

**Minutes of the NHS Vale of York Clinical Commissioning Group Governing Body  
Meeting on 31 March 2022 at West Offices, Station Rise, York**

**Present**

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

**In Attendance (Non Voting)**

Abigail Combes (AC) – for items 9 and 10	Head of Legal and Governance
Shamim Eimaan (SE) – for item 3	Project Support Officer
Peter Roderick (PR)	Consultant in Public Health
Michèle Saidman (MS)	Executive Assistant

**Apologies**

Dr Andrew Moriarty (AM)	YOR Local Medical Committee Locality Officer for Vale of York
Stephanie Porter (SP)	Interim Executive Director of Primary Care and Population Health
Sharon Stoltz (SS)	Director of Public Health, City of York Council

A member of the press was in attendance.

## **Question from member of the public**

*Bill McPate*

The report, at item 11, offers a welcome explanation of the transitional arrangements for the integrated care system in respect of safeguarding. What are the plans for communicating the principles and objectives of the new arrangements to members of the public and educating them on how it may affect their care and powers of engagement?

## **Response from Michelle Carrington, Executive Director of Quality and Nursing/Chief Nurse**

MC advised that the report at item 11 was a briefing to provide assurance to Local Authorities through the transition. It was now being presented across the local Safeguarding Boards with either MC or Teresa Fenech, Humber, Coast and Vale Integrated Care Board Designate Executive Director of Quality and Nursing, in attendance.

MC explained that patients should not notice any change. In principle statutory CCG health responsibilities would be conferred on the Integrated Care System. MC also highlighted opportunities for engagement with the public at 'place' where there would be developments based on experience and skills, also noting the Designated Safeguarding Nurses would transfer to the Integrated Care System.

MC noted these were interim arrangements and would develop further with stakeholders over the coming year.

## **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
- NW as Clinical Lead and Executive Director Clinical and Professional Designate, Humber, Coast and Vale Health and Care Partnership

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.

*SE joined the meeting*

### **3. Staff Story: *Building trust and relationships with our community***

SE described her role in the context of context of healthcare provision/access for marginalised communities. This included support to the COVID-19 Vaccination Programme and leading on the Inequalities Project established through that Programme. She detailed connections and contacts made across communities and partner organisations including the Public Health Team, described barriers encountered, and noted a wide variety of customer feedback which offered learning opportunities from many perspectives, notably that of transferring the learning to all aspects of population health.

Commending SE's work, discussion included the context of understanding the individuality of each group; providing appropriate opportunities such as outreach clinics for homeless people; reiterating emphasis on the population health perspective; and the need for leadership that supported staff in an approach of freedom to act.

#### **The Governing Body:**

Commended SE's work and the opportunities provided through feedback.

*SE left the meeting*

### **4. Minutes of the Meeting held on 3 February 2022**

The minutes of the 3 February meeting were agreed.

#### **The Governing Body:**

Approved the minutes of the meeting held on 3 February 2022.

### **5. Matters Arising from the Minutes**

Matters arising were either included in agenda items or ongoing.

### **6. Accountable Officer's Report**

PM referred to the current rising case numbers of COVID-19 and highlighted that the first case in the country had been identified in York. He noted the potential for the CCG to be asked to participate in the national Public Inquiry into the pandemic and emphasised the context of added value through learning.

PM reported continuing significant pressures across all parts of the system noting that York and Scarborough Teaching Hospitals NHS Foundation Trust had had 286 COVID-19 positive patients across all sites at the start of the week and had been at the highest

escalation level for a number of weeks. This impacted on capacity to undertake regular work both from the perspective of infection prevention control requirements and staff capacity. Primary care and the system as a whole were similarly affected by workforce pressures with the associated effect on waiting times. PM additionally noted the change in the COVID-19 testing regime from 1 April emphasising that the sustained period of significant pressure was expected to continue for the foreseeable future.

PM explained that planning for 2022/23 was progressing and the CCG's first draft financial plan had been submitted as part of the overall Humber, Coast and Vale Integrated Care System financial plan. He noted significant financial and service challenge across Humber, Coast and Vale, also highlighting the context of addressing acute sector backlogs.

PM provided an update on 'place' development noting shadow arrangements for York Health and Care Alliance Board from April to June with governance arrangements from July 2022 being developed across all areas. As previously reported, PM noted that North Yorkshire 'place' development was being led by NHS North Yorkshire CCG. He also advised that leadership arrangements for the Chair and Place Director roles for both North Yorkshire and York were not yet finalised.

In terms of transition of staff to Humber, Coast and Vale Integrated Care System PM explained that the first phase of the consultation for senior staff who did not have an employment commitment, including Accountable Officers, had concluded; guidance was awaited for the next phase. The consultation on the transfer process for staff with an employment commitment was beginning the following week, on 4 April, led by the current employing organisation. A joint consultation briefing for NHS Vale of York CCG staff was taking place on 5 April. PM explained that the Integrated Care Board structures were not part of this consultation as they were still being developed.

PM highlighted that the CCG's capacity continued to diminish as staff left due to the uncertainty. He advised that discussions were taking place with partner organisations in respect of managing risk and ensuring patient safety, noting that an approach of "mind the gap" through the transition had emerged in this regard.

PM explained that due diligence work was being undertaken pertaining to the CCG's responsibilities and accountability through to the end of June 2022. The CCG's committee structure would be utilised to confirm and challenge this work and ensure a robust and transparent approach.

PM commended the CCG's remaining staff for their commitment in a time of uncertainty and suggested that a message of thanks from the Governing Body would be appreciated. He expressed personal thanks to the Lay Members for their support to staff and on a personal level thanked both Governing Body members and the Council of Representatives for their support since his appointment.

NW, on behalf of the Council of Representatives and the GP community, thanked PM for his contribution to Vale of York. The GP and Lay Members commended PM for his leadership and the progress across the patch during his time with the CCG, also commending the personal and professional commitment and integrity of the whole CCG team.

## **The Governing Body:**

1. Noted the update.
2. Expressed appreciation to PM and staff across the whole of the CCG for their commitment.

## **7. Quality and Patient Experience Report**

In presenting this item MC described future arrangements advising that quality and safety governance would be via the Humber, Coast and Vale Integrated Care System Executive. She explained that, in accordance with National Quality Board guidance, a System Quality Group would replace the current Quality Surveillance Group. Membership would comprise representation from across the system, including providers and provider collaboratives, and responsibilities would include quality improvement. As the System Quality Group was not a formal sub group of the Integrated Care Board and therefore did not have assurance within its remit, a Quality Committee would be established for this purpose.

MC also highlighted the context of quality and safety from the 'place' perspective noting that Place Boards would require a Quality Committee and a senior nurse with responsibility for quality. She explained the perspective of detailed information, such as complaints, to be passed on to the Integrated Care System, emphasised the primacy of 'place' and noted the 'lift and shift' of experienced staff.

MC referred to 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 noted that the report had not been through the Quality and Patient Experience Committee, as would be usual, due to the Committee's last meeting focusing on maternity services.

Whilst reiterating the system pressures and the "mind the gap" concerns as discussed earlier, MC highlighted areas of innovation described in the report, including quality improvement work with independent care providers; implementation of telemedicine through 'Immedicare' as additional support for care home staff and potential avoidance of hospital admission; the Peer Autism Education Pilot; and a number of aspects of collaborative working.

MC reported that York and Scarborough Teaching Hospitals NHS Foundation Trust continued to be significantly affected by the pandemic noting that the majority of patients were not being admitted due to COVID-19 but were testing positive on or during admission; 40 to 50 beds were out of use because of it. She referred to infection prevention control guidance and practice but highlighted the context of harm to patients who were consequently not accessing services. MC explained that the System Ethics Panel had provided interim advice in this regard and that a regional set of principles had been developed for organisations to assess and demonstrate balance of risk on an individual basis; national guidance around this was currently awaited.

Discussion ensued in the context of the unprecedented number of 12 hour trolley waits and subsequent waiting time, impact on staff as well as patients, aspects of care provision other than COVID-19 related, isolation requirements and patients delaying presenting at GP Practices.

MC advised that the Care Quality Commission had carried out an unannounced inspection at York and Scarborough Teaching Hospitals NHS Foundation Trust the previous day with a focus on staffing and patient safety. Work was also being progressed on recommendations from the recent Emergency Care Improvement Support Team input relating to discharge pathways.

MC additionally highlighted concerns about capacity in social care, domiciliary care and care homes.

With regard to COVID-19 MC explained that infection rates were high but, predominantly due to the success of the vaccination programme, mortality rates were not similarly raised. She also noted the Spring booster programme for the over 75s, residents in a care home for older adults and individuals aged 12 years and over who are immunosuppressed, as defined in the COVID-19 healthcare guidance. Discussion ensued in the context of impact on the wider system, closing of COVID-19 testing centres, reduced access to lateral flow tests, risk from people no longer testing and the need for measures to be in place to manage associated risk. PR emphasised the personal responsibility perspective, such as mask wearing, and highlighted the learning which would enable a rapid response in the future if required.

MC highlighted the research and development that had continued throughout the pandemic. She commended Jorvik Gillygate Practice, in York, for their contribution to the PRINCIPLE study relating to treatment of patients with COVID-19.

MC referred to the risks managed by the Quality and Patient Experience Committee highlighting that consideration would be given at the April meeting to archiving QN 12 *Missed pertussis jab for expectant mothers posing a risk to unborn babies*. She also noted the addition of two new risks: QN 26 *Impact of reduced capacity across independent care providers commissioned by CCG for people in receipt of health funded care* for which the detail was being developed and QN 27 *Lack of annual screening service for patients treated with Hydroxychloroquine*. MC advised that members would be updated on the latter which was being considered via the Humber, Coast and Vale Integrated Care System Ophthalmology Board.

With regard to the risks managed by Governing Body MC proposed, and members agreed, that risk QN 18 *Potential changes to North Yorkshire County Council commissioned Healthy Child programme* should be stepped down and an approach of monitoring that was consistent with other providers be adopted.

MC explained that detailed work was taking place regarding QN 23 *Risk associated with the outcome of the Care Quality Commission inspection to Tees, Esk and Wear Valleys NHS Foundation Trust and regulatory notice* in the context of ensuring comprehensive handover to both the Humber, Coast and Vale Integrated Care System and also Tees Valley Integrated Care System Quality Leads.

In respect of QN 25 *Maternity Services at York Hospital* MC highlighted a level of assurance provided through the maternity services focused meeting of the March Quality and Patient Experience Committee but noted the continuing concerns, particularly in respect of staffing, and also the context of the Ockenden Report. JH additionally commended the collaborative working that had been demonstrated through the discussion at the Quality and Patient Experience Committee.

### **The Governing Body:**

1. 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.
2. Agreed that risk QN 18 *Potential changes to North Yorkshire County Council commissioned Healthy Child programme* should be stepped down and an approach of monitoring as other providers be adopted.

### **8. Coronavirus COVID-19 Update**

In addition to earlier discussion, PR referred to the changing guidance for symptomatic and asymptomatic testing, the current high rates of infection, the time lag for national information regarding COVID-19 death rates, and the perspective of moving from an emergency response to managing the infection. NW also noted the context of antiviral drugs.

Discussion included the potential for further booster jabs and the aspect of "living with" COVID-19.

### **The Governing Body:**

Noted the update.

*AC joined the meeting*

### **9. Board Assurance Framework**

In presenting this item AC referred to the absence of a Board Assurance Framework at the last Governing Body meeting due to staff capacity advising that the current iteration represented to a large degree an amalgamation of the February and March Board Assurance Frameworks. The only risk which would have been new in February 2022 was QN 26 relating to availability of care packages for fully and joint funded patients.

AC also referred to the CCG's continuing concerns about quality issues at Tees, Esk and Wear Valleys NHS Foundation Trust which had been escalated to Humber, Coast and Vale Integrated Care System. As this was a system issue the CCG's options for mitigation were restricted. However, the significant concerns, which in the CCG's view were not improving sufficiently quickly to warrant de-escalation from a very significant risk, were regularly discussed at the Executive Committee, Finance and Performance Committee and Quality and Patient Experience Committee; escalation to Governing Body was via the latter.

AC additionally noted Internal Audit assurance pertaining to risk management and governance arrangements.

### **The Governing Body:**

Approved the Board Assurance Framework.

Unconfirmed Minutes

## **ASSURANCE**

### **10. Risk and Assurance Policy and Strategy**

AC referred to the Risk and Assurance Policy and Strategy presented in accordance with governance process for approval in public following discussion at the private Governing Body meeting on 3 March 2022. Members had agreed that no change was required to the risk appetite in the current version for which their endorsement until March 2023 was now sought.

#### **The Governing Body:**

Approved the Risk and Assurance Policy and Strategy.

### **11. Safeguarding adults and children, transition arrangements for the Humber, Coast and Vale Integrated Care System: a briefing paper**

MC presented the report which, as per the matters arising schedule, provided an update on the transition into the Integrated Care System and outlined the future safeguarding working arrangements from health colleagues to the place-based multi-agency safeguarding arrangements. She emphasised the perspective of "business as usual" with a seamless transfer and highlighted the appointment of Julie Wilburn, an experienced Designated Professional from the Humber system, as Humber, Coast and Vale Integrated Care System Safeguarding Transitional Lead.

In response to PM referring to the significant child protection concerns raised in the recent regulatory report into North Yorkshire Police and enquiring whether the framework described in the briefing paper was sufficiently robust to avoid recurrence, MC emphasised that North Yorkshire Safeguarding Boards would review the report recommendations and seek assurance of robustness of systems. She also highlighted the context of safeguarding being the responsibility of three statutory organisations and the importance of the right people, the right skills and the right processes noting that operational delivery of safeguarding would remain at 'place'.

Detailed discussion ensued including in the context of: "mind the gap" as referred to above; pressures both across the system and pertaining to individuals or cohorts, such as Transforming Care, but noting the current absence of structures to take on arrangements; fulfilling the CCG's statutory responsibilities with a diminishing workforce; the context of safeguarding being everyone's ongoing responsibility and making every contact count; recognition of concerns identified pre-pandemic but exacerbated as a result of it and the need to maximise learning opportunities such as the report, awaiting publication, into the former Lake and Orchard Residential and Nursing Home.

From the primary care perspective the GP Governing Body members highlighted the perspective of risk prioritisation by teams, such as cancellation of safeguarding meetings due to COVID-19 impact; concerns about deskilling of staff; missed opportunities to avoid a safeguarding issue due to lack of links between services; concern emanating from the potential that people with capacity may choose to disengage from services or be lost to services through lack of follow up if removed from a GP Practice list; emphasis on sharing learning across the system and adapting communication approaches in response to feedback; and the perspective of reducing inequalities as a key part of preventing safeguarding issues.



In response to PR seeking views on support that the CCG could provide for the remaining three months prior to closedown, HE detailed a safeguarding review she had undertaken across the Practices in her Primary Care Network. This had identified opportunities for a more organised and functional approach to safeguarding processes which, once implemented, could be extended and developed in other areas. RW referred to the former role of health visitors and suggested that Primary Care Networks be encouraged to build on improving safeguarding systems, including through training and learning from established good practice. Key elements were noted as: reducing variation across Primary Care Networks; 'place' based ownership; disseminating best practice; and re-establishing relationships with schools and social workers. PR proposed, with recognition of reduced Public Health funding, that the perspective of relationship building between City of York Council's three health visitor teams and primary care be progressed outwith the meeting; account would also be taken of the Vale area in this regard.

### **The Governing Body:**

Received the safeguarding adults and children, transition arrangements for the Humber, Coast and Vale Integrated Care System briefing paper.

## **12. 2021/22 Annual Report and Accounts: Delegated Authority to Audit Committee**

SB sought delegated authority for the Audit Committee to receive and approve the Annual Report and Annual Accounts to meet the national submission dates.

### **The Governing Body:**

Delegated authority to the Audit Committee to approve the Annual Report and Accounts on its behalf.

## **FINANCE**

## **13. Financial Performance Report 2021/22 Month 11**

SB reported a £396k year to date underspend at month 11 and a continued year end forecast of breakeven in line with plan.

In response to CS seeking clarification about the underspend on the prescribing budget SB explained that some CCGs had experienced low prescribing levels in month 9 which had continued into month 10 for NHS Vale of York CCG; analysis of the data had not provided a reason. Discussion ensued in the context of GPs currently seeing record numbers of patients but levels of prescribing not increasing.

SB provided an update on Humber, Coast and Vale Integrated Care Board financial planning advising that the first draft plan with a c£140m deficit had been submitted. Work was now taking place across the constituent organisations to meet the national plan requirements for Integrated Care Boards to breakeven.

SB explained that planning was still taking place at CCG level and that NHS Vale of York CCG's first draft submission had been a £7.1m deficit, however there had been a subsequent additional allocation of £3.9m from the Integrated Care Board to the CCG

which had improved the draft plan position. SB noted investments relating to pre-commitments and savings programmes in the CCG's plan but advised that all efforts were being made to enable achievement of the Integrated Care Board's breakeven ambition.

In terms of governance for quarter one SB explained that planning guidance indicated that CCGs would breakeven with resource allocations matching expenditure; Integrated Care Boards would inherit the CCG positions in July. He also emphasised the perspective of NHS Vale of York CCG's approach of agreeing realistic and achievable financial plans but noted the context of 11 NHS organisations providing information to inform a single consolidated plan.

DB highlighted that the minutes of the Finance and Performance Committee regularly recorded appreciation of the assurance and management of financial controls provided by SB, the Finance Team and staff across the CCG. PG additionally referred to the CCG's three consecutive years of delivering financial balance and the consistent significant assurance provided by both Internal and External Audit.

### **The Governing Body:**

1. Received the Financial Performance Report 2021/22 as at month 11.
2. Noted the financial planning update.

### **RECEIVED ITEMS**

The Governing Body noted the following items as received:

14. Audit Committee chair's report and minutes of 20 January 2022.
15. Executive Committee chair's report and minutes of 5, 12, 19, 26 January, 2, 9, 16, 23 February and 9, 16, 23 March 2022.
16. Finance and Performance Committee chair's report and minutes of 27 January and 24 February 2022.
17. Primary Care Commissioning Committee chair's report and minutes of 27 January 2022.
18. Quality and Patient Experience Committee chair's report and minutes of 10 February 2022.
19. North Yorkshire and York Area Prescribing Committee recommendations: February and March 2022.
20. **Arrangements for meetings April to June 2022**

### **The Governing Body:**

Proposed, dependent on business requirements, to meet in public on 5 May and 30 June 2022 chaired by PG, in person if possible.

## **Any Other Business**

PM referred to the fact that this was the last meeting under NW's chairmanship and he wished to place on record appreciation for the continuing work of SB, MC, DN and SP.

PM also thanked the clinical members of the Governing Body for their commitment and, on behalf of Governing Body members, CCG staff and partners, expressed appreciation to NW for his work and support to the CCG during his time as Clinical Chair.

In response, NW commended PM for his leadership and focus on values, patients and communities.

## **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/>