

NORTH YORKSHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

Thursday, 24 March 2022 at 10:00 – 12:30

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
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	
Simon Cox	Director of Acute Commissioning
Dr Peter Billingsley	GP Governing Body Member

In Attendance	
Sasha Sencier	Board Secretary and Senior Governance Manager

1.0 Apologies for Absence and Quorum

Apologies were received from Simon Cox, Director of Acute Commissioning and 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.

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

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

The NHS North Yorkshire CCG Governing Body: Noted that no declarations of interest had been made relation to the business of the meeting.

2.1 Questions received from members of the public

No questions were received members of the public.

3.0 Governing Body Minutes and Matters Arising

3.1 Governing Body Minutes – Decisions Taken Virtually December 2021

The Chair noted that the meeting was cancelled in December 2021 due to COVID-19 priorities. All decisions were taken virtually and then published on the CCG website for transparency. The Governing Body members noted no changes to the minutes from the October meeting and approved the minutes as a true and accurate record of the meeting.

The NHS North Yorkshire CCG Governing Body: Noted decisions taken virtually in December 2021.

3.2 Matters Arising from the Meeting – October 2021

Due to the cancellation of the meeting in December 2021, the matters arising were accepted virtually. For completeness, any matters arising outstanding are on the agenda today. Two items are outstanding, both under the remit of Simon Cox, Director of Acute Commissioning. In Simon's absence, an update has been provided to the Clinical Chair:

- It was previously agreed that the ECIST report would be circulated to Governing Body Members once published. **Update:** The ECIST Multi-Agency Discharge Events (MADE) were held in Scarborough and York and a briefing was given to the North Yorkshire and York System Board with the main points. The CCG has not received formal feedback, but actions from the events are now part of the ongoing system response being managed by community silver. Wendy Balmain confirmed that plans are being implemented which are detailed and operational and there are no strategic further strategic updates to bring to the Governing Body at present.
- It was previously agreed that a briefing on the planning of Community Diagnostic Hubs would be provided to the Governing Body.

Update: The CDC programme is developing but is currently confirming the precise number, configuration, and sites of potential community diagnostic sites. Wendy Balmain confirmed that this area of work now sits in their portfolio. Analytical work done across HCV to identify what we have in place and where additional diagnostics are needed. It was also acknowledged that we must be compliant with Richards Review and working through this detail, which involved a wide range of partner organisations. **Action: It was agreed that a paper or presentation updating on this area would be brought to the Place Board meeting and Lisa Pope would present as the Deputy Director.** **Post meeting note: This has been taken forward by Lisa Pope.**

The NHS North Yorkshire CCG Governing Body: Accepted the matters arising as complete.

4.0 Reports from North Yorkshire Clinical Commissioning Group

4.1 Clinical Chair

Dr Charles Parker presented the Clinical Chair's Report and took the paper as read. No questions were raised.

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

4.2 Accountable Officer

Amanda Bloor presented the Accountable Officer Report and provided a verbal update in addition.

Yesterday was the second anniversary of the first COVID-19 lockdown on 23 March, 2020. Recognition was given to staff, our partner organisations and wider communities, and the impact COVID-19 has had on us all.

It was recognised that NY CCG established at the start of the pandemic and is now going through a further significant change with the transition to the ICS, and staff need to continue to be supported through this challenging time.

A Humber, Coast and Vale ICS whole staff briefing took place yesterday. It was recognised from feedback that there is a significant amount of uncertainty and that the leadership team need to work together to help with that.

In terms of Place, the importance of Place development was emphasised including the engagement and delivery structure around Local Care Partnerships. Wendy Balmain and Julie Warren have been heavily involved in leading Place developments over the past few months and it feels that we are in a good position in North Yorkshire to transition into the new.

There is an item to discuss ICS developments on the agenda, but it was emphasised that the Health and Care Bill is progressing and the date to form the Integrated Care Board as the statutory body is on track for 1 July 2022.

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

4.3 Communications and Engagement Update

Julie Warren, Director of Corporate Services, Governance and Performance presented the Communications and Engagement update and took the paper as read.

The paper provided an update on recent communications and engagement activity and an assessment of delivery against the NYCCG Communications and Engagement Strategy for the year 2021/22.

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

5.0 Quality and Performance

5.1 Quality and Performance Report

Sue Peckitt, Chief Nurse and Julie Warren, Director of Corporate Services, Governance and Performance presented the Quality and Performance Report, which provides an integrated overview and assurance of quality and performance issues. The paper was taken as read and Sue Peckitt provided a verbal update in addition.

All providers and Primary Care providers are experiencing significant operational pressures which could affect quality and safety. The Governing Body can be assured that the quality team is monitoring this carefully and mitigating against any risk where possible. However, it should be recognised that morale of staff low due to increased absence, mainly due to a rise in COVID-19 again, which is impacting on staff availability.

The CCG is working with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) who remain in quality escalation.

Infection Prevention and Control (IPC) issues at York Scarborough Teaching Hospitals NHS Foundation Trust has previously been reported to Governing Body and an NHS review took place highlighting several recommendations. A Senior IPC Nurse role is being advertised to try and bring strategic and operational control across both sites in York and Scarborough that have issues.

There have been two 'Never events' in Harrogate and District NHS Foundation Trust (HDFT) and a third case reported this week. Two of these are with paediatric dental, therefore the CCG has asked for further information to try and understand any similarities. It was noted that HDFT has been refreshing their SI reporting and have seen an improved position.

With the exceptions reported with regard to safeguarding children, the Chief Nurse noted their confidence in progress being made.

The Governing Body discussed Primary Care and GP appointments data and whether some appointments may be counted twice if they have first spoke with a GP and then required a face-to-face appointment. It was confirmed that Business Intelligence (BI) have previously been asked to provide this detail, but it is not possible to do so. Dr Chris Ives noted that there is significant variance across GP practices due to coded inputs. Dr Bruce Willoughby agreed these are some variance and consistency issues but provided some assurance that NHS Digital is leading on a piece of work with GP Practices in this area and some improvements have been made compared to pre-pandemic, but that there is more to do.

The Governing Body discussed the significant increase of 12-hour trolley waits. Executive Director colleagues agreed that this was reflective of pressure seen across the system. Regional groups have discussed similar pressures but are not formally recording issues in the same way. It was noted that potential harm to patients was being actively monitored. It was further recognised that a business case has been approved to improve A&E at Scarborough with development taking place this year.

The Governing Body discussed waiting lists and plans in place to resolve the backlog. It was recognised that this work is part of the acute collaboratives, however there are still significant issues relating to COVID-19 and operating on two pathways so its challenging to get back to pre-COVID-19 figures.

The Governing Body discussed workforce plans to help the system recover. It was noted that the ICS has a workforce group who are reviewing processes and helping to identify several ways to increase workforce to support services. Place conversations with local education establishments are also taking place to support with training and development needs.

A specific query was raised in relation to the issues with radiotherapy backlog. It was noted that this is a staffing issues, which reflects all systems.

The Governing Body discussed A&E visits and agreed that it would be helpful to understand why people are visiting A&E across the system to help identify any trends that could be helpful to future planning. **Action: It was agreed that this would be investigated and reported back to the Governing Body meeting in June 2022. Post meeting note: This was looked into and a response was circulated to Governing Body Members by email to ensure a timely response.**

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

6.0 Finance

6.1 Financial Report

Jane Hawkard, Chief Finance Officer presented the Financial Report, which is in seven parts.

Part 1: Financial Performance to M10 (January 2022) & Forecast Outturn

The financial position is currently showing a breakeven position at Month 10. The forecast position at year-end is also showing a breakeven position.

The CCG made a significant contribution toward the care staff bonus which match funded the local authority to thank them through the pandemic and to retain staff through the winter period.

The forecast for Month 11 for the Mental Health and Transforming Care Programme is showing an improvement due to a number of patients that have not been discharged by NHSE/I to the CCG as planned. It should be noted that the CCG understands the complexities in some of these patients and an improved position financially is not necessarily beneficial as it is important to discharge people back into the community and to live a good life.

Prescribing has seen peaks and troughs throughout the year; however, year-end is looking more favourable.

Part 2: Budgetary Decisions

The CCG has received further in year allocations in 9 and 10, totalling £14.1m. Most of this funding is for elective recovery, hospital discharge and aging well plans.

The CCG has agreed to pay South Tees NHS Foundation Trust £1m for quality costs. This is £1m less than initially expected and this therefore allows the CCG to release more ICS ageing well funds to providers.

Part 3: An update on financial transition into the Integrated Care Board (ICB)

Assurance was received on the transition as the CCG and partner organisations work across the system to move into ICS in a safe way. Jane Hawkard chairs the Northern Region Finance Transition Group which monitors the due diligence checklist for finance responsibilities. It was noted that there are currently no concerns and that any amber ratings were due to timing of actions required.

Part 4: Capital Update

In respect of the Catterick Integrated Care Campus Scheme, capital funding requirements need to be finalised. The CCG is working with Ministry of Defence (MOD) to approve the OBC between June and September 2022. It is expected that funding will be made from several streams.

The Governing Body queried the revenue position. Jane Hawkard informed that there is a £300k revenue consequence dependent on the Section 2 agreement with NHSE and the Ministry of Defence (MoD) and that this is the option the CCG is pursuing. If this changes, a decision will need to be brought back to the Governing Body to be made.

Part 5: Financial Planning for 2022/23

In 2022/23, the first three months will be accounted for at CCGs and the rest of the year at ICB.

The CCG will see a reduction in COVID-19 funding, from £40m to £18m. The CCG deficit position before identifying any savings schemes is circa £9.6m, but savings brings this to circa £6.6m deficit. Work to be undertaken to see what else can be done to make further savings as the CCG needs to get to a break-even position before the final draft of the plan is submitted. There is a circa £140m deficit across the ICB, and every organisation across the system needs to do a similar piece of work to reduce the deficit.

Part 6: Virtual Decisions made by FPCCC

Virtual decisions have been made by the Finance, Performance, Contracting and Commissioning Committee (FPCCC):

- A number of prescribing rebates that were all of relatively small amounts.
- Bad debts and claims abandoned that were all of small amounts.
- Incorrectly Invoiced Responsible Commissioner to Liverpool CCG for £366,000. After review of the case file, and in light of previous information from solicitors, the recharge of care by one of the legacy CCGs was incorrect and a credit note has now been raised accordingly.

Part 7: Hospital Discharge Programme (HDP) Costs

The appendices show the anticipated costs of HDP up to the year end. All costs are reimbursed by government. The reduction in costs in the second half of the year is due to a change in the reimbursable period from 6 weeks to 4 weeks. The scheme ends at the end of March.

In the plan, the Governing Body queried whether funding was for reducing waiting lists. Jane Hawkard informed that this is not in the plan. The ICB will receive £55m up front in elective recovery funding for what needs to be delivered as a system, managed centrally.

The NHS North Yorkshire CCG Governing Body:

- Received the financial performance information YTD to M10 (January 2022) and the FOT.
- Received information on budgetary decisions and additional resource allocations received since the last Governing Body meeting.
- Received an update on financial transition into the Integrated Care Board (ICB).
- Received a financial update on capital plans for Catterick.
- Approved the draft plan submission 2022/23 and note the next steps to review the position prior to final submission at the end of April.
- Received virtual decisions made by FPCCC for information.
- Noted Hospital discharge costs.

7.0 Strategy and Planning

7.1 ICS Transition Update

Julie Warren, The Director of Corporate Services, Governance and Performance presented the report, which was taken as read.

It was noted that elements of the report had been taken through the Audit Committee to provide assurance that due diligence is being undertaken to ensure a smooth transition for the establishment of the ICB on 1 July 2022.

It was noted that there are no concerns with the transition, thus far, and a further report will be brought to the Governing Body in June 2022 as part of the formal close down of the organisation.

The NHS North Yorkshire CCG Governing Body:

- Noted the transition update
- Received assurance that the CCG continues to monitor, manage, and maintain robust governance arrangements and controls during the transition to the ICS.

8.0 Governance

8.1 Delegation to Approve the Annual Report, Annual Governance Statement and Account 2021/22

Julie Warren, Director of Corporate Services, Governance and Performance presented the report.

The CCG's Constitution and Scheme of Reservation and Delegation states that the Governing Body must approve the Annual Report and Accounts. Due to the timing of Governing Body meetings taking place in relation to year end reporting requirements, a recommendation has been made by the Executive Directors for the Audit Committee to approve the Annual Report and Accounts 2021/22 for NHS North Yorkshire CCG.

The NHS North Yorkshire CCG Governing Body: approved delegated authority to the Audit Committee to approve the annual report, annual governance statement and account 2021/22.

8.2 Governing Body Committees Annual Report 2021/22

Julie Warren, Director of Corporate Services, Governance and Performance presented the report, which was taken as read.

The report includes all statutory and non-statutory committee annual reports for matters relating to 2021/22. Each Committee has approved their own annual report before being brought to the Governing Body to be accepted.

It was noted that all Committee Annual Reports are final, with the exception of FPCCC which is still draft as some virtual decisions may still be required up to 31 March 2022.

The NHS North Yorkshire CCG Governing Body:

- Reviewed and accepted the Committees Annual Report 2021/22
- Received assurance that, combined with the effectiveness reviews, the report provides a level of assurance that the Committees have operated effectively during 2021/22.

8.3 Governing Body and Committees Annual Review of Effectiveness

Julie Warren, Director of Corporate Services, Governance and Performance presented the report, which was taken as read.

The report summarises the effectiveness review process for 2021/22 and presents findings from all effectiveness reviews undertaken by the Governing Body and its Committees.

Each Committee has reviewed their own effectiveness before being brought to the Governing Body to be accepted.

The NHS North Yorkshire CCG Governing Body:

- Reviewed the self-assessment of the Governing Body and accepted that the report provides assurance that the Governing Body has operated effectively for 2021/22.
- Reviewed the effectiveness reviews of all statutory and non-statutory committees of the Governing Body and accepted that the reports provide assurance that the Committees have operated effectively for 2021/22.

8.4 Significant Risk Report

Julie Warren, Director of Corporate Services, Governance and Performance presented the report, which was taken as read.

The Governing Body noted that they were satisfied with the process around risk, particularly as the CCG had received an opinion of high assurance from auditors for a second year running regarding risk management. However, there was concern about the number of significant risks in the system and whether we were certain that we are doing all we can to mitigate those risks.

Executive Directors noted that there are quite a few relating to long waiting lists and pressures in the system. Unfortunately, these risks are very real and a symptom of where we have come from over the past two years of the pandemic. There is the elective recovery funding and targets in planning to address these risks but it will take time as this has been two years in the making. The waiting well process is being implemented too and everyone on waiting lists gets reviewed several times to ensure not deteriorating and if they are the aim is to push them up the list.

The Governing Body Members asked for an update with regard to mental health services. Sue Peckitt informed that Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) is in quality escalation and the CCG has provided a deep dive to the Quality and Clinical Governance Committee on this which is detailed within the key messages on the agenda. Assurance and input have been provided within the risk registers.

The Governing Body agreed that the report is very detailed, and the CCG does have effective processes in place with lots of risks being successfully reduced, however what is left seems to be risks that cannot be mitigated further at this stage. Although this does feel uncomfortable, it is a truthful position and residual after everything we can control in this difficult time. The CCG is not an outlier, but it would be helpful to do some benchmarking with the CCGs across the ICS.

Post meeting note: Risk management for the ICB is being picked up at the governance leads group and benchmarking risks has been discussed as a helpful action when considering future work needed to be done across the system.

The NHS North Yorkshire CCG Governing Body:

- Reviewed and approved the Governing Body Assurance Framework.
- Reviewed the significant risks detailed within the Corporate Risk Register and received assurance that risks are monitored effectively through risk leads, the Corporate Risk Review Group and Committees, where risks are aligned to them.
- Noted that the Audit Committee has received assurance that effective controls are in place to monitor risks effectively.

9.0 Minutes and Key Messages of Governing Body Committees

9.1 Audit Committee

The Chair of the Audit Committee confirmed that there was nothing further to add. No queries were raised by Governing Body Members.

9.2 Primary Care Commissioning Committee

The Chair of the Primary Care Commissioning Committee confirmed that there was nothing further to add. No queries were raised by Governing Body Members.

9.3 Quality and Clinical Governance Committee

The Chair of the Quality and Clinical Governance Committee confirmed that there was nothing further to add. No queries were raised by Governing Body Members.

9.4 Finance, Performance, Contracting and Commissioning Committee

Nil.

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

Nil to consider.

The NHS North Yorkshire CCG Governing Body:

Noted that there was no other business to consider.

11.0 Next Meeting

The next meeting is scheduled for 23 June 2022; however, this may need to be brought forward earlier in June to align with the Shadow ICB Board. Any change of date will be publicised well in advance of the meeting.

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.

NHS North Yorkshire Clinical Commissioning Group

Actions from the Governing Body Meeting in Public on 24 March 2022

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as applicable)
24 March 2022	3.2 Matters Arising	<p>It was agreed that a briefing on the planning of Community Diagnostic Hubs would be submitted to the next Governing Body meeting.</p> <p>Update: The CDC programme is developing but is currently confirming the precise number, configuration, and sites of potential community diagnostic sites. Wendy Balmain confirmed that this area of work now sits in their portfolio. Analytical work done across HCV to identify what we have in place and where additional diagnostics are needed. It was also acknowledged that we must be compliant with Richards Review and working through this detail, which involved a wide range of partner organisations.</p> <p>Action: It was agreed that a paper or presentation updating on this area would be brought to the NY Place Board and Lisa Pope would present as the Deputy Director.</p>	Wendy Balmain	<p>CLOSED</p> <p>Post meeting note: This has been taken forward by Lisa Pope.</p>
24 March 2022	5.1 Quality and Performance Report	<p>The Governing Body discussed A&E visits and agreed that it would be helpful to understand why people are visiting A&E across the system to help identify any trends that could be helpful to future planning.</p> <p>Action: It was agreed that this would be investigated and reported back to the Governing Body meeting in June 2022.</p>	Sue Peckitt	<p>CLOSED</p> <p>Post meeting note: This was looked into and a response was circulated to Governing Body Members by email to ensure a timely response.</p>

