

**Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group
Governing Body on 5 March 2020 at West Offices, York YO1 6GA**

Present

Dr Nigel Wells (NW) (Chair)	Clinical Chair
Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
David Booker (DB)	Lay Member, Chair of Finance and Performance Committee
Michelle Carrington (MC)	Executive Director of Quality and Nursing / Chief Nurse
Dr Helena Ebbs (HE)	North Locality GP Representative
Phil Goatley (PG)	Lay Member, Chair of Audit Committee and Remuneration Committee
Julie Hastings (JH)	Lay Member, Chair of Primary Care Commissioning Committee and Quality and Patient Experience Committee
Dr Andrew Lee (AL)	Executive Director of Primary Care and Population Health
Phil Mettam (PM) - part	Accountable Officer
Denise Nightingale (DN)	Executive Director of Transformation, Complex Care and Mental Health
Dr Chris Stanley (CS)	Central Locality GP Representative
Dr Ruth Walker (RW)	South Locality GP Representative

In Attendance (Non Voting)

Fiona Bell-Morrith (FB-M) – item 10	Lead Officer Primary Care (Vale)
Helena Nowell (HN) – items 8 and 9	Planning and Assurance Manager
Michèle Saidman (MS)	Executive Assistant
Annette Wardman (AW) – item 3	MSK Lead

Apologies

Simon Bell (SB)	Chief Finance Officer
Dr Aaron Brown (AB)	Liaison Officer, YOR Local Medical Committee Vale of York Locality

There were four members of the public present.

There were no questions from members of the public.

The meeting was preceded by a private meeting of members in accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 as it was considered that it would not be in the public interest to permit press and public to attend this part of the meeting due to the nature of the business to be transacted as it contained commercially sensitive information which, if disclosed, may prejudice the commercial sustainability of a body.

Confirmed Minutes

AGENDA

STANDING ITEMS

1. Apologies

As noted above.

2. Declaration of Members' Interests in Relation to the Business of the Meeting

There were no declarations of interest in the business of the meeting. All declarations were as per the Register of Interests.

AW joined the meeting

3. Staff Story

In introducing AW MC noted that as part of the CCG's recent reorganisation it had been agreed to include staff as well as patient stories.

AW explained she had a physiotherapy background and had worked for the NHS for 22 years, 16 of these as a MSK (musculoskeletal) specialist. She had done a range of work with patients and had become interested in transformation. A chance conversation around two years ago had resulted in her joining the CCG where she found the same sense of purpose and values as her own. AW additionally referred to the CCG's restructure and commended the integrity of staff through this difficult time when the patient had remained central.

AW's work was in the main MSK related but had also included radiology projects, laboratory medicine and demand management. In respect of the latter AW noted support to primary care such as reduction in MRI reporting times from the previous 25 days. She noted work with first contact practitioners including additional roles to support primary care highlighting ongoing discussions with Primary Care Network Clinical Directors about their needs and closer working between primary and secondary care.

In response to NW enquiring whether AW had any suggestions where further support may be helpful she referred to the recently established Organisational Development Group which was reviewing the CCG's values and staff support such as wellbeing. In terms of personal development AW felt well supported.

Discussion ensued in the context of information being available both for support to primary care from the CCG and for contacts in primary care for CCG staff. MC advised that a staff structure with photographs and areas of specialist interest was being finalised for publication on the CCG website.

AL joined the meeting.

Members commended not only AW's work but also her passion and positivity.

AW left the meeting

Confirmed Minutes

4. Minutes of the Meeting held on 2 January 2020

The minutes of the meeting held on 2 January were agreed.

The Governing Body:

Approved the minutes of the meeting held on 2 January 2020.

5. Matters Arising from the Minutes

Learning Disabilities Mortality Review – Update on potential proposals and a stocktake of progress: MC reported that, following discussion with Practice Nurses, they had committed to carrying out health checks for people with learning disabilities. The *Learning Disabilities Mortality Review* report was also being presented at the May Council of Representatives. HE added that learning disabilities was now included in the Quality and Outcomes Framework Quality Improvement Indicator noting this as an opportunity for the Primary Care Networks to work together to reduce unwarranted variance in the context of Learning Disability strategies.

The other matters were confirmed as completed, covered within agenda items or at the next meeting.

The Governing Body:

Noted the updates and associated actions.

6. Accountable Officer's Report

PM referred to the report which provided updates on turnaround, local financial position and system recovery; operational planning; primary care protected learning time; Better Care Fund; emergency preparedness, resilience and response; and strategic and national issues.

PM noted confidence in delivery of the 2019/20 £18.8m planned deficit based on the month 10 forecast outturn position and that the 2020/21 plan would be presented later in the meeting. He detailed the increased partnership working, both locally with NHS North Yorkshire CCG and York Teaching Hospital NHS Foundation Trust, and in the context of the Humber, Coast and Vale becoming an Integrated Care System from 1 April 2020.

PM explained that nationally the intention was for all parts of England to be covered by Integrated Care Systems within two years. NHS England and NHS Improvement were working with the government to change NHS financial resources allocation from the current organisations to Integrated Care Systems for such as new buildings, new equipment and maintenance. There was an emphasis nationally on partnership and collaboration, the approach the CCG had always tried to employ and would continue to do so.

PM also explained that Integrated Care Systems, as NHS commissioners, were adopting the approach of working closely with other NHS commissioners in the area

to avoid duplication; this included local government partners. He advised that the CCG was actively exploring opportunities with the three local authorities to work jointly in terms of financial resources and teams.

NW reported that the recent Protected Learning Time had been another successful event. Approximately 280 clinicians, had focused on health and wellbeing. HE additionally noted extremely positive feedback from nurses who had attended.

PM referred to the Better Care Fund update noting that partnership working was continuing but that the historic context and current financial constraints limited opportunities for transformation.

In relation to the COVID-19 update PM commended all involved for their discretionary effort, commitment and expertise.

The Governing Body:

Received the Accountable Officer's report.

7.1 Quality and Patient Experience Report incorporating Risk

MC noted this was the first iteration of the combined Quality and Patient Experience Report and Risk Register to avoid duplication; members supported this approach. MC also noted the need for the Governing Body to consider a process for when a risk becomes an event. The two detailed in the report were QN.09 following the outcome of the December 2019 SEND (Special Educational Needs and/or Disabilities) inspection and ES.01 due to the jointly agreed system financial recovery schemes not delivering and therefore triggering the three way risk share arrangement which would exceed available contingency reserves in the CCG with the consequence that the CCG could not deliver its accepted plan.

MC referred to the COVID-19 update noting this would be added to the Risk Register. She explained the position and requirements for testing and swabbing that were subject to ever changing national guidance. MC also reported that a further case had been identified in York the previous day.

MC explained the requirement for setting up NHS resourced co-ordination centres. In this regard she emphasised the context of pre-existing workforce pressures.

MC commended the responses from system partners, notably York Teaching Hospital NHS Foundation Trust who were providing various training aspects, and advised that a meeting with system partners had taken place the previous day to discuss such as transport requirements in terms of identification of drivers and vehicles. AL additionally commended and expressed appreciation to Haxby Group Practice for establishing, with 36 hours' notice, a seven day a week in-hours monitoring service.

In respect of business continuity in response to COVID-19 HE advised that the seven practices in the North Locality were considering an approach of memoranda of understanding for services. AL reported on an emergency planning exercise carried out by his team, noted that RW's practice's business continuity plan was being

shared and advised that he was meeting with Practice Managers to discuss worst case scenario planning.

Members noted concerns about care homes, carers, dispensing practices and the potential escalation of COVID-19. SS assured members that the Local Authorities were supporting the NHS noting she was working closely with both AL and the North Yorkshire Director of Public Health. In relation to care homes SS explained that the Local Authorities had established plans for closures but highlighted that it was unusual for a number of homes to close at the same time. She also referred historically to establishment of an Ethical Committee to safeguard frontline clinicians in terms of decision making at such a time. It was agreed that this approach be progressed.

AL emphasised that, while COVID-19 was highly infectious, the current position should be considered in the context of fatalities from other diseases such as seasonal 'flu and measles. In conclusion MC commended the partnership working and AL expressed appreciation to SS and her team for their support.

In presenting the risks MC requested members identify whether they wished each to continue to be managed at Governing Body level or delegated back to the Quality and Patient Experience Committee.

QN.13 – Hepatitis B vaccine in renal patients

MC explained that a pragmatic clinical solution was being sought for patients affected by the national decision to transfer responsibility for provision of Hepatitis B vaccinations for renal patients from primary care to secondary care. MC advised that the logistics were complex from the York Teaching Hospital NHS Foundation Trust perspective due to the importance of timing of the vaccination but they had provided a paper describing potential models for the CCG to consider and discuss with NHS England and NHS Improvement. The CCG was currently seeking views from primary care about the potential for them to resume this service.

Discussion ensued in the context of the increasing number of patients affected and therefore a growing backlog. MA-M additionally noted that if the CCG commissioned a separate clinic for these patients it would become the CCG's responsibility and only the cost of the vaccine would be reimbursed.

Members agreed that risk QN.13 continue to be managed by the Governing Body.

QN.04 - Increasing number of extended trolley waits in Emergency Department breaching 12 hours

MC referred to the context of York Teaching Hospital NHS Foundation Trust remaining at Risk Summit level, the regulatory notices imposed on them by the Care Quality Commission and the impact of 12 hour trolley breaches on performance indicators especially at the Scarborough site. She provided clarification and advised

that all 12 hour waits were declared Serious Incidents and were subject to the delogging process.

Members agreed that risk QN.04 continue to be managed by the Governing Body.

QN.05 - Poor discharge standards from York Teaching Hospital NHS Foundation Trust

MC highlighted a number of specific discharge processes that were a concern but advised that York Teaching Hospital NHS Foundation Trust was committed to resolving these issues. She advised that the Complex Discharge Group was a forum for discussion between senior nurses and care home managers. HE additionally noted ongoing concerns about drugs information.

Members agreed that risk QN.05 be delegated back to the Quality and Patient Experience Committee noting it would be included on the Committee Chair's report to Governing Body.

QN.06 - Infection control processes not adequate

MC explained that the main risks were in terms of day to day work as they related to estate and equipment, particularly at Scarborough Hospital. She emphasised the aspect of good levels of assurance in respect of COVID-19 infection control.

Members agreed that risk QN.06 be delegated back to the Quality and Patient Experience Committee noting it would be included on the Committee Chair's report to Governing Body.

QN.08 - Clinical risks associated with growing waiting list (planned care)

MC explained that, in the absence of national guidance, York Teaching Hospital NHS Foundation Trust was managing this area of clinical risk through the care group structure noting differing timescales for achievement and adding that further delays from COVID-19 impact were a concern. She noted positive working and advised that support was being provided by primary care and Rapid Expert Input. NW additionally noted gastroenterology discussion at the February Council of Representatives.

Members agreed that risk QN.08 continue to be managed by the Governing Body.

QN.15 – Care Quality Commission involvement in York Teaching Hospital NHS Foundation Trust

MC clarified the position in respect of the Care Quality Commission emphasising that the greatest issue was staffing particularly on the Scarborough site. In respect of the paediatric presence in A and E MC explained that York Teaching Hospital NHS

Foundation Trust, supported by NHS England and NHS Improvement and the Care Quality Commission, was working to develop an alternative, safe model. MC also noted that assurances were being sought from Tees, Esk and Wear Valleys NHS Foundation Trust on capacity and workforce issues.

Members agreed that risk QN.15 continue to be managed by the Governing Body.

QN.03 - Quality of commissioned specialist nursing services

MC explained that a transformation plan for children's services was being developed which included work with York Teaching Hospital NHS Foundation Trust for the community nursing aspect. Scrutiny and due diligence was taking place and additional funding was now available. PG advised that concern had also been raised about these services at the Audit Committee by Internal Audit

Members agreed that risk QN.03 be delegated back to the Quality and Patient Experience Committee noting it would be included on the Committee Chair's report to Governing Body.

MC additionally detailed the process and associated requirements relating to the SEND inspection, classed as an event as referred to above, noting that the report had been published and was available on line. She advised that a six month resource had been established for full time project management of this work.

PM left the meeting

QN.07 - Referral for initial health checks - timeliness of City of York Council referrals

MC explained that Harrogate District NHS Foundation Trust provided initial health checks for Looked After Children in City of York. Following identification of an administrative resource by the Local Authority, improved timeliness of notifications to health was expected.

Members agreed that risk QN.07 be delegated back to the Quality and Patient Experience Committee noting it would be included on the Committee Chair's report to Governing Body.

QN.14 – Quality, safety and concerns at a GP Practice in Vale of York CCG area

MC referred to the primary care focused Quality and Patient Experience Committee which had provided good levels of assurance in terms of quality and safety within the changing landscape. She noted that one of the CCG's big practices had recently had a Care Quality Commission inspection cancelled as, in view of COVID-19, only high risk practices were being inspected.

MC advised that the CCG was supporting one practice which had been of concern. She explained that at this point in time there did not appear to be any contract breaches and noted that they had provided some level of assurance.

Confirmed Minutes

In response to HE seeking advice about services for a vulnerable adult who was a temporary visitor, AL requested such concerns be reported to the Quality Team or to himself for consideration in the regular Soft Intelligence Meeting.

Members agreed that risk QN.14 be delegated back to the Quality and Patient Experience Committee noting it would be included on the Committee Chair's report to Governing Body.

QN.10 - Potential unexpected closure of nursing beds

MC explained that there were specific issues at the home which had changed its designation from nursing to residential. This was noted in the context of the fragile care home market.

Members agreed that risk QN.10 be delegated back to the Quality and Patient Experience Committee noting it would be included on the Committee Chair's report to Governing Body.

QN.12 – Missed pertussis vaccination for expectant mothers

Members agreed that risk QN.12 be delegated back to the Quality and Patient Experience Committee noting it would be included on the Committee Chair's report to Governing Body.

7.2 Board Assurance Framework

MC referred to the Board Assurance Framework which highlighted progress against specific strategic objectives and outlined the current risks related to the delivery of those objectives. She noted the aim of avoiding duplication of the risk registers.

The lay members commended the clarity of the document and expressed appreciation for the work in its development. PG additionally requested labelling of the axis on the impact charts. MA-M noted that financial information would be incorporated in the next iteration.

The Governing Body:

1. Approved testing an approach to lessons learned from risks which become events at the Part II meeting on 2 April 2020.
2. Confirmed assurance of the accuracy of risks and appropriate mitigation to manage these risks.
3. Agreed that the following risks continue to be managed by Governing Body:
 - QN.13 – Hepatitis B vaccine in renal patients
 - QN.04 - Increasing number of extended trolley waits in Emergency Department breaching 12 hours
 - QN.08 - Clinical risks associated with growing waiting list (planned care)
 - QN.15 – Care Quality Commission involvement in York Teaching Hospital NHS Foundation Trust

4. Agreed that the following risks be delegated back to the Quality and Patient Experience Committee and reported to Governing Body through the key messages on the Chair's Report:
 - QN.05 - Poor discharge standards from York Teaching Hospital NHS Foundation Trust
 - QN.06 - Infection control processes not adequate
 - QN.03 - Quality of commissioned specialist nursing services
 - QN.07 - Referral for initial health checks - timeliness of CYC referrals
 - QN.14 – Quality, safety and concerns at a GP Practice in Vale of York CCG area
 - QN.10 - Potential unexpected closure of nursing beds
5. Confirmed assurance regarding the wider work being undertaken to ensure quality, safety and an underpinning approach to patient engagement.
6. Requested that an Ethical Committee with partners be established.

ASSURANCE

HN joined the meeting.

8. Committee Terms of Reference and Update to Detailed Scheme of Delegation

HN advised that the terms of reference were presented following annual review by the respective committees. Changes had been agreed mainly to clarify remit.

MA-M highlighted that the Detailed Scheme of Delegation had been updated to take account of changes within the CCG including the restructure, introduction of a CCG credit card and in response to internal audit recommendations.

The Governing Body:

1. Ratified the Terms of Reference of the Executive Committee, Finance and Performance Committee, Primary Care Commissioning Committee and Remuneration Committee.
2. Approved the updated Detailed Scheme of Delegation.

Post meeting note for Scheme of Delegation: 'Under Section 3 Non Pay Expenditure':

- *'Expenditure on existing budgeted expenditure (as per GB approved annual budget)' to read 'Expenditure on existing budgeted expenditure (as per GB approved annual budget as amended)'*
- *'Before orders are placed for non healthcare related goods and services the following conditions must be complied with' to read 'Before orders are placed for non-NHS provided goods and services the following conditions must be complied with'.*

9. NHS Vale of York CCG Emergency/Business Continuity Plan

HN explained that the plan presented was a new document to NHS Vale of York CCG and was part of a review of the CCG's emergency and business continuity planning processes. This was a working document which aimed to establish a standard for the organisation as a whole rather than each team having individual plans. The final document would not be published for reasons of data protection as it would include contact names and numbers; senior managers would have the full information. It was agreed that further action cards would be presented for approval by the Finance and Performance Committee.

HN noted that she would feedback PG's concern that the action cards relating to loss of security required additional detail.

The Governing Body:

Ratified the Emergency/Business Continuing Plan and endorsed the approach for reference to be made to the Plan on the website without the publication of the full document as a result of the personal data included within it.

HN left the meeting; FB-M joined the meeting.

10. Primary Care Networks Update

FB-M presented the report that summarised the 2020/21 plans and population health priorities for the Primary Care Networks across the Vale of York noting this had been written by herself and Gary Young (GY), Lead Officer Primary Care (City), with Primary Care Network colleagues. FB-M highlighted the plans, each of which included 'Our Place' and 'Vision', had evolved in the context of sustaining and developing primary care and supporting populations at the 'place' level. She also commended the Primary Care Networks for achieving this in half a day a week and in addition to regular work.

FB-M explained that the Primary Care Networks were focusing on the additional roles to develop the workforce. She advised that an approach of sharing roles based on need was being adopted noting social prescribers and pharmacists currently in this regard; decision making was focusing on need and additionality for the biggest impact. Key challenges were in delivering the seven national service specifications and in recruiting the wider workforce. FB-M noted the CCG was reviewing potential support and the Primary Care Networks were working collaboratively across the system, for example with York Teaching Hospital NHS Foundation Trust, for physiotherapists (first contact practitioners). She emphasised the achievement in terms of partnership working since Primary Care Networks had been established.

In response to NW enquiring about CCG support in Primary Care Network development, discussion ensued in the context of considering core CCG roles spending more time at 'place' level to provide additional capacity; project management support; opportunities to influence system partners to support change; and support for recruitment.

AL highlighted aspects of assistance that the CCG was already providing, including FB-M and GY, which was recognised by the GP members. AL emphasised the magnitude of the national expectations from Primary Care Networks which the CCG would work to support. Members additionally noted the context of the CCG's statutory obligations and the fact that the CCG would not always have either the skill sets required or the solutions.

AL referred to the context of the former '1000 days', now '500 days Challenge' emphasising that the legacy would be based on working relationships therefore the Primary Care Networks required support in terms of strategic development as system partners. He reported that he and Sharon Stoltz, City of York Council Director of Public Health, were meeting with Simon Morritt, Chief Executive of York Teaching Hospital NHS Foundation Trust to discuss a system approach to population health prevention, noting that Tees, Esk and Wear Valleys NHS Foundation Trust were also supportive of this approach. MA-M added that the Clinical Directors and GY had started attending the City of York Better Care Fund group in the context of system partner forum.

FB-M left the meeting.

AL referred to the Primary Care Resilience and Capacity update on Central York. He highlighted work to address workforce issues including the CCG funded GP Locum Bank, liaison with Yorkshire Ambulance Service to focus services at times of greatest need and a review of the urgent care system. Additionally, Stephanie Porter, Assistant Director of Primary Care, was working with the Humber, Coast and Vale Sustainability and Transformation Partnership on potential international recruitment. A host practice was currently being sought.

The Governing Body:

1. Welcomed the Primary Care Networks update.
2. Requested a further update in approximately three months.

11. Safeguarding Adults Policy

MC referred to the revised CCG Safeguarding Adults Policy presented for ratification following approval by the Quality and Patient Experience Committee. This completed an action from the Safeguarding Adults Internal Audit 2019. The policy

The Governing Body:

Ratified the Safeguarding Adults Policy.

FINANCE AND PERFORMANCE

12. 2020/21 Financial Plan

MA-M presented the Planning Guidance 2020/21 to 2023/24 Financial Key Points; Financial Improvement Trajectories York and North Yorkshire System View, Multi Year Summary (2019/20 to 2023/24); Plan Comparison; Outturn to Exit Underlying Position (£24.3m) Bridge Chart; System Risk Assessment; 2020/21 Growth, Pressures and Investment Summary; Investments and Cost Pressures; Mental Health Investment Standard; QIPP; and 2020/21 Financial Plan Risk Assessment.

MA-M explained that the CCG share of the overall deterioration in the Sustainability and Transformation Partnership Financial Plan was £7.6m of which the CCG had previously accepted £2m of known risk as part of the first draft submission. The CCG's financial position was therefore £5.6m worse than in the November plan. Of this £1.3m was new and unforeseen in relation to the impact of the GP Contract; the rest was due to the deterioration in trading position and the non-recurrent actions to off-set these that needed accounting for in 2020/21.

MA-M also explained that the draft plan maintained the 2019/20 exit position of £24.3m deficit with an ambition of reducing this to £16.3m underlying deficit in 2020/21. In respect of the £10.0m system recovery requirement MA-M commended York Teaching Hospital NHS Foundation Trust for maintaining the aligned contract system approach.

MA-M provided clarification in relation to the investments and cost pressures including the Mental Health Investment Standard and the context of historic under investment in mental health services. Joint working was taking place with Tees, Esk and Wear Valleys NHS Foundation Trust to prioritise demand. MA-M also highlighted the £2.0m primary care prescribing QIPP emphasising the challenge in this regard in the context of previous efficiencies achieved. He referred to the c£1.0m of mitigations in the plan for prescribing and noted that other national cost pressures would have to be met from within this provision as well.

MA-M highlighted the impact of unidentified QIPP on the 2020/21 QIPP total of £19.9m. AL additionally expressed concern both in the context of support to the Primary Care Networks, including the additional roles, and reiterated the perspective of the challenge for primary care to contribute to the QIPP. A system approach would be sought for the additional roles.

MA-M emphasised that NHS England and NHS Improvement required assurance that all opportunities had been considered. Members agreed that transformation was the only remaining option but this would take time and investment; additionally staffing levels may have an impact on achieving this.

The Governing Body:

Approved the 2020/21 Financial Plan.

Post meeting note: Extracts from the York and North Yorkshire Subsystem Integrated Care Partnership Plan 2020/21 submission to the Humber Coast and Vale Health and Care Partnership were circulated to the Governing Body on 6 March.

13. Financial Performance Report Month 10

MA-M reiterated the increasing level of confidence in delivering the £18.8m deficit position noting that all financial recovery in year mitigations had been transacted and were reflected in the report. Forecast deterioration of the system recovery schemes remained unchanged.

MA-M explained that the key risk to the CCG related to delivery of the Prescribing Incentive Budget (PIB2) which was in the forecast position. This scheme had commenced late in the year and indications, based on Month 8 data due to the two month delay in prescribing reporting, were that it may not deliver.

MA-M reported that a Responsible Commissioner Continuing Healthcare case had been resolved within the contingency amount set aside for this purpose.

MA-M noted that the report now included financial risks and that the forecast delivery of £11.0m QIPP (Quality, Innovation, Productivity and Prevention) against the £14.7m target would be the highest level achieved in the CCG's history despite the current challenges.

The Governing Body:

Received the Month 10 Financial Performance Report.

14. Integrated Performance Report Month 9

MA-M reported that there were no material changes in performance and highlighted the continued improvement in mental health targets. With regard to cancer work was taking place to improve performance against the 62 day GP referral target, 77.6% against the 85% target, and cancer fast track referrals, two week waits, were above target.

MA-M explained that the forecast Referral to Treatment Total Waiting List position had changed from 30,000 to an expected 29,400 at the end of March due to challenges in specific specialties; focused work was taking place in these areas.

NW commended the improvement in MRI performance noting restrictions in place for some scans. MC reported that the Executive Committee had the previous day approved a primary care specific restriction on knee MRIs. HE expressed concern about rurality in respect of scanning noting the need for flexibility in pathways citing the example of public transport to clinics.

NW reported that discussions were continuing in respect of open access gastroscopy, noting that the Local Medical Committee was involved.

CS commented on the areas of good performance in the context of the current challenges and members commended the Vulnerable People's Team for the improvement in early intervention in psychosis.

The Governing Body:

Received the Month 9 Integrated Performance Report.

RECEIVED ITEMS

The Governing Body noted the following items as received:

- 15. Executive Committee chair's report and minutes of 18 December 2019 and 15 January 2020.**

Confirmed Minutes

16. Finance and Performance Committee chair's report and minutes of 19 December 2019 and 23 January 2020
17. Primary Care Commissioning Committee chair's report and minutes of 30 January 2020.
18. Quality and Patient Experience Committee chair's report and minutes of 9 January 2020.
19. Medicines Commissioning Committee recommendations of 11 December 2019.
20. **Next Meeting**

The Governing Body:

Noted that the next meeting would be held at 9.30am on 2 April 2020 at West Offices, Station Rise, York YO1 6GA.

Close of Meeting and Exclusion of Press and Public

In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it was considered that it would not be in the public interest to permit press and public to attend this part of the meeting due to the nature of the business to be transacted as it contains commercially sensitive information which, if disclosed, may prejudice the commercial sustainability of a body.

A glossary of commonly used terms is available at:

<http://www.valeofyorkccg.nhs.uk/data/uploads/governing-body-papers/governing-body-glossary.pdf>

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 5 MARCH 2020 AND CARRIED FORWARD FROM PREVIOUS MEETING

<i>Meeting Date</i>	<i>Item</i>	<i>Description</i>	<i>Director/Person Responsible</i>	<i>Action completed due to be completed (as applicable)</i>
2 January 2020	Patient Story	<ul style="list-style-type: none"> Update on establishing a local system approach for pertussis vaccination in pregnancy 	MC	5 March 2020
2 January 2020	Learning Disabilities Mortality Review	<ul style="list-style-type: none"> Update on potential proposals and a stocktake of progress 	MC	5 March 2020
2 January 2020	Board Assurance Framework and Risk Management Policy and Strategy	<ul style="list-style-type: none"> Risk Management Policy and Strategy to be presented for ratification 	AC	2 April 2020
5 March 2020	Quality and Patient Experience Report incorporating Risk	<ul style="list-style-type: none"> Ethical Committee to be established with partners 	AL	2 April 2020
5 March 2020	Primary Care Networks Update	<ul style="list-style-type: none"> Further update in three months 	AL	2 July 2020