

**Minutes of the 'Virtual' Meeting of the NHS Vale of York Clinical
Commissioning Group Governing Body on 7 January 2021**

Present

Dr Nigel Wells (NW)(Chair)	Clinical Chair
Simon Bell (SB)	Chief Finance Officer
David Booker (DB)	Lay Member and 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
Phil Mettam (PM) - part	Accountable Officer
Denise Nightingale (DN)	Executive Director of Transformation, Complex Care and Mental Health
Stephanie Porter (SP)	Interim Executive Director of Primary Care and Population Health
Dr Chris Stanley (CS)	Central Locality GP Representative
Dr Ruth Walker (RW)	South Locality GP Representative

In Attendance (Non Voting)

Abigail Combes (AC)	Head of Legal and Governance
Jacqui Hourigan (JHo) – item 10	Designated Nurse Safeguarding Children
Dr Andrew Moriarty (AM)	YOR Local Medical Committee Representative
Michèle Saidman (MS)	Executive Assistant

Apologies

Sharon Stoltz (SS)	Director of Public Health, City of York Council
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Twenty nine members of the public watched the “live stream”.

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

3. Minutes of the Meeting held on 5 November 2020

The minutes of the 5 November meeting were agreed.

The Governing Body:

Approved the minutes of the meeting held on 5 November 2020.

4. Matters Arising from the Minutes

Follow-up from the previous meeting relating to the Quality and Patient Experience Report would be provided at item 6; an update on work relating to physical health checks for people with severe mental illness and with learning disabilities was included in item 5; other matters were either deferred or were within the process to review aspects of the COVID-19 pandemic.

5. Accountable Officer Update

PM referred to the report which provided updates on the local and system financial position; system restoration and recovery in the era of COVID; primary care protected learning time; Better Care Fund (York area); governance and assurance; and the letter from NHS England and NHS Improvement, attached as an appendix, advising that the CCG was no longer under legal Directions.

PM noted the broadly positive and relatively low risk local and system financial position. He highlighted the continuing work with system partners: North East Commissioning Support in respect of the Primary Care Data Quality Contract for both Learning Disability / Severe Mental Illness Health Check and SEND (Special Educational Needs and / Disabilities) regular reporting and the identification by Tees, Esk and Wear Valleys NHS Foundation Trust of non recurrent investment to address the CCG's Adult Autism and Attention Deficit Hyperactivity Disorder waiting list. NHS North Yorkshire CCG was also involved in these aspects of partnership working.

In respect of system restoration and recovery in the era of COVID PM emphasised the impact of wave 3 of the pandemic and the new variant noting that planning was being revised light of this. He detailed the mutual support across the Integrated Care System in response to pressures within the acute trusts noting that York currently had the highest rate of community transmission across Humber, Coast and Vale with the consequent expectation of impact on the acute trust within two to three weeks. PM also noted the continued pressure on primary care, including the vaccination programme, and advised that discussions were taking place, in which NW was involved, regarding prioritisation of work in General Practice.

PM noted the update on the Better Care Fund for the York area following confirmation of its continuation. In response to HE enquiring about North Yorkshire in this regard PM advised the Better Care Fund would also continue and would provide opportunities at a local level.

In addition to the proposed governance arrangements which were agreed, PM referred to the national consultation on Integrated Care Systems, for response by 8 January, noting the proposal for dis-establishment of CCGs from 1 April 2022 at the latest. He explained that work was taking place with NHS North Yorkshire CCG to manage the transition and consider opportunities, including in respect of NHS Vale of York CCG's three localities. Further information would be provided at the next Governing Body meeting.

With regard to the UK's exit from the European Union PM advised that any issues, particularly relating to supplies and workforce, would be escalated to the Governing Body.

PM highlighted the letter from NHS England and NHS Improvement, attached as an appendix, advising that the CCG was no longer under legal Directions. He expressed appreciation to Governing Body members and staff, current and previous, for their work in this achievement. NW added his appreciation.

The Governing Body:

1. Received the Accountable Officer report welcoming the removal of legal Directions.
2. Approved the recommendations related to governance and assurance issues.

6. Quality and Patient Experience Report

MC presented the report which provided an update on an exception basis on risks and mitigations associated with quality, safety and patient experience across the CCG's commissioned services. It summarised by exception, progress and updates on quality, safety and patient experience not related to existing risks. MC would provide a verbal update on actions to mitigate the risks aligned to the Quality and Patient Experience Committee which had been omitted in error.

MC explained that outbreaks of COVID-19 in care homes were increasing mainly due to community transmission, and potential gaps in infection prevention and control practice. The Quality and Nursing Team was working closely with the Local Authority using the Contributory Factors Framework which provided information about the root cause of outbreaks. It appeared that currently outbreaks were in the main related to staff activity outside of work, such as car sharing, and some infection prevention and control practice although this was much improved. MC noted that the Contributory Factors Framework had been adopted by CCGs in both Bradford and Sheffield and shared regionally at the Patient Safety Collaborative.

With regard to vaccination MC explained that guidance for care homes had been published on 31 December which included detail in the event of COVID-19 cases and when to vaccinate residents based on a risk assessment. She also noted that uptake of 'flu vaccination at Askham Bar had not been as high as expected and numbers invited were being kept under review. Although uptake for two year olds had also not been as hoped this was now improving.

MC highlighted the winter pressures funding which had enabled commissioning of a Dementia Care Coordinator for the City of York from December 2020 for 12 months. This had achieved parity with the Vale.

AC joined the meeting

MC referred to the ongoing outbreak of COVID-19 at Scarborough Hospital and advised that since the report had been written there had been a significant outbreak, across five wards, at York Hospital. There had also been a number of deaths which would be reported as Significant Incidents. The CCG was working with York Teaching Hospital NHS Foundation Trust on this.

MC highlighted and commended the CCG's Communications and Engagement Team on their 'Green Star' rating from NHS England and NHS Improvement. This award of the highest accolade was national recognition of involving patients and the public in their work.

As referred to earlier, MC provided an update on risks relating to quality and patient experience:

- Children's Services Transformation: Significant progress had been made and a contract variation was now in place with York Teaching Hospital NHS Foundation Trust without additional resource from the CCG. The level of risk had not yet reduced as the contract had only recently been put in place.
- Discharge standards at York Teaching Hospital NHS Foundation Trust: Concern remained for the potential for sub-optimal discharges due to the speed required under the new national guidance. This was not necessarily being met due to the complexity of patient flow and other pressures. Although concern remained that some discharges may not be optimal, numbers of discharges were increasing but there was no associated increase in issues. This would be kept under review.
- Infection control practices at York Teaching Hospital NHS Foundation Trust: It had been agreed at the Quality and Patient Experience Committee that this risk be changed to in hospital transmission of infection. This would be reflected in the next report.
- Risk to quality and safety to residents in care homes due to normal oversight and assurance frameworks not in place: The review of closure of Lake and Orchard Residential and Nursing Home was currently taking place; learning would be shared in due course.

- Missed pertussis vaccination for expectant mothers posing a risk to unborn babies: The Humber, Coast and Vale Midwifery Group had raised this with the Clinical Leaders Group who had agreed to take forward at a national level work to change the guidance, notably to permit midwifery healthcare workers to give the vaccination, unlike currently.
- Proposed changes to the North Yorkshire County Council Healthy Child Service: A North Yorkshire and York had been sent to the consultation, which had been circulated to Practices as discussed at the previous meeting.
- SEND Inspection and failure to comply with National Regulations: Progress, recognised by Ofsted and the Department for Education, was being made against the Statement of Action. Additionally, the CCG had appointed an associated designated clinical officer and support for this work.

In response to HE enquiring about the 'Visiting professionals to care homes aide memoire' MC advised that this was a 'live' document that was being strengthened from a safeguarding perspective following discussion at the Quality and Patient Experience Committee. GPs would then be included in its circulation. HE additionally proposed a session for care home clinical leads to share feedback which MC agreed to arrange. MC also noted the need to standardise the quality perspective of the enhanced care home contract which would enable the CCG to monitor and provide support.

Members reiterated commendation of the Communication and Engagement Team's 'Green Star' accolade. JH additionally emphasised the team's valuable work advising that she would personally thank them in her role of Lay Member for Patient and Public Involvement.

The Governing Body:

1. Received the Quality and Patient Experience Report confirming, in the context of the separate strategic and operational work streams which manage the response and risks associated with Coronavirus COVID-19, that it:
 - provided assurance of the work being undertaken to understand and support the quality and safety of commissioned services;
 - provided assurance through the verbal update of the actions to manage the risks aligned to Governing Body.
2. Noted that a feedback session would be arranged for care home clinical leads.

7. Risk Report and Board Assurance Framework

Risk Report

AC explained that the risk descriptions had been updated in light of discussion at the previous meeting and review by MC, AC, JH and Paula Middlebrook, Deputy

Chief Nurse, of the risks held by the Governing Body. AC sought and received agreement for the recommendations detailed below.

In response to MC enquiring whether the revised articulation of risks provided GP members with more assurance, discussion ensued in the context of tensions between reporting of risk being managed and the extreme pressures in the system. Whilst recognising the work of colleagues HE and RW noted particular concerns regarding cancer patients attending appointments or remote consultations alone in the context of being able to absorb overwhelming information that some patients opted not to attend for treatment rather than go to York or Malton Hospitals for the required COVID-19 test. In respect of the latter MC noted the potential for the 40 weekly swabs allocated per Practice to fulfil this condition. CS emphasised that York Hospital was safe for patients to attend and suggested the need for enhanced communication to patients in this regard.

JH additionally welcomed the challenge from the GP members and commended the team working to enhance this report.

Board Assurance Framework

In referring to the Board Assurance Framework, included with the meeting papers as agreed at the previous meeting, AC advised that the additional strategic risk, omitted in error, would be added for the next iteration. She explained that the most significant additional verbal updates were expected to relate to pressures in primary care, in particular the vaccination programme and workforce, at the present time.

AC noted that the Board Assurance Framework provided assurance regarding the Executive Directors' focus on their respective strategic objectives.

PG commended the continuing progress in development of the Board Assurance Framework, particularly in the context of the current pressures faced by staff.

The Governing Body:

1. Agreed, in respect of the Risk Report, that:
 - QN.15 *Care Quality Commission involvement in York Teaching Hospital NHS Foundation Trust* be archived.
 - QN.08 *Clinical risks associated with growing waiting lists (planned care)* be tolerated and accepted with a review in six months and oversight delegated to Quality and Patient Experience Committee.
 - QN.04 *Increasing numbers of extended trolley waits in the Emergency Department breaching 12 hours* be delegated to Quality and Patient Experience Committee for monitoring.
 - The remaining risks had been reviewed and mitigation approved.
2. Received the Board Assurance Framework noting that a strategic objective relating to health inequalities, equity and improving outcomes would be included in the next iteration.

ASSURANCE

8. Risk Management Policy and Strategy

This item was deferred in line with the governance arrangements agreed at item 5 above.

9. North Yorkshire Safeguarding Adults Board Annual Report 2019-20

In referring to the Safeguarding Adults Annual Report, which provided an overview of the work of the Safeguarding Adults team in 2019-20, MC noted the CCG's contribution as a partner. She advised that the City of York Safeguarding Adults Board Annual Report would be presented in due course.

The Governing Body:

Received the North Yorkshire and York Safeguarding Adults Board Annual Report 2019-20.

JHo joined the meeting

10. North Yorkshire and York Safeguarding Children and Looked After Children Annual Report 2019-20

JHo presented the report which provided assurance to the Governing Body that the CCG has fulfilled its statutory responsibilities to safeguard the welfare of children, including those that are Looked After. Areas highlighted by JHo included: the new legislative framework and development of the new City Of York Safeguarding Children Partnership; restructure of the CCG safeguarding children team which continued to work collaboratively; challenges in responding to the pandemic including non face to face assessments for Looked After Children; the increase, both nationally and locally, in Looked After Children and the expectation that safeguarding requirements would continue to increase; emphasis on partnership working to support vulnerable young people; establishment and continuing development of the MASH (Multi Agency Safeguarding Hub) in York emphasising inclusion of wider health and primary care representation; introduction of ICON (Infant crying is normal; Comforting methods can help; Its Ok to walk away; Never ever shake a baby) to support parents; and partnership working in respect of development of multi agency guidance's. JHo emphasised that multi agency partnership working had increased significantly as a result of COVID-19 with effective twice monthly senior partnership catch ups to ensure response to emerging risks are managed in a timely manner.

In terms of future plans JHo noted continuing support for safeguarding during lockdown, the safeguarding audit programme, work across the Humber, Coast and Vale Integrated Care System and strengthening children in care arrangements.

Discussion ensued in response to RW raising concerns about health visitors' capacity for safeguarding and other aspects of work with families in light of the

changes to the North Yorkshire County Council Healthy Child Service. MC and JHo reiterated these concerns despite the premise that safeguarding was of the highest priority in the new model. JHo noted similar concerns relating to school nurses in respect of the 5 to 19 model. She assured members that these concerns had been widely shared as part of the Harrogate District NHS Foundation Trust 0-19 consultation. NW additionally emphasised that North Yorkshire Practices should respond to North Yorkshire County Council with their concerns.

The Governing Body:

Received the North Yorkshire and York Safeguarding Children and Looked After Children Annual Report 2019-20.

JHo left the meeting

FINANCE

11. Financial Performance Report 2020-21 Month 8

PM left the meeting during this item

In reporting that the [month 8 financial position was in line with the plan approved by the Governing Body, both for year-to-date expenditure and year-end forecast outturn](#), SB referred to the complex national arrangements implemented in response to COVID-19. The main approach was that all NHS organisations would be 'trued up' to break-even, however the associated requirements were multifaceted and frequently changing. SB emphasised that improvements over recent years in the CCG's processes and financial control had been beneficial in managing these complexities and advised that the CCG continued to work with the guidance.

In response to HE enquiring about any scope or flexibility to respond to priorities emerging as a result of the pandemic, SB explained that the CCG received an allocated budget which had a number of pre-commitments, including organisational and service costs, with annual growth also being subject to areas of national expectation, such as the Primary Care Additional Roles and the Mental Health Investment Standard. He highlighted the context of the health service being a national organisation but noted that the Governing Body's identified priorities were funded wherever possible, either recurrently or non-recurrently.

SB additionally explained the risk pertaining to the Hospital Discharge Programme in response to CS seeking clarification. This related to accelerated discharge from hospital in response to the pandemic through joint working with the Local Authority. Funding for this programme was cash limited and reimbursed retrospectively following scrutiny by NHS England and NHS Improvement. The CCG and Local Authority continued to meet weekly to support this work. Additionally, the routine continuing healthcare assessments, suspended during the first half of the year, were now required to take place within

a six week period from discharge when all placements were centrally funded. Following assessment there may be a requirement for personal contribution to care packages. For discharges during phase 1 of the programme, a trajectory had now been set to ensure all people were assessed by the end of March.

SB confirmed that the first six months of the Hospital Discharge Programme expenditure had been reimbursed and expected a similar arrangement for reimbursement for the £2.04m in the report for the second half of the year to date. He noted however that this was a fixed sum national fund which was being monitored nationally but emphasised that locally it would be used as flexibly as possible to support discharges with appropriate controls.

The Governing Body:

Received the 2020-21 month 8 Financial Performance Report.

COVID-19 UPDATE

PM rejoined the meeting during this item

12. Update

Infection Rate

MC reported that the infection rate in York had increased significantly and was the highest across Yorkshire and Humber at 529 per 100,000 due to the new variant and sustained community transmission. There was severe pressure across the system with workforce significantly affected through isolation or infection. The recent lockdown restrictions were therefore welcome in view of the seriousness of the situation.

MC noted that the Intensive Care Unit in York was not currently experiencing the same level of severe pressure as in Humber, particularly the Hull area, but at c150 the number of COVID-19 patients in York Hospital had surpassed the first wave.

Vaccination

MC referred to the roll out of the vaccination programme noting the complexity of the Pfizer/BioNTech vaccine. She explained that, unlike originally thought, this vaccine could be moved a maximum of twice and was now being used in care homes. Additionally, approval had been given for six doses, rather than the original five, per vial; the requirement for a 15 minute post vaccination observation remained.

MC highlighted the complexity for primary care to respond to the new national policy for the second vaccination dose to be delayed from 21 days to 12 weeks of the first dose to enhance the number of people with a level of immunity. She noted that some people would have already had their second dose and referred to aspects of relaxation as to eligibility to receive this vaccine, i.e. relating to food allergies and pregnant women.

Unconfirmed Minutes

MC advised that the Oxford-AstraZeneca vaccine had eight doses per vial and administration was required within a six hour timeframe of removal from the fridge. This vaccine could be given from any site, including such as a village hall, that had received pharmacy sign off as a clinically safe environment. It was therefore particularly beneficial in the rural areas although at the present time there was inequity in terms of availability. MC noted that Pickering Surgery was helping to address this across South Hambleton and Ryedale. She also noted that the Patient Group Direction had been published the previous day.

With regard to supply, MC explained that currently a “push” model, rather than ordering as required, was being deployed for the vaccine. It was hoped that this would change soon to enable primary care to be able to plan more effectively. Additionally, consumables, such as fridges and cool bags, required for delivering vaccine to the designated sites, were not always available but this was improving.

MC advised that currently workforce did not appear to be a major concern but reiterated the context of primary care being unable to plan. She also noted the context of prioritisation of services other than vaccination and referred to a detailed letter circulated by the Local Medical Committee. MC and SP were reviewing workforce offers and seeking clarification about the NHS *Bring Back Staff* campaign. MC would write out to Practices with current offers. She highlighted an offer from City of York Council Healthy Child programme for vaccinators on a rota basis advising that a bank arrangement would be deployed. Admin support was also being sought.

MC explained that the mass vaccination site at Askham Bar had two roles: the local City Primary Care Network enhanced service contract with primary care and mass vaccination contracted by NHS England and NHS Improvement. The latter, for which the detail was not yet known, had been signed off the previous day subject to Local Resilience Forum security and fire assurance.

MC referred to the vaccination priority groups and the timescale of mid-February for cohorts 1 to 4, noting that to date c30% of the over 80s and c13 of the care homes in the CCG area had been vaccinated. She also reported on discussion with York Teaching Hospital NHS Foundation Trust, in which NW and Dr Stuart Calder from an ethical perspective had been involved, and with the Primary Care Network Vaccination Leads regarding prioritisation of vulnerable individuals scheduled for major surgery but who may not be within the first cohort receiving vaccination. Although dependent on vaccine availability, a process was being established for Primary Care Networks to receive information about these patients with approximately a month's notice. In the event of this applying to anyone outside the priority groups there would be a local agreement.

Testing

MC noted the increase in the number of venues providing tests, the roll out of lateral flow tests including to primary care, and improvement in the rate of issue of test results. She also emphasised the importance of lateral flow tests in the context of requirement prior to anyone going in to a care home.

SP added that the number and pace of care home vaccinations would increase with availability of the Oxford-AstraZeneca vaccine. She also reported that a number of Pods were being delivered to the Askham Bar site to support mass vaccination and noted that the Ministry of Defence was providing support to prepare for volume testing.

In response to DB enquiring about antibody testing MC explained that this had been a time limited national strategy with no subsequent requirement for set up on an ongoing basis. HE added that it had proved of very limited value.

HE wished to publicly acknowledge the work of all involved in the response to the pandemic: teams within the CCG, York Teaching Hospital NHS Foundation Trust, primary care and in particular the nurses, and Laura Angus, CCG Head of Prescribing/Strategic Lead Pharmacist, and her team. Whilst there was still much to do, the commitment to date was to be commended.

RW highlighted the need to recognise the impact of the vaccination programme on primary care capacity to deliver other aspects of work. She suggested that the Communication and Engagement Team may be able to support this message. NW noted that he was in discussion with SP and the Primary Care Team regarding prioritisation.

MC emphasised the need to comply with social distancing even after vaccination and highlighted that it took two to three weeks for a high level of immunity after the first dose. She noted that all opportunities, such as during the 15 minute observation period, should be utilised to enforce this message and concluded by reiterating the importance of adhering to the current national restrictions and “stay at home” message.

The Governing Body:

Noted the update and continuing work.

RECEIVED ITEMS

The Governing Body noted the following items as received:

- 13.** Audit Committee chair's report and minutes of 19 November 2020.
- 14.** Executive Committee chair's report and minutes of 21 October, 4, 11, 18 and 25 November and 9 December 2020
- 15.** Finance and Performance Committee chair's report and minutes of 22 October and 26 November 2020
- 16.** Primary Care Commissioning Committee chair's report and minutes of 26 November 2020.
- 17.** Quality and Patient Experience Committee chair's report and minutes of 12 November 2020.

Unconfirmed Minutes

18. Medicines Commissioning Committee Recommendations of 14 October and 11 November 2020.

19. Next Meeting

The Governing Body:

Noted that the next meeting would take place at 9.30am on 4 March 2021.

EXCLUSION OF PRESS AND PUBLIC

In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it is 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.