can now also book an appointment for a vaccination at all sites where stock is available.

Flu Programme

The Flu programme for 20/21 is now complete. The Flu programme for 21/22 will now include the 50 – 64-year-olds again. Further guidance on this is expected shortly.

3.0 Annual Report and Accounts 2020/21

In February 2021, the Governing Body delegated authority to the Audit Committee to review the Annual Report and Accounts 2020/21 prior to the draft submission to NHS England and Improvement. The draft report will be going to the Audit Committee on 27 April 2021 and will then be submitted to NHS England and Improvement for review and comment. Once feedback has been reviewed and any changes have been made the report will be audited and I will then attend the Audit Committee to present the final draft for approval in May 2021.

4.0 Reflections over the Past Year

Having read through the annual report I wanted to personally express my sincere thanks, on behalf of the Governing Body and the Executive Team, to the extraordinary health and social care staff across the system for tremendous efforts and focussed approach over the past year.

The annual report clearly demonstrates the colossal amount of work that has been delivered over the past year. We have worked relentlessly at a sustained pace to ensure that services could react quickly

and could be rapidly innovated to keep patients safe. As a new organisation going through a pandemic, I am thoroughly impressed at the commitment, professionalism and dedication all staff have shown to keep our focus on the vision of the CCG, to work together for healthier lives across North Yorkshire.

Moving forward we need to focus on recovery and building resilience as the challenges will continue throughout 2021/21. We can do this by looking at lessons learned and building on innovation, good practice and effective collaborative working arrangements that are being developed through the Integrated Care System and Integrated Care Partnership.

5.0 CCG Strategic Objectives

The Council of Members met in February 2021 and approved an update to the CCG's Strategic Objectives, as recommended by the Governing Body. The update to the Strategic Objectives is highlighted below in blue.

CCG Strategic Objectives	
1	Strategic Commissioning: - 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.
5	Integrated / Community Care: With our partners and people living in North Yorkshire we will enable healthy communities through integrated models of care.
6	Vulnerable People: - 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.

6.0 Ways of Working and Staff Wellbeing

The CCG offices remain closed at the moment with all staff working remotely. The CCG will continue to monitor the situation and will plan to open the offices as soon as it is safe to do so.

The CCG has continued to conduct staff surveys to monitor the health and wellbeing of staff during the pandemic. Previous surveys have been positive and feedback demonstrates that remote working has worked really well. The latest survey was conducted recently, closing on 20 April 2021, and covered topics including returning to the offices, the integrating care transformation and communications and engagement.

Staff across the Humber, Coast and Vale health and care system are now able to access support via the Staff Resilience Hub. The Hub, which launched on 22 February 2021, provides NHS staff, healthcare workers, and other frontline staff adversely affected by the COVID-19 pandemic with

timely, confidential, culturally competent, psychological and trauma-informed care via a stepped care model of emotional well-being. The service is fully confidential and can be accessed by self-referral as well as via numerous other routes.

The NHS People Plan states that every NHS employer should introduce a wellbeing guardian into their organisation based on the 2019 Health Education England (HEE) 'Mental Wellbeing Commission Report'.

NHS England and Improvement (NHSEI) consider the role is best suited to a non-executive director/governing body member and they should have a genuine interest in the health and wellbeing of the NHS people, and be confident to question decisions and challenge behaviours of the executive team on behalf of the board that may impact on the health and wellbeing of staff. We have asked our Lay Member for Patient and Public Engagement to take on this role.

7.0 Humber, Coast and Vale Health and Care Partnership Update

Humber, Coast and Vale Cancer Alliance Stakeholder Update published

The March 2021 Humber, Coast and Vale Cancer Alliance Stakeholder Update has been published and is available to view at the link below. This month, the Update contains an article on the re-launch of the Hull Lung Health Check programme, information about the expansion of York Teaching Hospital's Rapid Diagnostic Centre to Scarborough, and information on a stakeholder event held about Community Diagnostic Hubs, amongst other news.

<https://hvcanceralliance.org.uk/march-2021-stakeholder-update/>

NHS 111 promoted across Humber, Coast and Vale

With demand on emergency departments and urgent care centres growing, advertisements have been placed on social media and in local press across the Humber, Coast and Vale, to promote use of the NHS 111 service.

New NHS teams introduced in schools and colleges across Hull to support children and young people's mental health

As children and young people make their return to school after almost a year of home-schooling, NHS Hull CCG, Humber Teaching NHS Foundation Trust and Hull City Council are introducing two Mental Health Support Teams (MHST) to support pupils in Hull with their mental health and wellbeing.

Academic Health Science Network announces new Chair and Vice Chair

Richard Stubbs, Chief Executive Officer of Yorkshire and Humber Academic Health Science Network (AHSN), will take on the role of Vice Chair of the AHSN Network. Richard will remain the CEO of the Yorkshire & Humber AHSN whilst in this new role and will be supporting Gary Ford who will take up the role of Chair. The Chair and Vice Chair have an essential remit, leading and maintaining the collective ambition of the Network's 15 AHSNs.

8.0 Recommendation

The Governing Body is asked to receive this report as assurance.

Amanda Bloor

Accountable Officer

NHS North Yorkshire CCG

Title of Meeting:	NY CCG Governing Body		Agenda Item: 5.1																							
Date of Meeting:	22 April 2021																									
Paper Title:	Quality and Performance Report		<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Development Session</td> <td></td> </tr> </table>		Session (Tick)		Public	X	Private		Development Session															
Session (Tick)																										
Public	X																									
Private																										
Development Session																										
Responsible Governing Body Member Lead - Julie Warren, Director of Corporate Services, Governance and Performance - Sue Peckitt, Chief Nurse		Report Author and Job Title - Board Secretary & Senior Governance Mgr - Business Intelligence Team - Contributors from all Directorates																								
Purpose – this paper is for:	<table border="1"> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> <tr> <td></td> <td></td> <td>X</td> <td></td> </tr> </table>	Decision	Discussion	Assurance	Information			X																		
Decision	Discussion	Assurance	Information																							
		X																								
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: Elements of this report are considered at Quality and Clinical Governance Committee and at Finance, Performance, Contracting and Commissioning Committee.																										
Executive Summary This report provides an overview and assurance of any quality and performance issues. The report provides data on the following standards:																										
<table border="1"> <thead> <tr> <th>Standard</th> <th>Latest Data</th> </tr> </thead> <tbody> <tr> <td>Referral to Treatment (RTT)</td> <td>February 2021</td> </tr> <tr> <td>Diagnostic Test Waiting Times</td> <td>February 2021</td> </tr> <tr> <td>Cancer Waiting Time standards (CWT)</td> <td>February 2021</td> </tr> <tr> <td>Accident and Emergency (A&E) Waiting Times</td> <td>March 2021</td> </tr> <tr> <td>Healthcare Associated Infections (HCAI)</td> <td>February 2021</td> </tr> <tr> <td>Primary Care - GP Appointments</td> <td>February 2021</td> </tr> <tr> <td>GP Prescribing</td> <td>December 2020</td> </tr> <tr> <td>Dementia Diagnosis</td> <td>February 2021</td> </tr> <tr> <td>Improved Access to Psychological Therapies (IAPT)</td> <td>January 2021</td> </tr> <tr> <td>Mental Health Transforming Care Programme</td> <td>Quarter 3 – 2020/21</td> </tr> </tbody> </table>					Standard	Latest Data	Referral to Treatment (RTT)	February 2021	Diagnostic Test Waiting Times	February 2021	Cancer Waiting Time standards (CWT)	February 2021	Accident and Emergency (A&E) Waiting Times	March 2021	Healthcare Associated Infections (HCAI)	February 2021	Primary Care - GP Appointments	February 2021	GP Prescribing	December 2020	Dementia Diagnosis	February 2021	Improved Access to Psychological Therapies (IAPT)	January 2021	Mental Health Transforming Care Programme	Quarter 3 – 2020/21
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Mental Health Transforming Care Programme	Quarter 3 – 2020/21																									
Due to the CCG's requirement to focus resource on Covid-19 pandemic priorities, this report does not include detailed narrative. A verbal update, reporting by exception, will be provided at the Governing Body meeting.																										
Recommendations The Governing Body is being asking to: - Receive this report on quality and performance as assurance. - Agree whether they are satisfied they are sighted on the current quality and performance issues and concerns and that assurance has provided that appropriate actions are being carried out to effectively manage any quality and safety issues or risks.																										
Monitoring Quality and Safety reports are brought to each Quality and Clinical Governance Committee for discussion and assurance. Improvement action plans are monitored through the relevant provider quality contract meetings or a subject specific quality improvement meeting where necessary.																										

CCG Strategic Objectives Supported by this Paper		
	CCG Strategic Objectives	X
1	Strategic Commissioning: - 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.	X
2	Acute Commissioning: We will ensure access to high quality hospital-based care when needed.	X
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.	
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: - We will support everyone to thrive [in the community]. - We will promote the safety and welfare of vulnerable individuals.	X
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	
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		
Any statutory / regulatory / legal / NHS Constitution implications	The CCG has a duty to ensure delivery against the NHS constitutional standards.	
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.	
Communication / Public & Patient Engagement	Active and Meaningful engagement is one of the organisations strategic objectives and therefore performance against this objective will be measured in the CCGs performance framework.	
Financial / resource implications	No financial implications are detailed within this paper.	
Outcome of Impact Assessments completed	Where any policies, projects or functions are identified as having adverse effects on people who share Protected Characteristics the assessment and action plans will be included. As a formal impact assessment is not appropriate for this report.	



NY Performance Report v1.54

Date: 13 April 2021
Author: Mark Butcher



SUMMARY

Area	Indicator	Latest Data	High or Low	National Threshold	Actual Position	Status
RTT	< 18 Weeks - Admitted	Feb-21	High		76.1%	
	< 18 Weeks - Non-Admitted	Feb-21	High		85.6%	
	< 18 Weeks - Incompletes	Feb-21	High	92%	68.0%	
	> 52 Weeks - Incompletes	Feb-21	Low	0	2,394	
	Number of Completed Admitted Pathways	Feb-21	High	2,222	1,320	
	Number of Completed Non-Admitted Pathways	Feb-21	High	7,058	6,235	
	Number of Incomplete Pathways	Feb-21	High	29,405	28,259	

Status Key:

	High: Above Threshold
	Low: Below Threshold
	High: Below Threshold
	Low: Above Threshold
	No Threshold

Diag	% > 6 weeks - Diagnostics	Feb-21	Low	1%	20.9%	
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Cancer WT	CWT seen - 2 Weeks GP Referral	Feb-21	High	93%	91.4%	
	CWT seen - 2 Weeks Breast	Feb-21	High	93%	67.5%	
	CWT treated - 31 days diagnosis	Feb-21	High	96%	94.4%	
	CWT treated - 31 days - surgery	Feb-21	High	94%	94.1%	
	CWT treated - 31 days - drugs	Feb-21	High	98%	100.0%	
	CWT treated - 31 days - radiotherapy	Feb-21	High	94%	94.9%	
	CWT treated - 62 days urgent	Feb-21	High	85%	69.8%	
	CWT treated - 62 days - screening service	Feb-21	High	90%	94.7%	
	CWT treated - 62 days - consultant upgrade	Feb-21	High		72.7%	
A&E	% < 4 hours	Mar-21	High	95%	84.1%	
Hospital Infections	Clostridium Difficile (Cumulative)	Feb-21	Low	77	112	
	MRSA (Cumulative)	Feb-21	Low	0	2	
	E.Coli (Cumulative)	Feb-21	Low	297	311	

		Latest Data	High or Low	Op Plan Threshold	Actual Position	Status
GP Referrals	GP Referrals (General and Acute)	Jan-21	Low	12,853	5,341	
	Other Referrals (General and Acute)	Jan-21	Low	8,291	4,766	
	Total Referrals (General and Acute)	Jan-21	Low	12,003	10,107	
	Consultant Led First Outpatient Attendances	Jan-21	Low	7,508	11,806	
	Consultant Led Follow-Up Outpatient Attendances	Jan-21	Low	4,495	24,524	
	Total Consultant Led Outpatient Attendances	Jan-21	Low	12,003	36,330	
	Total Outpatient Appointments with Procedures	Jan-21	Low	6,259	#N/A	
	Total Elective Admissions - Day Case	Jan-21	Low	25,921	4,022	
	Total Elective Admissions - Ordinary	Jan-21	Low	36,620	467	
	Total Elective Admissions	Jan-21	Low	6,259	4,489	
	Total Non-Elective Admissions - 0 LoS	Jan-21	Low	5,018	1,041	
	Total Non-Elective Admissions - +1 LoS	Jan-21	Low	743	2,327	
	Total Non-Elective Admissions	Jan-21	Low	5,761	3,368	
	Type 1 A&E Attendances excluding Planned Follow Ups	Jan-21	Low	1,468	5,818	
	Other A&E Attendances excluding Planned Follow Ups	Jan-21	Low	2,982	3,091	
	Total A&E Attendances excluding Planned Follow Ups	Jan-21	Low	4,450	8,909	
	RTT Admitted Pathways	Jan-21	Low	8,097	1,318	
	RTT Estimated New Periods	Jan-21	Low	4,956	8,952	
	RTT Non Admitted Pathways	Jan-21	Low	13,053	6,490	

		Latest Data		Actual Position
Primary Care	GP Appointment: Face-to-Face	Feb-21		122,950
	GP Appointment: Non Face-to-Face	Feb-21		70,323
	GP Appointment: Unknown	Feb-21		7,636
	GP Appointment: All Appointments	Feb-21		200,909

		Latest Data	Actual Position	National Threshold	Actual Position	Status
Prescribing	Appropriate prescribing of antibiotics in Primary Care	Dec-20	Low	0.965	0.794	
	Appropriate prescribing of broad spectrum antibiotics in Primary Care	Dec-20	Low	10	7.7	

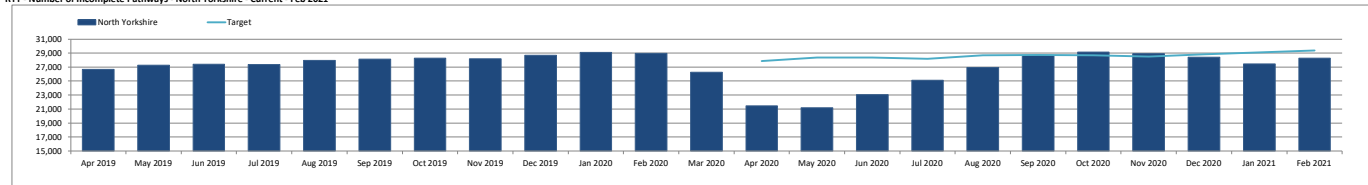
Dementia	Estimated diagnosis rate	Feb-21	High	66.7%	57.9%	
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IAPT	IAPT Roll-Out	Jan-21	High	4.8%	3.8%	
	IAPT Recovery Rate	Jan-21	High	50.0%	59.9%	

Referral To Treatment (RTT)

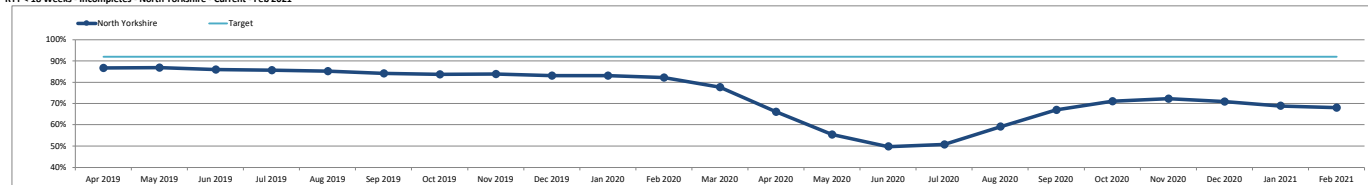
	Latest Data	High or Low	National Threshold	Actual Position	Status
RTT < 18 Weeks - Admitted	Feb-21	High		76.1%	
RTT < 18 Weeks - Non-Admitted	Feb-21	High		85.6%	
RTT < 18 Weeks - Incompletes	Feb-21	High	92%	68.0%	
RTT > 52 Weeks - Incompletes	Feb-21	Low	0	2,394	
RTT > 40 Weeks - Incompletes	Feb-21	Low		3,107	
Number of Completed Admitted RTT Pathways	Feb-21	High	2,222	1,320	
Number of Completed Non-Admitted RTT Pathways	Feb-21	High	7,058	6,235	
Number of Incomplete Pathways	Feb-21	Low	29,405	28,259	

RTT - Number of Incomplete Pathways - North Yorkshire - Current - Feb 2021



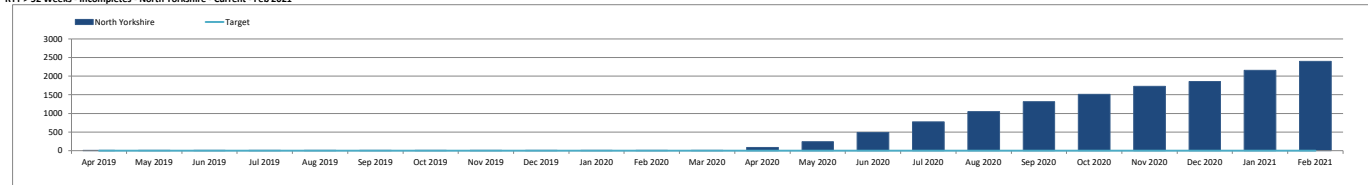
	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
RTT - Number of Incomplete Pathways	26,500	26,500	26,500	26,500	26,500	26,500	26,500	26,500	26,500	26,500	26,500	26,500	21,000	21,000	22,000	23,000	24,000	25,000	26,000	26,000	26,000	26,000	26,000

RTT < 18 Weeks - Incompletes - North Yorkshire - Current - Feb 2021



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
RTT < 18 Weeks - Incomplete	85.7%	86.9%	85.9%	85.6%	85.2%	84.2%	83.7%	83.8%	83.1%	83.1%	82.2%	77.7%	66.0%	55.4%	49.8%	50.8%	59.1%	67.0%	71.1%	72.2%	71.0%	68.9%	68.0%

RTT > 52 Weeks - Incompletes - North Yorkshire - Current - Feb 2021



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
RTT > 52 Weeks Incompletes	0	0	0	0	0	0	0	0	0	0	0	0	100	200	400	800	1000	1200	1400	1600	1800	2000	2200

What the data is showing us...

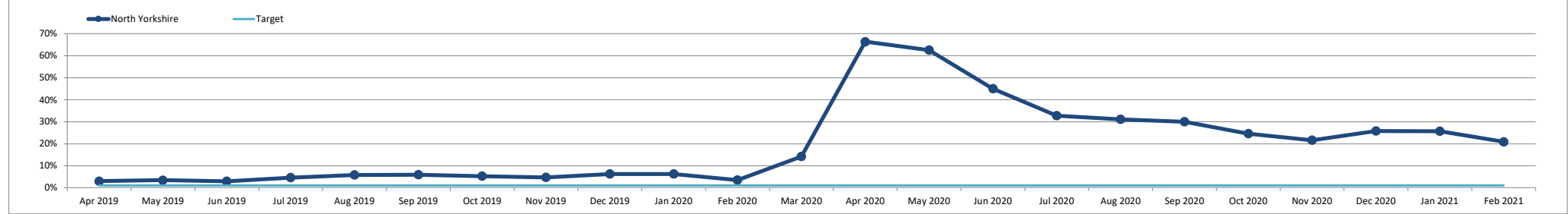
Although there was a reduction in the number of patients still waiting on the incomplete pathway throughout the months of March onwards as fewer patients were referred, the number of patients waiting longer than 52 weeks to receive their treatment significantly increased.

A verbal update will be provided at the board meeting.

Diagnostic test waiting times

	Latest Data	High or Low	National Threshold	Actual Position	Status
% > 6 weeks - Diagnostics	Feb-21	Low	1%	20.9%	

Diagnostics - % > 6 weeks - North Yorkshire - Current - Feb 2021



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
Breaches	238	277	239	389	454	443	412	359	472	480	274	568	2441	2699	2451	2325	2531	2403	1962	1517	1818	1806	1440
Waiting list	7885	8000	8096	8432	7717	7473	7731	7556	7467	7612	7733	3999	3678	4317	5450	7098	8123	8009	7982	7002	7031	7017	6889
% > 6 weeks - Diagnostics	3.0%	3.5%	3.0%	4.6%	5.9%	5.9%	5.3%	4.8%	6.3%	6.3%	3.5%	14.2%	66.4%	62.5%	45.0%	32.8%	31.2%	30.0%	24.6%	21.7%	25.9%	25.7%	20.9%

What the data is showing us...

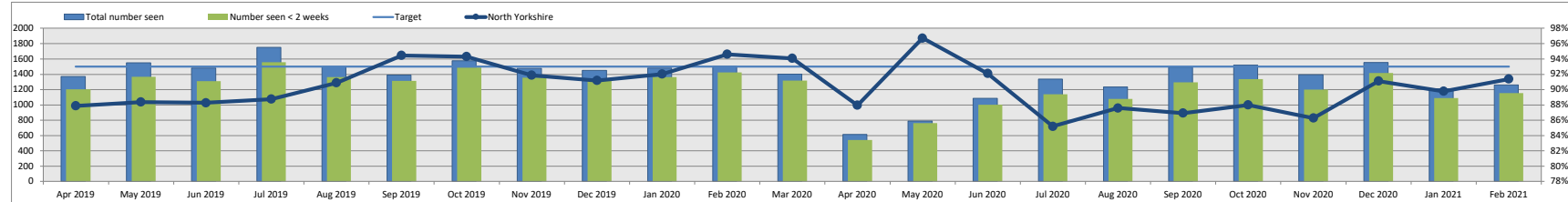
Although the activity for most of 19/20 was consistently between 7500 and 8000 patients the rate of patients seen within 6 weeks was at its highest 6.3%. As the COVID measures came into place the waiting list rose dramatically due to cancellations and cessation of most diagnostic procedures. Since its high point in April 2020 the rate has steadily come down even as the waiting list continued to rise upto and beyond pre-COVID levels. Christmas does appear to show that the second wave of COVID cases did affect the waiting list and the rate at which patients have to wait for their diagnostic procedures but not the same extent as it was at beginning of April. Over the 2 months since December there is a decline in waits and it is now below the lowest recovery level in November.

A verbal update will be provided at the board meeting.

Cancer Two Week Waits

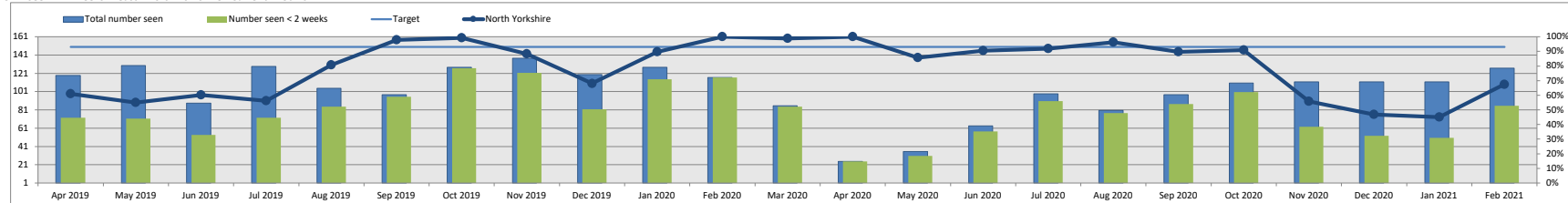
	Latest Data	High or Low	National Threshold	Actual Position	Status
CWT seen - 2 Weeks GP Referral	Feb-21	High	93%	91.4%	
CWT seen - 2 Weeks Breast	Feb-21	High	93%	67.5%	

CWT Seen < 2 Weeks GP Referral - North Yorkshire - Current - Feb 2021



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
Number seen < 2 weeks	1204	1369	1310	1557	1366	1314	1488	1358	1323	1364	1426	1318	541	764	1001	1138	1080	1297	1339	1202	1416	1089	1154
Total number seen	1370	1549	1484	1754	1503	1391	1578	1478	1451	1482	1507	1401	615	790	1087	1336	1233	1492	1522	1393	1554	1213	1263
CWT seen - 2 Weeks GP Referral	87.9%	88.4%	88.3%	88.8%	90.9%	94.5%	94.3%	91.9%	91.2%	92.0%	94.6%	94.1%	88.0%	96.7%	92.1%	85.2%	87.6%	86.9%	88.0%	86.3%	91.1%	89.8%	91.4%

CWT Seen < 2 Weeks Breast - North Yorkshire - Current - Feb 2021



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
Number seen < 2 weeks	72	71	53	72	84	95	126	121	81	114	116	84	24	30	57	90	77	87	100	62	52	50	85
Total number seen	118	129	88	128	104	97	127	137	119	127	116	85	24	35	63	98	80	97	110	111	111	111	126
CWT seen - 2 Weeks Breast	61.0%	55.0%	60.2%	56.3%	80.8%	97.6%	99.2%	88.5%	68.1%	89.6%	100.0%	98.6%	100.0%	85.7%	90.6%	91.8%	96.3%	89.7%	90.5%	55.9%	46.8%	45.0%	67.5%

What the data is showing us...

for patients seen within 2 weeks of a GP Referral - as the activity initially started to increase the rate of those patients seen within 2 weeks was under the target. It has now started to pick up again and continues to head towards the target. For February the reasons behind the below target threshold were "Capacity Issues (i.e. not enough slots)" and "Patient Choice relating to first out patient appointment".

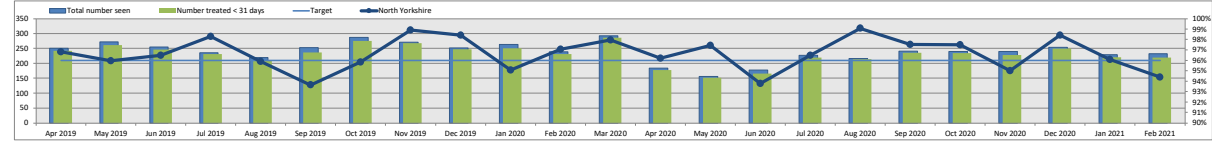
for patients seen within 2 weeks with suspected breast cancer - even though the activity was low for the first few month of 20/21 the rate of patients seen within 2 weeks was below target threshold but still kept close to it and surpassed it in August. Activity has remained steady in from October through January and increase in February. However, the numbers of those seen within 2 weeks has dropped to about half. For February the reasons behind being so far below target threshold were "Capacity Issues (i.e. not enough slots)" and "Patient Choice relating to first out patient appointment".

A verbal update will be provided at the board meeting.

Cancer 31 Day Waits

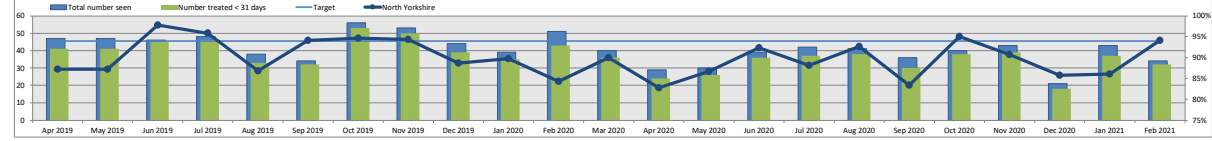
	Latest Data	High or Low	National Threshold	Actual Position	Status
CWT treated - 31 days diagnosis	Feb-21	High	96%	94.4%	
CWT treated - 31 days - surgery	Feb-21	High	94%	94.1%	
CWT treated - 31 days - Drugs	Feb-21	High	98%	100.0%	
CWT treated - 31 days - radiotherapy	Feb-21	High	94%	94.9%	

CWT Treated < 31 Days Diagnosis - North Yorkshire - Current - Feb 2021



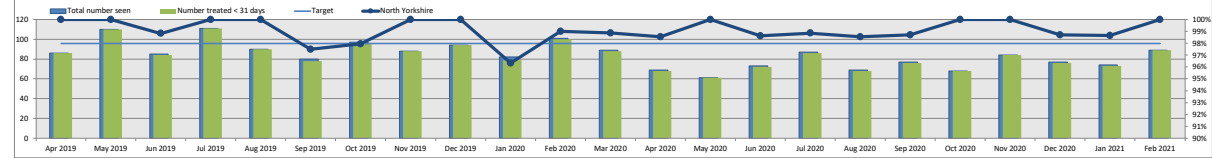
	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
Number treated < 31 days	242	261	246	231	219	287	251	263	238	292	184	177	177	156	219	216	241	240	253	229	232	220	219
Total number seen	250	272	255	235	219	252	287	271	251	263	238	292	184	177	177	227	216	241	240	253	229	232	220
CWT treated - 31 Days diagnosis	96.8%	96.0%	96.5%	98.3%	99.5%	99.6%	99.6%	97.4%	92.8%	94.1%	97.4%	97.6%	97.8%	97.8%	97.8%	97.8%	97.8%	97.8%	97.8%	97.8%	97.8%	97.8%	97.8%

CWT Treated < 31 Days - Surgery - North Yorkshire - Current - Feb 2021



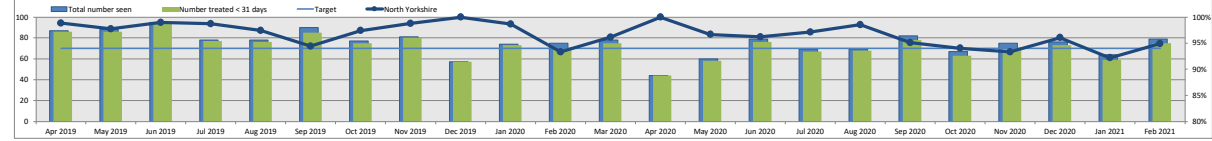
	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
Number treated < 31 days	41	41	45	40	33	32	33	50	39	35	43	36	24	20	36	37	38	30	38	39	18	37	32
Total number seen	47	47	46	48	38	34	56	53	44	39	51	40	29	30	30	42	41	36	40	43	21	43	34
CWT treated - 31 Days - Surgery	87.2%	87.2%	97.8%	95.8%	86.8%	94.1%	94.6%	94.3%	88.6%	89.7%	84.3%	90.0%	82.8%	66.7%	92.3%	88.1%	92.7%	83.3%	95.0%	90.7%	85.7%	86.0%	84.1%

CWT Treated < 31 Days - Drugs - North Yorkshire - Current - Feb 2021



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
Number treated < 31 days	86	110	84	111	90	78	95	88	94	79	100	88	68	61	72	86	68	76	68	84	76	73	89
Total number seen	86	110	85	111	90	80	97	88	94	82	101	89	69	61	73	87	69	77	68	84	76	74	89
CWT treated - 31 Days - Drugs	100.0%	100.0%	98.8%	100.0%	100.0%	97.5%	97.9%	100.0%	100.0%	96.3%	99.0%	97.8%	94.2%	98.4%	100.0%	96.8%	96.8%	96.8%	100.0%	100.0%	96.8%	96.8%	100.0%

CWT Treated < 31 Days - Radiotherapy - North Yorkshire - Current - Feb 2021



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
Number treated < 31 days	86	86	84	77	76	85	75	80	57	73	70	75	44	58	76	67	68	78	63	70	73	59	75
Total number seen	87	88	95	78	78	90	77	81	57	74	75	78	44	60	79	69	69	82	67	75	76	64	79
CWT treated - 31 Days - Radiotherapy	98.0%	97.7%	88.4%	98.7%	97.4%	95.6%	97.4%	98.8%	100.0%	100.0%	93.3%	96.2%	100.0%	96.7%	96.2%	97.1%	98.0%	95.1%	94.0%	93.3%	96.1%	92.2%	94.9%

What the data is showing us...

For patients seen within 31 days of diagnosis - as the activity continues to increase the rate of those patients seen within 2 weeks is still above the target. It is above the target for 9 out of 11 months.

For patients subsequently seen within 31 days for surgery - as expected the activity has been low in the months of 20/21 but the rate of patients seen within 31 days has not been above target in all months except for October and February.

For patients subsequently seen within 31 days for drug treatments - the activity has been low for in the months of 20/21 but the rate of patients seen within 31 days has been maintained the above target threshold.

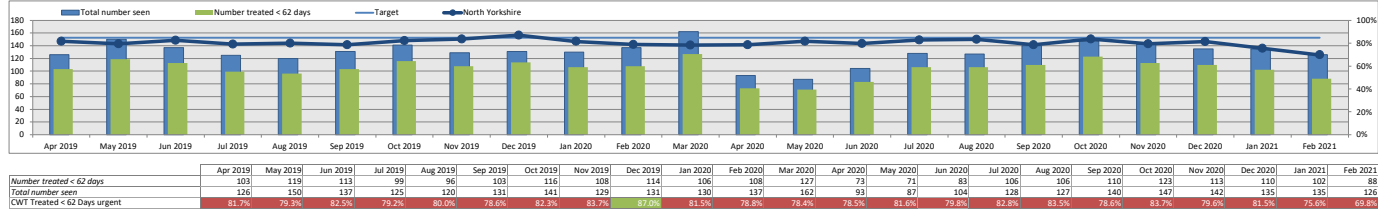
For patients subsequently seen within 31 days for radiotherapy - the activity has been low for the months of 20/21 and although the rate of patients seen within 31 days had been maintained above the target threshold for most months it did have a slow decline from September to November and in January when it dipped below the target. However, in December and February it climbed back above target.

A verbal update will be provided at the board meeting.

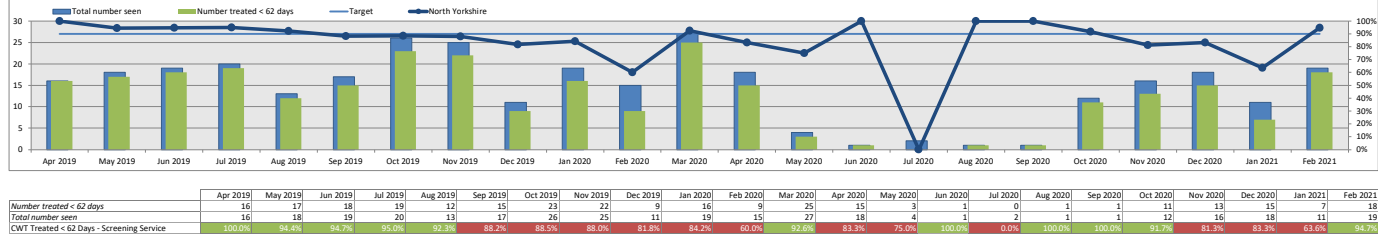
Cancer 62 Day Waits

	Latest Data	High or Low	National Threshold	Actual Position	Status
CWT treated - 62 days urgent	Feb-21	High	85%	69.8%	Red
CWT treated - 62 days - screening service	Feb-21	High	90%	94.7%	Green
CWT treated - 62 days - consultant upgrade	Feb-21	High		72.7%	Blue

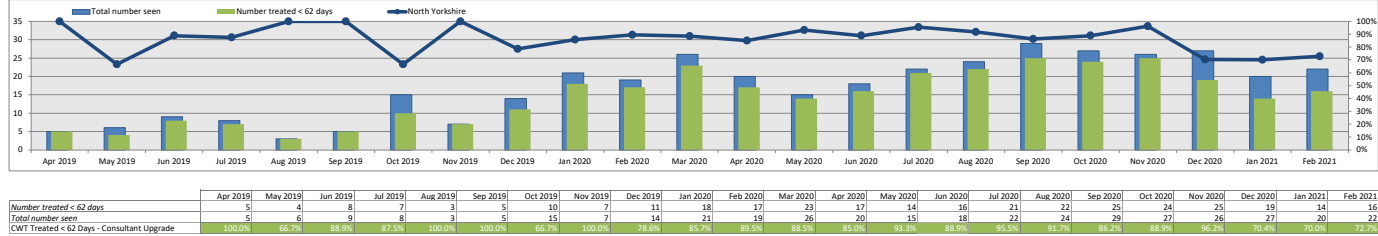
CWT Treated < 62 Days urgent - North Yorkshire - Current - Feb 2021



CWT Treated < 62 Days - Screening Service - North Yorkshire - Current - Feb 2021



CWT Treated < 62 Days - Consultant Upgrade - North Yorkshire - Current - Feb 2021



What the data is showing us...

For patients seen within 62 days after an urgent referral - as expected the activity has been lower in the months of 20/21 and is beginning to increase back to normal levels and as a consequence the patients seen within 62 days had improved. However, the 2nd wave of COVID again affected the activity and rate against the target but with signs of recovery in February. For February the reasons behind the below target threshold were mostly "provider initiated delay to diagnostic test or treatment planning", "Complex diagnostic pathway" and "Health Care Provider initiated delay to diagnostic test or treatment planning".

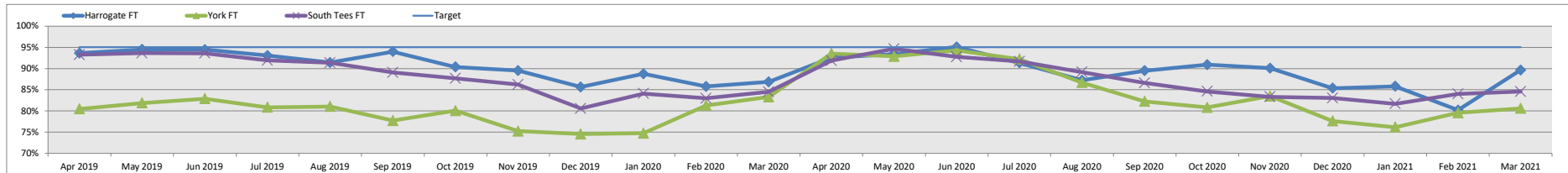
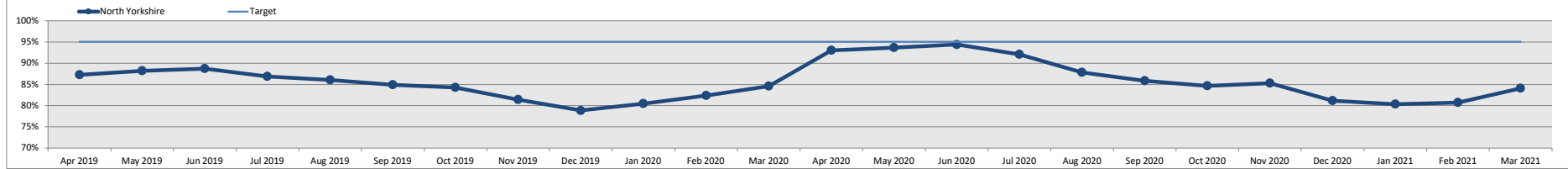
For patients seen within 62 days from the screening service - the activity had been very low for most of the months in 20/21. However, October through December and February has shown large increases in cases but the rate of patients seen within 62 days around the target threshold had been met initially but fell again in November, December and January but showing a recovery in February. For February the reason behind the below target was "provider initiated delay to diagnostic test or treatment planning".

For patients seen within 62 days after a consultant upgrade - as would be expected the activity has been lower for the first few months of 20/21 but has quickly increased to activity above the same period in 19/20. The rate of patients seen within 62 days has maintained the same level throughout 20/21 except for the most recent months. The reasons for this decline is due to "provider initiated delay to diagnostic test or treatment planning".

A verbal update will be provided at the board meeting.

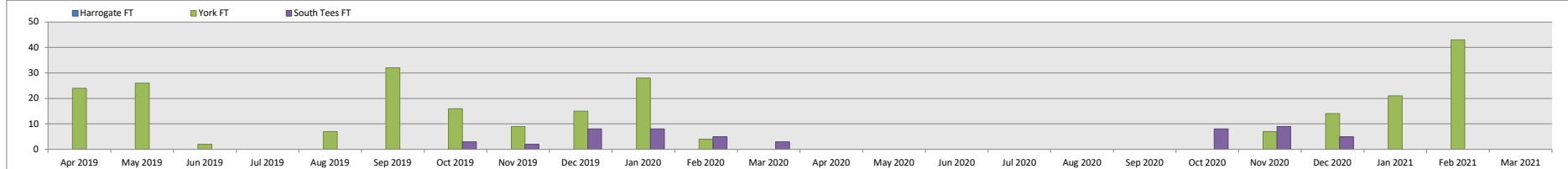
A&E Waiting Times

% < 4 hours in A&E - Current - Mar 2021



% < 4 hours in A&E	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
North Yorkshire	87.2%	88.2%	88.7%	86.9%	86.1%	84.9%	84.3%	81.4%	78.8%	80.5%	82.4%	84.6%	93.0%	93.7%	94.4%	92.0%	87.9%	85.9%	84.7%	85.3%	81.2%	80.4%	80.7%	84.1%
Harrogate FT	93.6%	94.5%	94.5%	93.1%	91.4%	94.0%	90.4%	89.5%	85.7%	88.7%	85.8%	86.8%	92.6%	93.4%	95.1%	91.3%	87.2%	89.5%	90.9%	90.1%	85.4%	85.8%	80.2%	89.7%
York FT	80.5%	81.9%	82.9%	80.9%	81.0%	77.7%	80.1%	75.3%	74.5%	74.7%	81.3%	83.3%	93.6%	92.9%	94.2%	92.2%	86.7%	82.3%	80.8%	83.5%	77.6%	76.2%	79.6%	80.6%
South Tees FT	93.3%	93.7%	93.6%	91.9%	91.4%	89.1%	87.7%	86.2%	80.6%	84.1%	83.0%	84.5%	91.9%	94.6%	92.8%	91.7%	89.2%	86.6%	84.6%	83.3%	83.1%	81.7%	84.0%	84.6%

A&E 12 hour Trolley Waits - Current - Mar 2021



12 hour Trolley Waits	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
Harrogate FT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
York FT	24	26	2	0	7	32	16	9	15	28	4	0	0	0	0	0	0	0	0	7	14	21	43	0
South Tees FT	0	0	0	0	0	0	3	2	8	5	3	0	0	0	0	0	0	0	8	9	5	0	0	0

What the data is showing us...

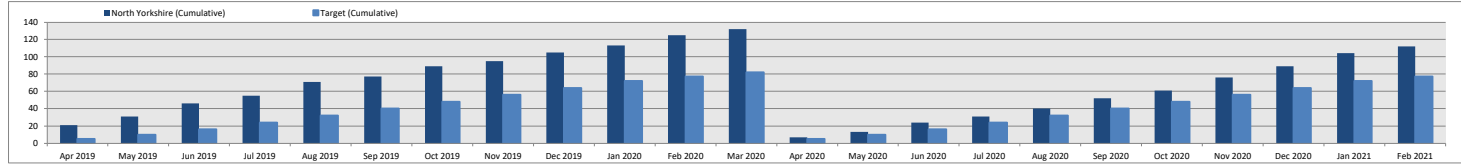
The CCG's A&E 4hour wait position is based upon a proportion of several of the providers data and is therefore an estimate. Following the high of 94.4% in June and improvements in November the rate fell again to 80% in January but has improved to the end of March.
The data also reflects this improvement in performance across all 3 trusts from January through March.

A verbal update will be provided at the board meeting.

Hospital Infections

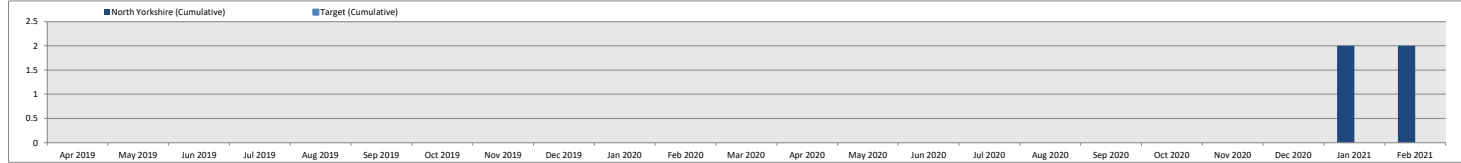
	Latest Data	High or Low	Threshold	Actual Position	Status
Clostridium Difficile (Cumulative)	Feb-21	Low	77	112	
MRSA (Cumulative)	Feb-21	Low	0	2	
E.Coli (Cumulative)	Feb-21	Low	297	311	

Clostridium Difficile - North Yorkshire - Current - Feb 2021



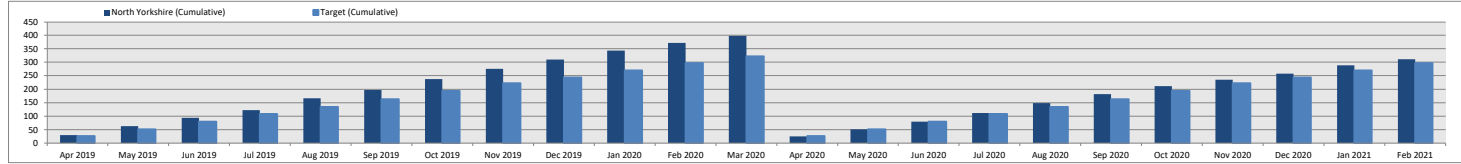
Clostridium Difficile	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
North Yorkshire	21	10	15	16	32	46	55	71	89	95	105	113	125	132	7	13	24	32	40	48	56	64	72
Target	5	5	6	8	8	8	8	8	8	8	8	8	5	5	5	6	8	8	8	8	8	8	5
North Yorkshire (Cumulative)	21	31	46	55	71	77	89	95	105	113	125	132	7	13	24	31	40	52	61	76	89	104	112
Target (Cumulative)	5	10	16	24	32	40	48	56	64	72	77	82	5	10	16	24	32	40	48	56	64	72	77
Harrogate FT	4	2	3	2	2	1	3	1	1	3	5	1	1	1	1	1	2	1	1	1	2	1	4
York FT	16	13	17	12	15	9	10	12	12	14	10	7	7	2	2	7	11	4	11	6	10	5	5
South Tees FT	10	6	10	6	12	6	12	7	3	7	6	4	1	4	4	12	9	11	7	6	3	6	6

MRSA - North Yorkshire - Current - Feb 2021



MRSA	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
North Yorkshire	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Target	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
North Yorkshire (Cumulative)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
Target (Cumulative)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harrogate FT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
York FT	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South Tees FT	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0	0	1	0

E.Coli - North Yorkshire - Current - Feb 2021



E.Coli	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
North Yorkshire	29	34	31	28	44	31	40	39	34	33	29	26	25	25	25	26	28	32	37	34	29	26	23
Target	26	25	28	29	29	26	27	28	21	27	27	25	25	28	29	26	29	31	28	21	27	27	27
North Yorkshire (Cumulative)	29	63	94	122	166	197	237	276	310	343	372	398	25	51	79	111	148	182	211	235	258	280	311
Target (Cumulative)	26	51	79	108	134	163	194	222	243	270	297	322	26	51	79	108	134	163	194	222	243	270	297
Harrogate FT	0	1	0	2	7	4	1	1	1	1	1	1	2	0	2	3	2	0	0	1	2	1	2
York FT	7	6	5	5	8	2	5	6	7	6	6	8	8	0	2	8	3	5	7	5	1	10	4
South Tees FT	13	14	7	3	7	7	5	3	5	8	6	3	1	4	4	10	5	4	7	2	3	6	7

What the data is showing us...

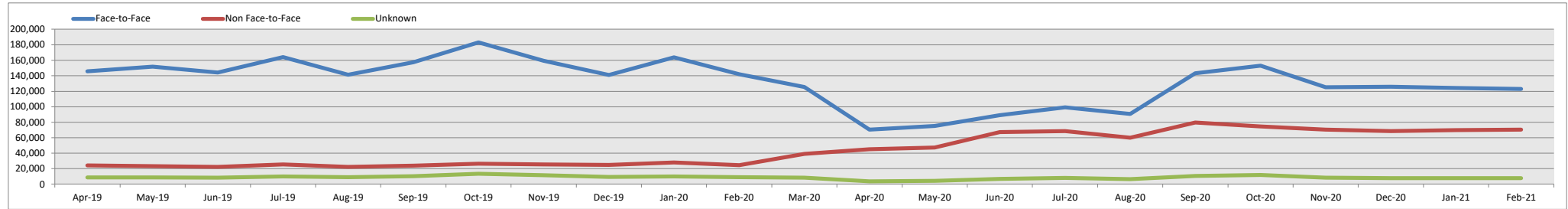
Clostridium Difficile cumulative cases attributed to the CCG are now above the target. With trust cases at a similar level as in 19/20. There continues to be no MRSA cases for the CCG and at York and Harrogate with just 2 at South Tees in July and September. E.Coli cases attributed to the CCG over the last 5 months have hovered around the unchanged target from 19/20. Harrogate continues to have few cases and York initially had less per month than in the months of 19/20 but is continuing to increase. South Tees is beginning to show signs of an increased number of cases too.

A verbal update will be provided at the board meeting.

Primary Care - GP Appointments

Source:

	Latest Data	Actual Position	NY CCG 19/20	NY CCG 20/21	Year on Year Change
Face-to-Face	Feb-21	122,950	1,694,370	1,219,520	-28%
Non Face-to-Face	Feb-21	70,323	270,757	721,192	166%
Unknown	Feb-21	7,636	109,266	83,779	-23%
All Appointments	Feb-21	200,909	2,074,393	2,024,491	-2%



GP Appointments	Month																							
Appointment Type	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	
Face-to-Face	145,853	151,901	144,198	164,229	141,333	157,485	183,131	159,423	141,112	163,761	141,944	125,584	70,352	75,241	89,037	99,387	90,845	143,198	152,988	125,314	125,969	124,239	122,950	
Non Face-to-Face	24,118	23,249	22,159	25,534	22,356	23,892	26,397	25,459	24,993	28,014	24,586	39,077	45,052	47,329	67,394	68,447	60,056	79,364	74,456	70,376	68,465	69,930	70,323	
Unknown	8,864	8,865	8,283	10,080	9,186	10,464	13,348	11,531	9,374	10,121	9,150	8,500	3,695	4,274	6,784	8,192	6,400	10,649	11,833	8,507	7,923	7,886	7,636	
Grand Total	178,835	184,015	174,640	199,843	172,875	191,841	222,876	196,413	175,479	201,896	175,680	173,161	119,099	126,844	163,215	176,026	157,301	233,211	239,277	204,197	202,357	202,055	200,909	

What the data is showing us...

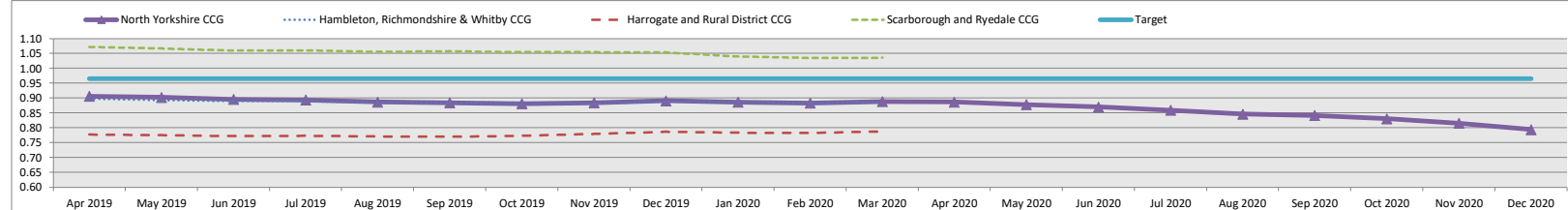
The number of Face-to-Face appointments as expected dropped from March onward but has begun to pickup over the following months but has not as yet returned to pre-COVID levels. Also, the Non Face-to-Face appointments may not accurately represent all video/online appointments.

A verbal update will be provided at the board meeting.

Prescribing

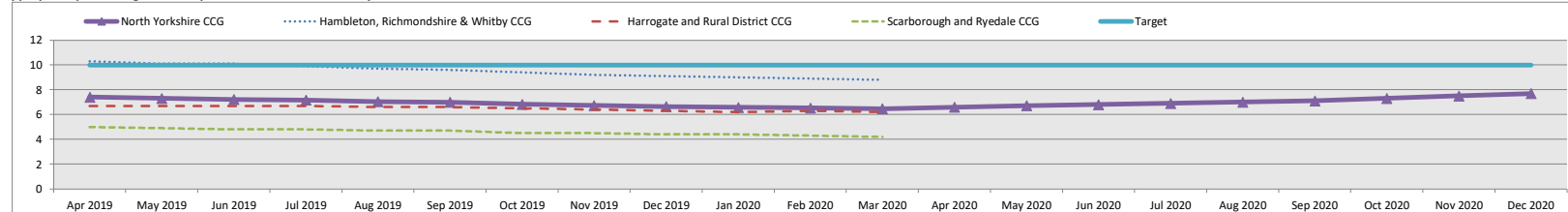
	Latest Data	High or Low	Threshold	Actual Position	Status
Appropriate prescribing of antibiotics in Primary Care	Dec-20	Low	0.965	0.794	
Appropriate prescribing of broad spectrum antibiotics in Primary Care	Dec-20	Low	10	7.7	

Appropriate prescribing of antibiotics in Primary Care - North Yorkshire - Current - Dec 2020



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020
Hambleton, Richmondshire & Whitby CCG	0.898	0.893	0.890	0.890	0.885	0.884	0.881	0.881	0.889	0.887	0.883	0.886									
Harrogate and Rural District CCG	0.777	0.775	0.772	0.773	0.771	0.770	0.773	0.779	0.787	0.784	0.783	0.788									
Scarborough and Ryedale CCG	1.072	1.067	1.060	1.061	1.055	1.057	1.054	1.054	1.053	1.040	1.035	1.036									
North Yorkshire CCG	0.906	0.902	0.895	0.893	0.886	0.884	0.881	0.884	0.890	0.886	0.883	0.888	0.886	0.877	0.870	0.859	0.846	0.841	0.830	0.815	0.794

Appropriate prescribing of broad spectrum antibiotics in Primary Care - North Yorkshire - Current - Dec 2020



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020
Hambleton, Richmondshire & Whitby CCG	10.3	10.1	10.1	9.9	9.7	9.6	9.4	9.2	9.1	9.0	8.9	8.8									
Harrogate and Rural District CCG	6.7	6.7	6.7	6.7	6.6	6.6	6.5	6.4	6.3	6.2	6.3	6.2									
Scarborough and Ryedale CCG	5.0	4.9	4.8	4.8	4.7	4.7	4.5	4.5	4.4	4.4	4.3	4.2									
North Yorkshire CCG	7.4	7.3	7.2	7.2	7.0	7.0	6.8	6.7	6.6	6.6	6.5	6.5	6.6	6.7	6.8	6.9	7.0	7.1	7.3	7.5	7.7

What the data is showing us...

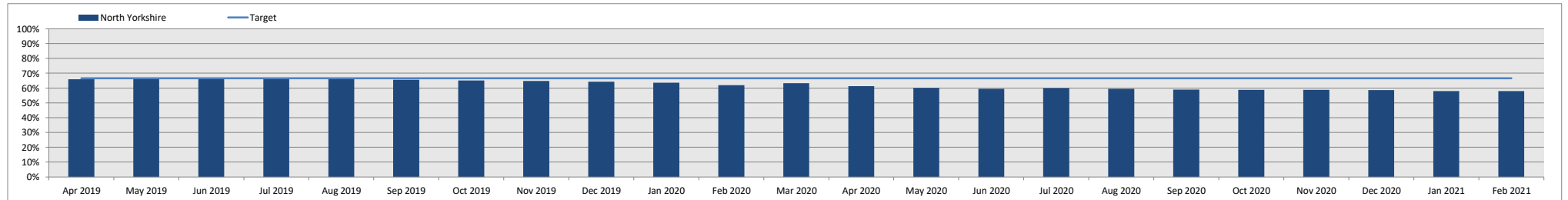
The first graph shows that our overall rate of antibiotic prescribing within North Yorkshire CCG has been decreasing each month during this financial year, following a COVID related increase in March 2020.

The second graph shows that our rate of prescribing of broad spectrum antibiotics appears to have been increasing slightly each month leading up to December 2020. However, it should be noted that the actual number of prescriptions for this type of antibiotic has stayed fairly steady during this time period. As this indicator is expressed as a percentage of the total number of antibiotic prescriptions (and the total is decreasing) the percentage of broad spectrum antibiotics has therefore gone up.

A verbal update will be provided at the board meeting.

Dementia

	Latest Data	High or Low	Threshold	Actual Position	Status
Dementia - Estimated diagnosis rate	Feb-21	High	66.7%	57.9%	



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
Numerator	4414	4447	4466	4472	4474	4459	4429	4402	4377	4319	4321	4304	4149	4068	4033	4074	4065	4041	4037	4041	4027	3972	3969
Denominator	6702	6721	6742	6758	6776	6795	6806	6805	6808	6788	6978	6808	6768	6767	6781	6805	6833	6851	6866	6870	6867	6862	6860
Dementia Diagnosis Rate	65.9%	66.2%	66.2%	66.2%	66.0%	65.6%	65.1%	64.7%	64.3%	63.6%	61.9%	63.2%	61.3%	60.1%	59.5%	59.9%	59.5%	59.0%	58.8%	58.8%	58.6%	57.9%	57.9%

What the data is showing us...

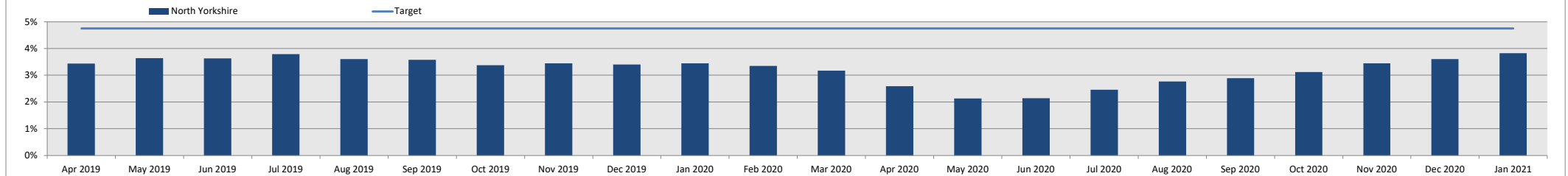
The dementia diagnosis rate has been below the threshold for many months. However, since October 2020 it has started to slip a little each month with the COVID restrictions appearing to not have had a significant detrimental affect unlike other health areas. However, it is still continuing to decline each month. Over 12 months to February 2021 it has dropped 5.3%.

A verbal update will be provided at the board meeting.

IAPT

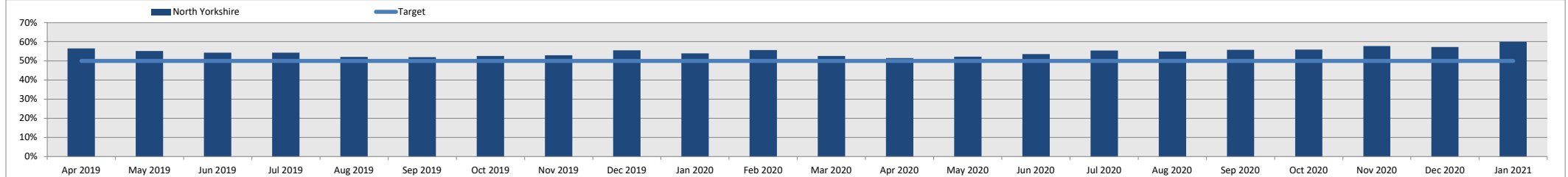
	Latest Data	High or Low	Threshold	Actual Position	Status
IAPT Roll-Out	Jan-21	High	4.8%	3.8%	
IAPT Recovery Rate	Jan-21	High	50.0%	59.9%	

IAPT Roll-Out - North Yorkshire - Current - Jan-21



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021
IAPT Roll-Out	3.4%	3.6%	3.6%	3.8%	3.6%	3.6%	3.4%	3.4%	3.4%	3.4%	3.3%	3.2%	2.6%	2.1%	2.1%	2.5%	2.8%	2.9%	3.1%	3.4%	3.6%	3.8%

IAPT Recovery Rate - North Yorkshire - Current - Jan-21



	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021
IAPT Recovery Rate	56.4%	55.1%	54.2%	54.2%	52.0%	51.9%	52.6%	52.9%	55.5%	53.8%	55.6%	52.6%	51.4%	52.1%	53.5%	55.3%	54.8%	55.7%	55.9%	57.7%	57.2%	59.9%

What the data is showing us...

For the CCG, the IAPT Roll-Out has been below the target for many months and was maintaining a level above 3% but since the COVID restrictions came into force this had declined to just above 2%. From October it has returned to be above 3% and has continued for 4 months.

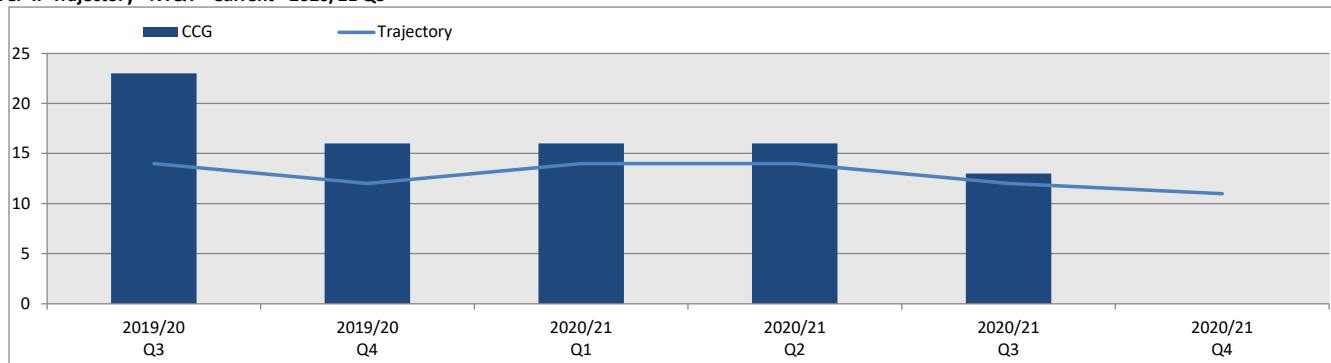
The Recovery rate for the CCG has maintained its above target levels before and since the COVID restrictions. As at January it is almost 10% higher than the target and been above all year.

A verbal update will be provided at the board meeting.

Transforming Care Programme

	Latest Data	High or Low	Threshold	Actual Position	Status
CCG	2020/21 Q3	Low	12	13	
Specialised Commissioning	2020/21 Q3	Low	13	12	
CAMHS	2020/21 Q3	Low	2	0	

TCP IP Trajectory - NY&Y - Current - 2020/21 Q3



	2019/20 Q3	2019/20 Q4	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4
All beds and overall performance	23	16	16	16	13	
CCG	23	16	16	16	13	
Specialised Commissioning	13	13	13	13	12	

At the end of Q3 we have achieved trajectory (12 CCG and 13 spec comm respectively), and have over achieved on CYP which is set at a trajectory of 2 which meant we were on trajectory of 25 in total we also had no admissions.

We continue to focus on admission avoidance (in addition to progressing discharges), and anticipate a further 5 discharges the coming quarter wherein our CCG trajectory is 12.

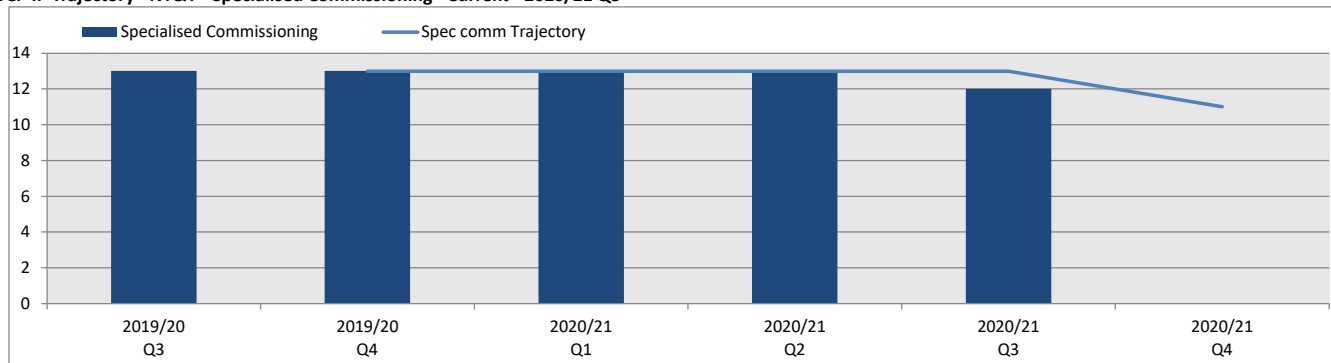
We had 2 re-admissions during Q3 but both have subsequently been discharged. These were both planned short term admissions via LAEP's and community CTR's.

Our LoS does continue to increase due to some long stay patients who are subject to MoJ restrictions and are currently appropriately placed in treatment.

We do have one delayed discharge (VoY) however we are confident a placement will be found over the coming quarter. Our out of area patients (x=7) are being reviewed every 8 weeks and all currently have dates in the diary - we have just one concern at the moment but this is being reviewed (no access to psychology in a locked rehab bed out of area).

We continue to meet our CTR and CETR targets. In September 2020 we had two post-admission CTRs and one LAEP (which resulted in a recommendation of short stay hospital admission). One of our post-admission CTRs did not take place within 28 days of admission as our team were informed about this admission by the CMHT 3 weeks 2-3 weeks after admission. CTR awareness and training sessions are currently being booked with Crisis Teams and CMHTs as generally delays in reporting admissions are for individuals with Autism and Mental Health dual-diagnosis who are supported by CMHTs. We are also working closely with Crisis Teams and MH/LD hospitals to promote prompt information sharing regarding

TCP IP Trajectory - NY&Y - Specialised Commissioning - Current - 2020/21 Q3



	2019/20 Q3	2019/20 Q4	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4
All beds and overall performance	13	13	13	13	12	
Specialised Commissioning	13	13	13	13	12	

As above

Title of Meeting:	NY CCG Governing Body			Agenda Item: 6.1									
Date of Meeting:	22 April 2021												
Paper Title:	Finance Update and Budgets for 2021/22 months 1-6			<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Development Session</td> <td></td> </tr> </table>		Session (Tick)		Public	X	Private		Development Session	
Session (Tick)													
Public	X												
Private													
Development Session													
Responsible Governing Body Member Lead Jane Hawcard, Chief Finance Officer			Report Author and Job Title Jane Hawcard, Chief Finance Officer										
Purpose – this paper is for:	<table border="1"> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> <tr> <td>X</td> <td></td> <td></td> <td></td> </tr> </table>	Decision	Discussion	Assurance	Information	X							
Decision	Discussion	Assurance	Information										
X													
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 to FPCCC.													
Executive Summary The purpose of this report is to: 1. Update on the financial performance to month 11 2. Update on year end 3. Review allocations for 2021/22 months 1-6 and draft CCG budget 4. Update on covid19 costs incurred to date													
Recommendations The Governing Body is being asking: To note: • Financial performance to month 11 including COVID-19 costs incurred to date Approve • Draft CCG budget for months 1-6													
Monitoring Through the Finance, Performance, Contracting and Commissioning Committee.													
CCG Strategic Objectives Supported by this Paper													
	CCG Strategic Objectives				X								
1	Strategic Commissioning: • 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.												
6	Vulnerable People: We will support everyone to thrive [in the community].												
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	
6	Respect	

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

YES		NO	X
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If yes, please indicate which principle risk and outline

Principle Risk No	Principle Risk Outline

Any statutory / regulatory / legal / NHS Constitution implications	Statutory requirement to break even and comply with the government guidance on the Hospital Discharge Programme and COVID-19 Expenditure regime.
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.
Communication / Public & Patient Engagement	N/A
Financial / resource implications	Financial implications are detailed within the paper.
Outcome of Impact Assessments completed	N/A

Jane Hawkard, Chief Finance Officer

1. Month 11 Performance

Table 1 below shows the month 11 YTD reported position of, for the first time this year, an underspend of £57k. This reversal from reporting deficit positions arises due to the CCG's resource allocation now includes estimated covid19 hospital discharge programme (HDP) funding requirements for M11 & M12.

Table 1 – YTD Position	YTD - Months 1 to 11			Covid19 Costs £000s
	Bud £000s	Actual £000s	Var £000s	
Acute Services	354,704	354,595	110	-
Mental Health Services	59,161	58,009	1,153	-
Community Health Services	50,691	50,405	285	22
Continuing Care Services	55,897	56,715	(818)	2,989
Primary Care Services	17,382	17,088	293	1,815
Prescribing	69,112	69,570	(458)	-
Primary Care Co-Commissioning	61,945	61,777	168	63
Other Programme Services	43,043	42,696	347	21,177
Total Commissioning Services	711,935	710,855	1,079	26,066
Running Costs (ISFE)	7,649	7,385	264	
CCG Net Expenditure reported at M11	719,583	718,240	1,343	
Resource allocation at M11	718,297			
Planned Deficit before expected conditional allocations	(1,286)		(1,286)	
Current Month 11 Position Underspend/(Deficit)				57

1.1 Explanation of Under/Over Spends Against Budgets

All budgets continue to experience the same benefits and pressures as noted in previous reports and continue to be noted below for completeness. With the top-up resource allocation now received in month 8 for month 6, these variances will reduce as the resource allocation is allocated to the relevant budgets.

Acute Services

This underspend arises from reduced non-contracted expenditure both with NHS providers and the independent sector.

Mental Health Services

This underspend arises from delayed discharges/reduced package costs from the Transforming Care Partnership (TCP) programme and a reduced requirement from the MH SDF allocations

Community Services

Now reporting an underspend arising mainly from the reduced spend on the CCG's original hospital discharge to assess (D2A) programme.

Continuing Care Services

Overspend arises from covid19 costs and the non-delivery of the QIPP programme.

Primary Care Services

Increased underspend arising mainly from reduced costs within the GP-IT programme, home oxygen service and local enhanced schemes (LES).

Prescribing

Previously reported as being on-line, this budget is now overspending as the CCG accounts for the annual pricing adjustment arising from the impact of category M drugs.

Primary Care Co-Commissioning

Slight underspend arises from underspends linked to the PCN new roles.

Other Programme Services

Previous reports have highlighted that this overspend is due to the delay in receiving covid19 HDP costs re-imbursement. However, the CCG has now received this funding for the remainder of the financial year. The underspend now reported mainly arises from reduced costs within patient transport (PTS), specialist rehabilitation for brain injury (SRBI), and acute referral support services (RSS).

2. Year End Update

Ledger Closure

The CCG is currently on track to close down the financial ledgers for 2020/21, as per the national timetable, on the 16th April. Year-end accounts work is running in parallel, again as per the national timetable, for submission of the draft accounts to NHSE and our external audits on the 27th April. Part of the year-end accounts work includes the Agreement of Balances exercise. Debtor statements have already been issued. Income accruals statements are on track to be issued by the national deadline of the 9th April. First submission date to NHSE is the 27th April.

Current ledger analysis confirms the expected breakeven position for the CCG with an expected small surplus being reported at final ledger closedown.

Cash

NHS year-end requirements are that CCGs should have minimal cash balances – much lower than the month-end target of 1.25% of cash drawdown. This 1.25% target for March was £815,000. The actual year-end balance was £1,980 (after £6,378 of unrepresented cheques).

3. 2021/22 Planning Update

3.1 The overall Planning Priorities are set out as follows:

- Supporting the **health and wellbeing of staff and taking action on recruitment and retention**

- Delivering the **NHS COVID vaccination programme** and continuing to meet the needs of patients with COVID-19
- Building on what we have learned during the pandemic to transform the delivery of services, **accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services**
- **Expanding primary care capacity** to improve access, local health outcomes and **address health inequalities**
- Transforming community and urgent and emergency care to **prevent inappropriate attendance at emergency departments (ED)**, improve timely admission to hospital for ED patients and **reduce length of stay**
- **Working collaboratively** across systems to deliver on these priorities.

3.2 Humber Coast and Vale ICS are taking the following approach to the planning process:

- HCV Partnership wide strategic objectives and priorities
- Primacy for planning continues to sit with the 2 Geographical Partnerships, covering a range of areas, and with a system focus
- Mental Health Partnership lead for Mental Health and Learning Disability and Autism Plans
- Workforce and Financial Planning to be integral and fully triangulated
- HCV Finance and Programme Leads group to oversee and provide oversight and coordination of planning processes, timescales and requirements

3.3 Timescales

The high level planning timescales are shown in the table below:

Key Tasks	Date
Publication. • 2021/22 priorities and operational planning guidance • Guidance on finance and contracting arrangements for H1 2021/22 • Implementation guidance • Technical definitions	Thursday 25 March 2021
Templates issued. • Non-functional activity, workforce • Narrative	Friday 26 March 2021
System financial planning template and SDF schedules issued	Monday 29 March 2021
Organisation (provider) capital and cash plan submission	Monday 12 April 2021
• System finance plan submission. • Mental Health finance submission Draft plan submission deadline. • Draft activity, workforce (primary and secondary care) and MH workforce numerical submission • Draft narrative plan submission	Thursday 6 May 2021
Non-mandated provider organisation finance plan submission	w/c 24 May 2021
Final plan submission deadline. • Final activity, workforce and MH workforce numerical submission • Final narrative plan submission	Thursday 3 June 2021

The plan submission for the first 6 months of the year consists of:

- A financial plan
- A mental health financial plan which delivers the mental health investment standard
- An activity and workforce plan
- A narrative plan covering a number of key areas only:
 - Elective recovery
 - Cancer plan
 - Health inequalities
 - Maternity, specifically covering the response to the Ockenden report
 - ICS Development Plan

The NY&Y System Delivery Group (SDE) have agreed a planning timetable to ensure this information is produced and have held one workshop to review draft acute and health inequality plans. A second workshop in April will focus on the community, primary care and mental health plans.

The combined NY&Y draft plan will be available for organisational review in May before final submission in June.

The run rate analysis is still being undertaken with a first draft having been reviewed requiring more detailed analysis.

4. Financial allocations

Financial allocations have been received by the NY&Y system to cover April to September as follows:

HCV - North Yorkshire	1	2	3	4	
QQQ1					
North East and Yorkshire	42D	03Q	RCD	RCB	
	NHS North	NHS Vale Of	Harrogate And	York Teaching	
	Yorkshire CCG	York CCG	District NHS	Hospital NHS	
			Foundation	Foundation	System
			Trust	Trust	envelope
					funding
Values for 2021/22 H1, £000s					H1
System envelope funding					
H2 envelope funding:					
CCG allocations - programme (including adjustments to model breakeven and growth fundin	316,317	233,361	-	-	549,678
CCG allocations - running costs	3,932	3,328	-	-	7,260
CCG allocations - delegated primary care	32,123	24,159	-	-	56,282
System top-up - indicative organisation values	-	-	4,683	16,542	21,225
Covid funding	23,568	-	-	-	23,568
Total H2 envelope funding					658,013
FYE adjustment: MHIS	(634)	(782)	-	-	(1,415)
CCG allocation adjustments due to SpecComm corrections for genomics/complex knees	(72)	(58)	-	-	(130)
System top-up adjustments due to SpecComm corrections for genomics/complex knees	-	-	98	221	319
Total H2 funding adjusted					656,787
Transfer of SDF embedded in adjusted CCG allocations to separately notified SDF allocation	(445)	(1,042)	-	-	(1,487)
Transfer of specialised high cost drugs and devices funding from system top-up to NHSE s	-	-	134	(396)	(262)
Additional funding for rollover period (detailed below)					23,294
System top-up efficiency reflecting 2019/20 CT shortfall					(1,696)
Draft H1 system envelope funding					676,637

In comparison to the previous 6 month allocation which was £657,976 we have received an extra £18,660k.

This increase is largely made up of the additional allocations shown below less an efficiency reduction of £1,696k and a reduction in embedded transformation funding which will be funded through a separate funding stream in 21/22 outside the system envelope.

Additional funding (assumed matched expenditure, other than some components of CCG programme/system top-up growth):			
Acute IS adjustment	9,776		
CNST inflation	1,443		
Envelope growth - CCG programme allocations	4,897		
Envelope growth - CCG running costs allocations	-		
Envelope growth - CCG delegated primary care allocations	3,872		
Envelope growth - System top-up - indicative organisation values	106		
Envelope growth - Covid funding	207		
Mental health investment standard	1,894		
Total additional funding (assumed matched expenditure)	22,194		
Assumed expenditure to match additional funding			
System top-up efficiency reflecting 2019/20 CT shortfall		(1,696)	

We are working with partners in VOY CCG, York and Harrogate Trusts to agree the allocations for Covid, growth and efficiency across the partners in the NY&Y system.

In view that the allocation is for 6 months are significantly larger than that for the last 6 months we have agreed the following principles:

1. To base the allocative plan on the previous plan for the previous 6 months.
2. To base the Covid allocation on the original agreement for the previous 6 months and to review spend against the allocation at the end of June.
3. To apply Covid growth in proportion to agreed Covid allocations.
4. To split the efficiency requirement equally between the four organisations.
5. To apply the splits as set out in the detailed allocation envelope for IS adjustments, CNST, growth and the mental health investment standard.

Draft system allocations have been shared between the partner organisations on this basis.

A separate slide deck presentation gives the most up to date plan for the CCG for M1-M6 and requires approval for submission. See Appendix 1.

5. Covid19 Expenditure Update

The following table provides the committee with an updated summary on the costs incurred to the end of February 2021. Spend for the first 11 months of this financial year now stands at £26m, split into £5.481m directly incurred through the CCG, £20.384m indirectly incurred through NYCC for hospital discharge, and £0.2m of pass-through funding costs.

It is worth noting that the NYCC pooled costs for hospital discharge programme scheme 1 is negative £711k in February. This refund has arisen as patient assessments are undertaken ahead of the 31st March 2021 deadline, resulting in reconciliation work to move costs from the pooled budget to NYCC social care budget.

A detailed breakdown of costs incurred directly by the CCG continues to go to the weekly Directors meeting for approval.

	April £000's	May £000's	June £000's	July £000's	August £000's	September £000's	October £000's	November £000's	December £000's	January £000's	February £000's	Total £000's
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
NYCC Pool Costs - Scheme 1												
Block Beds	558	831	812	503	526	0	0	0	0	0	0	3,230
Care home packages	178	354	438	784	1,002	964	1,007	748	160	209	(233)	5,611
Home care packages	156	381	510	665	798	643	901	715	185	138	(208)	4,884
Intermediate care packages	187	265	365	413	491	99	597	413	89	233	(17)	3,135
Other	20	19	28	16	18	(2)	34	18	17	17	17	203
Less BAU adjustment	(288)	(270)	(270)	(270)	(270)	(270)	(270)	(270)	(270)	(270)	(270)	(2,988)
Total NYCC Pool Costs - Scheme 1	811	1,581	1,884	2,111	2,565	1,434	2,269	1,624	181	327	(711)	14,075
NYCC Pool Costs - Scheme 2												
Care Home						299	523	672	732	724	926	3,875
Other care accomodation						0	0	7	11	0	0	18
Domiciliary/Home care						159	296	402	302	246	231	1,636
Reablement/intermediate care						216	(70)	75	214	174	171	780
Accommodation & care for 14 day isolation						0	0	0	0	0	0	0
Other (please specify)						17	(17)	0	0	0	0	0
Less BAU adjustment												0
Total NYCC Pool Costs - Scheme 2						691	732	1,156	1,259	1,144	1,327	6,309
Total NYCC Pool Costs	811	1,581	1,884	2,111	2,565	2,124	3,001	2,780	1,440	1,471	616	20,384
CCG Costs												
GP practices	284	180	100	144	179	181	0	0	0	0	0	1,068
GP practices - Bank Holiday Working	250	20	0	0	9	0	0	0	0	0	0	278
COVID Hot Site at Friarage Hospital	0	44	0	58	34	34	0	0	0	0	0	169
PC Enhanced Service to Care Homes	0	45	43	141	0	35	0	0	0	0	0	264
Fasttrack (EoI) & CHC - Scheme 1 (to 30Sept)	117	184	240	284	222	196	180	109	56	47	52	1,688
Fasttrack (EoI) & CHC - Scheme 2 (Oct-Mar)						74	35	52	37	39	40	277
CHC - PPE uplift	119	139	141	139	160	70	0	0	0	0	0	769
Other	14	31	25	48	56	145	0	0	0	0	0	320
Care homes IT equipment	0	111	0	0	0	0	0	0	0	0	0	111
Vocare, Medequip, PC Eyecare	0	0	116	101	0	15	0	0	0	0	0	232
NECS - IT support costs	0	0	106	0	0	40	0	0	0	0	0	146
GP Returners Programme	0	0	0	0	0	0	6	7	12	18	16	59
CHC Deferred Assessments Workforce									59	41	0	100
Total CCG Costs	783	756	771	915	660	790	221	168	164	146	108	5,481
Other Costs												
CHC Deferred Assessments Workforce (NYCC)							30	32	31	32	31	156
Other (Adjustments back to CCG budget/spend)											45	45
TOTAL	1,594	2,336	2,654	3,026	3,225	2,914	3,252	2,980	1,635	1,649	800	26,066

Jane Hawcard
Chief Finance Officer

NY&Y Financial Planning 2021/22 & NY CCG Draft Plan Months 1 to 6 (H1)

April 2021



Content Summary

- | | |
|----------|---|
| 1 | Principles of NY&Y system financial planning and NY&Y Envelope for M1-6 (H1) |
| 2 | Draft CCG Plan and planning assumptions for 2020/21 M1-M6 |
| 3 | Risk & Mitigation Analysis |
| 4 | Detail of Notified System Delivery Funding (SDF) and Primary Care Allocations |

NY&Y SYSTEM ALLOCATION AGREEMENT: H1 2021/22 version 1

NY&Y SYSTEM ALLOCATION AGREEMENT: H1 2021/22 version 1						
	Allocation 2021/22 H1 version					
	VoY CCG	NY CCG	YFT	HDFT	Total	Notes
	£000	£000	£000	£000	£000	
Notified NY&Y System Envelopes						
CCG Allocation	233,361	316,317			549,678	
Running Cost allocation	3,328	3,932			7,260	
Delegated PC	24,159	32,123			56,282	
CCG NR Allocation to breakeven						
System Top Up			16,542	4,683	21,225	
Central adjustments	- 1,882	- 1,151	- 175	230	- 2,977	
Covid allocation	409	1,960	12,422	8,778	23,568	COVID allocation - allocated as per 2020/21
System Growth reallocation as agreed	400	400			-	
Total Income	259,776	352,782	28,789	13,691	655,036	
Support for NHS provider other income loss			580	290	870	National adjustments Split 2/3rd to YFT and 1/3rd to HDFT
Funding for free car parking for patient and staff groups			153	77	230	Split 2/3rd to YFT and 1/3rd to HDFT
CCG IS adjustment to bring allocations back to 19/20 levels	4,372	5,404			9,776	National adjustments
CNST inflation	-	-	795	648	1,443	National adjustments
Envelope growth - CCG programme allocations	2,075	2,821			4,897	National adjustments
Envelope growth - CCG delegated primary care allocations	1,705	2,167	-	-	3,872	National adjustments
Envelope growth - System top-up - indicative organisation v	-	-	82	25	106	National adjustments
Envelope growth - Covid funding	4	17	109	77	207	Covid inflation split as per Covid allocation
Mental health investment standard	1,035	859	-	-	1,894	National adjustments
Total Additional H1 funding	9,191	11,268	1,719	1,116	23,294	
Efficiency	- 424	- 424	- 424	- 424	- 1,696	Efficiency target split equally
Total System Envelope	268,542	363,625	30,084	14,383	676,634	
SDF Outside the Envelope (notified to date)		2,273				
Total System Envelope including notified SDF		365,898				

Financial Plan 2021/22 Months 1 to 6

CCG Budget Assumptions

- National growth assumptions except for CHC (4%) and Prescribing (3%)
- Provision of 0.5% Contingency
- Assumed 50% COVID Expenditure available to support the position (not required for Covid specific expenditure). 50% of Covid allocation kept available for Q2 as per system agreement, need to be reviewed at Q2.
- Primary Care (PC) Co-Commissioning budgets assumed same as allocation, no excess risk
- Mental Health (MH) uplifted by 3.63% to meet MH Investment Standard
- System Delivery Funding (SDF) received outside the baseline envelope is expected to be spent on delivery per funding requirements
- BCF uplifted by 5.3% as per national guidance
- CCG Independent Sector (IS) budget assumed to be funded in total from existing allocation and the Elective Incentive Scheme through accrued income.
- A QIPP efficiency programme of £3.7m (1%) is required to breakeven in mitigation for expected/inflationary pressures in excess of national growth allocation for inflation. The Efficiency plan is to be focussed on Prescribing and CHC in H1, with slippage expected to continue on running costs of circa £500m and a further £1m slippage expected across other budgets.

Elective Recovery Fund £1bn nationally

- Access to fund based on activity undertaken above baseline rather than an £ Allocation per ICS – measured and earned at system level
- On combined activity – NHS Provider within ICS & Independent Sector commissioned by CCGs
- Earned Monthly - compared v 19/20 (uplifted for expected 20/21)
- Measured on total value of activity undertaken so higher cost work not disadvantaged
- Baseline funding in system envelopes assumed to deliver 85% of this activity
- Lower baseline in April (70%), May (75%) June (80%) to reflect covid pressure, people recovery etc, July onwards 85%
- Activity >85% at any time in first 6 months – funded @120% tariff
- April 70-85% at 100% tariff, May 75-85%, June 80-85%
- No downside adjustment
- Confirmation of access to fund measured on a monthly basis on progress against
 - addressing health inequality / transforming OP / progress on system management / evidence clinical validation/people recovery



Financial Plan 2021/22 Months 1 to 6

Draft CCG Budget

Financial Plan Summary 2021/22 - Month 1 to 6					
	NYCCG Plan £000	Provider Pass through £000	Total NYCCG Plan pre QIPP £000	QIPP/Savings Requirement £000	Total NYCCG Plan post QIPP £000
CCG Allocation					
CCG Allocation	360,028		360,028		360,028
CCG Top-up (Includes efficiency requirement)	(424)	22,214	21,790		21,790
CCG Covid allocation	1,977	22,255	24,232		24,232
CCG Growth funding	2,043		2,043		2,043
CCG Mental health (SDF and SR)	1,803		1,803		1,803
CCG SDF allocation (excl MH)	471		471		471
Total CCG allocations	365,898	44,469	410,367	0	410,367
CCG Expenditure					
Acute Services	181,574	44,469	226,043		226,043
Mental Health Services	34,396		34,396		34,396
Community Services	28,191		28,191	(329)	27,862
Continuing care services	28,818		28,818	(1,000)	27,818
Primary care services (excluding prescribing)	7,966		7,966	(280)	7,686
Primary care prescribing	39,095		39,095	(1,100)	37,995
Primary care co-commissioning	34,290		34,290		34,290
Other programme services	9,613		9,613	(576)	9,037
Running costs	3,932		3,932	(500)	3,432
Contingency	1,808		1,808		1,808
Total CCG Expenditure	369,683	44,469	414,152	(3,785)	410,367
CCG Deficit before QIPP/Efficiency	(3,785)	0	(3,785)	3,785	0

Financial Plan 2021/22 Months 1 to 6

Risks and Mitigations

Financial Risk Analysis for H1	NY CCG £000	Notes
Q1 Independent Sector commissioned activity above CCG baseline funding	3,910	
Slippage on QIPP/Savings in CHC	400	
Slippage on QIPP/Savings in Prescribing	400	
COVID cost pressures emerging through H1	100	
Hospital Discharge Programme - depending on allocation	TBA	Dependent upon guidance not yet released, reimbursement basis vs block allocation
Total Risks	4,810	
Planned Mitigations	NY CCG £000	
Elective Recovery Fund	3,910	Dependent upon all Acute Providers meeting agreed trajectories
Contingency	1,808	
Slippage in expenditure above QIPP requirement due to the continued Covid regime into Q1 impacting on activity based budgets (discharge to assess, transport, oxygen, TCP)	TBA	
System Delivery Funding slippage	TBA	Not all SDF known at present, some slippage is likely
Total Mitigations	5,718	
Balanced Risk and mitigations	908	

Detailed Analysis of System Delivery Funding and Primary Care Allocations

<u>System Delivery Funding</u>		<u>Envelope growth - CCG delegated primary care allocations</u>	
Primary Care		Half Year Uplifts:	
GP IT & Resilience	50		
Improving Access	386	Uplift to 21/22 Published Alloc level	1230
Mental Health		Recurrent 20/21 transfers	61
C&YP	209	Investment and Impact Fund (IIF)	193
YP 18-25 years	63	Care home premium	296
MHST Wave 1&2	368	Increase in practice funding	76
Adult MH Liaison	310	New QOF indicators	311
Covid staff support hub	505		
CYP Eating Disorders	38		
Community Crisi	140		
Discharge	271		
Embedded	- 102		
Maternity			
LTP pre term	36		
	<u>2,274</u>		<u>2,167</u>

Title of Meeting:	NY CCG Governing Body			Agenda Item: 7.1									
Date of Meeting:	22 April 2021												
Paper Title:	Operational Planning 2021/22			<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Development Session</td> <td></td> </tr> </table>		Session (Tick)		Public	X	Private		Development Session	
Session (Tick)													
Public	X												
Private													
Development Session													
Responsible Governing Body Member Lead Wendy Balmain, Director of Transformation and Integration			Report Author and Job Title Wendy Balmain, Director of Transformation and Integration										
Purpose – this paper is for:	<table border="1"> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> <tr> <td></td> <td></td> <td></td> <td>X</td> </tr> </table>	Decision	Discussion	Assurance	Information				X				
Decision	Discussion	Assurance	Information										
			X										
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: No.													
Executive Summary The purpose of this report is to provide the Governing Body with an update on priorities and operational planning for 2021/22. The 2021/22 priorities and operational planning guidance, published by NHS England and Improvement, sets the priorities for the year ahead, against a backdrop of the challenge to restore services, meet new care demands and reduce the care back logs that are a direct consequence of the pandemic, whilst supporting staff recovery and taking further steps to address inequalities in access, experience and outcomes.													
Recommendations The Governing Body is being asking: - To note the priorities and operational planning for 2021/22 - To note key dates detailed within the report.													
Monitoring Through the Finance, Performance, Contracting and Commissioning Committee.													
CCG Strategic Objectives Supported by this Paper													
	CCG Strategic Objectives				X								
1	Strategic Commissioning: - 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.				X								
2	Acute Commissioning: We will ensure access to high quality hospital-based care when needed.				X								
3	Engagement with Patients and Stakeholders: We will build strong and effective relationships with all our communities and partners.				X								
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: We will support everyone to thrive [in the community].				X								

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 X
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CCG Values underpinned in this paper

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

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 must submit an operational plan to NHS England and Improvement.
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.
Communication / Public & Patient Engagement	N/A
Financial / resource implications	Financial implications are detailed within the paper.
Outcome of Impact Assessments completed	N/A

Wendy Balmain, Director of Strategy and Integration

2021/22 Priorities: Operational Planning Guidance and Financial Arrangements

April 2021



Priorities for the Year Ahead

Supporting the health and wellbeing of staff and taking action on recruitment and retention

Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19

Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services

Expanding primary care capacity to improve access, local health outcomes and address health inequalities

Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay

Working collaboratively across systems to deliver on these priorities

Health Inequality Priorities for the Year Ahead

Restore NHS services inclusively

Mitigate against digital exclusion

Ensure datasets are complete and timely

Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes

Strengthen leadership and accountability

Significant focus on the impact of Covid-19 on health inequalities

Submission Requirements

Activity and Performance

Single system level collection incorporating CCG and provider level breakdowns as appropriate

Workforce

Single system level collection across acute, community and primary care, incorporating provider level breakdown

Dedicated mental health collection at system and provider level

Finance

System financial planning template

Provider financial planning template

Mental health CCG financial planning template

Supporting Narrative

A single system level template covering:

- The actions and assumptions that underpin the trajectories within the activity and workforce numerical submission; and
- Other critical actions that systems will take over the next 6 months to address the priorities set out in 2021/22 operational planning guidance including health inequalities and maternity

North Yorkshire and York Plan Development

Managed through System Delivery Executive (SDE) for North Yorkshire and York

Sign-off of North Yorkshire and York plans through the System Leadership Executive (29 April 2021)

Sector/priority led workshops underway with leads from across the system identified for key sections of narrative and initial drafts being prepared

Co-ordinated through planning and finance leads for North Yorkshire and Vale of York CCGs

Weekly joint planning meetings with all HCV planning leads and ICS leads

Focus on restoration and recovery but also signalling transformation requirements that support immediate delivery and enable longer term collaboration across sectors and in place

Key issues to be aware of as part of the check and challenge approach include recognising the importance of workforce resilience and the impact of continued infection prevention and control measures on capacity

Timetable

Key Tasks	Date
Publication. • 2021/22 priorities and operational planning guidance • Guidance on finance and contracting arrangements for H1 2021/22 • Implementation guidance • Technical definitions	Thursday 25 March 2021
Templates issued. • Non-functional activity, workforce • Narrative	Friday 26 March 2021
System financial planning template and SDF schedules issued	Monday 29 March 2021
Organisation (provider) capital and cash plan submission	Monday 12 April 2021
• System finance plan submission. • Mental Health finance submission Draft plan submission deadline. • Draft activity, workforce (primary and secondary care) and MH workforce numerical submission • Draft narrative plan submission	Thursday 6 May 2021
Non-mandated provider organisation finance plan submission	w/c 24 May 2021
Final plan submission deadline. • Final activity, workforce and MH workforce numerical submission • Final narrative plan submission	Thursday 3 June 2021

Part 1

Operational Planning Guidance



A: Workforce

- Systems to review and refresh their people plans and show greater progress on equality, diversity and inclusion; progress on compassionate and inclusive cultures; and increasing workforce supply
- Workforce plans cover all sectors – mental health, community health, primary care and hospital services.
- Trusts to allow staff to carry over all unused annual leave and offer flexibility for staff to take or buyback unused leave
- National investment to roll out mental health hubs in each ICS and to expand.
- Develop improvement plans based on the latest workforce race equality standard (WRES) findings
- Accelerate the delivery of the model employer goals.
- Maximise the use of and potential benefits of e-rostering
- Flexibility and staff movement across systems - staff digital passports.
- Develop and deliver a local workforce supply plan
- Introduce medical support workers (MSWs)
- Support the major expansion and development of integrated teams in the community, with primary care networks (PCNs) serving as the foundation

B: Vaccinations

- First dose to all of the adult population by the end of July
- PCN groupings having the option to vaccinate cohorts 10-12 (18-49 year olds) where they can also fulfil the requirements of the GMS contract.
- Being prepared for a COVID-19 re-vaccination programme from autumn
- Possibility of COVID-19 vaccination of children
- Continued use of home oximetry, alongside hospital-led 'virtual wards', proactive care pathways delivered virtually in people's homes
- NHS to continue national funding to maintain the dedicated Post COVID Assessment clinics

C: Recovery

- Additional £1bn funding has been made available.
- Maximise available physical and workforce capacity across each system (including via Independent Sector- IS).
- Incorporate clinically led, patient focused reviews and validation of the waiting list on an ongoing basis (drawing on both primary and secondary care).
- Focus on analysis of waiting times by ethnicity and deprivation.
- Systems that achieve activity levels above set thresholds will be able to draw down from the additional £1bn Elective Recovery Fund (ERF).
- Threshold level is set against a baseline value of all elective activity delivered in 2019/20. For April 2021 it will be set at 70%, rising by 5 percentage points in subsequent months to 85% from July.
- National contracts between NHS England and acute independent sector providers end on 31 March.
- Improve performance in: cardiac, musculoskeletal (MSK) and eye care with support via the National Pathway Improvement Programme.
- Where outpatient attendances are necessary, at least 25% should be delivered remotely.
- National data collection and counting methodology. In future we will use this to inform the way in which the payment system further supports implementation of these reforms.
- Passporting to allow flexible working of employed and bank staff between organisations.
- All systems are expected to work with regions to deliver increased capacity to meet the diagnostic needs for their population.

C: Recovery

- **Cancer:** return the number of people waiting for longer than 62 days to the level we saw in February 2020 (or to the national average in February 2020 where this is lower)
- Meet the increased level of referrals and treatment required to address the shortfall in number of first treatments by March 2022
- Cancer Alliances are asked to draw up a single delivery plan on behalf of their integrated care systems(s) ICSs) for April 2021 to September 2021
- Extend bowel cancer screening to include 50-60 year olds, with rollout to 56 year olds from April 2021
- Meet the new Faster Diagnosis Standard from Q3, to be introduced initially at a level of 75%
- **Mental Health:** delivery of physical health checks for people with Serious Mental Illness (SMI), noting that GPs will be incentivised to deliver the checks in 2021/22 via a significant strengthening of relevant QOF indicators
- Systems investing in community mental health, including funding for new integrated models for Serious Mental Illness
- Enable all NHS Led Provider Collaboratives to go live by 1 July 2021
- Have a strategy and effective leadership for digital mental health, and ensure that digitally-enabled models of therapy are rolled out in specific mental health pathways
- **Maternity:** Local maternity systems (LMSs) should be taking on greater responsibility for ensuring that maternity services are safe for all who access them, and should be accountable to ICSs for doing so
- Responding to the recommendations of the Ockenden review (separate guidance)

D: Primary Care and PHM

- All systems are expected to support their PCNs to:
 - Achieve PCN roles to be in place by the end of the financial year
 - expand the number of GPs towards the 6,000 target
 - continue to make progress towards delivering 50 million more appointments in general practice by 2024.
- National funding for general practice capacity also continues through an additional £120m in first half of the year, which will taper in the second quarter as COVID pressures decrease.
- All practices are delivering appropriate pre-pandemic appointment levels.
- All practices offering face-to-face consultations
- Systems should support their PCNs to work closely with local communities to address health inequalities
- Re-introduction of QOF indicators from April.
- Community Pharmacy Consultation Service (CPCS) Local pharmacy contractors, PCNs and GP practices should be working with their local LPC, LMC and regional teams to agree implementation of this service locally

D: Primary Care and PHM

- **PHM:** NHS England and NHS Improvement will continue to work with systems to develop the real-time data tools and techniques at a granular local level
- Systems to develop robust plans for the prevention of ill-health, led by a nominated SRO, covering both primary and secondary prevention deliverables as outlined in the Long Term Plan . These plans should set out how ICS allocations will be deployed in support of the expansion of smoking cessation services, improved uptake of the NHS diabetes prevention programme and CVD prevention.
- NHS digital weight management services will also be made more widely available
- Review their plans and make progress against the LTP high impact actions to support stroke, cardiac and respiratory care.
- Delivering the NHS Comprehensive Model for Personalised Care Implementation will be supported by recruitment to three additional roles funded through the ARRS: Social Prescribing Link Workers, Health and Wellbeing Coaches, and Care Coordinators.

E: Urgent and Emergency

- Accelerate the rollout of the 2-hour crisis community health response at home to provide consistent national cover (8am-8pm, seven days a week) by April 2022. Additional transformation funding will be released subject to those plans
- NHS will continue to fund the first six weeks of additional care after discharge from an NHS setting during the first quarter and first four weeks from the beginning of July.
- Systems to promote the use of NHS 111 as a primary route into all urgent care services
- Adopt a consistent, expanded, model of SDEC provision, including associated acute frailty services, within all providers with a type 1 emergency department
- Systems are asked during Q1 to roll out the Emergency Care Data Set (ECDS) to all services

F: System

- ICSs will be asked to set out, by the end of Q1, the delivery and governance arrangements that will support delivery of the NHS priorities set out in a memorandum of understanding (MOU).
- Develop the underpinning digital and data capability to support population-based approaches
- Systems should commence their procurement of a shared care record so that a minimum viable product is live in September and roadmap for development to include wider data sources and use for population health is ready for April 2022.
- Implement ICS-level financial arrangements.
- For the six-month period to 30 September 2021, we will be issuing system envelopes based on the H2 2020/21 funding envelopes and including a continuation of the system top-up and COVID-19 fixed allocation arrangements.
- Total quantum will be adjusted to issue additional funding for known pressures and key policy priorities (including inflation, primary care and mental health services).
- System envelopes will also be adjusted to reflect an efficiency requirement increasing through the second quarter and with an increased requirement for those systems that had deficits compared to 19/20 financial trajectories at the end of 2019/20.
- Will be developing specific system productivity measures to align with the focus on clinical pathway transformation and the reduction in unwarranted variation.

Part 2

Financial Arrangements



Financial Arrangements

- The following services will continue to be funded outside of system envelopes
 - ✓ specialised high cost drugs and devices
 - ✓ specific COVID-19 services
 - ✓ non-clinical services contracted by NHS England and NHS Improvement that are transacted via invoicing
 - ✓ allocations of national Service Development Funding
- Signed contracts between NHS commissioners and NHS providers (NHS trusts and NHS foundation trusts) are not required for the H1 2021/22
- Where non-NHS providers are being commissioned, a written contract in the form of the 2021/22 NHS Standard Contract must be in place and signed.
- Local subcontracts required in place for IS acute capacity from 1 April 2021 onwards.
- No drawdown of historic underspends available during the H1 period. This position will be reviewed for H2 2021/22 and will remain subject to affordability.
- Cumulative historic under and overspends will continue to be reported at a CCG level; however, any future access to historic underspends will additionally take into consideration the net position of the system.

Primary Care Funding (1)

- Funding for the updated GP contract for 2021/22
- Additional allocations for the GP contract, on top of the published primary medical allocations, will be issued to fund:
 - ✓ £20m practice contract funding, continuing to fund the impact of changes in the 2020/21 GP contract
 - ✓ £24m for the new QOF indicator for mental health – severe mental illness (new for 2020/21)
 - ✓ £58m for the new QOF indicators for vaccinations and immunisations, previously funded from public health budgets (new for 2020/21)
 - ✓ the first tranche of the Impact and Investment Fund (IIF) indicators are introduced in April, valued at £50.7m.
- In addition to the £50.7m above, CCGs to be funded up to a further £99.3m for the IIF during 2021/22. The profile of this funding will be subject to further discussions on the IIF indicators.
- Allocations for Improving Access funding will continue to be transacted through the same mechanism as in 2020/21, which comprised funding already embedded in CCG core allocations and additional service development fund (SDF) allocations to give a total of £6 per head.

Primary Care Funding (2)

- £746m for the Additional Roles Reimbursement Scheme (ARRS):
- Published primary medical care allocations already include
 - ✓ £415m of the total £746m funding available for ARRS
 - ✓ the remaining £331m will be held centrally by NHS England and NHS Improvement. Once the PCNs in a CCG area have claimed the total of the CCG's allocated share of the £415m, and ongoing claims will cause the CCG to exceed this amount, a CCG can access additional funding based on need.
- £134m support for PCNs, comprising:
 - ✓ £91m for the £1.50 per head from published CCG core allocations
 - ✓ £43m for the clinical director roles from CCG primary medical care allocations
 - ✓ £55m Care Home Premium funding to support PCN delivery of the Enhanced Health in Care Homes services – to be allocated to CCGs separately
 - ✓ £87m for the PCN Extended Access DES from CCG primary medical care allocations.

Gateway Criteria to Access the ERF

Detailed criteria in five key areas as shown below. These will be assessed on a monthly basis by NHS regional teams:

1. **Health Inequalities:** Systems to demonstrate how they are addressing health inequalities
2. **Transforming outpatient services:** Systems are expected to take all possible steps to avoid outpatient attendances of low clinical value and redeploy that capacity where it is needed.
3. **System-led recovery:** Systems are required to set out how management of Patient Tracking Lists (PTLs), including for cancer patients, will be undertaken at a system level and how NHS and IS capacity will be used to the benefit of the whole system population.
4. **Clinical validation, waiting list data quality and reducing long waits:** Plans should be built on robust, system-level processes.
5. **People recovery:** Systems are required to demonstrate how they will monitor and safeguard staff health and wellbeing to ensure people recovery is taken into account when considering available workforce capacity.

Other items

- Annual Leave – carry forward or buy back
- COVID – system prepare for revaccination programme during Autumn, possible childhood programme and high flu vaccine ambition
- Independent Sector – looking to explore possible 2-3 year relationships
- Cancer priorities:
 - ✓ Return the number of people waiting for longer than 62 days to the level we saw in February 2020 (or to the national average in February 2020 where this is lower) and
 - ✓ meet the increased level of referrals and treatment required to address the shortfall in number of first treatments by March 2022.
- Community Diagnostic Hubs – Capital and revenue available
- Free car parking for staff to continue during pandemic, also funding provided for a number of patient groups
- PPE will continue to be procured nationally, funded and overseen by DHSC and available for free for COVID related activities

Title of Meeting:	NY CCG Governing Body	Agenda Item: 8.1									
Date of Meeting:	22 April 2021										
Paper Title:	Governing Body Committees Annual Report 2020-21	<table border="1"> <tr> <th colspan="2">Session (Tick)</th></tr> <tr> <td>Public</td><td>X</td></tr> <tr> <td>Private</td><td></td></tr> <tr> <td>Development Session</td><td></td></tr> </table>		Session (Tick)		Public	X	Private		Development Session	
Session (Tick)											
Public	X										
Private											
Development Session											
Responsible Governing Body Member Lead Julie Warren, Director of Corporate Services, Governance and Performance		Report Author and Job Title Sasha Sencier, Board Secretary and Senior Governance Manager									
Purpose – this paper is for:	<table border="1"> <tr> <th>Decision</th><th>Discussion</th><th>Assurance</th><th>Information</th></tr> <tr> <td></td><td></td><td>X</td><td></td></tr> </table>			Decision	Discussion	Assurance	Information			X	
Decision	Discussion	Assurance	Information								
		X									
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: Yes. Each individual Committee has approved their own annual report.											
Executive Summary This report covers the work of the following Committees of NHS North Yorkshire Clinical Commissioning Group for matters relating to the year 2020/21: • Audit Committee • Remuneration Committee • Primary Care Commissioning Committee • Quality and Clinical Governance Committee • Finance, Performance, Contracting and Commissioning Committee The report will form part of the CCG's Annual Governance Statement.											
Recommendations The Governing Body is being asking to: • Governing Body is asked to review the Committees Annual Report 2020/21. • Receive assurance that combined with the effectiveness reviews the report provides a level of assurance that the Committees have operated effectively during 2020/21.											
Monitoring This report is used as evidence for the Internal Audit on Governance for 2020/21. The report will form part of the Annual Governance Statement, which is part of the Annual Reports and Accounts 2020/21.											
CCG Strategic Objectives Supported by this Paper											
	CCG Strategic Objectives	X									
1	Strategic Commissioning: • 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.										

5	Integrated / Community Care: With our partners and people living in North Yorkshire we will enable healthy communities through integrated models of care.	
6	Vulnerable People: - 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	X
3	Empowerment	X
4	Inclusivity	X
5	Quality	X
6	Respect	X

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	There is a requirement for each Committee to prepare an annual report for matters relating to the financial year. The full report is a requirement to be contained within the Annual Report and Annual Governance Statement.
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.
Communication / Public & Patient Engagement	The final report will be published on the CCG website and a link will be provided in the CCG's Annual Report 2020/21.
Financial / resource implications	Not applicable.
Outcome of Impact Assessments completed	Not applicable.

Sasha Sencier
Board Secretary and Senior Governance Manager
NHS North Yorkshire CCG

NHS North Yorkshire Clinical Commissioning Group

Governing Body Committees Annual Report 2020/21

**Audit Committee
Remuneration Committee
Primary Care Commissioning Committee
Quality and Clinical Governance Committee
Finance, Performance, Contracting and Commissioning Committee**

Terms of Reference for all Committees are contained within the Constitution (for Statutory Committees) and Corporate Governance Handbook (for Non-Statutory Committees). Both documents can be found on the CCG website:
<https://www.northyorkshireccg.nhs.uk/home/about-us/>

Audit Committee Annual Report 2020/21

Introduction

This report covers the work of the Audit Committee meeting of the NHS North Yorkshire Clinical Commissioning Group (NYCCG) for matters relating to the year 2020/21. The Audit Committee is a statutory requirement of the Health and Social Care Act 2012. This report provides the Governing Body of the North Yorkshire CCG with a summary of the work done and in particular how the Audit Committee has discharged its responsibilities in supporting the CCG's Annual Governance Statement (AGS) and Assurance Framework. Further details are contained in the minutes of each Audit Committee meeting, which are routinely provided to the Governing Body.

Committee Membership	Chair: Ken Readshaw, Lay Member for Audit and Governance Members as per Terms of Reference are as follows: The Committee shall consist of the following voting members: • Lay Member for Audit and Governance (Chair) • Secondary Care Doctor (Vice-Chair) • Lay Member for Finance • 1 Governing Body GP Member Required attendees (without voting rights): The Committee may also extend invitations to other personnel with relevant skills, experience or expertise as necessary to deal with the business on the agenda. Such personnel will be in attendance and will have no voting rights. This will normally include: • Chief Finance Officer / Deputy CFO • Chief Nurse • Director of Corporate Services, Governance and Performance • Senior Governance Manager • Information Governance Manager • Internal auditors • External auditors See Appendix A for dates of meetings held and members in attendance.
Numbers required for quorum and any instances where the Committee was not quorate	No business shall be transacted unless there are at least two members present, one of who will be the Chair of the Committee or Vice-Chair of the Committee if the Chair cannot be present. This was achieved for all meetings in 2020/2021.
Conflicts of Interest	No conflicts of interest were identified during the course of the year.

Date of approval of terms of reference	Committee Terms of Reference were approved in March 2020 by the Council of Members and NHS England as part of the Constitution and establishment of the NY CCG. The terms of reference were reviewed by Internal Audit as part of the Governance audit which received an opinion of 'high assurance'.
Key Role of the Committee	The Committee's overall objectives are to ensure that: • The activities of the CCG are within the law and regulations governing the NHS • An effective system of internal control is maintained • An effective system of integrated governance exists within the CCG. The Committee used a timetable to ensure the business of conducts supports the delivery of its responsibilities. The timetable is reviewed as a standing agenda item at each meeting.
Strategic risks delegated to the Committee for scrutiny as per the Assurance Framework	No strategic risks as per the Assurance Framework have been delegated to the Committee for scrutiny. The role of the Committee in relation to the Assurance Framework is to: • Review the system in place for identifying and managing key risks facing the organisation, including the Risk Assurance Framework. The Committee provided assurance to the Governing Body that a robust framework is in place in 2020/21.
Main Responsibilities of the Committee	In discharging it's duties the main items of business considered by the Committee for the year were as follows: • Integrated Governance, Risk Management and Internal Control; • Internal Audit Function, including Internal Audit Reports and Recommendations; Internal Audit Opinion; • External Audit Function, including reviewing the work and findings of the external auditors and considering the implications and management's responses to their work; • Counter Fraud and Security; • Financial Reporting, including monitoring the integrity of the financial statements of the CCG and ensuring that the systems for financial reporting to the CCG, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the CCG.

Summary of the key outcomes of the work of the Committee and the assurances provided to the Governing Body of the North Yorkshire CCG	The work of the Audit Committee is a central part of the CCG's governance and assurance arrangements. As a result of the activity undertaken by the Audit Committee improvements have been made to the CCG's control framework and assurances have been obtained and communicated to the Governing Body as follows: • The CCGs are operating within the law and regulations covering the NHS. • Effective systems of control are maintained. • Arrangements are in place to protect the CCG's assets. • Effective financial reporting and monitoring mechanisms are in place. • An effective system of governance exists in the CCG. • An effective system of risk management has been established and is kept under review. • The CCG has an effective Internal Audit and External Audit service in place. • The external auditors have operated independently and were able to issue opinions on the accounts and value for money for 2020/2021. (To be undertaken at the April and May 2021 meetings). • The CCG has in place arrangements for managing fraud and security which will be kept under review subject to anticipated regulations and commissioning standards.
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Audit Committee NHS North Yorkshire CCG: Attendance 2020/21

Members	29/04/20	23/06/20	16/07/20	17/09/20	24/11/20	18/02/21	Number of meetings attended
Ken Readshaw, Lay Member for Audit (Chair)	✓	✓	✓	✓	✓	✓	6
Dr Ian Woods, Secondary Care Doctor (Vice-Chair)	✓	✓	✓	A	✓	✓	5
Sheenagh Powell, Lay Member for Finance	✓	✓	✓	✓	✓	✓	6
Dr Chris Ives, GP Governing Body Member	A	✓	✓	✓	✓	✓	5
Total number of members in attendance	3	4	4	3	4	4	
Other Attendees							
Amanda Bloor, Accountable Officer	N/A	✓	N/A	N/A	N/A	N/A	1
Charles Parker, Clinical Chair	N/A	✓	✓	✓	✓	N/A	4
Jane Hawkard, Chief Finance Officer	✓	✓	✓	A	✓	✓	5
Julie Warren, Director of Corporate Services, Governance & Performance	✓	✓	✓	✓	✓	A	5
Sue Peckitt, Chief Nurse	✓	✓	✓	✓	A	A	4
Dilani Gamble, Deputy Chief Finance Officer	N/A	N/A	✓	N/A	N/A	N/A	1
Alec Cowell, Deputy Director of Financial services and Reporting	✓	✓	N/A	✓	N/A	✓	4
Alison Levin, Deputy Director of Management Accounting and Contracting	✓	N/A	N/A	N/A	N/A	✓	2
Sasha Sencier, Senior Governance Manager and Board Secretary	✓	✓	✓	✓	✓	✓	6
Claire Harrison, Senior Financial Services Manager	✓	N/A	N/A	N/A	N/A	N/A	1
Emma Parker, Corporate Services and EPRR Manager	N/A	N/A	N/A	N/A	✓	N/A	1
Mark Kirkham, External Audit	✓	✓	✓	✓	✓	✓	6
Ross Woodley, External Audit	✓	✓	N/A	N/A	N/A	N/A	2
James Collins, External Audit	N/A	✓	✓	✓	N/A	N/A	3
Campbell Dearden, External Audit	N/A	✓	✓	✓	N/A	✓	4
Helen Kemp-Taylor, Internal Audit	A	✓	✓	N/A	N/A	N/A	2
Kim Betts, Internal Audit	✓	✓	✓	✓	✓	✓	6
Steve Moss, Counter-Fraud	✓	N/A	N/A	N/A	N/A	N/A	1
Rosie Dickinson, Counter-Fraud	✓	N/A	✓	✓	✓	✓	5
Helen Sanderson, Information Governance	✓	N/A	N/A	✓	N/A	N/A	2
Phil Goatle, Vale of York CCG Audit Chair	N/A	N/A	N/A	N/A	N/A	✓	1

A Apologies Received (Members only)

N/A Is not a Member / does not normally attend / no longer employed / not employed yet

Remuneration Committee Annual Report 2020/21

Introduction

This report covers the work of the Remuneration Committee of the NHS North Yorkshire CCG (NY CCG) for matters relating to the year 2020/21. The Remuneration Committee is a statutory requirement of the Health and Social Care Act 2012. This report provides the Governing Body of the NHS North Yorkshire CCG with a summary of the work done and in particular how the Remuneration Committee has discharged its responsibilities in supporting the CCGs Annual Governance Statements (AGS). Further details are contained in the minutes of each Remuneration Committee meeting, which are routinely provided to the Governing Body.

Committee Membership	Chair: Kate Kennady, Lay Member for Patient & Public Engagement Members as per Terms of Reference are as follows: The Committee shall consist of the following voting members: • Lay member - Patient and Public Engagement (Chair) • Lay Member - Finance (Vice Chair) • 2 x GP Governing Body Members No member of the Remuneration Committee should claim a significant proportion of their income from the CCG. The Chair of the Committee will be a Lay Member of the Governing Body who is not the Audit Chair. Other nominated officers may be invited to attend, such as the Accountable Officer, HR Lead or external advisers, for all or part of any meeting as and when appropriate. See Appendix A for dates of meetings held and members in attendance.
Numbers required for quorum and any instances where the Committee was not quorate	No business shall be transacted unless at least three members are present. This was achieved for all meetings in 2020/2021.
Conflicts of Interest	No conflicts of interest were identified during the course of the year.
Date of approval of terms of reference	Committee Terms of Reference were approved in March 2020 by the Council of Members and NHS England as part of the Constitution and establishment of the NY CCG. The terms of reference were reviewed by Internal Audit as part of the Governance audit which received an opinion of 'high assurance'.

Key Role of the Committee	The Committee shall make recommendations to the Governing Body on determinations about pay and remuneration for employees of the clinical commissioning group (excluding the Lay Members – see 2.2) and people who provide services to the clinical commissioning group and allowances under any pension scheme it might establish as an alternative to the NHS pension scheme. In addition the committee will be responsible for: • Reviewing the performance of the Accountable Officer and other senior team members as appropriate. • If appropriate, considering the severance payments of the Accountable Officer, GB Members (where appropriate) and other senior staff, seeking HM Treasury approval as appropriate in accordance with the guidance ‘Managing Public Money’. • Receiving the output of the Governing Body appraisal process. • Recommend for approval by the Governing Body the terms and conditions, remuneration and travelling or other allowances for all Governing Body Members, clinicians on contracts for services and Very Senior Managers (non-agenda for change grades) including pensions and gratuities (Directors on agenda for change grades do not fall under the remit of the Committee). • To recommend additional payments to the members of the governing body, for leading on particular tasks that are outside of their CCG role
Strategic risks delegated to the Committee for scrutiny as per the Assurance Framework	No strategic risks as per the Assurance Framework have been delegated to the Committee for scrutiny.
Summary of the key outcomes of the work of the Committee and the assurances provided to the Governing Body of the North Yorkshire CCG	In discharging it's duties the main items of business considered by the Committee for the year were as follows: • Remuneration of the Very Senior Managers (VSMs).

Remuneration Committee NHS North Yorkshire CCG: Attendance 2020/21

Members	11/02/21	Number of meetings attended
Kate Kennady, Lay Member for Patient and Public Engagement (Chair)	✓	1
Sheenagh Powell, Lay Member for Finance (Vice-Chair)	✓	1
Dr Mark Hodgson, GP Governing Body Member	✓	1
Dr Peter Billingley, GP Governing Body Member	A	0
Total number of members in attendance	3	
Other Attendees		
Amanda Bloor, Accountable Officer	C	0
Julie Warren, Director of Corporate Services, Governance and Performance	C	0
Charles Parker, Clinical Chair	✓	1
Sasha Sencier, Board Secretary	✓	1
Helen Darwin, HR Business Partner	✓	1

A Apologies Received (Members only)

N/A Is not a Member / does not normally attend / no longer employed / not employed yet

C Conflicted and Not Permitted to Attend

Primary Care Commissioning Committee

Annual Report 2020/21

This report covers the work of the NHS North Yorkshire CCG Primary Care Commissioning Committee (PCCC) meeting for matters relating to the year 2020/21. The PCCC is a statutory committee. This report provides the North Yorkshire Governing Body with a summary of the work done and how the PCCC has discharged its responsibilities in supporting the Annual Governance Statement (AGS) and Assurance Framework. Further details are contained in the minutes of each PCCC meeting which are published on the CCG's website and are routinely provided to the Governing Body.

Committee Membership	Chair: Sheenagh Powell, Governing Body Lay Member Executive Lead: Wendy Balmain Members as per Terms of Reference are as follows: <i>Voting Members:</i> • Lay Member for Finance (Chair) • Lay Member for Patient and Public Engagement (Vice Chair) • Chief Finance Officer* • Director of Strategy and Integration* • Chief Nurse* • 2 Governing Body GP representatives * nominated deputies are permitted but only with the prior agreement of the Chair <i>In attendance (without voting rights):</i> • NHS England/Improvement Representative – North East and Yorkshire • Healthwatch representative • Health and Wellbeing Board/Public Health Representative • North Yorkshire Local Medical Committee Representative • Commissioning Support Representatives • Other Officers of the CCG See Appendix A for dates of meetings held and members in attendance.
Numbers required for quoracy and any instances where the Committee was not quorate	The quorum for meetings shall be five members including a minimum of one lay member present. GP members should not exceed that of Executive Directors and Lay Members combined. Quorum was achieved for all meetings held in 2020/21.
Conflicts of Interest	The following conflicts of interest were identified for 2020/21: 23 July 2020 Item 8.2 Central Healthcare Estates: Dr Omnia Hefni declared her conflict of interest due to being a GP Partner at the practice. The Chair declared that Dr Hefni would not be included in any discussions on agenda item at 8.2. Quorum was not affected.

	24 September 2020 Item 6.3a, Practice Changes, Central Healthcare Scarborough: Dr Peter Billingsley declared a financial conflict of interest due to being a GP locum and Dr Omnia Hefni declared a conflict of interest due to being a GP Partner of Central Healthcare. Item 6.3b Practice Changes, Church Avenue Medical Group, Harrogate: Sheenagh Powell declared a conflict of interest due to being a patient at the neighbouring Nidderdale Practice as well as being Chair of the PCCC Committee. The Committee agreed that Dr Billingsley and Dr Hefni would not be included in any discussions or decisions in relation to agenda item 6.3a and that Sheenagh Powell would not be included in any discussions or decisions in relation to agenda item 6.3b and that the Vice-Chair would Chair the meeting for this agenda item. Quorum was not affected. No other declarations of interest in relation to the business of the meeting were received or noted.
Date of approval of terms of reference	Committee Terms of Reference were approved in March 2020 by the Council of Members and NHS England as part of the Constitution and establishment of the NY CCG. The terms of reference were reviewed by Internal Audit as part of the Governance audit which received an opinion of 'high assurance'.
Key duties of the Committee	The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act. This includes the following: • GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices, and removing a contract); • Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services"); • Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF); • Decision making on whether to establish new GP practices in an area; • Approving practice mergers; • Making decisions on 'discretionary' payment; these decisions will be in line with The General Medical Services Statement of Financial Entitlements (Amendment) Directions 2019 • Currently commissioned extended primary care medical services; • Newly designed services to be commissioned from primary care; • Approving and supporting the development of Primary Care Networks in line with NHS England Guidance; • The Network DES including Network Agreement, DES specifications, Network funding including Network Engagement Funding, Network Administration Payment, Workforce Reimbursement and Clinical Lead funding.

Strategic risks delegated to the Committee for scrutiny as per the Assurance Framework.	The Board Secretary is responsible for the management and maintenance of the Governing Body Assurance Framework, Corporate Risk Register and Directorate Risk Register. All CCG risks are discussed at the monthly Corporate Risk Review Group. The group is led at Executive Director level and Chaired by the Director of Corporate Services, Governance and Performance. The Board Secretary acts as Deputy Chair. The group provides a level of scrutiny and challenge to the process of identifying and measuring risk, culminating in a cycle of continuous monitoring and review. Risk leads join the meeting to update the group on risks as and when required. All risks on the Corporate Risk Register and Directorate Risk Register, regardless of their score, have been aligned to Committees. Significant risks (those scored 15 or above) are reported to the Committee on a quarterly basis. This provides Members of the Committees with an opportunity to scrutinize risks and ensure appropriate mitigations are in place to manage risks appropriately. In 2020/21, the NY CCG Governing Body developed its Governing Body Assurance Framework to map any significant risks that may affect the delivery of the strategic objectives. All risks were aligned to Committees to be reviewed quarterly at Committee meetings. During the first wave of the COVID-19 pandemic the Quality and Clinical Governance Committee took on the role of monitoring COVID-19 risks and met to do so every two weeks. All Covid-19 risks then became part of business as usual in terms of monitoring within the DRR and CRR. The Audit Committee reviews all risks twice per year.
Summary of the key assurances provided to the Governing Body.	During 2020/21 the PCCCs have provided oversight of: • The Primary Care Strategy and updates from the CCGs • NHS England updates on Primary Care The Chair or Vice-Chair of the PCCC has provided key messages and verbal updates to the Governing Body during 2020-2021. All of these updates have been published as part of the Governing Body papers on the CCG website.

Appendix A

Primary Care Commissioning Committee NHS North Yorkshire CCG: Attendance 2020/21

Members	28/5/20	23/07/20	24/09/20	26/11/20	25/3/21	Number of meetings attended
Sheenagh Powell, Lay Member for Finance (Chair)	✓	✓	✓	✓	✓	5
Kate Kennady, Lay Member for Public and Patient Engagement (Vice-Chair)	✓	✓	✓	✓	✓	5
Wendy Balmain, Director of Strategy and Integration	✓	✓	✓	✓	✓	5
Sue Peckitt, Chief Nurse	A	✓	✓	✓	A	3
Jane Hawcard, Chief Finance Officer	✓	✓	A	A	A	2
Peter Billingsley, GP Governing Body Member – Hospital Based Care and Vulnerable People	✓	✓	✓	✓	A	4
Mark Hodgson, GP Governing Body Member – Integrated/Community Care	✓	A	A	✓	A	2
Bruce Willoughby, GP Governing Body Member – Integrated/ Community Care	✓	✓	✓	✓	✓	5
Total Number of Members Present	7	7	6	7	5	
In Attendance (Non-voting)						
Julie Warren, Director of Corporate Services, Governance & Performance	✓	N/A	N/A	N/A	N/A	1
Alec Cowell, Deputy Director of Financial Services and Reporting	N/A	N/A	✓	✓	✓ (V)	3
Dr Omnia Hefni, GP Clinical Lead – Workforce Development	✓	✓	✓	✓	✓	5
Andrew Dangerfield, Head of Primary Care Transformation	✓	✓	✓	✓	✓	5
Sasha Sencier, Senior Governance Manager and Board Secretary	✓	N/A	N/A	✓	✓	3
Tim Readman, Senior Communications Officer	N/A	N/A	N/A	✓	✓	2
Dr Sally Tyrer, GP and North Yorkshire Local Medical Council (LMC)	✓	✓	✓	✓	✓	5
Angela Hall, Health Improvement Manager, North Yorkshire County Council	✓	N/A	✓	✓	N/A	3
Chris Clarke, Senior Commissioning Manager, NHS England/Improvement	✓	N/A	✓	✓	✓	4
Clare Beard, Public Health Consultant North Yorkshire County Council	A	✓	A	A	N/A	1
Victoria Ononeze, Public Health Consultant, NYCC deputised for CB	N/A	N/A	✓	✓	N/A	2
David Iley, Primary Care Assistant Contracts Manager, NHSE/I	A	✓	N/A	N/A	N/A	1
Ashley Green, Healthwatch	N/A	N/A	✓	A	✓	2

A Apologies received

N/A Do not normally attend/no longer employed/Not employed yet

V Voting Member when Deputising

Quality and Clinical Governance Committee

Annual Report 2020/21

Introduction

This report covers the work of the Quality and Clinical Governance Committee (QCGC) of the NHS North Yorkshire CCG (NYCCG) for matters relating to the year 2020/21. This report provides the Governing Body with a summary of the work done and in particular how the QCGC has discharged its responsibilities in supporting CCG's Annual Governance Statement (AGS).

The Minutes of the Quality and Clinical Governance Committee inform the key messages of the business, discussions and decisions of the Committee to the Governing Body.

Committee Membership	Chair: Kate Kennady, Lay Member for Patient and Public Engagement Executive Leads: Sue Peckitt, Chief Nurse and Julie Warren, Director of Corporate Services, Governance and Performance. The detail of Membership in the terms of reference are as follows: Core Membership: • Lay Member for Patient and Public Engagement (Chair) • Clinical Chair (Vice-Chair) • 2 GP Governing Body Members • GP Lead for Quality • Lay Member for Audit • Chief Nurse* • Director of Corporate Services, Governance and Performance* * nominated deputies may attend where core members are not able to attend subject to prior approval from the Chair. Deputies will not have voting rights. See Appendix A for dates of meetings held and members in attendance.
Numbers required for quoracy and any instances where the Committee was not quorate	The Committee will be quorate when at least 5 members of the Committee are present to include at least: • The Chair or Vice-Chair • One Clinician (Clinicians refer to GP Members only) • One Executive Member (A nominated deputy may not be included for this purpose). There were no instances where the Committee was not quorate.
Conflicts of Interest	No conflicts of interest were identified during the course of the year.
Date of approval of terms of reference	The Terms of Reference were approved in April 2020 by the NHS North Yorkshire Governing Body.
Key duties of the Committee:	The role of the Quality and Clinical Governance Committee is to advise and support the Governing Body in: • Providing assurance on the quality of services commissioned; and • Promoting a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience.

Significant Risks aligned to the Committee	The Board Secretary is responsible for the management and maintenance of the Governing Body Assurance Framework, Corporate Risk Register and Directorate Risk Register. All CCG risks are discussed at the monthly Corporate Risk Review Group. The group is led at Executive Director level and Chaired by the Director of Corporate Services, Governance and Performance. The Board Secretary acts as Deputy Chair. The group provides a level of scrutiny and challenge to the process of identifying and measuring risk, culminating in a cycle of continuous monitoring and review. Risk leads join the meeting to update the group on risks as and when required. All risks on the Corporate Risk Register and Directorate Risk Register, regardless of their score, have been aligned to Committees. Significant risks (those scored 15 or above) are reported to the Committee on a quarterly basis. This provides Members of the Committees with an opportunity to scrutinize risks and ensure appropriate mitigations are in place to manage risks appropriately. In 2020/21, the NY CCG Governing Body developed its Governing Body Assurance Framework to map any significant risks that may affect the delivery of the strategic objectives. All risks were aligned to Committees to be reviewed quarterly at Committee meetings. During the first wave of the COVID-19 pandemic the Quality and Clinical Governance Committee took on the role of monitoring COVID-19 risks and met to do so every two weeks. The Audit Committee review all risks twice per year.
Summary of the key work of the Committee and the assurances provided to the Governing Body.	The focus of the Committee has been to seek reasonable assurance relating to the quality of commissioned services. The Committee defines reasonable assurance as evidence that quality is in line with agreed targets and trajectories or where it is not, there is reasonable mitigation and an action plan is developed to rectify any issues. The Committee has sought assurance on the performance of all commissioner and providers including primary care, in terms of all regulators. Where the Committee receives insufficient assurance relating to the provision around patient care, quality and safety, it assesses the risk and escalates it to the Governing Body. The Committee has been responsible for: • Approval of policies of the CCGs, with the exception of those reserved for the Governing Body or delegated through the Scheme of Reservation and Delegation to an individual or committee. • Overseeing the development and implementation and monitoring of the CCGs' Quality Strategy and Quality Assurance Framework. • Establishing and maintaining procedures and systems of internal control designed to give reasonable assurance that all aspects of quality and clinical governance are in place. • Ensuring effective management of risk relating to quality and safety issues is in place to manage and address clinical governance issues. • Ensuring quality is driven through the Quality, Innovation, Productivity and Prevention programme (QIPP). • Ensuring the principles of quality assurance and governance are integral to performance monitoring arrangements for all CCG commissioned services

	are delivered and embedded within consultation, service development and redesign, evaluation and decommissioning of services. • Seeking assurance that the CCG is fulfilling its statutory duties for equality and diversity, particularly the Equality Act 2010, through the implementation of the Equality Delivery System. • Ensuring that all decisions taken, or recommendations made, have been through a planning assurance process that includes the outcome of: ○ Quality impact assessment ○ Equality impact assessment ○ Patient and public involvement ○ Privacy impact assessment • By receiving integrated impact assessments for all projects, policies or services being commissioned by the CCG and gaining assurance that any potential negative impacts are appropriately mitigated.
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Attendance Records for 2020/21

Appendix A

*The Committee did not meet formally until July 2020 due to COVID-19 priorities, however the Committee did meet to review COVID-19 risks from April to July every two weeks.

Quality and Clinical Governance Committee

QCGC Membership 2020/21	2/7/20	6/8/20	1/10/20	5/11/20	3/12/20	4/2/21	Number of meetings attended
Kate Kennady, PPE Lay Member (Chair)	✓	✓	✓	✓	✓	✓	6
Dr Charles Parker, Clinical Chair (Vice-Chair)	A	A	✓	A	✓	✓	3
Dr Chris Ives, GP GB Member	✓	✓	A	✓	✓	✓	5
Dr Peter Billingsley, GP GB Member	✓	✓	✓	✓	✓	A	5
Ken Readshaw, Lay Member Audit	✓	✓	✓	✓	✓	✓	6
Sue Peckitt, Chief Nurse	✓	A	✓	✓	✓	✓	5
Julie Warren, Director of Corporate Services, Governance & Performance	✓	✓	A	A	✓	✓	4
Dr Sarah Hay, GP Clinical Lead	✓	✓	A	✓	✓	✓	5
Total Members in Attendance	7	6	5	6	8	7	
Simon Cox, Director of Acute Commissioning	N/A	N/A	N/A	N/A	✓	N/A	1
Sam McCann, Senior Nursing, Quality & Clinical Governance Manager	✓	✓	✓	✓	✓	✓	6
Mark Lagowski, Senior Nursing, Quality & Clinical Governance Manager	A	✓	✓	✓	✓	N/A	4
Nikki Henderson, Senior Nursing, Quality & Clinical Governance Manager	N/A	✓	✓	N/A	N/A	N/A	2
Elaine Wyllie, Designated Nurse Safeguarding Children	✓	N/A	N/A	N/A	N/A	N/A	1
Karen Hedgley, Designated Nurse Safeguarding Children	✓	✓	✓	✓	✓	✓	6
Christine Pearson, Designated Nurse Safeguarding Adults	N/A	N/A	✓	N/A	N/A	N/A	1
Olwen Fisher, Designated Nurse Safeguarding Adults	✓	N/A	N/A	✓	✓	✓	4
Ken Latta, Head of Medicines Management	✓	N/A	✓	✓	✓	✓	5
Sasha Sencier, Board Secretary	✓	✓	✓	✓	✓	N/A	5
Suzanne Savage, Service Improvement Manager	N/A	N/A	✓	✓	N/A	N/A	2
Kirsty Kitching, Assistant Director of Mental Health & LD Partnership	N/A	N/A	N/A	✓	N/A	N/A	1
Suzanne Bennett, Head of Children and Young People, CHC	N/A	N/A	N/A	N/A	N/A	✓	1
Ashley Green, HealthWatch North Yorkshire	N/A	N/A	N/A	N/A	✓	N/A	1
Julie McGregor, Programme Director CHC and Vulnerable People	N/A	N/A	N/A	✓	✓	✓	3
Total Attendance	13	11	13	15	17	13	

A Apologies received

N/A Do not normally attend/no longer employed/Not employed yet

Finance, Performance, Contracting and Commissioning Committee Annual Report 2020/21

Introduction

This report covers the work of the Finance, Performance, Contracting and Commissioning Committee of the NHS North Yorkshire Clinical Commissioning Group (NYCCG) for matters relating to the year 2020/21. This report provides the Governing Body with a summary of the work done and in particular how the FPCCC has discharged its responsibilities in supporting the CCG's Annual Governance Statement (AGS).

The Minutes of the Finance, Performance, Contracting and Commissioning Committee inform the key messages of the business, discussions and decisions of the Committee to the Governing Body.

Committee Membership	Chair: Dr Ian Woods Executive Lead: Jane Hawkard The Membership throughout 2020/21 was open to all members to compose a minimum quorum however detail of Membership in the terms of reference are as follows: Core Membership: • Secondary Care Doctor (Chair) • Clinical Chair (Vice-Chair) • GP Clinical Lead • Lay Member for Finance • Accountable Officer • Chief Finance Officer* • Director of Strategy and Integration* • Director of Acute Commissioning* • Director of Corporate Service, Governance and Performance* • Chief Nurse* * nominated deputies may attend where core members are not able to attend, subject to prior approval from the Chair. See Appendix A for dates of meetings held and members in attendance.
Numbers required for quoracy and any instances where the Committee was not quorate	The Committee will be quorate when at least 5 members of the Committee are present to include at least: • The Chair or Vice-Chair • One Clinician (Clinicians refer to GP Members and Chief Nurse) • Two Executive Members; one of whom must be Accountable Officer or CFO. There were no instances where the Committee was not quorate.

Conflicts of Interest	The following conflicts of interest were identified during the course of the year and were managed as follows: 18 June 2020 Item 9.0 Local Enhanced Services (LES) Payment Up Lift. The Chair presumed that every GP who was a practice member would have a conflict of interest for this item. It was agreed that Dr Ingram and Dr Parker would remain for part of the discussion. Item 9.3 Stokesley GP Practice Capital funding bid. Dr Ingram reported that his in-laws are both patients at this GP Practice. The Chair determined that it was not necessary to exclude Dr Ingram from the discussion. 20 August 2020 Item 7.0 Minor Eye Care Service (MECS). It was noted that all GPs referred into the service but no specific conflicts were noted. Item 9.0 Capital Pipeline. Dr Alistair Ingram declared a conflict with regard to Ripon Community Hospital. It was confirmed that the update was presented to the committee for information and it was therefore agreed that Dr Ingram would remain for the discussion. 17 September 2020 Dr Parker declared that he worked in a practice that was in the same PCN as Glebe House, and he and Dr Ingram declared that the services they offered to patients would be improved by the development at Glebe House. The committee felt it appropriate to note the interest but felt that it should not bar either doctor from participating in the discussion. They would however be excluded from any committee vote on this decision. No other declarations of interest in relation to the business of the meeting were received or noted.
Date of approval of terms of reference	The Terms of Reference of the Finance, Performance, Contracting and Commissioning Committee were ratified in April 2020 by the Governing Body.
Key duties of the Committee:	The role of the Finance, Performance, Contracting and Commissioning Committee is: • To formally review the financial position of the CCGs, incorporating activity levels, provider contract positions and issues, and risks in achieving its forecast out-turn at the end of the year. It will provide committee members with greater clarity on the CCG's financial and contracts position. It will also provide assurance to the Governing Body on the CCG's financial position, flagging concerns and issues for further discussion as and when deemed necessary. • To formally review performance and discuss by exception where performance is not acceptable or has an impact on safety and quality, agreeing service performance actions and timescales to mitigate and recover the position to acceptable levels. It will provide committee members with greater clarity on the underlying performance (in terms of cost, activity, quality and safety) on commissioned services and on delivery of the annual plan as set out in the CCG's operational plan. It will also provide assurance to the Governing Body on the CCG's performance position, flagging concerns and issues for further discussion as and when deemed necessary.

Significant Risks aligned to the Committee	The Board Secretary is responsible for the management and maintenance of the Governing Body Assurance Framework, Corporate Risk Register and Directorate Risk Register. All CCG risks are discussed at the monthly Corporate Risk Review Group. The group is led at Executive Director level and Chaired by the Director of Corporate Services, Governance and Performance. The Board Secretary acts as Deputy Chair. The group provides a level of scrutiny and challenge to the process of identifying and measuring risk, culminating in a cycle of continuous monitoring and review. Risk leads join the meeting to update the group on risks as and when required. All risks on the Corporate Risk Register (CRR) and Directorate Risk Register (DRR), regardless of their score, have been aligned to Committees. Significant risks (those scored 15 or above) are reported to the Committee on a quarterly basis. This provides Members of the Committees with an opportunity to scrutinize risks and ensure appropriate mitigations are in place to manage risks appropriately. In 2020/21, the NY CCG Governing Body developed its Governing Body Assurance Framework to map any significant risks that may affect the delivery of the strategic objectives. All risks were aligned to Committees to be reviewed quarterly at Committee meetings. During the first wave of the COVID-19 pandemic the Quality and Clinical Governance Committee took on the role of monitoring all COVID-19 risks and met to do so every two weeks. All Covid-19 risks then became part of business as usual in terms of monitoring within the DRR and CRR. The Audit Committee reviews all risks twice per year.
Summary of the key work of the Committee and the assurances provided to the Governing Body.	The work of the FPCCC is a central part of the CCG's governance and assurance arrangements. As a result of the activity undertaken by the FPCCC scrutiny has been maintained and assurances sought on: • Monitoring that the CCG has operated within its Standing Financial Instructions and statutory requirements in respect of financial and performance management; • Challenging the financial position of the CCG and ensuring financial management achieved economy, effectiveness, efficiency, probity and accountability in the use of resources; • Monitoring the performance of the CCG's contracts; • Approving the QIPP Delivery Programme which is developed by the Business Executive Committee; • Overseeing the delivery of services provided to the CCG through the external contracts; • Monitoring significant risks aligned to the Committee; • Monitoring implementation of the relevant corporate objectives relating to the role of the Committee. The FPCCC has provided assurance reports to the Governing Body on finance, contracting, QIPP, commissioning and performance. The FPCCC has also monitored Covid-19 spend throughout 2020-21.

Attendance Records for 2020/21

Finance, Performance, Contracting and Commissioning Committee

FPCCC Members	16/4/20	21/5/20	18/6/20	16/7/20	20/8/20	17/9/20	15/10/20	19/11/20	17/12/20	18/2/21	18/3/21	Number of meetings attended
Dr Ian Woods (Chair), Secondary Care Doctor	✓	✓	✓	✓	✓	A	✓	✓	✓	✓	✓	10
Dr Charles Parker (Vice-Chair) Clinical Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	A	10
Dr Alistair Ingram, Vice-Clinical Chair	A	✓	✓	✓	✓	✓	✓	✓	✓	N/A	N/A	8
Dr Bruce Willoughby, GP Governing Body Member	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A	✓	1
Sheenagh Powell, Lay Member for Finance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11
Amanda Bloor, Accountable Officer	✓	✓	✓	A	✓	✓	✓	✓	A	A	A	7
Jane Hawkard, Chief Finance Officer	✓	✓	A	✓	✓	✓	✓	✓	✓	✓	✓	10
Wendy Balmain, Director of Strategy and Integration	✓	A	✓	A	✓	✓	✓	A	A	✓	✓	7
Sue Peckitt, Chief Nurse	✓	✓	✓	✓	✓	✓	A	A	A	A	A	6
Simon Cox, Director of Acute Commissioning	✓	A	A	A	A	A	A	✓	✓	✓	A	4
Julie Warren, Director of Corporate Services, Governance and Performance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	11
Total Members attendance	9	8	8	7	9	8	8	8	7	7	6	
Other attendees (non-voting)												
Dilani Gamble, Deputy Chief Finance Officer	N/A	N/A	N/A	N/A	N/A	N/A	N/A	✓	N/A	N/A	N/A	1
Dr Mark Hodgson, GP GB Member	✓	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2
Dr Chris Ives, GP GB Member	✓	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2
Ken Readshaw, Lay Member for Audit	✓	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2
Vanessa Burns, Deputy Director of Acute Commissioning	N/A	✓	N/A	N/A	N/A	✓	N/A	N/A	✓	N/A	N/A	3
Kirsty Kitching, Assistant Director of MH/LDP	N/A	✓	N/A	N/A	N/A	N/A	N/A	✓	✓	N/A	✓	4
Ken Latta, Head of Medicines Management	N/A	✓	N/A	N/A	N/A	N/A	N/A	✓	N/A	N/A	N/A	2
Steve Jordan, Assistant Director of Contracting & Procurement	N/A	✓	✓	N/A	N/A	N/A	✓	N/A	N/A	N/A	N/A	3
Alec Cowell, Deputy Director Financial Services & Reporting	N/A	N/A	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1
Lisa Pope, Deputy Director of Primary Care & Integration	N/A	N/A	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1
Sam Haward, Head of Community Services & Integration	N/A	N/A	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1
Christian Turner, Deputy Director Business Change & Planning	N/A	N/A	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1
Chris Ranson, Senior Pharmacist	N/A	N/A	N/A	N/A	N/A	✓	N/A	N/A	✓	N/A	✓	3
Total in attendance	3	7	5	0	0	2	1	3	2	0	2	

A Apologies received N/A Do not normally attend/no longer employed/Not employed yet

Title of Meeting:	Governing Body			Agenda Item: 9.1									
Date of Meeting:	22 April 2021			<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Workshop</td> <td></td> </tr> </table>		Session (Tick)		Public	X	Private		Workshop	
Session (Tick)													
Public	X												
Private													
Workshop													
Paper Title:	Audit Committee Key Messages												
Responsible Governing Body Member Lead Ken Readshaw, Lay Member for Audit & Governance and Audit Committee Chair			Report Author and Job Title Ken Readshaw, Lay Member for Audit & Governance and Chair of the Audit Committee										
Purpose (this paper if for)	<table border="1"> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> <tr> <td></td> <td></td> <td>X</td> <td></td> </tr> </table>					Decision	Discussion	Assurance	Information			X	
	Decision	Discussion	Assurance	Information									
		X											
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: No.													
Executive Summary The Audit Committee provides the Governing Body with an independent and objective view of the CCG's financial systems, financial information and compliance with laws, regulations and directions governing the CCG in so far as they relate to finance, risk management systems and emergency planning arrangements. Key Messages from the meeting held on 23 February 2021 are attached at Appendix A. Confirmed Minutes of the meeting held on 24 November 2020 are attached at Appendix B.													
Recommendations The Governing Body is asked to receive the report as assurance.													
Monitoring An assurance report on key topics discussed at the Audit Committee will be brought to each Governing Body meeting.													
Any statutory / regulatory / legal / NHS Constitution implications		The Audit Committee is accountable to the Governing Body and is required to provide key messages and confirmed minutes from all of its meetings.											
Management of Conflicts of Interest		No conflicts of interest have been identified prior to the meeting.											
Communication / Public & Patient Engagement		Key Messages are published with the Governing Body Papers and any additional update is noted in the minutes, which are also published on the CCG's website.											
Financial / resource implications		None identified.											
Significant Risks to Consider		No significant risks to consider.											
Outcome of Impact Assessments completed		Not applicable.											

Ken Readshaw, Lay Member for Audit and Governance and Audit Committee Chair

Audit Committee

Key Messages to North Yorkshire CCG Governing Body From Audit Committee 23 February 2021

Committee met on Tuesday 23 February 2021, using Teams Meeting facility over the internet. The committee was quorate, and there were no new declarations of interest with regards to the agenda.

Minutes of the meeting held on 24 November 2020 were reviewed by the Committee: for accuracy and were approved as a true and accurate record.

Approvals

Information Governance Policies

- a) Social Media Policy
- b) Mobile Working Policy
- c) Internet and e-mail Acceptable Use Policy
- d) Records Management Policy
- e) Information Security Policy

Finance Policies – Pharmacy Rebate Schemes

Anti-Fraud, Bribery and Corruption Policy

Other Matters

The Committee received a verbal Financial Issues Update (by exception) and year end update.

The Committee received a paper of the timetable for year-end accounts work. It is presented to give the committee assurance that the CCG is undertaking the necessary preliminary planning to ensure deadlines are met and a smooth audit ensues..

The Committee received a report on Financial Accounts – Progress Report & Losses. The Committee noted the work undertaken by the Financial Accounts team in addressing inherited legacy issues and changes made to working practices to limit them occurring again.

The Committee received a draft Audit Committee Annual Report 2020/21 which covered the work of the Audit Committee of NHS North Yorkshire CCG for matters relating to the year 2020/21.

The Committee received the draft Annual Review of Effectiveness 2020/21. The outcome of the review will form part of the annual report and annual governance statement.

The Committee received and noted two Single Tender Waivers.

The Committee were presented with reports on the Internal Audit and External Audit Review of Effectiveness 2020/21 survey. Significant assurance was received.

The Committee were provided with IGSG minutes held on 27 January 2021 and received assurance of IG compliance and work against the IG work plan.

The Committee received an update on the Counter Fraud Progress Report which summarised the Counter Fraud work that has taken place since the last Audit Committee.

The Committee received an update on the Internal Audit Annual Plan Progress Report which summarised activity undertaken in relation to the 2020/21 Internal Audit Operational Plan for the period 1 April 2020 to 16 February 2021. Seven reports were received, all with significant or high assurance. This is a notable achievement.

The Committee received an update on Internal Audit Recommendations Status Report. There were no overdue outstanding recommendations.

External Audit provided a summary of the Audit Strategy Memorandum 2020/21 which described the work required in order to deliver an opinion on the 2020/21 accounts and arrangements for value for money.

External Audit presented a summary on the Audit Progress & Technical Update report. The report provided a brief update on the 2020-21 external audit of the CCG as well as an update on the Mental Health Investment Standard assurance work for 2019-20.

The Audit Committee Forward planner was deferred to the next meeting.

Ken Readshaw, Lay Member for Audit and Governance and Audit Committee Chair

NORTH YORKSHIRE CLINICAL COMMISSIONING GROUP

Audit Committee

Tuesday 24 November 2020

14:00 – 16:00

Present	
Ken Readshaw	Lay Member for Audit (Chair)
Jane Hawkard	Chief Finance Officer
Sheenagh Powell	Lay Member for Finance
Dr Chris Ives	GP Governing Body Member
Dr Ian Woods	Secondary Care Doctor (Vice Chair)

In Attendance	
Dr Charles Parker	Clinical Chair
Julie Warren	Director of Corporate Services, Governance & Performance
Sasha Sencier	Senior Governance Manager And Board Secretary to the Governing Body (for items 5.1 – 5.7)
Emma Parker	Corporate Services and EPRR Manager (for items 5.7, 5.8 & 5.9)
Rosie Dickinson	Counter Fraud (for items 6.1)
Kim Betts	Internal Audit Manager, Audit Yorkshire (for items 7.1 & 7.2)
Mark Kirkham	Mazars (for item 8.1)
Catherine Gibson	(Secretariat)

Apologies	
Sue Peckitt	Chief Nurse
Campbell Dearden	Mazars

1.0 Apologies for Absence and Quorum

Apologies were received from: Sue Peckitt, Chief Nurse, Campbell Dearden, Mazars and Alec Cowell, Deputy Director of Financial Services & Reporting

Sasha advised the Chair was experiencing technical issues and therefore Dr Ian Woods, Vice Chair stepped in as Chair.

The Chair confirmed that the meeting is quorate, taking into account any apologies for absence.

Audit Committee:

Noted attendance and apologies and confirmed the meeting is quorate under the requirements set out within the Terms of Reference.

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 NHS North Yorkshire CCG. It was noted there were no declarations of interest in relation to the business of the meeting.

Audit Committee:

Noted there were no declarations of interest in relation to the business of the meeting.

3.0 Minutes of the meeting held on 17 September 2020

Minutes of the meeting held on 17 September 2020 were reviewed by the Audit Committee: for accuracy; minor amendments were noted including;

Page 8, Item 7.2, fifth paragraph to read; It was confirmed an audit has been undertaken on Governance arrangements, the final report has been issued and high assurance has been given.

Amend Date and Time of next meeting on page 10 to read; Thursday 24 November 2020.

Action:

- **Catherine Gibson to amend the minutes of 17 September 2020 to reflect those changes above.**

Audit Committee:

Approved the minutes, subject to the above amendment.

3.1 Matters arising from the Minutes

The action log was reviewed by the Audit Committee. All outstanding actions were included on the agenda and therefore could be removed.

4.1 Financial Issues Update (by exception)

Jane Hawkard presented a verbal financial summary to the Committee this confirmed:

- The current month 6 YTD position which covered the initial Covid19 financial regime period (April to July) and the extension period to the end of September.
- The funding regime for the Covid vaccination programme is not yet known with information expected soon.
- New allocations received in October and November were significant for primary care and focussed on delivering capacity at last year's levels as well as managing the flu and Covid vaccination programmes.

Audit Committee:

Noted the above and felt assured on the actions being taken.

Ken Readshaw joined the meeting at 09:10 a.m. and took over as Chair.

4.2 Internal and External Auditors – Annual Review of Effectiveness Update

Jane Hawkard presented a summary of the report previously circulated and taken as read. The paper summarised the method proposed for an effectiveness review process.

It was proposed that the effectiveness review for 2020-21 is conducted as a qualitative survey issued to members of the Committee via Survey Monkey. The results will be collated by the Corporate Governance and Assurance Manager and presented back to the Audit Committee in February 2021.

Audit Committee:

Approved the survey questions and process for the effectiveness review.

4.3 Single Tender Waivers

There was nothing to report this month.

Audit Committee:

Noted the above.

5.1 Governing Body Assurance Framework

Sasha Sencier presented a summary of the report previously circulated and taken as read.

The aim of the report is to update the Audit Committee on progress of the development of the NHS North Yorkshire CCG Governing Body Assurance Framework.

Sasha Sencier provided assurance that an effective process (ie the GBAF) has been established in order to manage significant risks that may affect the delivery of the strategic objectives of the organisation and there was nothing exceptional to raise.

It was noted that the Governing Body has approved for the risk appetite to be increased from 12 to 15, thus minor changes will need to be made to the Risk Management Strategy.

Julie Warren stated an enormous amount of work has been done and thanked Sasha Sencier who has been instrumental.

Audit Committee:

Noted the above and felt assured on the actions being taken.

5.2 Legal Updates Report

Julie Warren presented a summary of the report, previously circulated and taken as read.

The aim of the report is to provide the Audit Committee with an update on any legal issues this confirmed:

- Details of the work completed by the Legal Team in respect of Community DoLS and Contentious Court of Protection Applications and sets out the risks to the CCG with regard to non-compliance with the legal framework.
- Responsible Commissioner Update in respect of cases outstanding, outcomes on cases the CCG is still chasing and financial values.
- Responsible Commissioner Update:
 - The table sets out RC cases resolved and outstanding with associated costs
- Durham Dales, Easington and Sedgefield CCG (DDES) has been chased, they have allocated the case to a nurse and are reviewing, we have recently been approached so know the review is underway.
- There are 2 further cases that have not been started yet as outlined in the table due to competing priorities.

Audit Committee:

Noted the above and felt assured on the actions being taken.

5.3 Quarterly HR Report (incorporating Stat & Man Training figures)

Julie Warren presented a verbal summary.

It was noted there is a nationwide issue with ESR with an inability to pull any reports off the system. This has been ongoing for a number of weeks and hoping to be resolved soon. Therefore this item has been deferred until February 2021.

Julie Warren reassured the Committee that the Executive Directors receive this report and there are no concerns to be reported.

Audit Committee:

Noted the above and felt assured on the actions being taken.

5.4 NHSE Conflict of Interest Returns – Update

Sasha Sencier presented a verbal update to the Committee.

It was noted a significant amount of work has been completed in this area and continues to be completed. Sasha Sencier expressed huge thanks to Tanja Entwistle, Corporate and Governance Officer who has been instrumental.

The Committee were assured that we have a very high rate of returns from staff and GP Practices and engagement with the practices has been very good. Sasha Sencier now meets with the Head of Procurement and his assisting officer on a monthly basis to keep track of procurement.

The Chair felt it was important we demonstrate everything in terms of transparency and continue doing that for the whole period.

Audit Committee:

Noted the above and felt assured on the actions being taken.

5.5 IG Update and DPO Update report

Emma Parker presented minutes of discussions at the Information Governance Steering Group (IGSG) held on Wednesday 28 October 2020 and provided the following assurance:

- All Asset owners have received the appropriate training. Data Flows to be chased with those yet to respond. Helen Sanderson will risk assess flows once all those have been returned and returned. A full data flow register will be produced.
- Reminder to staff regarding ensuring security and confidentiality whilst working from home to be included in next staff newsletter. Arrangements for communications to staff regarding password protecting documents in next newsletter. The role of SIRO/Caldicott Guardian to be reinforced in next newsletter.

Audit Committee:

Noted the above and felt assured on the actions being taken.

5.6 Annual Committee Effectiveness Review Process

Sasha Sencier presented a verbal summary. This confirmed:

- The effectiveness reviews will be completed by the Board Secretary and Internal Audit and the outcome will form part of the opinion from Internal Audit on the second part of the governance audit.
- This will commence early January and will include a questionnaire to be circulated to Members.
- A report would be brought to the Audit Committee in February 2021.

Audit Committee:

Noted the above and felt assured on the actions being taken.

5.7 Freedom of Information Policy

Emma Parker presented a summary of the policy previously circulated and taken as read.

The policy provided a framework for NHS North Yorkshire Clinical Commissioning Group (CCG) to ensure compliance with the Freedom of Information (FOI) Act and the Environmental Information Regulations (EIR) 2004. Key point to note;

It was noted that the IGSG is responsible for monitoring the CCG's performance in relation to responding to FOI and EIR requests for information and highlighting any concerns to the Audit Committee.

Audit Committee:

Approved the FOI policy and recommended this for approval at the Governing Body.

5.8 Information Governance Policies

Emma Parker explained the front sheet covered all of the policies.

The Chair felt it would be helpful if the Committee could receive a summary on individual items and then the opportunity for any questions to be asked at the end of each one.

a) IG Framework & Strategy

This is to detail the Information Governance Structure within the CCG, including accountability and reporting lines. It details the strategic aims of the CCG and formalises the Terms of Reference for the Information Governance Steering Group, which is responsible for implementing appropriate policies and procedures to ensure that the CCG is aware of the information it holds and that this information is held securely and processed fairly.

Audit Committee Members were asked if they had any questions, concerns or comments regarding the above update.

After reading through the documents Sheenagh Powell felt they were a very comprehensive and excellent suite of policies. A discussion took place around confidentiality in particular sharing of information outside of the organisation where the boundaries are. Jane Hawcard commented all members of staff have a responsibility to ensure they are aware of all information security policies and guidance and comply with them. Staff must be aware of their personal responsibility for the security and confidentiality of information which they use and was fairly confident that our systems are robust.

b) Data Protection & Confidentiality

The policy is to detail the Data Protection Act and Common Law of Confidentiality obligations of the CCG. It has been updated to include the working aspects of the Confidentiality Audit Policy and the Safe Haven Policy. This has been done to keep all aspects of confidentiality in a single policy.

Audit Committee Members were asked if they had any questions, concerns or comments regarding the above update. No questions, concerns or comments were noted.

c) Confidentiality Code of Conduct

The policy gave a quick guide to staff on confidentiality requirements and has been reformatted to meet the NY CCG policy format.

Audit Committee Members were asked if they had any questions, concerns or comments regarding the above update. No questions, concerns or comments were noted.

d) Subject Access Request

The policy detailed the right of individuals to request a copy of information that is held about them by the CCG and legal obligations to be met when dealing with subject access requests, including methods and timescales for responding, and exemptions to supplying the information requested.

Audit Committee Members were asked if they had any questions, concerns or comments regarding the above update. No questions, concerns or comments were noted.

Audit Committee:

Approved the following Policies:

- IG Framework & Strategy
- Data Protection & Confidentiality Policy
- Confidentiality Code of Conduct Policy
- Subject Access Request Policy

5.9 EPRR Desktop Exercises

Emma Parker presented a summary of the report, previously circulated and taken as read.

Under normal circumstances (pre COVID) CCGs are required to demonstrate as part of the Annual EPRR assurance submission to NHSE that they have in place an EPRR exercising and testing programme from which lessons are identified and acted upon. Emma Parker pointed out that Covid is continually testing these plans, procedures and systems and there may still be gaps and lessons to be learned in areas not routinely being tested as part of COVID.

The Chair asked what the timeframe is. Emma Parker pointed to the schedule included in the Plan on page one which indicated the timescale.

Action:

- **Emma Parker will present results of the testing to Audit Committee for assurance in June 2021.**
- **A list of policies to be approved by the committee, together with their review dates.' To be provided by Sasha Sencier for May 2021.**
- **Audit Committee:**
- Noted the report and confirmed it is assured of the testing and assessment processes proposed.

6.1 Counter Fraud Annual Plan

Rosie Dickinson presented the Counter Fraud Progress Report which summarised the counter fraud activity undertaken on behalf of the CCG since the last Audit Committee. The

report also contained updates from the NHS Counter Fraud Authority, and provided a current position against the counter fraud plan.

In addition Rosie Dickinson also shared a copy of the NYCCG Fraud Prevention Notice Impact Assessment alongside the Counter Fraud Progress Report.

Rosie Dickinson highlighted at the September Audit Committee, the NHSCFA “Standards for NHS Commissioners” are in the process of being replaced by the Government Functional Counter Fraud Standards. There is no further update on this process at the moment and expecting to deliver a more detailed update at February 2021 meeting.

Action:

- **Update on the NHSCFA “Standards for NHS Commissioners” will be provided at the February 2021 meeting.** Rosie to submit the impact assessment once signed off by the CFO.

Audit Committee:

Noted the progress report and felt assured on the actions being taken.

7.1 Audit Recommendations Progress Report

Kim Betts presented a summary of the report, previously circulated and taken as read.

The report provided an update of progress against the Internal Audit Recommendations for 2019/20 and 2020/21 (and one from 2018/19) as at 11 November 2020. Recommendations from audits in 2020/21 will be included in this report as they become available.

Kim Betts was pleased to note and recognised that Audit Sponsors and Responsible Officers have undertaken a significant piece of work over the last few months with regards to all outstanding recommendations that remained open at the time the North Yorkshire CCG was created. This has resulted in only 6 recommendations remaining outstanding at this time. It was recognised that all major recommendations have now been dealt with and closed.

The Chair felt it is good that we now have a streamline process and was encouraging to see the reduction in outstanding actions.

Audit Committee:

- Received assurance that Internal Audit Recommendations are being regularly reviewed by the Executive Directors and completed by responsible officers.
- Noted the significant achievement of reducing recommendations to only 6 now outstanding and that all major recommendations have now been dealt with and closed.
- Received assurance from Internal Audit that they are satisfied with progress made.

7.2 Internal Audit Annual Plan Progress Report

Kim Betts presented a summary of the report previously circulated and taken as read.

The report summarised activity undertaken in relation to the 2020/21 Internal Audit Operational Plan for the period 1 April 2020 to 16 November 2020.

The 2020/21 Operational Plan was agreed by the Audit Committee in February 2020.

Amendments to the plan have been requested to be made by management which require subsequent approval by the Audit Committee.

The Chair expressed his congratulations on the report to all those involved, an excellent and noteworthy achievement.

Audit Committee:

Noted progress with the delivery of the 2020/21 Internal Audit Plan and approved the amendments proposed by management.

8.1 Audit Progress & Technical Update

Mazars presented a summary of the report which provided a brief update on the 2020-21 external audit of the CCG as well as an update on the Mental Health Investment Standard assurance work for 2019-20.

It also provided information on a number of national publications which may be of interest to Members.

Mark Kirkham advised Mazars have yet to complete the Audit Plan for next year but he was hopeful to provide an update on that at the next meeting. He also advised there will be changes to the Value for Money audit process this year and is awaiting confirmation.

Audit Committee:

Noted the above and felt assured on the actions being taken.

9.0 Forward Planner

The Committee reviewed the planner and there was nothing of any significance to note.

Audit Committee:

Noted the above.

10.0 Any Other Business

The Chair expressed thanks to Catherine Gibson, Secretariat support for the Committee who for the past couple of weeks was able to push some of her work to the side whilst she stepped in at such short notice to help out at a GP surgery.

A discussion took place around Data Protection – direct patient care. The Committee were advised if there are any specific examples they are concerned about then let us know.

There being no other business the Chair declared the meeting closed.

11.0 Date and Time of Next Meeting

The next meeting will be held on Tuesday 23 February 2021 at 09:30 a.m.

Audit Committee:

Noted the above.

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 Audit Committee

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as applicable)
24 November 2020	5.7 Freedom of Information Policy	Approved the FOI policy and recommended this for approval at the Governing Body.		
24 November 2020	5.9 EPRR Desktop Exercises	Emma Parker will present results of the testing to Audit Committee for assurance in June 2021.	Emma Parker	July 2021
24 November 2020	5.9 Information Governance Policies	A list of policies to be approved by the committee, together with their review dates to be provided by Sasha Sencier for May 2021.	Sasha Sencier	July 2021
24 November 2020	6.1 Counter Fraud Annual Plan	Update on the NHSCFA "Standards for NHS Commissioners" will be provided at the February 2021 meeting.	Rosie Dickinson	February 2021

Title of Meeting:	Governing Body	Agenda Item: 9.2									
Date of Meeting:	22 April 2021	<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Workshop</td> <td></td> </tr> </table>		Session (Tick)		Public	X	Private		Workshop	
Session (Tick)											
Public	X										
Private											
Workshop											
Paper Title:	Primary Care Commissioning Committee Key Messages										
Responsible Governing Body Member Lead Sheenagh Powell, Lay Member for Financial Performance and PCCC Chair		Report Author and Job Title Sheenagh Powell, Lay Member for Financial Performance and PCCC Chair									
Purpose (this paper if for)	<table border="1"> <tr> <th>Decision</th><th>Discussion</th><th>Assurance</th><th>Information</th></tr> <tr> <td></td><td></td><td>X</td><td></td></tr> </table>			Decision	Discussion	Assurance	Information			X	
Decision	Discussion	Assurance	Information								
		X									
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: No.											
Executive Summary The Primary Care Commissioning Committee has been established to enable members to make decisions on the review, planning and procurement of primary care services across North Yorkshire, under delegated authority from NHS England. The delegated functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning with NHS England to increase quality, efficiency, productivity and value for money and to remove administrative barriers. In addition there is a focus on ensuring the longer term development and sustainability of primary care services locally, considering issues such as workforce, training and changing models of care. Key Messages from the meeting held on 25 March 2021 are attached at Appendix A. Confirmed Minutes of the meeting held on 26 November 2020 are attached at Appendix B.											
Recommendations The Governing Body is asked to receive the report as assurance.											
Monitoring An assurance report on key topics discussed at the Primary Care Commissioning Committee will be brought to each Governing Body meeting.											
Any statutory / regulatory / legal / NHS Constitution implications	The Primary Care Commissioning Committee is accountable to the Governing Body and is required to provide key messages and confirmed minutes from all of its meetings.										
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.										
Communication / Public & Patient Engagement	Key Messages are published with the Governing Body Papers and any additional update is noted in the minutes, which are also published on the CCG's website.										
Financial / resource implications	None identified.										
Outcome of Impact Assessments completed	Not applicable.										

Sheenagh Powell, Lay Member for Financial Performance and PCCC Chair

Primary Care Commissioning Committee Key Messages

The Primary Care Commissioning Committee met virtually on 25 March 2021.

Key Messages include:

- The Committee received and noted the regular reports on Finance, PC performance, public health, and Primary Care. There were no issues of particular note to be brought to the attention of GB. The primary care report included updates particularly on the work related to Covid and the ongoing development of Primary Care Networks.
- The committee received an update on the Covid vaccination programme. Comments were received from Healthwatch and lay members with regard feedback they had received from the public on the success of the programme. Thanks were expressed by all the mutual partners for the cooperation between different elements to deliver a successful programme. It was acknowledged by all that the success was due to the huge effort and cooperation of all involved. Thanks were specifically expressed by the LMC to the CCG for their support and mutually the CCG thanked GPs and PCNs for their hard work. Public health also thanked all involved in the programme.
- The committee approved the rent increase for the Stokesley practice as recommended by the DV. Two further rent increases at Sandsend Practice and Ripon Spa were noted. These had already been approved as they were below the limit needing approval at the PCCC.

Sheenagh Powell, Lay Member for Financial Performance and PCCC Chair

NORTH YORKSHIRE CLINICAL COMMISSIONING GROUP

Primary Care Commissioning Committee (PCCC)

26 November 2020

14:00 – 16:00

Via Microsoft Teams

Present (Voting Members)	
Sheenagh Powell	Governing Body Lay Member, Chair
Wendy Balmain	Director of Strategy and Integration, North Yorkshire CCG
Dr Peter Billingsley	North Yorkshire CCG Governing Body GP
Alec Cowell	Deputy Director of Financial Services and Reporting, North Yorkshire CCG (part)
Dr Mark Hodgson	Clinical Lead for Community & Integration, and Governing Body GP, North Yorkshire CCG & Aldbrough St John Surgery
Kate Kennady	Governing Body Lay Member, North Yorkshire CCG
Sue Peckitt	Chief Nurse, North Yorkshire CCG
Dr Bruce Willoughby	North Yorkshire CCG Governing Body GP

In Attendance (Non-Voting Members)	
Chris Clarke	Senior Commissioning Manager, NHSE
Andrew Dangerfield	Head of Primary Care Transformation, North Yorkshire CCG
Angela Hall	Health Improvement Manager, NYCC (part)
Dr Omnia Hefni	North Yorkshire CCG GP
Victoria Ononeze	Public Health Consultant, NYCC
Tim Readman	Senior Communications Officer, North Yorkshire CCG
Sasha Sencier	Board Secretary and Senior Governance Manager, North Yorkshire CCG
Dr Sally Tyrer	GP and LMC representative
Sharon Gent	Secretariat (Minutes)
Cathy Tobin	Secretariat (Attendance)

Apologies	
Clare Beard	Public Health Consultant, NYCC
Ashley Green	Healthwatch
Jane Hawkard	Chief Finance Officer, North Yorkshire CCG
David Iley	Primary Care Assistant Contracts Manager, NHSE

1.0 Apologies for Absence and Quorum

The Chair welcomed the Committee members and apologies were noted as above.

The Chair confirmed that the meeting was quorate taking into account any apologies for absence and those joining the call later.

The Chair noted that these committee meetings were now open to the public and Tim Readman from Communications had joined the meeting. No members of the public had registered to join today's meeting.

The Primary Care Commissioning Committee:

Noted attendance and apologies and confirmed the meeting was quorate under the requirements set out within the Terms of Reference.

2.0 Declarations of Members' Interests 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 North Yorkshire Clinical Commissioning Group (CCG).

With reference to the business to be discussed at the meeting, no declarations of interest were declared.

Declarations declared by members of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests.

The Primary Care Commissioning Committee:

Noted there were no declarations of interest declared.

3.0 Questions from Members of the Public

No questions from members of the public had been received.

The Primary Care Commissioning Committee:

Noted no questions from members of the public had been received.

4.0 Minutes and Matters Arising

4.1 Minutes from the Meeting held on Thursday 24 September 2020

Minutes of the meeting held on Thursday 24 September 2020 were reviewed by the Primary Care Commissioning Committee for accuracy and were approved as an accurate and true record of the meeting.

The Primary Care Commissioning Committee:

Approved the minutes as an accurate and true record of the meeting.

4.2 Matters Arising from the Minutes

The action log was reviewed by the Primary Care Commissioning Committee and all actions were declared to be complete.

The Primary Care Commissioning Committee:

Reviewed the action log and noted all actions were complete.

5.0 Governance

5.1 Significant Risk Review

Sasha Sencier presented the paper noting the Governing Body met on 22 October 2020 and agreed the risk appetite should be raised from 12 – 15. The Committee were assured all risks were being managed effectively through the Corporate Risk Review Group. The Governing Body Assurance Framework (GBAF) had been presented to the Audit Committee and two risks had been scored at 20 and 16.

Wendy Balmain observed that while there are risks in primary care the mitigations reflected the level of work underway to ensure those risks are managed effectively. The Chair noted she felt assured as the mitigations were shown well on the GBAF and thanked all for their input.

The Primary Care Commissioning Committee:

Noted the above update on the Significant Risk Review.

5.2 PCCC Forward Plan

The Chair asked for comments on the forward plan. Wendy Balmain noted the need to think about the date of the January meeting due to operational pressures related to the current Covid situation and it was agreed that the committee would take stock after Christmas.

The Primary Care Commissioning Committee:

Noted the updated PCCC Forward Plan and that a decision regarding the January PCCC would be made in the New Year.

6.0 Strategy and Planning

6.1 Primary Care Strategic Overview

Wendy Balmain gave a presentation on the primary care strategy within the context of system strategic planning.

Four areas of focus were noted as well as the importance of good relationships with partners and primary care having an equal voice.

Enhanced Health in Care Homes had been implemented, AccuRx had been deployed to all GP practices and the Primary Care OPEL escalation framework is being implemented.

Wendy noted the Covid Expansion Fund of £150m to support delivery of 7 key priorities and of significance to achieve 67% of annual health checks by end of March 2021.

The Chair gave thanks for a very helpful report. Bruce Willoughby noted the importance of primary care and there were some real opportunities ahead. The Chair asked when the strategic overview would be updated and Wendy advised around the end of March 2021 but that this would be subject to ongoing operational pressures. Sue Peckitt noted the significant pressure on primary care and all work was greatly appreciated.

The Primary Care Commissioning Committee:

Noted the update on the Primary Care Strategic Overview.

6.2 NYCCG Primary Care Report

Bruce Willoughby presented the paper noting some areas had already progressed at pace. Primary Care Networks (PCNs) had been invited to designate sites for delivery of a primary care led Covid vaccination programme. Outline plans had been submitted to NHS England (NHSE) and the outcome would be received later that day. Oximetry at home had developed at pace and the CCG had been working with the PCNs and the Local Medical Committee (LMC) to develop and agree service protocols. The Harrogate hot site was now fully functional and while Covid activity remains high practices had effective infection prevention control measures in place.

The Population Health Management (PHM) programme is well underway. Two North Yorkshire PCNs are involved in the ICS programme and are working with Vale of York on the methodology for PCNs.

Peter Billingsley noted the great work taking place across primary care

The Primary Care Commissioning Committee:

Noted the update on the NYCCG Primary Care Report.

6.3 Report from NHSE/NHS Improvement

Chris Clarke presented the paper and noted the following:

- The link to the changes in the GMS contract
- Clarifications around patients removed and the responsibility for practices
- The clause with regard to termination if a practice lost registration.

There were no questions.

The Primary Care Commissioning Committee:

Noted the update on the Report from NHSE/NHS Improvement

6.4 Public Health Update

Angela Hall presented the public health update noting the majority of resource was covering Covid prevention and outbreak. Public Health are currently managing 396 incidents across North Yorkshire working with a number of partner organisations. Testing provision is continuing to be developed. Flu vaccinations are continuing to be promoted along with outcome supply chain issues.

Victoria Ononeze gave an update on the Healthy Child Consultation noting the consultation started on 26 October 2020 and will run until January 2021 with the focus being on 0-5 years and then 5-19 years. Peter Billingsley felt that as a committee, a formal response to the consultation should be given. Sue Peckitt noted that the CCG would be developing a collective CCG response that would reflect views from this Committee. This approach was agreed. Kate Kennedy asked if this matter should be raised at the Clinical Quality and Governance Committee (CQGC) and it was agreed it would be added to the agenda for the next meeting.

Victoria noted that Public Health would continue to prioritise safeguarding and would obtain as much feedback as possible from the consultation. It was expected that the LMC would respond separately.

It was noted that a copy of the joint response will be brought to this committee for information.

The Primary Commissioning Committee:

Received and noted the public health update.

6.5 Practice Changes

There were no practice changes to discuss.

The Primary Commissioning Committee:

Noted there were no practice changes.

7.0 Finance and Performance

7.1 Finance Report

Alec Cowell attended the meeting on behalf of Jane Hawkard and summarised the finance report. Primary care co-commissioning had a £1.3m overspend for the first 6 months of the year, mainly from PCN costs. Under the national Covid19 financial funding regime the CCG had received an additional retrospective top-up allocation of £1.3m to allow the CCG to actually breakeven.

The funding regime for the remaining 6 months of this financial year are different and the CCG has now received its total funding allocation which it is expected to operate within.

Since the start of the pandemic the CCG has been reimbursing practices for additional covid19 related costs. To the end of September this was £1.5m. This reimbursement method has now stopped and under the new funding regime the CCG has allocated a budget of £300k to cover any further costs.

Deloitte have been commissioned by NHSE/I to undertake audits of Covid19 spend within Trusts and CCG. Their audit report from the first round of audits had been published and Alec would circulate to anyone who would like a copy.

The Chair thanked Alec for a comprehensive report and requested a copy of the audit report.

The Primary Care Commissioning Committee:

Noted the contents of the Finance Report.

7.2 Integrated Quality Performance Report

Andrew Dangerfield presented the report. With regard to the Care Quality Commission (CQC) ratings, one practice had been rated as inadequate and a further visit from the CQC was expected to raise the rating. There was a significant lag in the data for the Learning Disability Health Check Scheme. This was being prioritised and should significantly improve the data for the January meeting. Flu vaccination performance was ahead of normal. Primary appointments and digital interactions had seen a dip in face to face appointments which continued to increase.

There were no questions.

The Primary Care Commissioning Committee:

Noted the update on the Integrated Quality Performance Report.

8.0 Investment Decisions

There were no investment decisions to approve.

The Primary Care Commissioning Committee:

Noted there were no investment decisions to approve.

9.0 Minutes and Key Messages to the Governing Body

The Chair noted the highlights of the minutes and key messages to the Governing Body which will be included within her report to the Governing Body.

- Update and comprehensive overview in primary care
- Public Health update
- Regular finance and performance updates

The Primary Care Commissioning Committee:

Noted the highlights of the minutes and key messages and that they will be presented at the next Governing Body meeting.

10. Any Other Business

Omnia Hefni advised she had attended the Humber Coast and Vale (HCV) International GP Recruitment Programme Board. The pilot started in 2017 and is coming to an end in December 2020 and the Board is proposing that there will be an alternate route for placing the International GPs who are in the pipeline currently via individual CCGs and PCNs. There are currently 26 GPs in place with investment to support them and recruitment will continue. 10 practices across the HCV have expressed an interest and the Intelligent General Practice Reporting (IGPR) Programme Board is proposing a letter to the PCNs regarding support preparation and placement.

Sally Tyrer asked why CDs were being approached and not individual practices and Omnia advised that the host practices must be training practices and the thought was that training practices could host on behalf of others. There were no questions.

Wendy Balmain noted that Dr Lincoln Sargeant Director of Public Health for North Yorkshire was leaving to take up a new post on the 11 December 20. Wendy asked the Committee to extend their appreciation to Lincoln for his contribution to improving health outcomes for the North Yorkshire population.

The Primary Care Commissioning Committee:

Noted the above.

11. Meeting Reflection

The Chair thanked everyone for their contributions.

The Primary Care Commissioning Committee:

Noted the above.

12. Next Meeting

The Chair advised that the next PCCC meeting was scheduled to take place on:

Thursday 28 January 2020, 2:00 – 4:00pm.
Via Microsoft Teams

It was agreed and noted that this would be reviewed in the New Year.

The Primary Care Commissioning Committee:

Noted the date and time of the next meeting and that it would be reviewed in the New Year.

Follow up actions

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

Primary Care Commissioning Committee

Key Messages to the Governing Body

- The Committee received the Significant Risk Review assigned to the committee and were assured all risks had been mitigated with detailed actions that reduced their score to 12 or below. This was to be kept until review by Risk owners.
- The Committee received a presentation providing a Strategic Overview of Primary Care. This detailed the current developments and actions within the national and ICS context as well as the initiatives ongoing in PCN and practices. The presentation was very informative and well received.
- In addition the PCCC received a PC report providing assurance on preparation for COVID vaccination programme, home pulse oximetry and assistance to practices where COVID had compromised delivery of services. In addition it included an update on the national initiative to expand PC acknowledging the PC response to the pandemic.
- Public health provided an update on their work across North Yorkshire which links with and supports work in PC and the community. They also included an update on the operation of their current services at this time and the consultation that is currently underway on the Healthy Child Programme. It was agreed the committee would receive the joint response from the CCG on the consultation.
- The Committee received and noted the regular reports on Finance and Integrated Quality Performance. No particular issues need to be brought to the GB attention.
- The Committee was given an update on the Humber Coast and Vale International GP programme. This was started in 2017 and would soon be open to all practices in the CCG to apply to be part of this programme.

Appendix A

North Yorkshire Clinical Commissioning Group Actions from the Primary Care Commissioning Committee on 24 September 2020

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as applicable)
26 November 2020	6.4 Public Health Update	Sue Peckitt and the CCG to pull together a collaborated response to the Healthy Child Consultation. CCG response to consultation submitted December 2020.	SPe/CCG	Complete
26 November 2020	7.1 Finance Report	Alec Cowell to send Sheenagh Powell a copy of the audit report from Deloittes.	Alec Cowell	28 January 2021

**North Yorkshire Clinical Commissioning Group
Primary Care Commissioning Committee**

CLOSED ITEMS

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as applicable)
24 September 20	6.4 PCCC Forward Plan	Primary Care Strategies – Wendy agreed to bring an overview of how the system is operating and what this means for primary care to the next meeting.	Wendy Balmain	Complete
		Public Health Overview Report - It was agreed that Public Health should present an overview report detailing their key areas – Clare Beard to follow up.	Clare Beard	Complete
24 September 20	6.5 Public Health Update - Healthy Child Programme	ACTION: A Healthy Child Programme presentation on the proposal for a new service model will be circulated post meeting.	Victoria Ononeze	Complete
		Post meeting note: Health Child Programme presentation issued 25/09/20.		

Title of Meeting:	Governing Body Meeting	Agenda Item: 9.3									
Date of Meeting:	22 April 2021	<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Workshop</td> <td></td> </tr> </table>		Session (Tick)		Public	X	Private		Workshop	
Session (Tick)											
Public	X										
Private											
Workshop											
Paper Title:	Quality and Clinical Governance Committee Key Messages										
Responsible Governing Body Member Lead Kate Kennady, Lay Member for PPE and Chair of the Quality & Clinical Governance Committee		Report Author and Job Title Kate Kennady, Lay Member for PPE and Chair of the Quality & Clinical Governance Committee									
Purpose (this paper is for)	<table border="1"> <tr> <th>Decision</th><th>Discussion</th><th>Assurance</th><th>Information</th></tr> <tr> <td></td><td></td><td>X</td><td></td></tr> </table>			Decision	Discussion	Assurance	Information			X	
Decision	Discussion	Assurance	Information								
		X									
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: No.											
Executive Summary The Quality and Clinical Governance Committee has been established to provide oversight on any quality or equality impact relating to all commissioned services through its review and monitoring of quality surveillance metrics that may indicate an adverse impact on quality or safety and therefore require further mitigation to be considered. The Committee provides assurance to the Governing Body that any risk to equality and quality has been appropriately mitigated and how continuous improvement will be monitored. The Committee also monitors safeguarding and oversees the development of and approve policies relating to HR and Corporate. The following assurance report details key topics discussed at recent meetings.											
Recommendations The Governing Body is asked to receive the report as assurance.											
Monitoring An assurance report on key topics discussed at the Quality and Clinical Governance Committee will be brought to each Governing Body meeting.											
Any statutory / regulatory / legal / NHS Constitution implications	The Quality and Clinical Governance Committee is accountable to the Governing Body and is required to provide key messages from its meetings.										
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.										
Communication / Public & Patient Engagement	Key Messages are published with the Governing Body Papers.										
Financial / resource implications	None identified.										
Significant Risks to Consider	No significant risks to consider.										
Outcome of Impact Assessments completed	Not applicable.										

Kate Kennady, Lay Member for Patient and Public Engagement and Chair of the Quality and Clinical Governance Committee

Quality and Clinical Governance Committee

Key Messages

The Committee met virtually on Thursday, 1 April 2021 using Microsoft Teams. The committee was quorate, and there were no declarations of interest in relation to the business of the meeting.

Items Approved:

- The Minutes from the 4 February 2021 were approved as a true and accurate record of the meeting.
- Quality/Equality Impact Assessments
 - IPL Laser, Electrolysis for Hair Removal
 - Anal Fissure
 - Bunion Surgery
 - Circumcision (Adults and Children)
 - Vasectomy under General Anaesthetic
 - Resperate Devices for Hypertension
 - Rhinitis
 - Urinary Incontinence Surgery (Women)
 - Gastroelectrical Stimulation (GES)/gastric Neuromodulation
 - Actinic Keratosis:
 - Extracorporeal Shockwave for MSK conditions and Extracorporeal Shockwave Therapy for Plantar Fasciitis
 - Ilizarov Technique.

The following 9 recommendations were received by the sub-group QCGC on 16 March 2021:

- Shoulder Arthroscopy
- Adenoidectomy
- Low back pain - Radiofrequency denervation (rhizolysis)
- Low back pain - Spinal decompression and discectomy (lumbar)
- Low back pain - Spinal fusion
- Low back pain - Lumbar Disc Replacement
- Autologous Serum Eye Drops
- Cystoscopy
- Neuro Rehab (for stroke patients)

Agenda Items Received for Discussion and Assurance

- Oxygen and Dexamethasone for those C19 + individuals in Care Homes in Hambleton and Richmondshire
- QCGC Forward Planner
- QCGC Terms of Reference
- CHC Choice Policy
- QCGC Annual report (Approved virtually prior the meeting)
- QCGC Annual Committee Effectiveness Review (Approved virtually prior the meeting)
- Internal Audit Reports
 - Children's Safeguarding Internal Audit Report
 - Children's Continuing Care
 - Children's Commissioning Arrangements
- Significant Risk Reviews
- COVID-19 Update
- Quality, Patient Safety and Performance Report
- Adult CHC Report and EOL/Fast Track
- Q3 SI Report
- Children's Services and Children's CHC
- 0-19 Consultation
- Safeguarding Update

- Mental Health, Learning Disabilities and Autism Partnership update
- LeDER Report
- Communications and Engagement Report

Recommendations Made:

- Mental Health, Learning Disabilities and Autism Partnership Update, the Committee is being asked to:
 - Note the updated Quality and Performance Assurance approach across NY & Y
 - Note the position against the Transforming Care Programme
 - Note the agreement to develop a 3-year IAPT delivery plan
 - Note the continued transformation work undertaken within the partnership

Title of Meeting:	Governing Body		Agenda Item: 9.4									
Date of Meeting:	22 April 2021		<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Workshop</td> <td></td> </tr> </table>		Session (Tick)		Public	X	Private		Workshop	
Session (Tick)												
Public	X											
Private												
Workshop												
Paper Title:	Finance, Performance, Contracting and Commissioning Committee Key Messages											
Responsible Governing Body Member Lead Dr Ian Woods, Secondary Care Doctor and FPCCC Chair		Report Author and Job Title Dr Ian Woods, Secondary Care Doctor and FPCCC Chair										
Purpose (this paper is for)	<table border="1"> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> <tr> <td></td> <td></td> <td>X</td> <td></td> </tr> </table>				Decision	Discussion	Assurance	Information			X	
Decision	Discussion	Assurance	Information									
		X										
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: No.												
Executive Summary The Finance, Performance, Contracting and Commissioning Committee has been established to provided assurance on financial issues relating to the CCG. The Committee monitors and reviews the overall financial position of the CCG, activity information, provider contract positions and issues, and risks in achieving its forecast out-turn at the end of the year. It provides members with greater clarity on the CCG's financial and contracts position by holding budget holders to account for delivery, risks and mitigation. It also provides assurance to the Governing Body on the CCG's financial position, flagging concerns and issues for further discussion. The following assurance report details key topics discussed at recent meetings.												
Recommendations The Governing Body is asked to receive the report as assurance.												
Monitoring An assurance report on key topics discussed at the Finance, Performance, Contracting and Commissioning Committee will be brought to each Governing Body meeting.												
Any statutory / regulatory / legal / NHS Constitution implications		The Finance, Performance, Contracting and Commissioning is accountable to the Governing Body and is required to provide key messages from all of its meetings.										
Management of Conflicts of Interest		No conflicts of interest have been identified prior to the meeting.										
Communication / Public & Patient Engagement		Key Messages are published with the Governing Body Papers.										
Financial / resource implications		None identified.										
Significant Risks to Consider		No significant risks to consider.										
Outcome of Impact Assessments completed		Not applicable.										

Dr Ian Woods, Secondary Care Doctor and Chair of the FPCCC

Key Messages to North Yorkshire CCG Governing Body April 2021

Finance Performance Contracting and Commissioning Committee

The committee met over the internet on Thursday 15 April and was quorate as dictated by Terms of Reference.

The minutes of the meeting held on 18 March 2021 were reviewed and agreed.

Committee received a finance report covering expenditure on COVID and financial performance to Month 11. This included:

- The year end finance update.
- Current draft allocations for the first 6 months of 2021/22 and the process to finalise.
- Current covid19 costs incurred to date.

The Committee received a presentation around the NY&Y Financial Planning 2021/22 & NY CCG Draft Plan Months 1 to 6 (H1). The plan included estimates of prescribing and CHC growth in excess of national allocations due to historic performance which resulted in the need for a savings programme (QIPP) of £3.7m being achieved in H1. The majority of the QIPP programme would focus on CHC, prescribing and running costs. A contingency of 0.5% at £1.8m was also included in the plan.

In addition, a Supplementary guidance on H1 2021/22 finance and payments arrangements was also shared for information.

The draft plan was approved and would be recommended for approval by the Governing Body.

The Committee received a Contracting update on arrangements for 2021/22 which included:

- NHS Organisation arrangements in line with Published planning and contact guidance.
- Independent Sector contracts and impact of utilisation of additional capacity.
- Heads of Terms agreements to support Equity of access across IS and Acute providers.
- Non-NHS Provider / Voluntary sector arrangements.

It was noted that IS activity commissioned in excess of budget allocations was expected to be funded through the national £1 billion of funding for elective recovery. The Elective Recovery Funding regime was explained and the risks of none delivery were noted.

The Committee received and supported a Single Tender Waiver regarding GPIT Bridging Arrangements.

The Committee approved a recommendation to commission a Tier 3 service across North Yorkshire with the access criteria as per Vale of York CCG with the exception of patients with Learning Disabilities.

Committee noted a report from North Yorkshire and York Medicines Commissioning and Formulary Committee Key messages 7 April 2021 and approved recommendations relating to TA676: Filgotinib for treating moderate to severe rheumatoid arthritis.

Committee received messages from System Delivery Board held on 26 February 2021.

Date of next Meeting agreed as 20 May 2021.

Dr Ian Woods, Secondary Care Doctor and Chair of the FPCCC