Vale of York
Clinical Commissioning Group

GOVERNING BODY MEETING

31 March 2022, 9.30am to 11.30am

Snow Room, West Offices, Station Rise, York YO1 6GA

Prior to the commencement of the meeting a period of up to 20 minutes, starting at 9.30am, will be set aside for questions or comments from members of the public who have registered in advance their wish to participate.

The agenda and associated papers will be available at:
www.valeofyorkccg.nhs.uk

AGENDA

STANDING ITEMS – 9.50am				
1.	Verbal	Apologies for absence	To Note	All
2.	Verbal	Declaration of Members' Interests in the Business of the Meeting	To Note	All
3.	Presentation	Staff Story: *Building trust and relationships with our community*	To Receive	Shamim Eimaan Project Support Officer
4.	Pages 4 to 11	Minutes of the meeting held on 3 February 2022	To Approve	Dr Nigel Wells CCG Clinical Chair
5.	Page 12	Matters arising from the minutes		All
6.	Verbal	Accountable Officer Update	To Note	Phil Mettam Accountable Officer
7.	Pages 13 to 32	Quality and Patient Experience Report	For Decision	Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse

8.	Verbal	Coronavirus COVID-19 Update	To Note	Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse
9.	Pages 33 to 43	Board Assurance Framework	To Approve	Abigail Combes Head of Legal and Governance
ASSURANCE – 11.00am				
10.	Pages 44 to 45	Risk and assurance policy and strategy *(Risk Management Policy and Strategy circulated separately)*	To Approve	Abigail Combes Head of Legal and Governance
11.	Pages 46 to 54	Safeguarding adults and children, transition arrangements for the Humber, Coast and Vale Integrated Care System: a briefing paper	To Receive	Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse
12.	Verbal	2021/22 Annual Report and Accounts: Delegated Authority to Audit Committee	To Agree	Simon Bell Chief Finance Officer
FINANCE – 11.15am				
13.	Pages 55 to 64	Financial Performance Report 2021/22 Month 11	To Receive	Simon Bell Chief Finance Officer
RECEIVED ITEMS – 11.25am **Committee minutes are published as separate documents**				
14.	Pages 65 to 67	Chair's Report Audit Committee: 20 January 2022		
15.	Page 68	Chair's Report Executive Committee: 5, 12, 19, 26 January, 2, 9, 16, 23 February and 9, 16, 23 March 2022		
16.	Pages 69 to 70	Chair's Report Finance and Performance Committee: 27 January and 24 February 2022		
17.	Pages 71 to 72	Chair's Report Primary Care Commissioning Committee: 27 January 2022		

18.	Page 73	Chair's Report Quality and Patient Experience Committee: 10 February 2022		
19.	Pages 74 to 82	North Yorkshire and York Area Prescribing Committee Recommendations: February and March 2022		
NEXT MEETING				
20.	Verbal	Arrangements for meetings April to June 2022	To Agree	Phil Mettam
CLOSE – 11.30am				

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.

Item 4

Minutes of the NHS Vale of York Clinical Commissioning Group Governing Body on 3 February 2022 on Microsoft Teams
Recorded in full and an unedited version of that recording available on the CCG's youtube channel immediately after the meeting

Present

Phil Goatley (PG)(Chair)	Lay Member, Chair of Audit Committee and Remuneration Committee
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
Julie Hastings (JH)	Lay Member, Chair of Primary Care Commissioning Committee and Quality and Patient Experience Committee
Phil Mettam (PM)	Accountable Officer
Denise Nightingale (DN)	Executive Director of Transformation, Complex Care and Mental Health
Stephanie Porter (SP) - part	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)

Dr Andrew Moriarty (AM)	YOR Local Medical Committee Locality Officer for Vale of York
Fiona Phillips (FP)	Assistant Director of Public Health, City of York Council
Michèle Saidman (MS)	Executive Assistant

Apologies

Dr Nigel Wells (NW)	CCG Clinical Chair
Sharon Stoltz (SS)	Director of Public Health, City of York Council

There were no questions from members of the public.

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.

The following declarations were made in respect of members' additional roles:

- MC as Interim Director of Quality and Nursing for Humber, Coast and Vale Health and Care Partnership two days per week
- CS as a member of the Humber, Coast and Vale Strategic Digital Board
- RW as Mental Health Lead for Selby Town Primary Care Network

No pre-emptive action was required by the Chair as a result of those conflicts declared and the nature of the business planned in the meeting. If a conflict of interest arose during the meeting mitigation would be agreed with the Chair on a case by case basis.

3. Minutes of the Meeting held on 2 December 2021

The minutes of the 2 December meeting were agreed.

The Governing Body:

Approved the minutes of the meeting held on 2 December 2021.

4. Matters Arising from the Minutes

Safeguarding: MC reported that a transition lead for safeguarding had been agreed for Humber, Coast and Vale Integrated Care System until September 2022 who was undertaking work to ensure readiness in terms of safeguarding governance. This would provide assurance in respect of the CCG's statutory and governance requirements and also NHS England and NHS Improvement's requirements. MC emphasised that in practice this would provide assurance of health input to safeguarding partnership boards. She advised that a report was being circulated for input from safeguarding children and adults boards and, subject to sign off by the incoming Director of Nursing, would be presented at the next Governing Body meeting.

The Governing Body:

Noted the update.

5. Accountable Officer's Report

PM referred to the legislative delay to the closedown of CCGs, currently to the end of June 2022. He explained that work taking place in this regard included continued support

to staff with the aim of finalising redeployment into the new arrangements later in the month, the locus being on 'place' across North Yorkshire and York. PM noted these arrangements would be subject to agreement across the new wider NHS infrastructure.

PM explained that the due diligence work in preparation for the CCG's closedown was progressing via the CCG Deputies group; the Governing Body would be kept updated. He noted the context of the CCG's current governance arrangements and committee structure advising that the Humber, Coast and Vale Integrated Care Board was in the process of finalising governance proposals; these would inform further CCG Governing Body meetings in public. The draft proposals would be discussed in the private Governing Body meeting later in the day.

The Lay Members sought clarification and assurance with regard to staff and progress in terms of establishment of 'place'.

PM explained that the CCG planned to share proposals for redeployment of staff by the end of the month. These would take account of resource requirements in 'place', the newly established provider collaboratives, the Integrated Care Board structures and also on a North Yorkshire and York level where this was of strategic benefit. PM reiterated that the arrangements would be subject to agreement across the system advising that discussions would continue through March with a view to implementation from April. A three phase consultation process had begun the previous week starting with Accountable Officers; this would be followed by a consultation with the Directors who did not have an employment guarantee and thereafter with the remaining staff all of whom did have an employment guarantee. The process was being managed by the Integrated Care System and an appeals procedure was still to be established.

With regard to staff leaving the CCG MC reported that, although numbers were not large, many of those leaving were in key roles which impacted on the CCG's capacity for business as usual. She also noted the context of pressures and demand across the system, staff secondments and the Humber, Coast and Vale Integrated Care System recruitment process.

SB explained that the Finance Team had been stable throughout and had a plan in place to manage staff departures for the 2021/22 accounts process. While this plan was still in place, the three month extension would affect the quarter one accounts as two people in key roles were leaving. All other areas of the team's work would also need to be managed with fewer people.

SP highlighted in relation to secondments that, as this was a time of transition, staff were undertaking dual roles and providing increasing support without clarity of the new arrangements. She emphasised this was not only having impact on CCG capacity but on the staff at a personal level and commended their tenacity and commitment.

In respect of 'place' PM explained that he was as assured as was possible at the present time about the emergent York Health and Care Alliance. He noted that the Designate Chair and Designate Chief Executive of Humber, Coast and Vale Integrated Care Board had attended a recent Time Out and been reassured on the progress. Governance arrangements for joint working were now being considered, potentially through a joint committee.

PM explained that 'place' arrangements in North Yorkshire was less advanced and more complex due to the many constituent parts. He emphasised that, although the CCG did not have direct control there, support and advice was being offered, including a number of staff working directly in North Yorkshire. PM noted the same timescale applied across the system.

The Governing Body:

Noted the update and implications.

6. Quality and Patient Experience Report and Item 7. Coronavirus COVID-19 Update

MC presented the report that provided the Governing Body with an update on an exception basis on risks and mitigations associated with quality, safety and patient experience across our commissioned services. It summarised by exception, progress and updates on quality, safety and patient experience that is not related to existing risks and provided an update on actions to mitigate the risks.

MC emphasised the key message of unremitting pressure in all parts of the system which had increased since the version of this report presented at the Quality and Patient Experience Committee on 9 December. She commended staff across health, social care and the voluntary sector for their continuing work.

MC described unprecedented demand and pressures including: examples of trolley waits up to 30 hours; c460 12 hour trolley waits in January at York and Scarborough Teaching Hospitals NHS Foundation Trust; significant staff absences, much of which was COVID-related; and isolation rules in terms of return to work but also closure of care homes for 28 days, now reduced to 14 days, in the event of an outbreak. MC also reported greater acuity of patients being seen as a direct result of COVID and waiting for treatment of other conditions.

MC highlighted improved working relationships in response to the challenges with significant efforts to increase capacity. She noted a number of meetings to discuss discharges and support from the Emergency Care Intensive Support Team at York and Scarborough Teaching Hospitals NHS Foundation Trust.

MC referred to the introduction in November 2021 of mandatory COVID-19 vaccination for care home staff, the impact on staff leaving their jobs as a result of this many of whom moved to an NHS setting, and the subsequent requirement, now revoked, for NHS staff to be vaccinated too. She explained that organisations had undertaken detailed work to apply these regulations and that in so doing had adversely affected relationships with some staff.

MC explained there were many different aspects to support across the system. She noted temporary arrangements would only be used as a last resort but an approach of "no idea is off the table" was being adopted in face of the current pressures.

MC noted the recent first anniversary of the vaccination programme commending the work of primary care in this regard. She emphasised that, although it had reduced the number of deaths and harm, COVID was still a concern. The booster programme continued to progress and vaccination of children aged 5 to 11 who were deemed vulnerable was just beginning.

SP illustrated numbers of first and second doses of vaccine and boosters delivered, highlighting significant increase in December when on one day 8,000 doses had been administered. She commended providers for their work on the programme but noted that take up had significantly reduced emphasising, in the context of the pressures across the system, the need to consolidate the vaccination offer and continue to try and reach the unvaccinated in the population. SP also explained that the vaccine clinics were unsustainable at the current unpredictable and reducing attendance levels but noted focused work would continue in the three wards where take up was comparatively low. Additionally, the vaccine was being offered in a variety of specific areas, including pharmacies and "pop up clinics". Although the vaccine programme continued to be a success, work was still needed to extend the offer further.

FP reported that Local Authorities had been given a Contain Outbreak Management Fund to support local outbreak management until the end of March 2022. Unless further resource was provided changes would be required to current provision, including in respect of the local contact tracing service, which may result in staff contracts being terminated, and an end to access to symptom free testing sites. FB advised that alternative support would be provided such as through increased outreach work; this would include providing information on vaccination sites.

MC returned to the report and highlighted a number of mitigations and initiatives. She commended the progress on dementia, including the work of the dementia care coordinators and the initiative with Dementia Forward, which was reiterated by HE who emphasised the importance of support for vulnerable adults and people with a learning disability. HE also noted concern about mild cognitive deconditioning progressing to dementia due to the delays experienced through the pandemic and re-emphasised the role of the dementia coordinators.

MC highlighted the commencement of a new adult autism and attention deficit hyperactivity assessment and diagnostic service at The Retreat, York, from 1 April 2022.

MC commended Practices for the improved performance in quarter three in respect of physical health checks for people with severe mental illness. She also noted that, due to their high performance, South Hambleton and Ryedale (North) Primary Care Network had been invited by Humber, Coast and Vale Integrated Care System to participate in a service user engagement project focusing on a population health approach for people with serious mental illness and comorbidities.

MC referred to the Safe and Wellbeing Review programme, an action arising from the Cawston Park, Norfolk, Safeguarding Adults Review. A one off additional review had been required between 31 October 2021 and 31 January 2022 for anyone with a learning disability and autism being cared for in an inpatient hospital setting. MC explained that for the CCG there were eight people, with c70 across the system, who required this additional review, also noting that the CCG already undertook a six to eight week review of these people. She highlighted the time commitment required to complete the additional review and undertake the preparation for presenting the report, a further pressure on the busy workforce. MC advised that the reports presented to date by the CCG's case managers had been highly commended for the assurance they provided.

MC referred to the update on Special Educational Needs and Disabilities (SEND) in City of York noting the commissioning in June 2021 of a Transition Coordination Lead Nurse,

a new post, into York and Scarborough Teaching Hospitals NHS Foundation Trust. MC explained that SEND provision was up to the age of 25 and highlighted the improvements achieved as a result of this appointment.

MC reported that, following Internal Audit's Community Paediatrics Commissioning audit in 2019/20, which had concluded with an opinion of 'Limited Assurance', significant work had taken place led by the CCG's Senior Quality Lead Children and Young People. A follow up audit in October 2021 had resulted in an opinion of 'Significant Assurance'.

MC highlighted the 'Good' overall rating by the Care Quality Commission for City of York Council's Healthy Child Service 0-19 years following the planned inspection in September 2021. MC commended the progress achieved since the in-housing of commissioning of this service.

MC noted that many of the risks detailed in the report had been covered through the discussion. She advised that the Quality and Patient Experience Committee's March meeting would focus on maternity services to gain a more detailed understanding of the current position.

The Governing Body:

Received the Quality and Patient Experience Report confirming assurance of the work being undertaken to understand and support the quality and safety of commissioned services and that risks to quality and safety for the CCG were identified with appropriate mitigations in place.

8. Board Assurance Framework

PG explained that due to staff capacity Abigail Combes, Head of Legal and Governance, had been unable to update the Board Assurance Framework. She had, however, assured him that there were no new issues that required reporting and that an updated version would be circulated the following week following the meeting of the Deputies group.

The Governing Body:

Noted the update.

ASSURANCE

9. NHS People Plan

MC referred to the report that provided an update on the actions for employers, national bodies and systems in terms of achieving the ambitions of the NHS People Plan within six specific areas: Responding to new challenges and opportunities; Belonging in the NHS; Growing for the future; Looking after our people; New ways of working and delivering care; and Supporting our people now and for the long term.

The Governing Body:

Received the updated NHS People Plan Action Plan.

10. NHS North Yorkshire and NHS Vale of York CCGs Safeguarding Adults Annual Report 2020/21

In presenting this report from the Designated Professionals employed by the CCG MC noted that it was the first since NHS North Yorkshire CCG had become the employing organisation for the safeguarding team for both NHS North Yorkshire and NHS Vale of York CCGs. The report, which provided assurance to the Governing Body that the CCG was fulfilling its statutory responsibilities relating to safeguarding adults, described the work undertaken and changes made during the pandemic and included key challenges and opportunities for 2021/22.

In response to DB seeking assurance in the context of the transition, MC confirmed that the safeguarding teams would be maintained and also noted a new appointment during the year within the Safeguarding Adults Team.

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The Governing Body:

Received the NHS North Yorkshire and NHS Vale of York CCGs Safeguarding Adults Annual Report 2020/21.

FINANCE

11. Financial Performance Report 2021/22 Month 9

SB reported that the CCG's position at the end of December 2021 was an underspend of £350k year to date. The forecast to achieve breakeven was in line with plan but dependent on the retrospective reimbursement of national monies, including the Hospital Discharge Programme and the Elective Recovery Fund. While noting this was low risk SB explained that the amount outstanding was £6.8m.

SB referred to inclusion of a number of allocations highlighting the £1.5m regional discharge funding to support frontline recruitment and retention within care providers as a means of trying to stabilise the workforce. This was being co-ordinated by the local authorities across the North East and Yorkshire.

SB explained that the CCG continued to exercise good financial discipline noting there were no concerns regarding the balance sheet and other financial considerations. He also advised there were no specific concerns relating to the 2021/22 accounts which he would be discussing with external audit the following day.

SB referred to the discussion at item 5 above regarding awaited quarter one planning information but anticipated an approach of joint planning across partner organisations. He noted the potential for 2022/23 CCG accounts to be audited at the end of the financial year along with the Integrated Care Board accounts, highlighting that he had no concerns in this regard despite staff moving on due to the CCG's historic good practice for producing working papers and associated audit requirements.

PG wished to place on record recognition and appreciation of the achievements, skill and dedication of the Finance Team and teams across the CCG for their work in such challenging times.

The Governing Body:

Received the Financial Performance Report 2021/22 as at month 9.

RECEIVED ITEMS

The Governing Body noted the following items as received:

12. Executive Committee chair's report and minutes of 10, and 17 November, 1, 8 and 15 December 2021.

13. Finance and Performance Committee chair's report and minutes of 25 November and 16 December 2021.

14. Primary Care Commissioning Committee chair's report and minutes of 25 November 2021.

15. Quality and Patient Experience Committee chair's report and minutes of 11 November and 9 December 2021.

16. North Yorkshire and York Area Prescribing Committee recommendations: November and December 2021.

17. Next Meeting

The Governing Body:

Noted the date of the next meeting would be confirmed.

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:

https://www.valeofyorkccg.nhs.uk/about-us/governing-body-meetings/

Appendix A

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 3 FEBRUARY 2022 AND CARRIED FORWARD FROM PREVIOUS MEETING

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
2 January 2020 2 April 2020	Patient Story	• Update on establishing a local system approach for pertussis vaccination in pregnancy • Ongoing in context of the Coronavirus COVID-19 pandemic	MC	5 March 2020 Ongoing
2 April 2020	COVID-19 update	• Review learning on the part of both teams and organisations	All	Ongoing
7 October 2021 2 December 2021 3 February 2022	Safeguarding	• Report on future safeguarding priorities • Report to be presented following sign off by the incoming Director of Nursing	MC	2 December 2021 Deferred to 3 February 2022 TBC

Item Number: 7

Name of Presenter: Michelle Carrington

Meeting of the Governing Body

Date of meeting: 31 March 2022

NHS
Vale of York
Clinical Commissioning Group

Report Title – Quality and Patient Experience Report

Purpose of Report *(Select from list)*
For Decision

Reason for Report

The purpose of this report is to provide the Governing Body with an update on an exception basis on risks and mitigations associated with quality, safety and patient experience across our commissioned services. It summarises by exception, progress and updates on quality, safety and patient experience that is not related to existing risks and provides an update on actions to mitigate the risks aligned to the committee.

Content of this report has been discussed at the Quality & Patient Experience Committee held on the 10th February 2022and a subsequent focussed meeting upon maternity services on the 10th March 2022.

Strategic Priority Links

☒Strengthening Primary Care
☒Reducing Demand on System
☒Fully Integrated OOH Care
☒Sustainable acute hospital/ single acute contract
☒Transformed MH/LD/ Complex Care
☒System transformations
☒Financial Sustainability

Local Authority Area

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

Impacts/ Key Risks

☐Financial
☐Legal
☒Primary Care
☒Equalities

Risk Rating

Emerging Risks

- Risk to safety and provision of mental health services following the outcome of the CQC inspection
- Risk to patient safety and experience due to the sustained increase in system wide pressures further exacerbated by winter and the impact of the Omicron and BA2 variant
- Risk to patient safety and the ability to attain the long term plan ambitions for Maternity due to midwifery workforce pressures

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

☐ Quality Impact Assessment
☐ Equality Impact Assessment
☐ Data Protection Impact Assessment
☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments: N/A

Recommendations

For Governing Body to accept this report for assurance and mitigation of key quality, safety and patient experience issues.

Decision Requested (for Decision Log)

Governing Body is requested to determine whether members are assured of the work being undertaken to understand and support the quality and safety of commissioned services and to be assured that risks to quality and safety for the CCG are identified with appropriate mitigations in place.

Responsible Executive Director and Title	**Report Author and Title**
Michelle Carrington, Executive Director of Quality & Nursing	Michelle Carrington, Executive Director of Quality & Nursing Paula Middlebrook, Deputy Chief Nurse

1. PURPOSE OF THE REPORT

The purpose of this report is to provide the Quality and Patient Experience Committee with an exception report on the quality and safety of our commissioned services and a full update regarding risks aligned to the committee.

The exception report will focus upon:

- Support to Independent Care Providers
- System Resilience and Pressures
- Primary Care
- Child and Adult Mental Health Services
- Serious Incidents
- Patient Experience
- Communications and Engagement
- Research
- Risks to Quality and Safety

2. SUPPORT TO INDEPENDENT CARE PROVIDERS

The Nursing Team continues to support Independent Care Providers across the geography both proactively and in timely response to reported challenges.

Covid in Care Homes

The incidence of positive covid cases across care providers at the time of writing this paper is high with a number of settings closed as per outbreak management guidance. This is having impact on system flow and the reduced isolation requirements is welcomed. Designated beds at Peppermill Court are now open for admissions to help discharge flow from the Acute Trust. Despite the high incidence of covid positive residents in care settings this does not seem to be translating into serious illness/ hospital admissions or increased deaths. Daily care home resilience gold meetings continue as do daily calls with CYC on priorities.

Mandatory Vaccination

Mandatory vaccination for care home staff and visiting professionals was revoked on the 15th March 2022.

Guidance in relation to all aspects of covid management are changing regularly and the CCG Nursing team are working closely with colleagues within Public Health and the Local Authorities to keep abreast and support care providers.

Discharge Standards

Led by the Chief Nurse, consultation continues with stakeholders to agree a set of agreed Discharge Standards. These are based on national guidance and best practice but most importantly informed on by local colleagues to provide a consensus on expectations across settings for what good discharge looks like. It describes how staff involved in the resident journey can contribute to successful transfers of care. It is aimed that these will be formally approved in a timely manner and placed into action, ensuring that resident safety and positive journeys in care can be protected. These standards will also align to the recommendations of the ECIST report following the recent visit to YSHFT.

Quality Improvement

Training: The Nursing team continue to support independent care providers with training and improvement approaches to help maintain business continuity and develop services.

The incidence of E. coli bacteraemia reported across the Vale of York and North Yorkshire CCG is recognised as amongst one of the highest in the country. It is a priority for the Health & Social Care system to consider how using a suite of interventions, incidence can be reduced. Resource and support from senior leadership within the CCGs and NHSE has been obtained for the Nursing Team to embark on a significant programme of work.

Through improving recognition and response to hydration needs of residents in care homes, it is anticipated that the following outcomes might be achieved:

- Reduce avoidable harm caused through poor hydration
- Enhance clinical outcomes (reduce need for antimicrobial treatment, hospital conveyance/ admissions)
- Improve experience for residents in care homes
- Improve staff experience/ safety culture
- Improve antimicrobial stewardship

Working with independent care providers and stakeholders, the programme intends to offer interventions through drivers including antimicrobial stewardship, infection prevention and control best practice, management of nutrition and hydration, public awareness, and self-care.

Telemedicine; Immedicare

At the end of December funding was secured to implement Telemedicine within the VOY CCG older people's care homes. 'Immedicare' aims to compliment the current

support offered by the system and offers an alternative method for care home staff in accessing timely advice/ intervention for residents. Data has demonstrated how the service can lessen the impact on GPs and other system partners amongst many other benefits. There are homes in the NYCC patch who are also using this service and have had positive feedback.

The service will be offered to nursing and residential care settings within the Vale of York, fully funded by the CCG for an initial period of 12 months. Response to the offer and traction of the project has seen equipment and training quickly deployed. Funding has been secured for 49 homes.

To coincide with the deployment of telemedicine support the Nursing Team are also refreshing the offer of training relating to the early identification of deterioration using softer signs tools, physiological observations and escalation/ communication tools.

Collaboration

The Nursing team are working with the District Nursing Team to explore how the use of dressing boxes to support wound care might be supported so that care staff are able to act on advice with clinical supervision in the first instance if using the Immedicare service for advice on minor skin injury.

There is also work with the DN Team exploring the pilot of delegated responsibility for the administration of insulin in residential care homes by care staff who are trained and competent, supported by robust processes and governance.

The Nursing Team are working on a number of training packages with colleagues from NHSE and the Improvement Academy, including dementia, mouthcare, and refreshing other offers as required.

Collaboration continues to evolve with key stakeholders, in particular the NYCC Quality Improvement Team (QIT) where staff are deployed with a joint approach for improving resident safety and care. Weekly Quality & Market support meetings led by NYCC attended by CCG colleagues and CQC ensure oversight of the homes within the NYCC patch and intervention where appropriate.

The VOY CCG is currently supporting the University of York St John in identifying student placements across community settings and care providers are included in this. It is hoped this will contribute towards improving the recruitment of registered nurses into both Health & Social Care positions in the future.

3. SYSTEM RESILIENCE AND PRESSURES

Ability to achieve the Emergency Department standards is a barometer of wider system pressures.

12-hour trolley breaches were largely unheard in the year prior to the pandemic. We continue to see increasing numbers monthly across York and Scarborough hospital sites.

Multiple steps are being taken by the system and the Trust to mitigate this risk. These include, but are not limited to the following:

- Increasing capacity within the Urgent Treatment Centres at the front door of York and Scarborough hospitals to divert low urgency patients away from ED and into a more appropriate care setting. This enables ED clinicians to focus their attention on patients who really need emergency clinical skills.
- Establishing a clinic to address respiratory conditions in young children who would otherwise be at high risk of attending ED inappropriately. This clinic had run as an eight week trial from 4th October 2021 and is now funded to run until the end of March 2022.
- Financing additional capacity within primary care to see additional patients, over and above normal levels, and thus reduce the tendency towards the use of ED as a default option.
- The Trust is striving to ensure flow through the hospital to limit backing up within ED
- Frequent system 'bronze calls' facilitate the sharing of information between all parts of the local health system, enabling mutual aid to be explored.

4. PRIMARY CARE

Workforce and Resilience – OPEL Reporting

GP Opel Reporting is a useful indicator of primary care resilience however, with approx 60% of practices reporting most days, it can only be an indicator rather than a definitive measure. In the early stages of the pandemic, most practices reporting escalated Opel levels tended to reference increases in demand with some capacity issues whereas, in the Omicron phase, most practices have tended to cite decreased capacity of clinical and non-clinical with staff absent due to a mix of Covid positive, self-isolating, and general sickness.

The most important aspect of having GP Opel Reporting embedded across VOYCCG, regardless of whether all practices report every day or not, is that there is a formal ‘no blame’ mechanism for practices to report capacity/demand pressures as they arise. The CCG always contacts a practice reporting Opel 3 and are able to quickly understand the cause of pressure on practice resilience as well as to support reducing pressure from NHS111 direct bookings, and work to find other ways to ensure pressures do not escalate to a point where it is unsafe for patients or staff – no practice has reported Opel 4 since introducing Opel reporting in September 2020.

It is important to note that OPEL reporting for primary care is heavily defined by GP capacity and not the wider multidisciplinary workforce.

Covid Vaccination Programme

The CCG's Local Vaccination Services that are provided through all its Primary Care Networks, the nationally commissioned Vaccination Centre at Askham Bar, plus a small number of Community Pharmacy Providers have all delivered an unprecedented response to accelerated booster programme over the winter period.

The CCG is hugely grateful to everybody who helped out with this phase of the vaccination programme and made it so successful.

➢ Spring Booster

Immunity derived from vaccination declines over time and many of the oldest adults received their most recent vaccine dose in September or October 2021.

These individuals are at much higher risk of severe illness. Therefore, as a precautionary strategy to maintain high levels of immunity, an extra spring dose is advised around 6 months after the last vaccine dose for:

- adults aged 75 years and over,
- residents in a care home for older adults
- individuals aged 12 years and over who are immunosuppressed, as defined in in the COVID 19 healthcare guidance

Work has commenced to roll out this offer across the Vale of York

➢ Addressing the Gaps in Covid Vaccinations

The CCG continues to work on the 'evergreen' offer to encourage people to attend for Covid vaccinations if they have not already done so.

Review of uptake by 'ward' has been undertaken in order to focus upon areas with low uptake and other socio-economic factors.

Support to Refugee families

Vale of York CCG practices have supported a range of families who have settled in the area as part of either planned resettlement programs or the most recent expedited Afghan refugee program.

Over 140 Afghan refugees have been supported by South Milford Surgery since September 2021. Unlike the planned resettlement programs, refugees have not had the prior health checks, health screening to inform their ongoing needs.

Additional resource has been required to support these vulnerable families, from initial registration, through health checks supported by interpreting services and catch up vaccinations.

South Milford Surgery has worked collaboratively with system partners to ensure families health needs have been met.

It is also anticipated that there will be further refugee settlement in the area from Ukraine as we move through the coming weeks. These are likely to be hosted by families and therefore anticipate is unlikely at this stage to have a significant impact upon a single practice.

5. MENTAL HEALTH

Children and young people emotional and mental well-being

A summit across North Yorkshire and York was held on 14 February 2022 to consider and make recommendations for the future approach to delivery of children's emotional and mental well-being. The summit considered the full spectrum of need, amid increasing pressure for support for highly complex children and young people, including those with challenging behaviours associated with autism, and also how promotion of good emotional and mental health and early intervention should develop.

Neurodevelopmental pathway (autism and ADHD): within a context of increasing demand for autism and ADHD assessments (plus medication initiation and review for ADHD) and, particularly for ADHD a diminishing supply of qualified staff nationally, the pathways for both are now under review across the CCG, City of York and North Yorkshire County Council (the latter linked to the tender later this year for the NYCCG autism assessment service)

The Mental Health Support Teams (MHST) in City of York (Well-Being in Mind) went live in January: working in 7 schools and York College, the service is already working intensively with schools and pupils. The service manager is closely involved in a project to address emotionally based school avoidance in York, an increasing concern post-Covid

Adult Mental Health Services

Dementia

Performance overall has dipped slightly in Quarter 3. A detailed analysis of December diagnosis rates is being undertaken. The dementia coordinators

across primary care continue to undertake case-finding and GPs are referring people identified for memory assessment.

It is evident that bottlenecks are occurring in the memory service where waiting times from referral to diagnosis and/or outcome of assessment are growing due to capacity, particularly amongst the consultant team.

The CCG is investigating with TEWV, including the identification of 10 patient case studies to determine specific gaps in the assessment process and how these can be addressed. In the meantime, older people referred by GPs with cognitive impairment and suspected dementia are being referred to Dementia Forward for support while they await an assessment and diagnosis. This has resulted in considerable growing demand on their services, particularly in the City of York, The CCG has secured additional capacity funded through winter pressures monies to provide additional support over the winter months for isolated and vulnerable older people who live alone.

Neurodiversity Wellbeing Support for adults diagnosed with Autism and ADHD

As previously reported, the CCG along with NY CCG, has secured one year of funding to pilot neurodiversity wellbeing support as part of the NHS priority of improving diagnostic pathways. Adults receiving a diagnosis of ADHD and/or Autism will soon benefit from an enhanced neurodiversity wellbeing support service, led by the Retreat and co-developed and facilitated by experts by experience. The service commenced on 1 February 2022 with referrals being accepted from mid- January. The Retreat will offer the service to patients following a diagnostic assessment where appropriate. Should a patient initially decline but choose to retrospectively explore this offer after being discharged, a referral would need to be made to The Retreat by the GP.

Peer Autism Education Pilot

The CCG with NY CCG has secured funding for a Peer Autism Education Pilot focused on supporting young people who are at the stage of transitioning from secondary school to further education or other learning environments; to be provided by The Retreat.

Peer mentoring draws on mutual lived experience. By using shared experience as a guide, peer mentors support mentees to create self-determined pathways to wellbeing, self-awareness and personal development. According to The Mental

Health Foundation, and the National Institute for Health and Clinical Excellence (NICE), peer mentoring in mental health contexts has multiple benefits.

The Retreat will use its existing clinical team, comprised of experts by experience and mental health professionals. Young people at the stage of transitioning from secondary school to further education or other learning environments, will be matched with a suitable peer mentor. The peer mentor will offer an initial appointment, either online or in person. This would be followed by up to four sessions. Participants will also be able to access a wide range of supportive material developed by the neurodevelopmental service. An outreach event is planned to launch the pilot, co-hosted with partners, and will include key education staff from secondary school settings as well as local higher education institutions. The findings and results from this project will be shared with our regional partners and with allied professionals. Work to establish the pilot will be completed by 31 March 2022. Consideration around an appropriate and meaningful four- month delivery period will be made through the co- production and development phase.

6. Commissioning for Quality and Innovation (CQUINS)

As part of the pandemic response, the NHS removed the requirement for trusts to sign formal contracts and disapplied financial sanctions for failure to achieve national standards. The Commissioning for Quality and Innovation (CQUIN) financial incentive scheme was also suspended for the entire period.

To support the NHS to achieve its recovery priorities, CQUIN is being reintroduced from 2022/23.

The CCG is working collaboratively with our neighbouring commissioners where we share providers in order to agree meaningful and realistic Quality Improvement initiatives.

Full details of the CQUIN scheme are available via the following link :

https://www.england.nhs.uk/nhs-standard-contract/cquin/2022-23-cquin/

7. SERIOUS INCIDENTS (SIs)

As previously reported the number of SIs continues to increase for all providers, with total numbers to date exceeding those reported for previous years. Providers continue to be challenged by COVID-19 and are experiencing exceptional pressure on services, some of which can directly correlate to incidents.

8. PATIENT EXPERIENCE UPDATE

Vale of York CCG Complaints

12 complaints were received in Quarter 3 - October 2021 to December 2021.

100% of the complaints were acknowledged within 3 days (in accordance with the NHS complaint procedure). All complaints were responded to within the agreed timescale.

Specialty/Area	No. of complaints	Outcome after investigation
Continuing Healthcare (CHC)	5	2 upheld 2 partially upheld 1 not upheld
Patient Transport Service (eligibility)	1	Not upheld
Individual Funding Request (IFR)	1	Partially upheld
Individual Funding Request Mental Health (MH IFR)	1	Partially upheld
Referral Support Service	1	Not upheld
Community Equipment	1	Upheld
Commissioning policy – BMI criteria	1	Not upheld
Vaccination	1	Partially upheld

Learning from feedback

The CCG values all types of feedback about its business and where possible will use it to good effect.

A monthly meeting takes place between CHC managers and the Patient Experience Lead where we review current cases, identify where learning is required and that actions have been implemented and evidence sought where possible. We also review any cases with the potential to escalate to complaints and consider whether steps can be taken to try and resolve any issues early.

Parliamentary & Health Service Ombudsman (PHSO)

The PHSO is the second and final stage of the NHS complaints procedure for complainants who remain unhappy with the NHS organisation's attempts to resolve their complaint.
The CCG has been notified of 1 complaint (regarding CHC) referred to the PHSO, the complaint documentation has been submitted and we wait to hear from the PHSO whether they intend to investigate further.

Vale of York CCG Compliments

Three people were satisfied with the response and outcome to concerns or complaints handled by the Patient Experience Lead (2 contacts) and CHC (1) colleagues.

Vale of York CCG Concerns

121 concerns/enquiries were managed by the Patient Experience Lead during this quarter. These cover a wide-ranging variety of topics. Some contacts were complex cases requiring investigation.

This figure does not include the daily contacts where straightforward information and advice was given as these are not recorded.

The top 5 contacts related to:

Subject	No.
Vaccinations	44
GP Practices	26
CHC	10
York & Scarborough NHS Foundation Trust	9
BMI/Smoking criteria	4
Medicines management	4

9. COMMUNICATIONS AND ENGAGEMENT

Developing the Dementia strategy for York

Engagement work undertaken is now progressing to inform a new York Dementia Strategy, which will be presented in Draft at the March Health and Wellbeing Board for consideration.

York Health and Care's Great Big Question

Work continues with our partners to ask local stakeholders, patients and service users to help shape a new vision for health and care services in York.

York and District Maternity Voice Partnership

The Chair of the York and District Maternity Voice Partnership group has resigned from her role. (This is funded 2 days per month from the CCG). Feedback regarding remit of the role and challenges in taking the role forward effectively are being considered prior to commencing recruitment for a new Chair. This is an independent role from Statutory organisations and essential for compliance with maternity standards.

Protected Learning Time for Primary Care

A new style PLT event was due to take place in January 2022 with the time being PCN focussed. Unfortunately due to system pressures the events were stepped down. Further dates have not yet been agreed.

10. RESEARCH

In 2020-21 the role of Research & Development (R&D) in the pandemic has been recognised as pivotal in 'fighting' COVID 19. R&D has helped by gathering clinical and epidemiological evidence to inform national policy and generate new treatments, diagnostics, and vaccine(s) to be developed and tested. The nationally prioritised COVID19 research studies have supported the creation of better diagnosis, tested potential new treatments, and helped to drive forward the vaccine trial work.

R&D has continued to support and provide evidence that the Vale of York Clinical Commissioning Group has maintained and developed its statutory duty to 'promote research, innovation and the use of research evidence' (Health and Social Care Act, 2012).

General Practice in the Vale of York continue to support research; offering their patients the opportunity to engage in a broad range of local and National Institute for Health Research (NIHR) portfolio research, and over the past 18 months of COVID19 that engagement has centred around Urgent Public Health (UPH) Covid 19 studies. Below is an article published on the NIHR Clinical Research Network Yorkshire and Humber 'Update to Partners':

PRINCIPLE Study: Excellent Recruitment by The Jorvik Gillygate Practice

The PRINCIPLE study is investigating treatments for Covid-19, enabling patients to recover at home. The study aims to help vulnerable people and reduce the amount of people being admitted to hospital.

Congratulations must be awarded to the Jorvik Gillygate Practice, in York, and its staff. They have made an excellent contribution to the PRINCIPLE study, recruiting 74 people to the study.

Dr Francesco Palumbo, a GP, at the Jorvik Gillygate Practice explains why the surgery joined the PRINCIPLE team:

"I am proud to be working with the PRINCIPLE team on an Urgent Public Health Research Trial at such a difficult time. I still remember when we accepted the study with excitement at the most uncertain time during the first wave of the Covid-19 pandemic, when it felt of great importance to offer our Surgery expertise for this task".

Read the full story on our website.

Alongside VoY CCG's support to the UPH Covid 19 studies, it has funded a locally-driven research project through the NIHR Research Capability Funding scheme. A call-out to general practice went live recently and it is hoped that bids from general practice will support research capability further, and the scheme aims to increase knowledge in health delivery areas recognised as strategic priorities for the CCG. The R&D Manager supports this process, encouraging a culture of enquiry, supporting new researchers, and providing specialist R&D knowledge.

11. RISKS TO QUALITY AND SAFETY

The following section provides an update to the identified risks to quality and safety for the CCG commissioned services.

Update upon risks being managed by QPEC

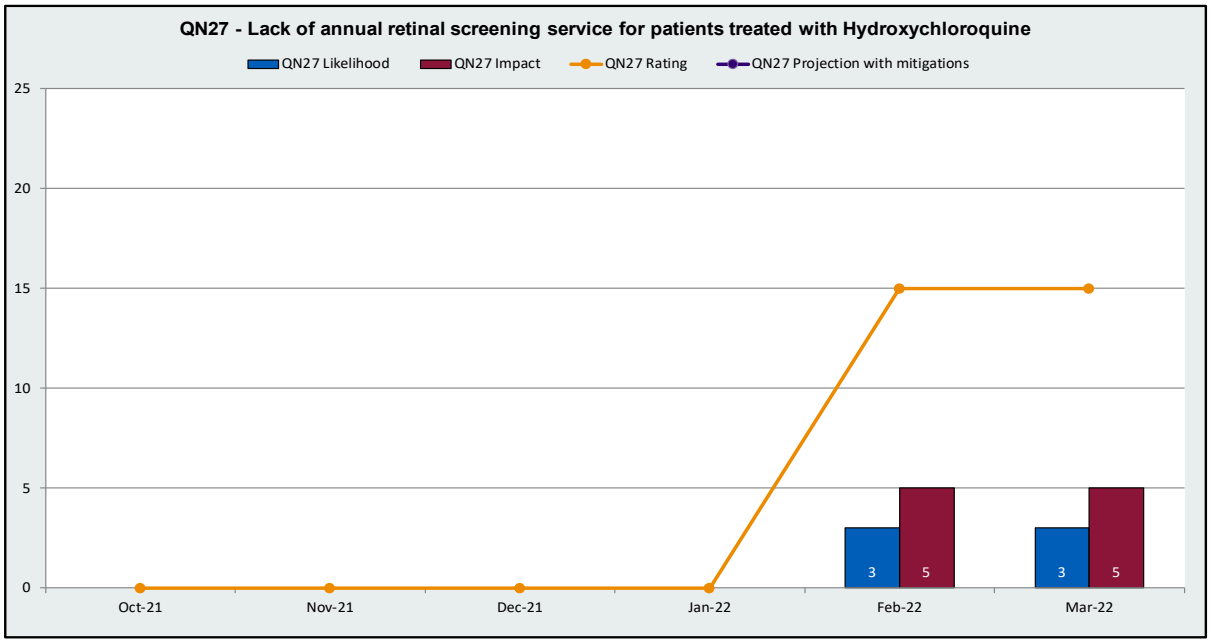
Risk No	Risk Description
QN07	**Referral for initial health checks – timeliness of CYC referrals**
	Capacity at YSTHFT to undertake the health checks in a timely manner is also adding to this concern. Designated Nurse for Safeguarding Children and Children in Care continues to work with the LA and the Trust on this issue and reports to the LA improvement board on this so they are also well sighted.
QN08	**Risks associated with Growing waiting lists**
	At the end of January 2022 there were some 1,615 patients who had waited more than 52 weeks on this waiting list. This cohort within the overall waiting list started to increase in size in August 2021. Multiple steps are being taken by the system and the Trust to mitigate this risk. These include, but are not limited to, the following: • The Waiting Well programme has been established to reach out to patients on the waiting list. • The Trust has a clinical review process to identify high risk patients and take appropriate actions. • Contracts with the independent sector for surgical capacity have been put in place allowing Trust surgeons to operate without the pressures of an acute site. • Additional diagnostic capacity is being brought online. The drivers for long waits are largely associated with staffing issues, diagnostic bottle necks and bed availability. The Trust has taken steps to mitigate these risks. These steps include weekly clinical reviews of cancer patients waiting more than 62 days. Elective activity has been further impacted by the impact of rising Covid cases.

QN09	**SEND Inspection and failure to comply with National Regulations**
	Work continues to progress the work program aligned to the WSOA and prepare for the revisit anticipated in early 2022.
QN 12	**Missed pertussis jab for expectant mothers posing a risk to unborn babies**
	Consideration to be given at April committee to whether any additional mitigation is attainable.
QN 13	**Hepatitis B vaccine in renal patients:**
	Archived
QN 20	**Risk to patient safety due to increased rates of nosocomial infections**
	YSTHFT continue to be an outlier in infection rates. They therefore invited NHSE/I to undertake peer review visits regarding Infection Prevention and Control to both Scarborough and York sites. To progress work required, the Trust requested temporary additional IPC Specialist Nursing leadership to instigate and progress the Quality Improvement program. This is now being taken forward and Commissioner representative to be invited to the Trust's internal IPC Governance and Oversight Group.
QN 21	**Children and Young people's therapy waiting times at York and Scarborough Teaching Hospitals NHS FT**
	The Trust has undertaken a Quality Improvement initiative across SaLT in order to develop a sustainable approach to reducing waiting times.
QN 22	**Quality and safety of acute hospital discharges following the introduction of new discharge standards during the pandemic.**
	See body of this report
QN 24	**Respiratory viral disease surge in children 0-4 years causing un precedented unseasonal attendance at York Hospital ED with increased pressure on primary care**
	Archived
QN 26	**Impact of reduced capacity across independent care providers commissioned by CCG for people in receipt of health funded care.**
	Risk is currently being detailed and will be reviewed at April QPEC.

QN 27 – Lack of annual screening service for patients treated with Hydroxychlorquinine

Governing Body is requested to review the following new risk which was discussed at QPEC in February 2022 and given the risk scoring determine whether this should be aligned to Governing Body

Risk Ref	QN27
Title	Lack of annual retinal screening service for patients treated with Hydroxychloroquine
Operational Lead	Ken Latta - Deputy Director Medicines Management - NYCCG & Laura Angus - VoY CCG
Lead Director	Michelle Carrington
Description and Impact on Care	Hydroxychloroquine (and chloroquine) treatment now requires annual retinal screening , plus early baseline records in all cases.(Royal College of Opthalmology recommendations) As a shared care drug, this monitoring is seen as an essential function of secondary care. Most trusts are well advanced in embedding but a number of providers' ophthalmology do not have capacity, despite stated need for this.

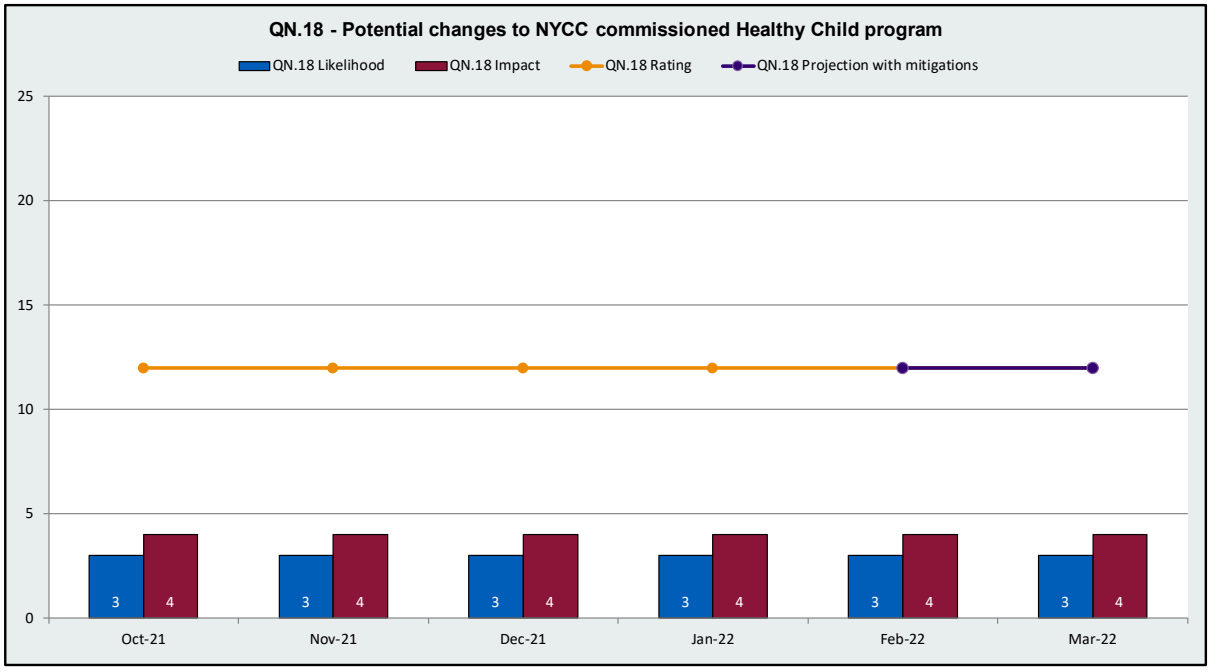


Mitigating Actions and Comments
01-Mar-22
Hydroxychlorquinine is used increasingly for autoimmune conditions within both rheumatology and Dermatology and is prescribed under a shared care arrangements between secondary and primary care. Recent updated guidance from the Royal College of Opthalmologists now advises annual retinopathy screening. This is based upon more evidence that retinopathy associated with the drug use is irreversible, however earlier identification of retinal changes can lead to early informed discussions to discontinue treatment. The new guidance has been discussed at the Pan North Yorkshire Drugs and Therapeutics committee in order to ensure oversight of actions to mitigate the risk and ensure continued safe prescribing. Capacity to deliver the screening within YSTHFT is the key barrier to implementation locally, whilst other neighbouring acute providers are able to implement. Regional Medicines Optimisation Committee (RMOC) document out to consultation that identifies and reaffirms the national RCO requirements. This also balances and recognises the pressures on hospital services. Engagement with YSTHFT ophthalmology (and rheumatology)has taken place in order to ensure responsibility on identifying patients in prioritisation. Paper highlighting risk and plans has been discussed at CCG Executive Committee with support to progress the plans and mitigations. North Yorkshire and VoY are identifying Independent Sector providers to work in partnership with YSTHFT ophthalmology services. Testing practice system searches to capture patient data to allow risk stratification for partners to prioritise highest risk patients for initial screening is underway. Information for Primary Care regarding the changes are being communicated. The risk scoring is influenced by the significant impact failure to identify early retinal damage / and therefore risk to sight would have on an individual person and the risk of this occurring in the North Yorkshire and York population size. **QPEC requests that this risk is considered by Governing Body and to determine whether meets the threshold for being managed by Governing Body.**

RISKS MANAGED BY GOVERNING BODY

QN 18: Potential changes to NYCC commissioned Healthy Child program:

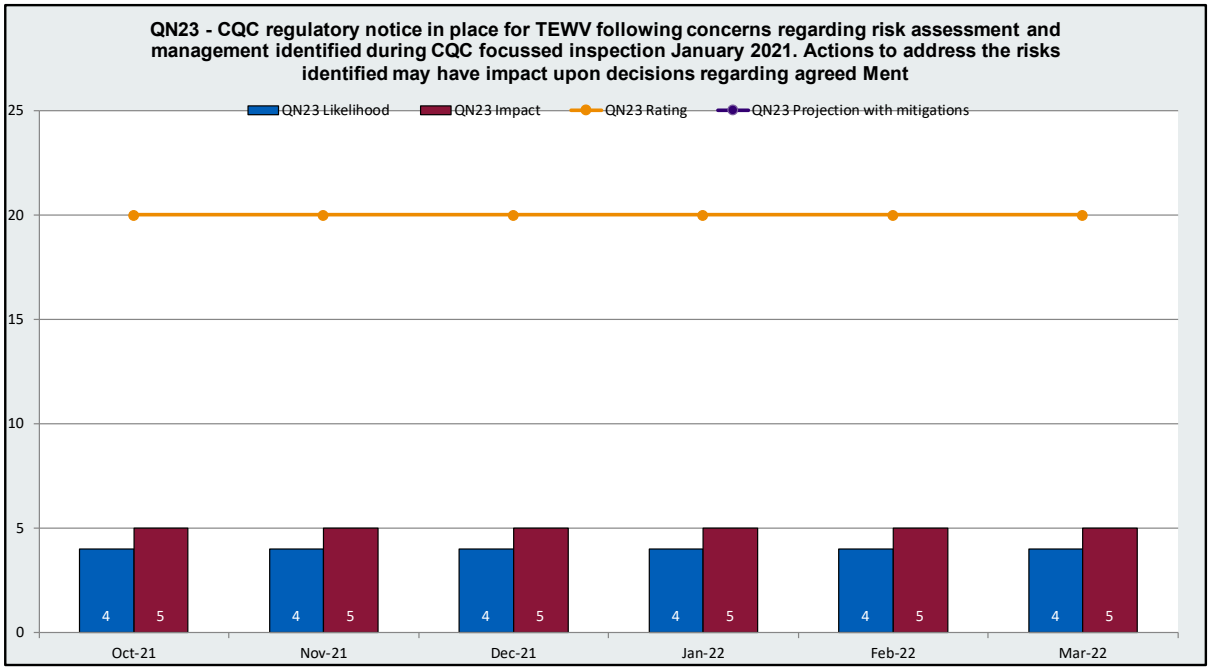
Risk Ref+B3:N13B39B3:N11B3:N16B39B3:N1	QN.18
Title	Potential changes to NYCC commissioned Healthy Child program
Operational Lead	Paula Middlebrook
Lead Director	Michelle Carrington
Description and Impact on Care	The new HCP model will create gaps in service delivery within the system, particularly for 5 – 19year olds which will impact upon health services.



Mitigating Actions and Comments
Date: March 2022
The revised service is being commissioned through a 10 year Section 75 Agreement between NYCC and HDFT. In December Governing Body considered the revised sevice offer and determined that it is too early to determine whether all risks from the revised service offer have been identfied and may become evident over the coming months and therefore feel the risk should continue to be aligned with Governing Body. The CCG Safeguarding teams have concern that reduced staffing capacity may impact the ability to ensure appropriate health representation in essential meetings. This is being monitored.

QN 23: Risk associated with the outcome of the CQC inspection to TEWV and regulatory notice.

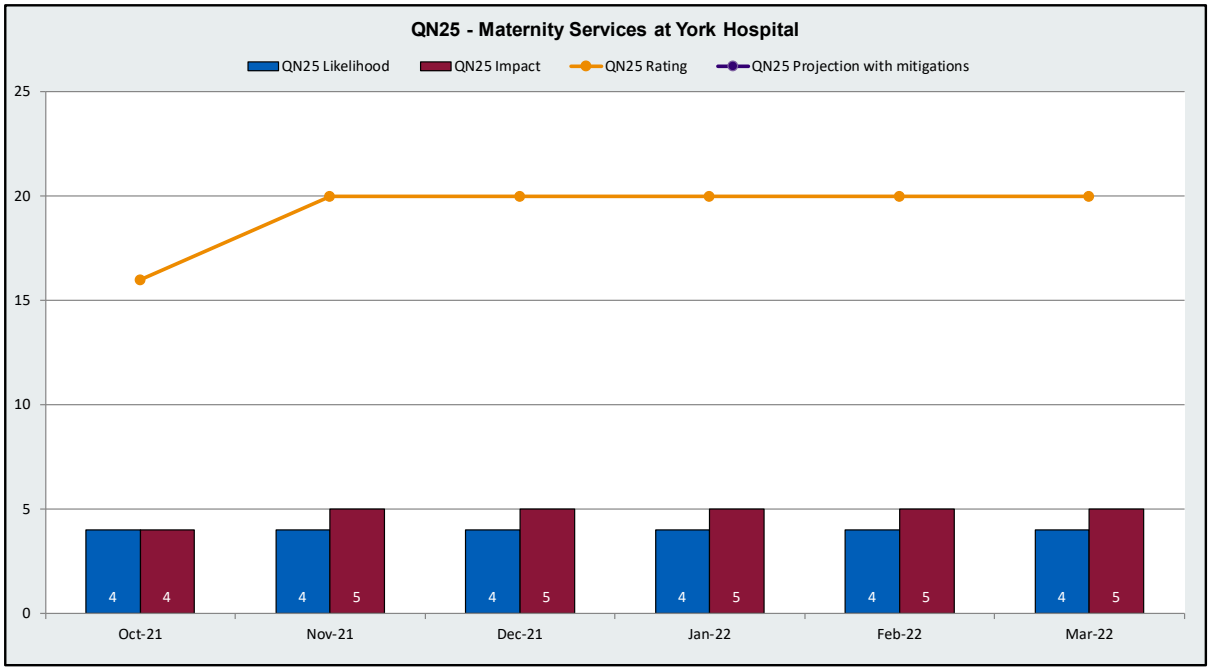
Risk Ref	QN23
Title	**CQC regulatory notice in place for TEWV following concerns regarding risk assessment and management identified during CQC focussed inspection January 2021. Actions to address the risks identified may have impact upon decisions regarding agreed Mental Health Investment priorities which have been agreed due to population need and attainment of MH Long Term Plan requirements and therefore the quality, safety and performance impact of that investment on services.**
Operational Lead	Paula Middlebrook
Lead Director	Denise Nightingale
Description and Impact on Care	In January 2021 the CQC undertook an unannounced focussed inspection to Adults of Working Age in patient areas and PICU within TEWV. Concerns were idenitfied regarding identification of individual patient risk and underpinning systems to ensure risks are effectively managed alongside trustide learning from incidents and serious incidents. This has led to a regulatory notice. Whilst immediate actions have been put into place to change risk processes, further investment has been identfied as a need for in patient areas which may compromise the ability to invest in previously identfied and agreed priorities associated with population health need and attainment of the MHIS associated with the Long Term Plan.



Mitigating Actions and Comments
01-Mar-22
NHSE/I led Quality Board continues to meet monthly. NYCCG Chief Nurse representing both NYCCG and VoY CCG. The CCG has approved non recurrent funding for the acute in patient staff uplift to ensure the MHIS is not compromised for wider mental health service priority developments - TEWV has been requested to provide a progress update regarding the added value and impact this investment has delivered at March 22 Performance and Quality sub contract meeting. The Trust provides an update at each CCG/TEWV Performance and Quality sub contract meeting regarding teams experiencing workforce challenges and the business continuity plans in place / anticipated in mitigation. A progress update against the CQC action plan is scheduled to be delivered to the Performance and Quality sub contract meeting in March alongside a deep focus upon Safeguarding (deferred from January meeting) Performance and Quality meetings continue to be scheduled monthly which incorporate focussed meetings for key topics or service areas. The CCG has commissioned internal audit to undertake an audit of Quality of Discharge associated with mental health for older people.

QN 25: Maternity Services at York Hospital

Risk Ref+B3:N10B39B3:N9B3:N11B39B3:N9B	QN25
Title	Maternity Services at York Hospital
Operational Lead	Paula Middlebrook
Lead Director	Michelle Carrington
Description and Impact on Care	YSTHFT has undertaken self assessment against both the Ockenden requirements and CNST standards. Following more detailed assessment and subsequent assessment of evidence by NHSE there is current lack of assurance of compliance against some core standards. A core factor has been assessment of midwifery capacity against the nationally approved workforce tool Birthrate Plus. This demonstartes approx a further 14 midwives required at York site.The workforce gap is impacting upon the Trust being able to deliver against core transformation standards i.e. continuity of carer, delivery of 'choice' as home births may be suspended due to staffing levels, risk of closure of delivery suite and need for diversion, and potential impact upon quality / standrads, risks etc.



Mitigating Actions and Comments
01-Mar-22
A focussed meeting at QPEC was undertaken on the 10th March 2022. Members of the maternity clinical and Senior Leadership team, including Trust Non Exec Lead for maternity attended in addition to the LMS Lead Midwife. The team presented an overview of the improvement work that has been undertaken over the last six months including (but not restricted to) - Intensive support by the Patient Safety Team to undertake benchmarking, data collection and full review of governance reporting arrangements through the maternity service, into the Care Group and to Board level. This has been followed by a Time out with clincal teams to identify priorities for the ongoing program of improvement. There has been continued engagement with Staff representatives to ensure the staff voice is heard and actions taken to focus upon staff wellbeing. Recruitment initiatives are a key focus - both at Consultant Medical and midwifery staff. The Trust has been succesful in recruiting additional Obstetric Consultants to support cross site working between York and Scarborough. Midwifery recruitment is underway in order to close the gap of 17 WTE. Activities include international recruitment, ensuring the local 'offer' is positive in terms of mentorship, support, career progression etc and working with the LMS for a collaborative approach to recruitment. The Trust is now compliant with CNST for serial sonography as a key component of the Saving Babies Lives Care Bundle. Where decions are taken to put a 'divert' in place or close the unt to admissions due to capacity or acuity, the CCG is notified and is also reported as part of the maternity Dashboard to Trust Board. As part of the focussed meeting the CCG offered consideration to further discussion at Ethics Panel re the decision making process to close the unit. Safeguading teams will also explore further any safeguarding considerations. The ability to deliver the Long Term Plan ambition for Continuity of Carer and ensure sustained offer of home births remains at risk, and will only be achieved with succesful recruitment to additional midwives. The Final Ockenden Report is due for publication at the end of March 2022, when there will be further assessment and benchmarking against the must do's and recommendations. Oversight will continue via the LMS Oversight and Assurance Board.

12. RECOMMENDATIONS

Governing Body is requested to determine whether members are assured of the work being undertaken to understand and support the quality and safety of commissioned services.

Item Number: 9

Name of Presenter: Abigail Combes

Meeting of the Governing Body

Date of meeting: 31 March 2022

NHS
Vale of York
Clinical Commissioning Group

Report Title – Board Assurance Framework

Purpose of Report *(Select from list)*
For Approval

Reason for Report
The Governing Body is required to receive the Board Assurance Framework which is attached to this cover sheet. The Governing Body should note two particular matters:-

1. In January 2022 there was no Board Assurance Framework provided to the Governing Body. This was due to staffing difficulties. The BAF for March 2022 represents to large degree an amalgamation of the January and March Board Assurance Frameworks and the only risk which would be new in January 2022 is QN.26 which relates to the availability of care packages for fully and joint funded patients.
2. TEWV Quality issues continue to be a concern for the CCG and these are escalated to the ICS however this is a system issue and therefore the mitigation and action is largely driven either by the ICS or by NHSE which restricts what the CCG can do to mitigate risks identified. The CCG have repeatedly, in executive committee, in F&P and in QPEC highlighted significant risk concerns which in the CCGs view are not improving sufficiently quickly to warrant this being de escalated from a very significant risk issue.

Strategic Priority Links

☒Strengthening Primary Care
☒Reducing Demand on System
☒Fully Integrated OOH Care
☒Sustainable acute hospital/ single acute contract
☒Transformed MH/LD/ Complex Care
☒System transformations
☐Financial Sustainability

Local Authority Area

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

Impacts/ Key Risks

☒Financial
☐Legal
☒Primary Care
☐Equalities

Risk Rating

N/a

Emerging Risks

N/A

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

☐ Quality Impact Assessment
☐ Equality Impact Assessment
☐ Data Protection Impact Assessment
☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

N/A

Recommendations

The committee is asked to review and approve the Board Assurance Framework; acknowledge the lack of a Board Assurance Framework received in January 2022.

Decision Requested (for Decision Log)

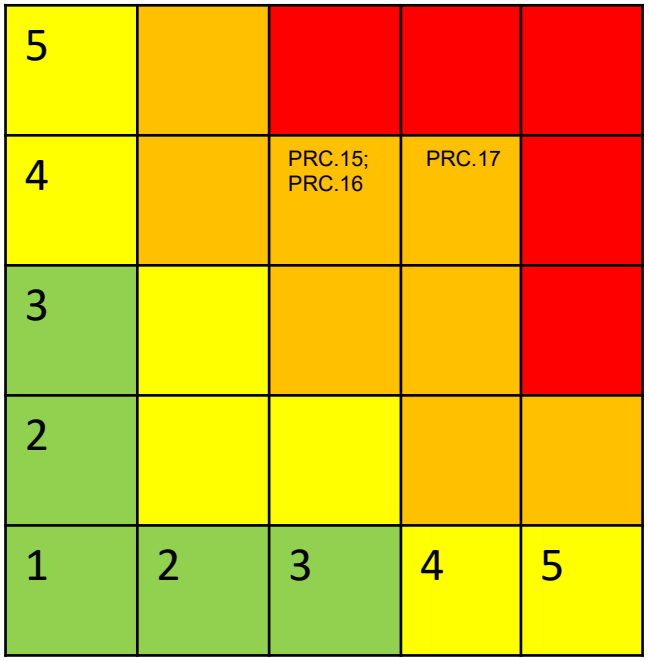
The committee is asked to review and approve the Board Assurance Framework

Responsible Executive Director and Title	**Report Author and Title**
Phil Mettam – Accountable Officer	Abigail Combes – Head of Legal and Governance

NHS Vale of York CCG
Strategic Objectives

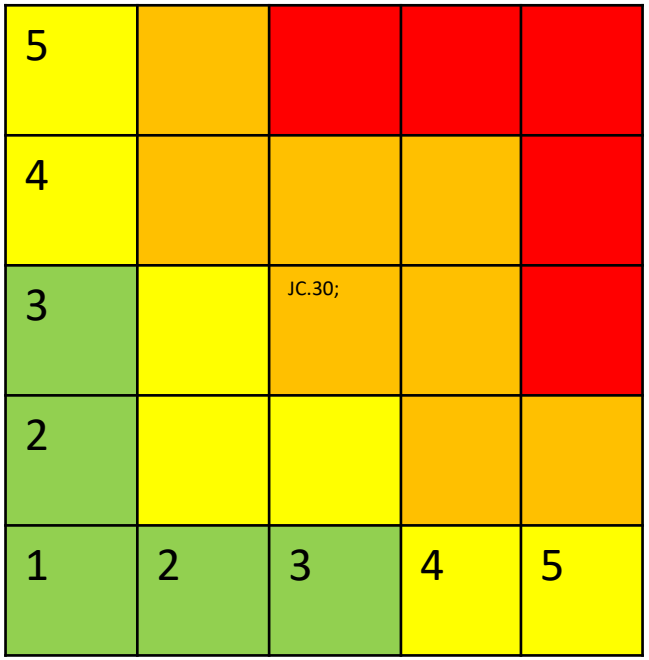
Support General Practice and wider primary care system to maintain a level of resilience to deliver safe and sustainable services.
Support innovation and transformation in the development of sustainable mental health and complex care services
Working with partners to deliver the recovery of acute care across elective, diagnostic, cancer and emergency care
Achieving and supporting system financial sustainability
Work with system partners to ensure provision of high quality, safe services. **Work as partners to safeguard the vulnerable in our communities to prevent harm**
Support the wellbeing of our staff and manage and develop the talent of those staff
Work with partners to tackle health inequalities and improve population health in the Vale of York

Support primary care to deliver services in a sustainable way whilst developing strong system partnership



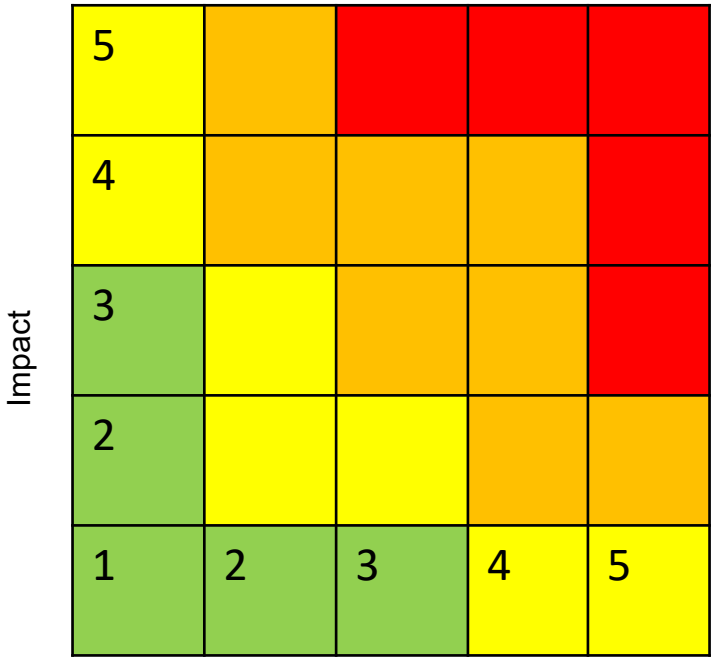
Current Priority	Exec Lead	Actions	Direction of risk travel
Continued support to practices to work in a Covid Safe way whilst responding to restoration of services	Steph Porter	Remote working for Practices Practices are developing BAU utilising technology to support triage and consultation. Practices have commenced migration onto S1 – this should help with service transformation for PCN resilience if all on same clinical system. However, work to transfer onto another system impacting on practices at continued time of stress due to high level of covid cases impacting on staff availability.	Stable but risk remains. Current incident levels reducing
OPEL escalation reporting framework	Steph Porter	- System recognition of capacity restraints in primary care on a daily basis - Engagement with DoS to limit 111 access to support response to short term capacity issues - Consistency of understanding of mutual aid at different levels of OPEL practice and PCN level has improved considerably and practices are reporting appropriately	Stable and agreement reached for escalation response
'SUPPORTING GENERAL PRACTICE: ADDITIONAL Winter Access Funding	Steph Porter	- Funding of circa £1.1m confirmed for Practices/PCN to run hubs to manage triage with he aim of pulling out same day urgent care where continuity of care via the same clinician deemed lower priority - All winter access schemes fragile due to limited workforce capacity to respond - Campaign to increase/offer choice for face to face, may in fact reduce overall offer as face to face in hot clinics reduces appointment numbers - Pressure to continue to deliver the vaccination programme continues to utilise space staffing capacity, thereby meaning workforce not choosing to take up other areas of need	Stable- Plans in place to increase capacity but remains dependent on workforce
		- Campaign to increase/offer choice for face to face, may in fact reduce overall offer as face to face in hot clinics reduces appointment numbers - Pressure to continue to deliver the vaccination programme continues to utilise space staffing capacity, thereby meaning workforce not choosing to take up other areas of need	on workforce

Support innovation and transformation in the development of sustainable mental health and complex care services



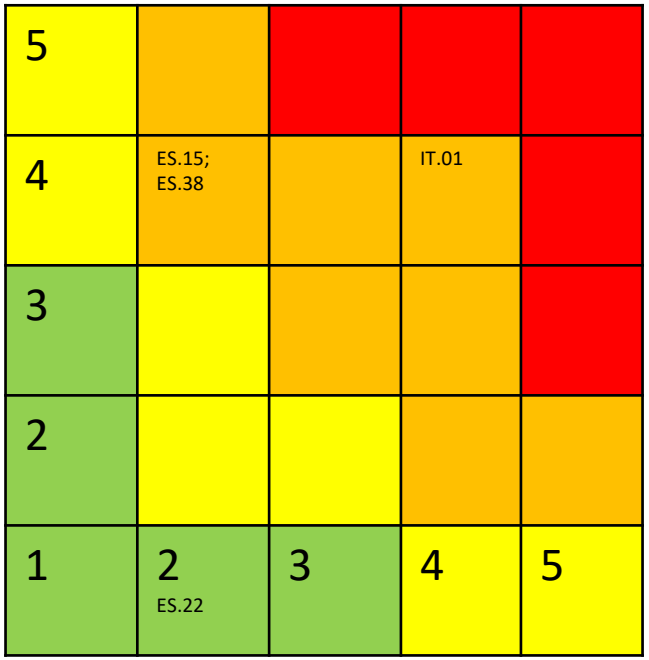
Current Priority	Exec Lead	Actions	Direction of risk travel
Mental Health Recovery	Denise Nightingale	• Accelerating preventative programmes to address inequalities such as health checks for people with Learning Disabilities (LD) or Serious Mental Illness (SMI) • Focus on recovery due to the expected surge in demand in mental health and crisis services which includes acute liaison and the resilience hubs and a review of the all age crisis line. • Continue to support integration between community and primary care under the 'Right Care Right Place' programme and key link workers reaching into primary care. • Co-development of a dementia strategy in York and continue to establish and deliver an improvement programme to address dementia diagnosis and dementia care • Re-procurement of adult ADHD and Autism diagnostic and treatment services • CQC regulatory notice in place for TEWV following concerns regarding risk assessment and management identified during CQC focussed inspection January 2021. Actions to address the risks identified may have impact upon decisions regarding agreed Mental Health Investment priorities which have been agreed due to population need and attainment of MH Long Term Plan requirements and therefore the quality, safety and performance impact of that investment on services. • MHIS priorities for investment remain as planned and being scoped for 22/23 • Increased challenge with CAMHs and CQC leading to a NY&Y summitt in February. Workforce challenges continue to affect service • Community Mental Health Transformation progressing well for VOY year1	Increasing due to potential surge in demand
Hospital discharge requirements	Denise Nightingale	• Continue to facilitate hospital discharge policies through extended discharge to assess models in collaboration with system partners and care providers • Continue to provide CHC support to multidisciplinary discharge hub teams. • Nationally revised discharge to assess policy and funding arrangements are expected (scheme 4) which are intended to support people through a period of rehabilitation or recovery before CHC eligibility assessments take place. Continue to revise processes and operational requirements with system partners in line with revised funding policy and funding. • Re-imaging the use of CCG CHC fast track funding to provide improved end of life care services. In the second phase up to the end of 2021/22 the CCG will work with partners to develop a more integrated end of life care coordination offer with oversight from a lead provider model. • Designated Covid beds opened in York	Stable
Keeping people safe	Denise Nightingale	• The service has fully completed the backlog of deferred CHC assessments as a result of the first covid-19 wave, and continues	Stable

Working with partners to deliver the recovery of acute care across elective, diagnostic, cancer and emergency care



Current Priority	Exec Lead	Actions	Direction of risk travel
To optimise all elective capacity available to reduce long waits and minimise risk to patients	Phil Mettam	▪ There is a risk that patients will come to harm owing to long delays between referral and the commencement of treatment for cancer	Static
Opiate addiction	Phil Mettam	▪ There is a risk that patients will come to harm owing to addiction to pain killers during the, currently, very long waits for treatment from the Musculoskeletal Service	New
Trolley waits	Phil Mettam	▪ There is a risk that patients will come to harm owing to long waits in the Emergency Department before admission, transfer or discharge	Not improving

Achieving and supporting system financial sustainability

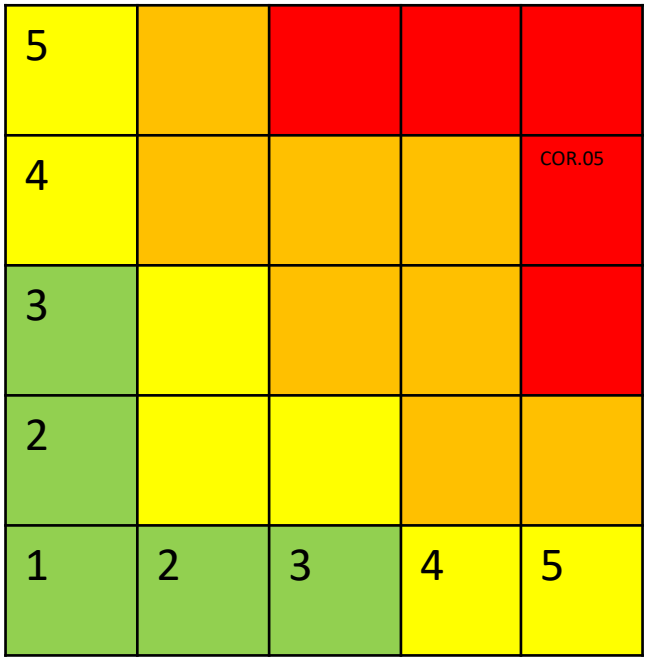


Current Priority	Exec Lead	Actions	Direction of risk travel
Maintaining financial planning, management and reporting approach	Simon Bell	- Organisational and system financial plans submitted in line with ICS and national guidance and national planning timetable. - The CCG has submitted a first draft financial plan for next year to the ICB. This currently shows a significant deficit for which plans to mitigate as far as possible between now and final plan submission will be required. CCGs will receive funding from the ICB at the end of Q1 to effectively adjust to a breakeven delivery. Whilst this does not take away the requirement to continue our sound financial management it does mean there is some certainty about what the CCG will deliver for the remainder of its time. This is reflected in the risk rating - The CCG has closed down key risk areas, firstly, via the national announcement to lift the H2 HDP cap, secondly, the agreement around how ERF adjustments will be managed across the ICS and finally trading underspends across a number of lines that have already off-set the unidentified QIPP to deliver plan originally identified. - Ensure appropriate financial governance arrangements are in place and complied with.	Stable
Optimising financial flows and access to funds across the sub-system and ICS	Simon Bell	- Monitor and manage funding tracker to ensure there is a clear understanding of funding streams and ownership of them across the CCG. - Triangulate funding requirements and transactions across the ICS. - Ensure outside of envelope funding such as HDP, ERF, WAF etc. is maximised including collective and regular review. - The CCG does not anticipate any material risks to the cash position over the remainder of the year and a detailed cash plan has been developed to ensure the year end cash holding target is met. It is worth noting that the cash position of deficit organisations going into 22/23 will be challenging and it is important that work with providers continues to help with this.	Stable
Contribute effective support to place, integration, and public health management development programme	Simon Bell	- Contribute to the development financial framework for place, CYC integration, and PHM programme of work. - Ensure the balancing of risk and progressive development of place.	Stable

Work with system partners to ensure provision of high quality, safe services.
Work as partners to safeguard the vulnerable in our communities to prevent harm

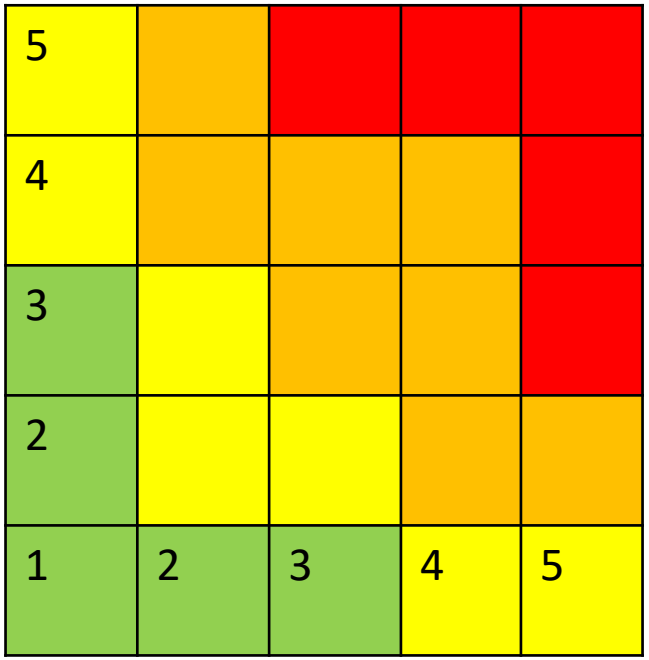
Current Priority	Exec Lead	Actions	Direction of risk travel
Supporting providers to ensure provision of high quality, safe services	Michelle Carrington	• To establish proportionate approaches to seeking assurance regarding quality and safety, and supporting providers in quality improvement. • Work with TEWV and with the NHSE Led Quality Board to ensure CQC compliant actions are undertaken to ensure safe care. • Work with TEWV to improve patient safety systems and processes, • Transition to new NHSE/I governance arrangements and review of QSGs • Continue to work with YSTHFT to improve patient safety systems and processes, including IPC, building upon collaborative approach established between CCG and Trust Patient safety / Governance Team. • Build connections with CCG Primary Care Team to strengthen approaches to quality & safety particularly around Enhanced offer to Care Homes and review of Local Enhanced Services • Working collaboratively with LA and health partners to improve and sustain services for children and young people with Special Educational Needs / Disabilities. (SEND) and ensure we meet our statutory responsibilities.	**Increased**
Supporting Independent providers /Care Homes through covid to prevent suffering and deaths	**Michelle Carrington**	• Working alongside Local Authorities provide direct support to care homes, independent providers and supported living to ensure homes are up to date with current IPC / covid procedures to maintain safety of residents and staff. • Resumed daily calls with LA, Public Health as part of the Care Home Resilience Gold Call for strategic overview and decision making to ascertain any care homes requiring testing and any priority areas for delivery of training, support and assurance visits. • Facilitate root cause analysis of any Covid outbreaks/ cases to understand weak areas or lessons learned to inform changes to practice and future prevention. • Work with system partners to build upon the enhanced offer to care homes including from primary care and community services • Support primary care to deliver the covid vaccination booster program and seasonal flu vaccination program to care home residents and social care staff.	**Increased**
To protect vulnerable people and health and care services from the impacts of flu and covid.	Michelle Carrington	• Roll out of Flu vaccination program continues with positive progress towards attaining national targets. Spring booster program starts for care home residents and the over 75s in April • Continue to work with Public Health and local system partners to progress covid vaccination programme to cohorts in line with JCVI guidance and ensure any disadvantaged / highly vulnerable groups are enabled to be vaccinated • Support provided by Nimbuscare as a secondary offer to school vaccination program for 5-11 yr old covid vaccination with high take up. • Increased focus upon pregnant women and increasing uptake with vaccination	Stable

Support the wellbeing of our staff and manage and develop the talent of those staff



Current Priority	Exec Lead	Actions	Direction of risk travel
NHS People Plan actions	Michelle Carrington	NHS People Plan has been released and the CCG has identified actions that it needs to take which have been approved by the Remuneration Committee and the Governing Body.	Stable
Staff welfare conversations and new approach to talent management appraisals	Michelle Carrington	Well-being conversations have been undertaken and progression underway for Talent Management Appraisals. **Roll out of REACT MH conversation training commenced in line with the new Organisational Development Offer**	Stable
Ensure staff are supported through transition to new ICS arrangements	Michelle Carrington	Very regular dialogue with staff at Time to Talk sessions Actively connect with Staff Engagement Group to ensure the voice of staff is heard and acted on. Joint SEG between NY & VoY CCG to ensure consistency of communications & joint ideas. Ensure staff have regular 1:1s which are documented and focussed on providing support and enabling confidence during the transition Ensure staff have annual appraisals in the next 6 months to determine support and development during transition and beyond into the new arrangements Ensure any opportunities for functions and roles in place, geographical partnership and ICS are transparent and open to our existing people in line with the people principles Detailed functional analysis being undertaken to progress ambition and associated resources for York Health and Care Alliance ICS consultation starting for Board members affected by the changes and there are significant concerns over the way in which the process is having a detrimental affect on the wellbeing of those staff.	**Increased**

Work with partners to tackle health inequalities and improve population health in the Vale of York



Current Priority	Exec Lead	Actions	Direction of risk travel
Support the embedding of a prevention agenda across all areas of the CCG's work in line with the national focus on CORE20PLUS5	Steph Porter (Peter Roderick leading)	Key areas of work include: - BP@Home programme to tackle unmanaged hypertension, delivered 1000 monitors to practices in VOY area - Pulse oximeters for COVID +ve patients - Supporting work of YHCC including prevention workstream focussing on alcohol, smoking and obesity - Supporting work of Vale System Partners including population health approaches to hypertension and obesity - Work on tackling vaccine inequalities including outreach clinics through YMG, engagement with marginalised communities and faith groups - SHaR PCN completion of the inclusion health tool - Continued promotion of the primary care prevention services: Digital Weight Management Programme, Cardiovascular Disease Prevention - Supporting YSTHFT in implementing the NHS LTP commitment on Tobacco treatment in acute settings	Stable
Develop a population health management approach across the CCG area	Steph Porter (Peter Roderick leading)	- Through the York Health and Care Alliance, a Population Health Hub has been launched, focussing population health management tools on priorities for the York system including Diabetes/Obesity, Learning disabilities and autism, and complex packages of care - In North Yorkshire area, a similar approach to PHM is being taken through NYCCG and NYCC - Developing with HCV partners a 'Waiting well programme' including the prioritisation of P4 patients waiting for procedure and the provision of a care and support offer while waiting for surgery. RAIDR dashboard launched and pilot in York partnering with Nimbuscare and the Community SPA	Stable
		- In North Yorkshire area, a similar approach to PHM is being taken through NYCCG and NYCC - Developing with HCV partners a 'Waiting well programme' including the prioritisation of P4 patients waiting for procedure and the provision of a care and support offer while waiting for surgery	

Risks referred to in BAF

Red risks (score of 25 – 20)	Improving or worsening	Amber risks (score of 20-10)	Improving or worsening	Green risks (Score 10 and below)	Improving or worsening
QN.23 – TEWV Quality Board requirements in all arears following CQC concerns.	–	QN.20 – increased nosocomial infection in hospital	–	ES.38 – Creating sustainable financial plan	–
QN.25 – Maternity services in York	–	QN.09 – SEND inspection	–	ES.22 – cash balance availability	–
COR.05 – Staff resilience and sustainability	↑	QN.18 – NYCC commissioning changes to healthy child program	–	JC.30 – Dementia targets not being met	–
IT.01 – Risk of cyber attack	★	QN.12 – Missed pertussis vaccine	–	ES.15 – Sustainable financial plans	–
QN.08 – Planned care waiting lists	–	QN.18 – NYCC commissioning changes to healthy child program	–		
QN.22 – Q&S on new discharge program	–	QN.07 – Initial health check delays	–		
PRC.17 – GP wellbeing concerns and burnout	–				
QN.26 – Care market availability	–				
QN.21 - children's therapy waiting times (Y&S Hospitals)	–				
PRC.16 – Primary care reputation following long waits	–				
PRC.15 – Serious Mental Illness health checks not being done in a timely manner	–				

Item Number: 10

Name of Presenter: Abigail Combes

Meeting of the Governing Body

Date of meeting: 31 March 2022

NHS
Vale of York
Clinical Commissioning Group

Report Title – Risk and assurance policy and strategy

Purpose of Report *(Select from list)*
For Approval

Reason for Report
Following discussion at Governing Body on 3 March 2022 it was agreed that the current risk appetite was reflected in the current version of the Risk and Assurance Strategy and Policy. Therefore no amendments were made and the Governing Body would be happy to endorse the current policy until March 2023.

This decision requires approval in public.

Strategic Priority Links

☒Strengthening Primary Care
☒Reducing Demand on System
☒Fully Integrated OOH Care
☒Sustainable acute hospital/ single acute contract
☒Transformed MH/LD/ Complex Care
☒System transformations
☐Financial Sustainability

Local Authority Area

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

Impacts/ Key Risks

☒Financial
☐Legal
☒Primary Care
☐Equalities

Risk Rating

N/a

Emerging Risks

N/A

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified. ☐ Quality Impact Assessment ☐ Equality Impact Assessment ☐ Data Protection Impact Assessment ☐ Sustainability Impact Assessment **Risks/Issues identified from impact assessments:** N/A
Recommendations Approve the Risk and Assurance Policy and Strategy until 31 March 2023
Decision Requested (for Decision Log) Approve the Risk and Assurance Policy and Strategy until 31 March 2023

Responsible Executive Director and Title	**Report Author and Title**
Phil Mettam – Accountable Officer	Abigail Combes – Head of Legal and Governance

Annexes (please list)
Risk Policy and Strategy

Item Number: 11

Name of Presenter: Michelle Carrington

Meeting of the Governing Body

Date of meeting: 31 March 2022

NHS
Vale of York
Clinical Commissioning Group

Report Title – Safeguarding adults and children, transition arrangements for the Humber, Coast and Vale Integrated Care System: a briefing paper

Purpose of Report *(Select from list)*
To Receive

Reason for Report
This paper, presented to Safeguarding Partnerships and Boards across the Integrated Care System (ICS) footprint, provides a summary of the transition into the ICS and outlines the future safeguarding working arrangements from health colleagues to the place-based multi-agency safeguarding arrangements

Strategic Priority Links

☐Strengthening Primary Care
☐Reducing Demand on System
☐Fully Integrated OOH Care
☐Sustainable acute hospital/ single acute contract
☐Transformed MH/LD/ Complex Care
☐System transformations
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☒CCG Footprint
☐City of York Council
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☐North Yorkshire County Council

Impacts/ Key Risks

☐Financial
☐Legal
☐Primary Care
☐Equalities

Risk Rating

Emerging Risks

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

☐ Quality Impact Assessment
☐ Equality Impact Assessment
☐ Data Protection Impact Assessment
☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

N/A

Recommendations

Governing Body is asked to receive the briefing paper.

Decision Requested (for Decision Log)

Briefing paper received.

Responsible Executive Director and Title	**Report Author and Title**
Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse	

Safeguarding adults and children, transition arrangements for the ICS – a briefing paper

Purpose

The purpose of this paper is to provide the Safeguarding Partnerships and Boards across the Integrated Care System (ICS) footprint, with a summary of the transition into the ICS and outline the future safeguarding working arrangements from health colleagues to the place-based multi-agency safeguarding arrangements.

Background

The NHS is currently undergoing a significant reorganisation, whereby CCGs will cease to exist as statutory bodies from 30th June 2022 and will be replaced by Integrated Care Boards (ICBs). Whilst all ICBs were expected to be fully operational by April 2022, the transfer of statutory functions has been deferred until July 2022, due to the Heath and Care Bill's Parliamentary timetable.

From 1st July 2022 the NHS Humber and North Yorkshire (replacing the name Humber, Coast and Vale) Integrated Care Board will be established and will become the statutory organisation covering 6 "Place based Partnerships" across Humber and North Yorkshire – North Lincolnshire, North East Lincolnshire, East Riding, Hull, North Yorkshire and York.

NHS Humber and North Yorkshire ICS

The Humber and North Yorkshire ICS is currently working as two strategic partnerships over two geographies – North Yorkshire and York and the Humber; However, this arrangement may change over time.

The Integrated Care Board will become the statutory NHS Board across Humber and North Yorkshire from July 2022. The ICB is intended to operate in shadow form from 1st April 2022 and has started to establish its Board. The recruitment to Board level Executive roles is now complete with several Executive Designate postholders in place. Many CCG functions, as well as some NHSE/I functions, will be conferred to the ICB. This creates the opportunity to develop new ways of working through integration, collaboration, shared responsibility, which are tailored to meet the needs of each Place.

Each of the 6 Places will establish similar partnership working governance, assurance, decision making and planning structures, recognising there will be nuances and differences across these localities.

The 6 Place-based arrangements, which include all key health and social care partners and stakeholders, will develop an 'integrated care strategy' for its whole population (covering all ages) covering health and care and addressing inequalities

and the wider determinants of health which drive these inequalities. Places are currently evolving and working through the finer detail and are at different stages of maturity.

Across the ICS, Provider collaboratives are being established to support and improve the delivery of services of particular specialities. Provider Collaboratives are partnership arrangements involving at least two organisations working at scale across multiple places, with a shared purpose and effective decision-making arrangements, to:

- reduce unwarranted variation and inequality in health outcomes, access to services and experience
- improve resilience by, for example, providing mutual aid
- ensure that specialisation and consolidation occur where this will provide better outcomes and value.

Provider Collaboratives will work across a range of programmes including Acute; Mental Health, Learning Disability and Autism; Primary Care; Community Health and Care and Voluntary Community Sector. This represents just one way that providers collaborate to plan, deliver and transform services.

Statutory Functions Conferred to ICS

Under the proposed legislative framework issued in August 2021, statutory functions similar to those currently exercised by CCGs will be conferred on Integrated Care Boards (ICBs). From 1st July, CCG staff, assets and liabilities (including commissioning responsibilities and contracts) will transfer to the ICS. It is also the intention to delegate some of the direct commissioning functions of NHS England and NHS Improvement to ICBs as soon as is operationally feasible from June 2022. Joint working mechanisms will be established between NHS England & Improvement and ICS's, including through joint committees, across all areas of direct commissioning.

Delegated responsibility for Dental (Primary, Secondary and Community), General Optometry, and Community Pharmaceutical Services, which includes dispensing doctors and dispensing appliance contractors, must be taken on by the ICS by April 2023.

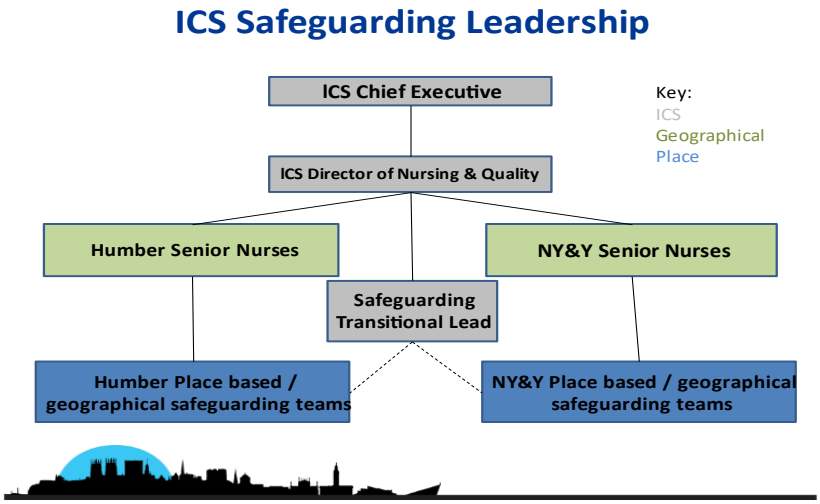
There will be a direct transfer of duties regarding health inequalities, quality, safeguarding, children in care and children and young people with special educational needs (SEN) and/or disability to the ICS.

All statutory duties relating to safeguarding, as currently held by CCGs, will be conferred to the newly formed ICBs. All existing functions currently delivered by CCG's – including its statutory role in children's safeguarding and its duty to collaborate in adult safeguarding, will transfer to the ICS.

Until ICBs are legally established from the1st of July, CCGs will retain the statutory responsibility for exercising their functions and should ensure arrangements remain in place to do so. As such, in the interim there are no proposed changes to the attendance and commitment to Safeguarding Boards and Partnerships across the Humber and North Yorkshire footprint. It is understood that this includes contributing financially as one of the three statutory partners. This is because CCGs would have made their contributions to the Safeguarding Boards and Partnerships part of their financial planning for the next financial year and as part of their due diligence arrangements for the ICS.

Emerging ICS Safeguarding Arrangements

The proposed leadership arrangements for Safeguarding across the ICS has been approved by the ICS Executive and by NHSE/I:



The Executive Lead for Safeguarding within the ICS is the ICS Director of Nursing and Quality.

In the absence of revised statutory guidance, it is intended currently that the commitment to Local Safeguarding Adult Boards and Local Safeguarding Children's partnerships will be provided in a very similar manner to the current arrangements, with the Senior Nurses at Place being the nominated ICS health representative, supported by the Designated Nurses/ Professionals. It is not anticipated that this contribution would be reduced or diminished as we transition to the ICS.

To support the transition to the ICS, an ICS Safeguarding Transitional Lead role has been introduced which provides a dedicated resource to drive the required work forward, whilst ensuring the ICS meets the statutory obligations for safeguarding.

This is Julie Wilburn, an experienced Designated Professional from the Humber system.

This role also brings together and supports the alignment of the two geographical areas.

A summary of the aims of this transitional role can be found at **appendix 1.**

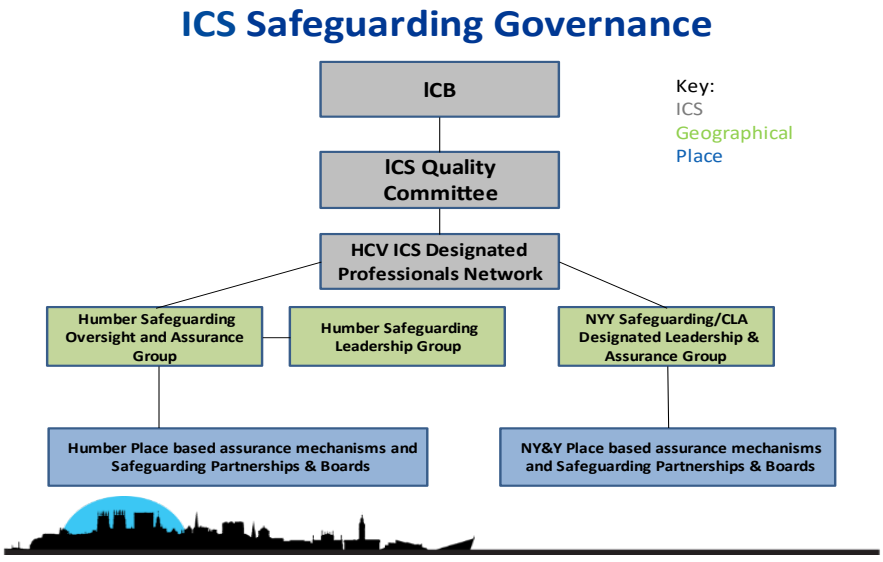
Primacy of Place for safeguarding and ensuring safeguarding activity at Place is duly supported through the 6 Places and is a core principle of our leadership and governance models.

There are currently no proposed changes or reductions to the current staffing model of CCG locality safeguarding teams' as we transition into the new arrangements.

Whilst the revised NHSE statutory safeguarding guidance has not yet been published, we do not anticipate significant operational changes to the current place-based arrangements.

Internal oversight of the ICS Safeguarding arrangements will be facilitated through a newly established ICB Quality Committee, with a clear line of sight from the 6 Places through to the Quality Committee.

ICS Safeguarding Governance



Each Place area is developing their local governance oversight arrangements for quality which will be overseen by the Senior Nurse at Place, and safeguarding will be an integral part of this. The locality oversight gained through the Safeguarding Children Partnerships and Safeguarding Adults Boards may contribute to these arrangements.

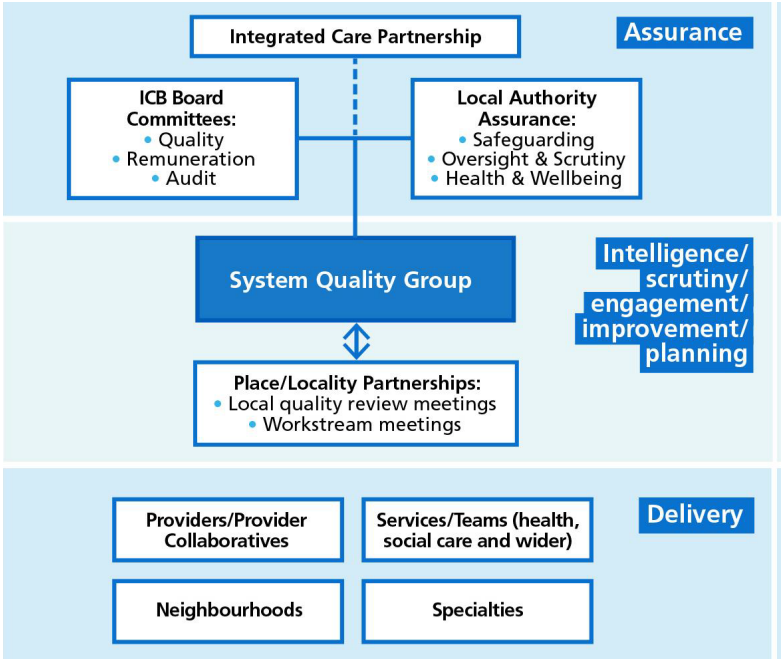
Each ICS is required to establish a System Quality Group, SQG, (replacing Quality Surveillance Groups) which is a strategic partnership group for intelligence sharing, learning, engagement, improvement and planning. The SQG should not form part of the statutory accountability and performance management structures of the ICB or local authority but needs to inform these meetings through regular reporting.

Local authority partners are already members of QSG and will transfer that membership to SQGs. Membership will now also include providers via the collaboratives and academic health science network partners, amongst others to ensure a focus on improvement.

The SQG should maintain an open and learning / improvement focus to drive quality within the system. This group will support the development of the quality strategy for the ICS linked to the Integrated Care Partnership. The ICS would want equivalent groups at Place level.

The ICB together with local authority partners will establish a Quality Committee which will be responsible for quality assurance to gain evidence that their objectives and plans are being delivered, their statutory duties are being met and risks mitigated and escalated in a timely manner. This is a separate function to the SQG. Safeguarding assurance will be integral to the agenda at the Quality Committee.

An overview of the quality governance arrangements are described below:



Summary

All statutory duties relating to safeguarding, as currently held by CCGs, will be conferred to the ICB. Until this time, CCG's will continue to deliver and fulfil their statutory requirements in relation to safeguarding.

It is anticipated the most senior nurse in each ICS place will be the nominated ICS (health) representative on the Safeguarding Adult Boards and Safeguarding

Children's Partnership, along with the Designated Nurse/ Professional. The transition to the ICS is not anticipated to affect operational partnership working at place.

Place based oversight of provider organisations will continue through place based safeguarding teams and the senior nurse in each place, feeding into the ICS governance arrangements.

The new governance arrangements should allow for system learning and improvement.

The details in this paper have already been shared and discussed at each Safeguarding Partnership and Safeguarding Boards by means of a presentation led by the Interim Director of Nursing and / or the relevant Designated Professional.

Revised national statutory guidance outlining the safeguarding accountability and assurance requirements of the ICS is awaited, however, there are no anticipated significant changes.

The 6 CCG's transitioning into the ICS, and thereafter, remain committed to contribute to multi-agency safeguarding arrangements for adults, children and children looked after.

Humber, Coast and Vale

Appendix 1:

ICS Safeguarding Transitional Lead Role Summary

- The role supports the Director for Nursing and Quality for the ICS to develop and implement future ICS arrangements for safeguarding.
- The role would provide direction and leadership to ensure the ICS fulfils the statutory duties and achieves its strategic goals/objectives in relation to safeguarding children, adults and CLA
- The role supports the ICS Director of Nursing, placebased senior Nurses and Designated Professionals to establish and deliver the proposed Safeguarding/CLA Model (including the development of Safeguarding Governance & Assurance processes) and approach from main central function through to place based/Integrated Care Partnerships within local areas.
- The role would ensure development and delivery of the safeguarding strategic workplan

Key functions of proposed Safeguarding Transitional Lead

- Reports directly to the HCV ICS Director of Nursing and Quality
- Develops, prepares and supports implementation of the Safeguarding/CLA Leadership Model across ICS
- Develops, prepares and supports implementation of Safeguarding/CLA Governance & Assurance Systems across ICS
- Continues to develop the HVC ICS Safeguarding/CLA Strategic Workplan to drive the transition into the ICS with exception reporting to relevant governance structures
- Formulates resilience mechanisms across the ICS safeguarding/CLA workforce that supports succession planning that includes opportunities for the wider health workforce
- Ensures an interface with established and emerging workstreams within ICS to ensure Safeguarding/CLA is embedded throughout the new structure
- Attends the existing Safeguarding/CLA Designated Professional and Chief Nurse meetings (at place) and scope the creation of or combining of similar meetings in areas where these do not exist.
- Communicates progress of development of Safeguarding/CLA Structure Model and Governance across ICS to all stakeholders
- Monitors and evaluates the responsibilities of role throughout the transitional period, making recommendations for future working arrangements post April 2022

Julie Wilburn – Safeguarding Transition Lead, Designated Nurse

Michelle Carrington – NHS VoYCCG Executive Director of Nursing & Quality / Interim Director of Nursing & Quality HCV ICS

Item Number: 13

Name of Presenter: Simon Bell

Meeting of the Governing Body

Date of meeting: 31 March 2022

NHS
Vale of York
Clinical Commissioning Group

Report Title – Financial Performance Report Month 11

Purpose of Report
For Information

Reason for Report

To update members on the financial performance of the CCG, achievement of key financial duties, and forecast outturn position for 2021/22 as at the end of February 2022.

To provide details and assurance around the actions being taken.

Strategic Priority Links

☐Strengthening Primary Care
☐Reducing Demand on System
☐Fully Integrated OOH Care
☐Sustainable acute hospital/ single acute contract
☐Transformed MH/LD/ Complex Care
☐System transformations
☒Financial Sustainability

Local Authority Area

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

Impacts/ Key Risks

☒Financial
☐Legal
☐Primary Care
☐Equalities

Risk Rating

Emerging Risks

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

☐ Quality Impact Assessment
☒ Equality Impact Assessment
☐ Data Protection Impact Assessment
☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

Recommendations

Governing Body is asked to note the financial performance to date and the associated actions.

Decision Requested (for Decision Log)

Report noted.

Responsible Executive Director and Title	**Report Author and Title**
Simon Bell, Chief Finance Officer	Matthew Bingham, Deputy Head of Finance

Finance and Contracting Performance Report – Executive Summary

April 2021 to February 2022

2021/22 Month 11

NHS
Vale of York
Clinical Commissioning Group

Financial Performance Headlines

ISSUES FOR DISCUSSION AND EMERGING ISSUES

1. **Reported position against plan** – At the end of February 2022 the CCG is reporting an underspend of £396k for the Year to Date (YTD) position after out of envelope expenditure of £2.3m has been reimbursed. The forecast for the year remains a break even position in line with plan and after a total of £3.5m of outside of envelope expenditure has been reimbursed.

2. **Hospital Discharge Programme (HDP)** – Forecast spend on HDP continues to be carefully monitored through regular meetings with stakeholder organisations. The HDP is funded outside of envelope and via a retrospective additional allocation. There is no longer a cap on spend during the second half of the year. The CCG's forecast spend for H2 is £2.6m.

3. **Elective Recovery Funding (ERF)** - Nationally, Ramsay have been experiencing significant reporting problems which have made establishing a robust ERF position challenging. To be prudent, the CCG has included expenditure for Ramsay in line with local discussions rather than what has been formally reported through the ERF process. The position will be verified once data becomes available and may result in a change to the YTD position and the associated ERF calculation. The CCG's position is £237k overspent on IS providers included in ERF against YTD plan for H2, and £387k over the NHSEI baseline which will be the basis of the outside of envelope allocation. The forecast position is an overspend of £400k above CCG plan and £468k higher than the NHSEI plan. In February, the ICS has forecast that we should receive £2k additional allocation for ERF based upon the risk share agreement across the ICS (£53k was received in Month 11).

4. **Prescribing** –The prescribing data for October showed a significant underspend in a month that is historically high. Subsequent months have not shown any 'catch up' of this spend and so prescribing has been forecast based upon April to December expenditure. However this area of expenditure remains under review.

Financial Performance Summary

Summary of Key Finance Statutory Duties

Indicator	Year to Date Target £m	Year to Date Actual £m	Year to Date Variance £m	Year to Date RAG rating	Forecast Outturn Target £m	Forecast Outturn Actual £m	Forecast Outturn Variance £m	Forecast Outturn RAG rating
In-year running costs expenditure does not exceed running costs allocation (see note)	6.1	5.7	0.5	G	6.9	6.3	0.7	G
In-year total expenditure does not exceed total allocation	518.7	520.6	(1.9)	R	567.3	570.8	(3.5)	R
Better Payment Practice Code (Value)	95.00%	99.56%	4.56%	G	95.00%	>95%		G
Better Payment Practice Code (Number)	95.00%	97.30%	2.30%	G	95.00%	>95%		G
CCG cash drawdown does not exceed maximum cash drawdown					569.9	569.9	0.0	G

- In-year total expenditure is currently showing as exceeding allocation because Outside of Envelope expenditure are included as follows:

  - Hospital Discharge Programme £842k YTD and £1.4m Forecast
  - ARRS and WAF £1.4m YTD and £2.1m Forecast
  - Primary Care Covid (SMS) £7k YTD and £12k Forecast
  - ERF £24k YTD and £2k FOT

The Brought Forward Historic deficit - 2019/20 that has been allocated, £62.47m, is not included in the above as this does not relate to the current financial year performance.

Financial Performance Summary

Summary of Key Financial Measures

Indicator	Year to Date				Forecast Outturn			
	Target £000	Actual £000	Variance £000	RAG rating	Target £000	Actual £000	Variance £000	RAG rating
Running costs spend within plan	6.1	5.7	0.5	G	7.0	6.3	0.7	G
Programme spend within plan	512.5	514.9	(2.4)	R	560.3	564.6	(4.2)	R
Cash balance at month end is within 1.25% of drawdown	599	290	309	G				

The running costs plan (£7.0m) is higher than the running costs allocation (£6.9m). This is due to allocation received to fund an ICS post which has been categorised as programme however the post is in running costs.

- In-year total expenditure is currently showing as exceeding allocation because Outside of Envelope expenditure are included as follows:

  - Hospital Discharge Programme £842k YTD and £1.4m Forecast
  - ARRS and WAF £1.4m YTD and £2.1m Forecast
  - Primary Care Covid (SMS) £7k YTD and £12k Forecast
  - ERF £24k YTD and £2k FOT

The Brought Forward Historic deficit - 2019/20 that has been allocated, £62.47m, is not included in the above as this does not relate to the current financial year performance.

NHS Vale of York Clinical Commissioning Group Financial Performance Report

Detailed Narrative

Report produced: March 2022

Financial Period: April 2021 to February 2022 (Month 11)

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1. Summary of reported financial position

At the end of February 2022, the CCG is reporting a £396k Year to Date (YTD) underspend and a breakeven forecast position, in line with plan, when adjusted for anticipated allocations. The CCG's financial plan submission for the financial year is a break-even position against allocation. Outside of allocation there are now four key areas of funding as outlined in previous reports – Hospital Discharge Programme (HDP), Elective Recovery Fund (ERF), Additional Roles Reimbursement Scheme (ARRS) and Winter Access Fund (WAF).

- The forecast spend on HDP continues to be carefully monitored through regular meetings with stakeholder organisations and across the ICS. The CCG's YTD position is premised on receiving £0.8m via retrospective HDP funding and the H2 forecast spend is £2.6m.

- In line with the ICS, the Independent Sector (IS) position at Month 11 for those providers included within ERF is now based on actual trading positions with an estimate based on this for Months 10 and 11. Nationally, Ramsay have been experiencing significant reporting problems which have made establishing a robust ERF position challenging. To be prudent, the CCG has included expenditure for Ramsay in line with local discussions rather than what has been formally reported through the ERF process. The position will be verified once data becomes available and may result in a change to the YTD position and the ERF calculation for this period. The CCG's position is £237k overspent on IS providers included in ERF against YTD plan for H2, and £387k over the NHSEI baseline which will be the basis of the outside of envelope allocation. The forecast position is an overspend of £400k above CCG plan and £468k higher than the NHSEI plan. In February, the ICS has forecast that we should receive £2k additional allocation for ERF based upon the risk share agreement across the ICS (£53k was received in Month 11).

- The forecast includes £1.5m of outside of envelope spend in relation to ARRS which takes the CCG to £422k under the maximum drawdown. This is based upon claims received to date and forecasts from PCNs. The Month 11 forecast will be the basis for the final allocation in Month 12.

- There is £776k in the YTD position for WAF based on submitted plans and a forecast of £1.1m which utilises all the available funds for his initiative.

Expenditure in the financial position relating to HDP, ERF and WAF still to be reimbursed are shown in an 'Outside of Envelope' column in the table that follows, to allow a comparison of CCG financial performance against plan excluding these items.

2. Year to Date position

The position in the table below covers April to February. The first three columns show the position as per the CCG's financial ledger. Individual lines have been adjusted for outside of envelope spend that is expected to be reimbursed. The 'Outside of Envelope' column includes 24k in relation to ERF, £0.8m in relation to HDP, £7k for Primary Care Covid costs, £345k for WAF and £1.1m for ARRS above our baseline allocation.

	YTD Position (£000)					
	Ledger Position					
	Plan	Actual	Variance	'Outside envelope'	Adjusted variance	Comments
Acute Services	259,340	259,366	(26)	24	(2)	ERF adjustment of £24k YTD.
Mental Health Services	57,305	57,009	296	0	296	(£526k) adverse YTD within Other Mental Health spend primarily due to TCP risk share costs higher than anticipated offset by £739k favourable YTD on Out of Contract Placements.
Community Services	32,027	32,176	(148)	128	(20)	£128k HDP spend - reimbursement to follow.
Continuing Healthcare	37,539	37,926	(387)	715	327	£715k HDP spend - reimbursement to follow. Underspend in FNC of £812k and £152k in CHC Clinical team which is offset by overspend in CHC due to fast track and fully funded cases.
Other Services	16,902	16,489	414	0	414	YTD Underspends of £226k on Better Care Fund due to national budget uplifts being applied with actual local uplifts being lower than budgeted for. £204k underpend YTD on Other Services mainly down to £115k NHS Property Services prior year benefit.
Prescribing	51,785	51,069	716	0	716	In year trading - January and February estimated based upon April to December prescribing data (October and November spend lower than expected) offset by £167k overspend due to impact of prior year prescribing figures (i.e. February and March actuals higher than 2020/21 year end accruals).
Primary Care	11,210	10,664	546	7	553	£486k underspend due to release of prior year accrual for GP IT historic VAT liability and £191k underspend against Local Enhanced Services due primarily to Anti Coagulation as well as an underspend of £77k YTD in Oxygen. This is offset by £286k for PMS premium monies for which the budget is in Primary Care Delegated Commissioning.
Primary Care Delegated Commissioning	49,261	50,334	(1,074)	1,428	354	£345k WAF spend plus £1,083k ARRS above the baseline - reimbursement to follow. £286k underspend against PMS premium budget, offset on Primary Care line above.
Running Costs	6,135	5,651	484	0	484	Pay - £219k YTD underspend mostly down to vacancies within the CCG. Non Pay - £264k in which £132k relates to prior year accrual for commisisoner support historic VAT liability.
Unidentified QIPP	(501)	0	(501)	0	(501)	H1 unidentified QIPP budget in plan off-set by underspends elsewhere.
Reserves	(2,322)	(109)	(2,212)	(12)	(2,224)	£109k prior year credit note received from IS provider relating to 2019/20.
YTD Financial Position	**518,681**	**520,574**	**(1,893)**	**2,290**	**396**	

3. Forecast

The forecast outturn position in the table below covers April to March. The first three columns show the position as per the CCG's financial ledger. Individual lines have been adjusted for outside of envelope spend that is expected to be reimbursed. The total amount of £3.5m in the 'Outside of Envelope' column is made up of £2k for ERF, £1.4m for HDP, £1.5m for ARRS, £662k for WAF and £12k for Primary Care covid costs.

	Forecast Position (£000)					
	Ledger Position					
	Plan	Forecast	Variance	'Outside envelope'	Adjusted variance	Comments
Acute Services	282,784	282,949	(165)	2	(163)	An additional £2k of ERF funding forecast as per notification from the ICS (£53k received in January). IS is forecasted to overspend. (£258k).
Mental Health Services	62,665	62,927	(261)	0	(261)	Overspend of (£526k) on TCP risk share plus overspends on SDF of (£540k), offset by underspends on Out of Contract Placements £739k.
Community Services	34,812	35,407	(595)	312	(283)	£312k HDP spend - reimbursement to follow. Overspend within Other Community Services due to fully reflecting the Health Navigator contract extension spend.
Continuing Healthcare	40,566	41,330	(764)	1,086	322	£1.1m HDP spend - reimbursement to follow. Forecast underspend in FNC of £816k and £163k in CHC Clinical Team which is offset by overspend in CHC (£657k) due to fast track and fully funded cases.
Other Services	18,503	18,039	464	0	464	Underspend on NHS Property Services of £115k due to prior year benefit. Forecast underspend of £267k on Better Care Fund due to national budget uplifts being applied with actual local uplifts being lower than planned for.
Prescribing	56,499	55,882	617	0	617	£655k underspend within Primary Care Prescribing due to lower than expected prescribing costs in October and November which has led to an overall underspend. Includes £167k overspend due to impact of prior year prescribing figures (i.e. February and March actuals higher than 2020/21 year end accruals) plus a small overspend of (£38k) in Other Prescribing.
Primary Care	12,406	11,898	508	12	520	Practice text messages for COVID - reimbursement to follow. £486k underspend due to release of prior year accrual for GP IT historic VAT liability.
Primary Care Delegated Commissioning	53,727	55,705	(1,979)	2,148	169	Outside envelope includes £1.5m additional funding expected for ARRS and £662k for WAF. Underspend is made up primarily of £313k of PMS premium budget which is offset in Primary Care line above.
Running Costs	6,974	6,275	699	0	699	£132k due to release of prior year accrual for commissioner support historic VAT liability. Underspend on various vacancies, £475k, and non-pay budgets, £223k, across the CCG
Unidentified QIPP	(686)	0	(686)	0	(686)	Unidentified QIPP budget in plan off-set by underspends elsewhere
Reserves & Contingency	(967)	417	(1,384)	(12)	(1,396)	£109k prior year credit note received from IS provider relating to 2019/20. Additional transformation funding requirements and general reserves
Forecast Financial Position	**567,283**	**570,830**	**(3,547)**	**3,548**	**0**	

4. Allocation

The allocation as at Month 11 is as follows for in year activities.

Description	Value
Allocation at Month 10	**£564.222m**
Primary Care Networks - development and support systems	£0.043m
Winter Access Funds YTD M10	£0.431m
PCT Online Consultation	£0.092m
PCN Leadership and Development	(£0.046m)
Maternity: LTP - SBL Pre-Term Birth	(£0.027m)
LDA & LTP Priorities Additional Funding	£0.037m
Reducing Ecoli Bacteraemia	£0.020m
COVID Reimbursement Q3 - Asylum Seekers Contingency Service	£0.012m
COVID Reimbursement Q3 - COVID-19 Vaccination Programme - Operations centre	£0.050m
COVID Reimbursement Q3 - HDP	£1.401m
PCN Planning Support	£0.960m
Pathology Network for York Trust	£0.037m
CX Partnership	£0.050m
Medical Exemption Reviews (MARs) Covid Exemption Assessments -Jan-22	£0.001m
Total in-year allocation at Month 11	**£567.283m**

5. Balance sheet / other financial considerations

There are no material concerns with the CCG's balance sheet as of 28th February 2022.

The CCG achieved the Better Payment Practice Code (BPPC) for NHS and non-NHS creditors for volume and value of invoices in February 2022.

The CCG achieved its month end cash holding target.

Vale of York
Clinical Commissioning Group

Item 14

Chair's Report: Audit Committee

Date of Meeting	20 January 2022
Chair	Phil Goatley

Areas of note from the Committee Discussion

- **Key Risk Environment:** Audit Committee Members wished to highlight the need for the Governing Body to look at in March/April 2022 the organisation's risk appetite within the Risk Management Policy. Audit Committee recognised that the extension (currently by three months) of the CCG's life brings some increased risks to the organisation's ability to conduct its business. These are centred on the expected loss of staff who must seek alternative employment and, with this, a reduction in operational capability. Against this Audit Committee Members were very pleased in reading significant numbers of minutes for key CCG meetings, including the Executive Committee, to see plenty of evidence that CCG leaders and staff remain fully committed to the successful delivery of CCG services which is highly creditable.

- **Counter Fraud Work:** Audit Committee members were pleased to be told about the wide spectrum of investigative and educative work being completed by our Local Counter Fraud Specialist Team and the strong, proactive and full engagement of the CCG's own Counter Fraud Champion.

- Plainly counter fraud measures remain a very necessary area for focus with plenty of evidence that fraudsters remain active against NHS organisations and there have been attempts to perpetrate fraud against the CCG. In addition, the pandemic is providing fraudsters with new and additional opportunities to perpetrate fraud against which the CCG, with the help of the Local Counter Fraud Specialist Team, remains vigilant.

- Audit Committee was though concerned to hear about the low return rate with the 2021 CCG Staff Fraud Awareness Survey. Two attempts to get survey returns resulted in only eight completed surveys being received. That said, the results based on the returns submitted showed a positive level of awareness about potential fraud and its prevention in the CCG.

- **Internal Audit:** Audit Committee received overall a high level of assurance from our internal auditors about the continuing operation of the CCG. Two audits had been completed since the Audit Committee last sat that examined the design and

effectiveness in use of controls to manage personal healthcare budgets and the established internal controls for delegated primary care commissioning and procurement. Internal auditors had also completed the follow up of a previous audit on community paediatrics commissioning. All three audits found good levels of management controls in place.

- In addition, all performance targets around the issuing of draft audit reports, the response to these by CCG managers and the delivery of final audit reports had been met on 100% of occasions. Sixty three internal audit recommendations (83%) have been completed within the last twelve months. However there are six internal audit recommendations where implementation within the CCG is overdue, three of which now have agreed revised target dates set. A separate benchmarking exercise by Audit Yorkshire of eleven of their CCG clients nevertheless showed that the Vale of York CCG performs better than its peers for levels of overdue audit recommendations. Whilst the COVID-19 pandemic has inevitably had some adverse impact on the implementation of audit recommendations, including those where the CCG is not the implementation lead, this has commendably been limited.

- The 2021/22 Internal Audit Plan also rightly includes work on both the establishment of the Humber and North Yorkshire Integrated Care System with focus on both the creation of the Integrated Care Board and the closure of the predecessor organisations, including the CCG and the transition into Place.

- **Financial Performance 2021/22:** Audit Committee members thought that it was highly creditable that as at November 2021 the CCG was reporting a small underspend but was still projecting a year end outturn to be a balanced financial position against the financial plan when adjusted for anticipated allocations.

- **National NHS Mail Phishing Exercise:** Audit Committee reviewed the results in the CCG of this exercise and found that overall levels of inappropriate response to a test email were lower than that seen nationally. Nevertheless there were 26 occasions when the test email was either open-end or further actioned by accessing the embedded link. Audit Committee therefore agreed management recommendations that, in view of the usefulness of the exercise, a phishing campaign should be undertaken with General Practices and in future regular phishing exercises (say every six months) should be carried out across the CCG.

- **External Audit Contract Term:** Audit Committee members noted and signalled support for the Finance and Performance Committee decision to extend the existing contract by 12 months for Mazars to continue as the CCG's external auditors. This follows the NHS England and NHS Improvement confirmation that there will not be a national procurement exercise for external audit services for 2022/23.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Vale of York
Clinical Commissioning Group

Item 15

Chair's Report: Executive Committee

Date of Meeting	5, 12, 19, 26 January, 2, 9, 16, 23 February and 9, 16, 23 March 2022
Chair	Phil Mettam

Areas of note from the Committee Discussion

The Committee continues to balance a focus on the delivery of CCG statutory duties and the shaping of the transition to the NHS structures implied by the proposed legislation. This has included preparing issues for discussion at CCG statutory committees, and also developing thinking on how to align CCG functions with the developing role of the Integrated Care System, the geographic partnerships across North Yorkshire and York, and at 'place'.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Item 16

Chair's Report: Finance and Performance Committee

Date of Meeting	27 January and 24 February 2022
Chair	David Booker

Areas of note from the Committee Discussion

27 January

- The Committee noted, with concern, the lack of clarity regarding matters financial, operational and the support of staff from the emerging Integrated Care Board. The recent extension to the legal status of CCGs creates accounting issues to be resolved.

- At this time, of the emergence of major risks to patient safety, due to post-pandemic pressures, the Integrated Care Board will need to have clear plans and priorities for collaborative working and a drive to create 'place' as a viable concept.

- Further discussion by the Governing Body will consider any further action to be promoted by the CCG.

24 February

- The Committee noted that assurance continues regarding the compliance of the CCG with all its statutory functions.

- The Lay Members noted concerns regarding the exclusivity and lack of transparency in the HR processes supporting staff, particularly at Board level, in the transition to integrated care system status. Consideration would be given to raising these issues with the Designate Chair of the Humber, Coast and Vale Integrated Care Board.

Areas of escalation

As described above.

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Vale of York
Clinical Commissioning Group

Item 17

Chair's Report: Primary Care Commissioning Committee

Date of Meeting	27 January 2022
Chair	Julie Hastings

Areas of note from the Committee Discussion

- The Committee heard that early figures would indicate that Optum, the pharmacist-led medicines optimisation service, has begun to see some savings. However, concerns were raised regarding the impact of possible increased number of appointments being taken up for GPs to reassure patients of the efficacy of the switch in medication, potentially leading to less appointments for other patients.

- Vale of York CCG colleagues reported that the GPs and Primary Care Networks have been fully appreciative of the resource and support they have had through the Winter Access Fund. A series of consultation and engagement events throughout October and November yielded positive results working in collaboration, an ethos driven by successful development across the Vale of York, local Practice collaboration, mutual aid, and a shared ambition for GP appointments to recover to pre-pandemic levels, increase total face to face consultations, develop improved resilience within primary care, thus supporting the wider urgent and emergency care system across the Vale of York. We would also like to express our sincere gratitude to our CCG and Primary Care Network colleagues recognising the huge amount of planning and additional hours that enabled the effective use of the fund.

- The ongoing issue about one off monies that we don't plan for continues to be an issue; we need to understand how we can address that in a new environment. We are acutely aware that our Practices with the support of their Primary Care Networks have really pulled out all the stops. Concerns were shared about the use of 'military language' (go again!) when we ask additional requirements of our staff. However, we need to be mindful as it is the same staff that we are asking to deliver even more. The significant amount of activity they have undertaken is highly commendable; they have been delivering high levels of activity for over a year and consequently are exhausted and sadly bearing the brunt.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Vale of York
Clinical Commissioning Group

Item 18

Chair's Report: Quality and Patient Experience Committee

Date of Meeting	10 February 2022
Chair	Julie Hastings

Areas of note from the Committee Discussion

- The Committee expressed concern around the significant pressure in all areas of the system. Especially when hearing that some of the 12-hour trolley wait breaches were potentially up to 30 hours in duration subsequently raising the potential of an increase in incidents of serious harm occurring. The team are currently considering the discharge process and huge concerns when we consider: significant staff sickness, staff exhaustion, reduction in isolation guidelines, that the hospital discharge fund monies will cease at the end of March, over-prescribing of care which people do not necessarily need and adds additional strain across the sector.

- We heard that Immedicare is currently being rolled out across care homes. This is currently a one-year project, providing twenty-four hour seven days a week clinical support and from which we have already received positive feedback. Sixteen care homes have undergone the training to go live with the intervention and five are ready to access. Plans are underway to utilise the technology further; reports on quality and safety would be shared when available.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Item Number: 19

Name of Presenter: Stephanie Porter

Meeting of the Governing Body

Date of meeting: 31 March 2022

NHS
Vale of York
Clinical Commissioning Group

Report Title – North Yorkshire and York Area Prescribing Committee Recommendations

Purpose of Report *(Select from list)*
For Information

Reason for Report

These are the latest recommendations from the North Yorkshire and York Area Prescribing Committee – February and March 2022.

Strategic Priority Links

☐Strengthening Primary Care
☐Reducing Demand on System
☐Fully Integrated OOH Care
☐Sustainable acute hospital/ single acute contract
☐Transformed MH/LD/ Complex Care
☐System transformations
☐Financial Sustainability

Local Authority Area

☐CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

Impacts/ Key Risks

☐Financial
☐Legal
☐Primary Care
☐Equalities

Risk Rating

Emerging Risks

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

☐ Quality Impact Assessment
☐ Equality Impact Assessment
☐ Data Protection Impact Assessment
☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

Recommendations

For information only

CCG Executive Committee have approved these recommendations.

Decision Requested (for Decision Log)

Responsible Executive Director and Title	**Report Author and Title**
Stephanie Porter Interim Executive Director of Primary Care and Population Health	Faisal Majothi Senior Pharmacist

Recommendations from North Yorkshire & York Area Prescribing Committee February 2022

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	**TA753: Cenobamate for treating focal onset seizures in epilepsy** **Commissioning: CCG, tariff included**		Cenobamate is recommended as an option for treating focal onset seizures with or without secondary generalised seizures in adults with drug-resistant epilepsy that has not been adequately controlled with at least 2 antiseizure medicines. It is recommended only if it is used as an add-on treatment, after at least 1 other add-on treatment has not controlled seizures, and treatment is started in a tertiary epilepsy service. Still to confirm if York Trust has a tertiary epilepsy service. Confirmed that Harrogate Trust do not have a tertiary epilepsy service so will not be initiating.	AMBER Specialist Initiation Only to be initiated in or on recommendation of a tertiary epilepsy service.	No significant resource impact is anticipated NICE do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than £5 million per year in England (or approximately £9,000 per 100,000 population, based on a population for England of 56.3 million people). This is because cenobamate is a further treatment option, the overall cost of treatment will be similar and NICE do not think practice will change substantially as a result of this guidance. Short-term clinical evidence shows that cenobamate reduced the number of seizures and also increases how many people stop having any seizures. These benefits may result in capacity benefits from a reduction in administration and management costs. Only to be initiated in a tertiary epilepsy service.
NHSE commissioned Technology Appraisals – for noting					
2.	**TA748: Mexiletine for treating the symptoms of myotonia in non-dystrophic myotonic disorders** **Commissioning: NHSE**		Mexiletine (Namuscla) is recommended, within its marketing authorisation, as an option for treating the symptoms of myotonia in adults with non-dystrophic myotonic disorders. It is recommended only if the company provides mexiletine (Namuscla) according to the commercial arrangement.	RED	No cost impact to CCGs as NHSE commissioned.
3.	**TA749: Liraglutide for managing obesity in people aged 12 to 17 years (terminated appraisal)** **Commissioning: NHSE**		NICE is unable to make a recommendation about the use in the NHS of liraglutide for managing obesity in people aged 12 to 17 years. This is because Novo Nordisk does not intend to provide an evidence submission for the appraisal. Novo Nordisk considers that there is not enough evidence to provide an evidence submission for this appraisal.	BLACK for this indication	No cost impact to CCGs as NHSE commissioned.
4.	**TA750: Olaparib for maintenance treatment of BRCA mutation-positive metastatic pancreatic cancer after platinum-based chemotherapy (terminated appraisal)** **Commissioning: NHSE**		NICE is unable to make a recommendation about the use in the NHS of olaparib for maintenance treatment of BRCA mutation-positive metastatic pancreatic cancer in adults after platinum-based chemotherapy. This is because AstraZeneca has confirmed that it does not intend to make a submission for the appraisal. AstraZeneca considers that there is unlikely to be enough evidence that the technology is a cost-effective use of NHS resources for this population.	BLACK for this indication	No cost impact to CCGs as NHSE commissioned.

5.	**TA751: Dupilumab for treating severe asthma with type 2 inflammation** **Commissioning: NHSE, tariff excluded**	Dupilumab as add-on maintenance therapy is recommended as an option for treating severe asthma with type 2 inflammation that is inadequately controlled in people 12 years and over, despite maintenance therapy with high-dose inhaled corticosteroids and another maintenance treatment, only if: • the dosage used is 400 mg initially and then 200 mg subcutaneously every other week • the person has agreed to and follows an optimised standard treatment plan • the person has a blood eosinophil count of 150 cells per microlitre or more and fractional exhaled nitric oxide of 25 parts per billion or more, and has had at least 4 or more exacerbations in the previous 12 months • the person is not eligible for mepolizumab, reslizumab or benralizumab, or has asthma that has not responded adequately to these biological therapies • the company provides dupilumab according to the commercial arrangement. Stop dupilumab if the rate of severe asthma exacerbations has not been reduced by at least a 50% after 12 months.	RED	No cost impact to CCGs as NHSE commissioned. Tertiary centre provided.
6.	**TA752: Belimumab for treating active autoantibody-positive systemic lupus erythematosus** **Commissioning: NHSE, tariff excluded**	Belimumab is recommended as an option as add-on treatment for active autoantibody-positive systemic lupus erythematosus in people with high disease activity despite standard treatment, only if: • high disease activity is defined as at least 1 serological biomarker (positive anti-double-stranded DNA or low complement) and a SELENA-SLEDAI score of greater than or equal to 10 • treatment is continued beyond 24 weeks only if the SELENA-SLEDAI score has improved by 4 points or more • the company provides belimumab according to the commercial arrangement.	RED	No cost impact to CCGs as NHSE commissioned.
7.	**TA754: Mogamulizumab for previously treated mycosis fungoides and Sézary syndrome** **Commissioning: NHSE, tariff excluded**	Mogamulizumab is recommended, within its marketing authorisation, as an option for treating Sézary syndrome in adults who have had at least 1 systemic treatment. It is recommended only if the company provides mogamulizumab according to the commercial arrangement. Mogamulizumab is recommended as an option for treating mycosis fungoides in adults, only if:	RED	No cost impact to CCGs as NHSE commissioned.

		• their condition is stage 2B or above and • they have had at least 2 systemic treatments and • the company provides mogamulizumab according to the commercial arrangement.		
8.	**TA755: Risdiplam for treating spinal muscular atrophy** **Commissioning: NHSE, tariff excluded**	Risdiplam is recommended as an option for treating 5q spinal muscular atrophy (SMA) in people 2 months and older with a clinical diagnosis of SMA types 1, 2 or 3 or with pre-symptomatic SMA and 1 to 4 SMN2 copies. It is recommended only if the conditions of the managed access agreement are followed.	RED	No cost impact to CCGs as NHSE commissioned.
9.	**TA756: Fedratinib for treating disease-related splenomegaly or symptoms in myelofibrosis** **Commissioning: NHSE, tariff excluded**	Fedratinib is recommended for use within the Cancer Drugs Fund as an option for treating disease-related splenomegaly or symptoms of primary myelofibrosis, post-polycythaemia vera myelofibrosis or post-essential thrombocythaemia myelofibrosis in adults. It is recommended only if they have previously had ruxolitinib and the conditions in the managed access agreement for fedratinib are followed.	RED	No cost impact to CCGs as NHSE commissioned.
Formulary applications or amendments/pathways/guidelines				
10.	**Pancrex V Powder** To be used in as an option in patients with pancreatic insufficiency who have a feeding tube**.**	Approved as 3rd choice pancreatin supplement for use only in patients with feeding tubes. Others products cannot be administered to feed or via feeding tube.	GREEN	No significant cost impact expected as already used in practice. Pancrex V powder per g Free protease 1,400 units Lipase 25,000 units Amylase 30,000 units 300g=£224.00. (equivalent cost to 100 capsules = £74) Nutrizyme 22 Free protease 1,100 units Lipase 22.000 units Amylase 19,800 units 100 = £33.33 Creon 25,000 Free protease 1,000 units Lipase 25.000 units Amylase 18,000 units 100=£28.25.
11.	**Nutrizym 22 Capsules** To be used in patients with pancreatic insufficiency who are unable to take Creon capsules orally due to side effects	2nd choice in patients who are unable to take Creon capsules orally due to side effects. If patients do not then tolerate Nutrizym 22 Capsules they should return to taking Creon capsules on the basis of cost.	GREEN	

12.	Guidelines for recognition and management of non- IgE cow's milk allergy in children	Approved. This guideline has been developed to aid primary and secondary care health professionals (doctors, dieticians, health visitors and other supporting professionals) in the diagnosis and management of infants and young children with non-IgE cows' milk protein allergy (Non IgE CMA) at the point at which they present. Most cases of non- CMA should be treated in primary care with appropriate dietetic support. This guideline is consistent with the international Milk Allergy in Primary Care (iMAP) guidelines and NICE pathway and provides recommendation on the presentation, diagnosis and management of Non IgE CMA in primary care.	-	It is expected that these guidelines are expected to reduce overall spend on these milks by making sure children do not continue to on these milks longer than required and also to reduce % amino acid formula (AAF) products as proportion of AAF and extensively hydrolysed formula (EHF) closer to 10%.
13.	Biologics pathway for Psoriatic Arthritis	Updated pathway approved. NICE approved upadacitinib for Psoriatic arthritis on 2.2.22. It's place in the pathway is after biosimilar anti-TNFs Tofacitinib is currently on the pathway though it is not licensed as monotherapy without methotrexate and has MHRA safety notifications regarding thromboembolic risk. Upadacitinib does not have such warnings and is licensed for monotherapy. So will be adopted as an alternative to tofacitinib.	-	Anticipated little budgetary impact and may result in some small cost savings.
14.	Neutralising monoclonal antibodies or antivirals for non-hospitalised patients with COVID-19	Added to the formulary as RED drugs as per NHSE commissioning policy	RED	No cost impact to CCGs as NHSE commissioned.
15.	New name for Biosimilar Insulin Lispro Sanofi	Brand name on formulary to be updated to Admelog®.	-	-
16.	Formulary status of alcohol dependence drugs for VoY CCG – Acamprosate and Disulfiram	Agreed RAG status on formulary to reflect current commissioning arrangements via Spectrum in VoY CCG. Already has RAG status for patients via Horizons in North Yorkshire County Council area.	RED in York for patients attending Spectrum AMBER SI for patients attending Horizons in North Yorkshire	No cost impact to CCGs expected as reflects current commissioning arrangements.

Recommendations from North Yorkshire & York Area Prescribing Committee March 2022

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	**TA758: Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy** **Commissioner: ICS/CCG, tariff-excluded**		Solriamfetol is recommended as an option for treating excessive daytime sleepiness in adults with narcolepsy with or without cataplexy. This is only if modafinil and either dexamfetamine or methylphenidate have not worked well enough or are not suitable. This recommendation is not intended to affect treatment with solriamfetol that was started in the NHS before this guidance was published.	RED	NICE do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than approximately £9,000 per 100,000 population. This is because the technology is a further treatment option and the overall cost of treatment will be similar. Providers for solriamfetol are NHS hospital trusts with specialist narcolepsy clinics e.g. South Tees, Newcastle, Leeds
2.	**TA599: Sodium zirconium cyclosilicate for treating hyperkalaemia** (updated) **Commissioning: ICS/CCG**		Guidance updated because sodium zirconium cyclosilicate is now available in both primary and secondary care; references to outpatient care removed.	AMBER SC	Approved as AMBER SC previously by APC/MCC.
NHSE commissioned Technology Appraisals – for noting					
3.	**TA757: Cabotegravir with rilpivirine for treating HIV-1** **Commissioner: NHSE**		Cabotegravir with rilpivirine is recommended, within its marketing authorisation, as an option for treating HIV-1 infection in adults: • with virological suppression (HIV-1 RNA fewer than 50 copies/ml) on a stable antiretroviral regimen and • without any evidence of viral resistance to, and no previous virological failure with, any non-nucleoside reverse transcriptase inhibitors or integrase inhibitors. It is recommended only if the company provides it according to the commercial arrangement.	RED	No cost impact to CCGs as NHSE commissioned.
4.	**TA759: Fostamatinib for treating refractory chronic immune thrombocytopenia** **Commissioner: NHSE**		Fostamatinib is not recommended, within its marketing authorisation, for treating refractory chronic immune thrombocytopenia in adults. This recommendation is not intended to affect treatment with fostamatinib that was started in the NHS before this guidance was published. The cost-effectiveness estimates for fostamatinib compared with rituximab are higher than what NICE normally considers cost effective. So, fostamatinib is not recommended.	BLACK for this indication.	No cost impact to CCGs as NHSE commissioned.

4.	**TA760: Selpercatinib for previously treated RET fusion-positive advanced non-small-cell lung cancer** **Commissioner: NHSE**	Selpercatinib is recommended for use within the Cancer Drugs Fund as an option for treating RET fusion-positive advanced non-small-cell lung cancer (NSCLC) in adults who need systemic therapy after immunotherapy, platinum-based chemotherapy or both. It is recommended only if the conditions in the managed access agreement are followed. This recommendation is not intended to affect treatment with selpercatinib that was started in the NHS before this guidance was published.	RED	No cost impact to CCGs as NHSE commissioned.
5.	**TA761: Osimertinib for adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection** **Commissioner: NHSE**	Osimertinib is recommended for use within the Cancer Drugs Fund as adjuvant treatment after complete tumour resection in adults with stage 1b to 3a non-small-cell lung cancer (NSCLC) whose tumours have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations. It is recommended only if: • osimertinib is stopped at 3 years, or earlier if there is disease recurrence or unacceptable toxicity and • the company provides osimertinib according to the managed access agreement	RED	No cost impact to CCGs as NHSE commissioned.
Formulary applications or amendments/pathways/guidelines				
6.	**Duloxetine for depression – change to GREEN from AMBER SI**	Approved change from GREEN from AMBER SI to match TEWV Depression Guidelines and Safe Transfer of Prescribing Guidelines.	GREEN	No significant cost impact expected as mirrors current prescribing practice.
7.	**Risperidone 1mg/ml oral solution**	Approved adding the Risperidone 1mg/ml oral solution to the formulary with a note to use in preference to orodispersible tablets.	AMBER SI	No significant cost impact expected. Risperidone 1mg/ml oral solution sugar free £2.87 for 100ml Risperidone 1mg orodispersible tablets sugar free £24.24 for 28 Risperidone 2mg orodispersible tablets sugar free £38.14 for 28 Risperidone 3mg orodispersible tablets sugar free £43.50 for 28 Risperidone 4mg orodispersible tablets sugar free £50.29 for 28
8.	**Enerzair breezhaler**	Approved adding ENERZAIR® BREEZHALER (+/-sensor) to formulary. Indacaterol acetate/glycopyrronium bromide/mometasone furoate (Enerzair® Breezhaler®) is indicated as a maintenance treatment of asthma in adult patients not adequately controlled with a maintenance combination of a long-acting beta2-agonist and a high dose of an inhaled corticosteroid who experienced one or more asthma exacerbations in the previous year.	AMBER Specialist Recommendation	This will be cost saving as at present when triple therapy that is considered would be as follows: Enerzair Breezhaler £534 pa Fostair 200/6 / Spirva £632 pa Fobumix 320/9 / Spirva £798 pa Symbicort 400/12 / Spirva £956 pa To review formulary status if price of inhaler + sensor changes.

		The place in therapy is step 4 where the patient needs to be stepped up to high dose ICS with the addition of a LAMA which is where patients should be referred into secondary care. At present patients would be considered for ICS/LABA and spirva so this would have the advantaged of been a single inhaler and only has to be administered once a day. It will also be used instead of Relvar 184/22 Ellipta when assessing concordance to inhaled therapies in those patients who have previously attended on a daily basis for directly observed therapy (DOTs) prior to being referred for consideration of a biological therapy at a tertiary centre. This inhaler is already been used by the tertiary centre at Hull and they also use it to assess adherence to treatment. So adding to our formulary allows this assessment to be done in advance of the patient attending the tertiary centre.		
9.	**TEWV Medicines Optimisation – Interactive Guide for External Stakeholders**	A new "Medicines Optimisation - interactive guide" has been created. The guide will aid TEWV staff navigate the full range of TEWV medicines guidance available to support their practice. This is version for primary care colleagues which was approved by the APC.	-	-
10.	**TEWV Safe transfer of prescribing guidance - updated**	Updated version approved to mirror recent formulary changes.	-	-
11.	**TEWV Risperidone LAI SCG**	New SCG approved which mirrors those for other long acting antipsychotic injections.	-	No significant cost impact expected. May result in some patients already stabilised on Risperidone LAI being transferred to primary care under shared care arrangements. Shared care already in place for other 2nd generation LAIs.
12.	**TEWV Guanfacine SCG**	Reviewed and updated version approved. Includes updates around use relating need for adequate contraception and avoiding use in pregnancy.		No significant cost impact expected.
13.	**TEWV Anxiety Guidelines - updates**	Approved. Only change is to add a propranolol toxicity document embedded as an addition	-	-