NHS
Vale of York
Clinical Commissioning Group

Minutes of the 'Virtual' Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body on 5 November 2020

Present

Dr Nigel Wells (NW)(Chair)	Clinical Chair
Simon Bell (SB)	Chief Finance Officer
David Booker (DB)	Lay Member and Chair of Finance and Performance Committee
Michelle Carrington (MC)	Executive Director of Quality and Nursing / Chief Nurse
Dr Helena Ebbs (HE)	North Locality GP Representative
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)	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 Representative
Helena Nowell (HN) – items 7 and 9	Planning and Assurance Manager
Steve Moss (SM) – item 8	Head of Anti-Crime Services, Audit Yorkshire
Michèle Saidman (MS)	Executive Assistant
Sharon Stoltz (SS)	Director of Public Health, City of York Council

Apologies

Caroline Alexander (CA)	Assistant Director of Performance and Delivery
Phil Goatley (PG)	Lay Member, Chair of Audit Committee and Remuneration Committee

Seven members of the public watched the "live stream".

The following matter had been raised on behalf of the local Royal Osteoporosis Society Committee:

We would appreciate any information on the trialling of an IV for osteoporosis patients in Easingwold and an update on DEXA scans availability in York.

Response by Steph Porter

IV pilot

In 2018, Pickering Medical Practice were approved to pilot a community IV Zoledronic Acid clinic covering the three North Ryedale Practices (Pickering, Kirkbymoorside and Helmsley) for post-menopausal women who have been previously treated for breast cancer, and are non-compliant with, or intolerant of, oral bisphosphonates.

However, subsequent scoping identified that there were insufficient numbers to run a clinic solely for this group of patients. In January 2019, the CCG Executive agreed to expand the scope of the pilot to include osteoporosis patients who are non-compliant with, or intolerant of, oral bisphosphonates. Including this group of patients has enabled Pickering Medical Practice to undertake 'proof of concept' IV Zoledronic Acid clinics and this pilot continues to ensure that the level of evidence is created to undertake a full evaluation. The CCG is discussing with South Hambleton and Ryedale Primary Care Network (PCN) the opportunity to expand the pilot to more practices in the PCN to support this; work is ongoing.

DEXA scans

As at 4 November the DEXA situation is that the backlog is being worked through at York Nuffield Health but this is a slow process due to the infection prevention and control requirements. The CCG will be sending a communication to GPs on behalf of the Nuffield DEXA Service to explain the proposal to manage the backlog according to new guidance from Royal Osteoporosis Society (ROS) using the ROS restoration of service toolkit, published in response to COVID-19. The following statement from Nuffield explains how they plan to do this:

'The York Nuffield DEXA service has re-opened at York Nuffield Health from August 2020.

At present we have around 900 DEXA patients on the waiting list since March 2020.

Working under COVID-19 conditions allows us to perform only a limited number of scans per day with NHS using 75 % of DEXA scanning capacity. Currently we perform DEXA scans for 10 patients per day in chronological order to reduce the back log.

A new approach to use ROS guidelines to prioritise patients when referring for a DEXA scan will help us to deal with the DEXA back log and provide a DEXA scan according to the clinical urgency.

If there is a clinical urgency for a new DEXA scan it should be clearly specified on the referral. This scan will then be performed in front of a chronological queue.

If there is an outstanding referral for a DEXA scan (from March to November 2020) which now is being considered as urgent, please re-refer as an urgent DEXA scan or notify this change to the radiology booking team in York Nuffield hospital.

STANDING ITEMS

1. Apologies

As noted above.

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

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

3. Minutes of the Meeting held on 3 September 2020

The minutes of the 3 September meeting were agreed.

The Governing Body:

Approved the minutes of the meeting held on 3 September 2020.

4. Matters Arising from the Minutes

Matters arising were as per items 9 and 10 on the agenda and ongoing.

5. Accountable Officer Update

PM referred to the report which provided updates on the local and system financial position; system restoration and recovery in the era of COVID; primary care protected learning time; emergency preparedness, resilience and response; and strategic and national issues.

PM noted the context of the current and ongoing changes to arrangements across the health system emphasising that the CCG's commitment to robust financial governance was being maintained. He highlighted assurance provided via the monthly meetings of the Finance and Performance Committee.

In respect of system restoration and recovery in the era of COVID-19, for which plans had been submitted as required, PM explained that the focus continued to be on supporting primary care and working with care homes across the CCG. He advised that working arrangements had been established across North Yorkshire and York during the first wave noting that the Silver and Gold Command structures met regularly. These collaborative arrangements provided a good foundation for the winter pressures and second wave of COVID-19. Additionally, a weekly COVID-19 Co-ordinating Group, comprising representation from primary and secondary care, the Local Authority and the third sector, had been established in York.

PM noted the second wave of COVID-19 required consideration of hospital discharge, step-up arrangements to support hospital demand and testing capacity for residents and staff, also including the University population. In terms of the latter, mitigation was being sought regarding students moving around the country.

HE reported that the recent primary care protected learning time, attended by c300 colleagues, had been well received. This had been a single item event on dementia focusing on the importance of diagnosis, reasons for gaps in diagnosis and ways of addressing these concerns. She emphasised the need for the event to be followed up through measurable action including direct feedback to Practices on their performance. AM and JH commended the event and NW noted that the next protected learning time was being considered in the context of a potential place-based approach.

The Governing Body:

Received the Accountable Officer report.

ASSURANCE

6. Quality and Patient Experience Report

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

MC highlighted the principles, developed by the Humber, Coast and Vale Partnership Clinical and Professional Group, with aligned actions to support prioritisation and validation across programmes of work and the message 'we're in it together, so let's do the right thing at the right time'. NW explained that the intention was for these to be utilised at both system and local level.

MC referred to the extensive support being provided to care homes. She noted that cases of COVID-19 were increasing more across North Yorkshire than City of York and the CCG was supporting both North Yorkshire County Council and NHS North Yorkshire CCG as detailed. MC explained that work was taking place to facilitate visits to care homes noting a number of innovative approaches in this regard. She advised that the recently issued national guidance for visiting care homes during the current 'lockdown' restrictions was being considered to inform further local guidance which would be circulated in due course.

MC recognised capacity concerns but commended care homes in respect of embedding of the new discharge guidance including accepting admissions at weekends and in the context of being within the 14 days positive testing for COVID-19. She noted that domiciliary care capacity was a particular challenge.

MC highlighted the update on 'flu planning and the significant increase in uptake of vaccination.

MC referred to the increasing challenges across mental health services described in the report. She noted that, although there were some positive elements, such as in Improving Access to Psychological Therapies and Early Intervention

Psychosis, there was concern about potential inequality. DN explained that the growth in need for mental health services at the present time was nationally recognised. Locally, Tees, Esk and Wear Valleys NHS Foundation Trust was developing a flexible working model and had a 24 hour crisis service in place for adults and children. They were also undertaking a lessons learnt exercise in terms of non face to face access to care which it was recognised did not suit everyone. DN emphasised the perspective of 'wrap around' services and the need for improved communication across primary, secondary and community care.

In response to NW seeking further clarification about Eating Disorders, DN explained that a provider collaborative was being established across Humber, Coast and Vale Integrated Care System for a service for adults. Its interface with local community services still needed to be defined. The service for children was being discussed separately with Tees, Esk and Wear Valleys NHS Foundation Trust.

RW described aspects of Tees, Esk and Wear Valleys NHS Foundation Trust's engagement at a local level that needed to be improved, also noting the context of the Primary Care Network Designated Enhanced Service from April 2021. DN confirmed that Tees, Esk and Wear Valleys NHS Trust's approach was in line with the CCG's in terms of ensuring the right time and right place for care and invited RW to join her on a call with their Executive Team, including the local operational lead, to seek assurance. SB reiterated that Tees Esk and Wear Valleys NHS Foundation Trust were committed to the Vale of York and did recognise the need for further progress.

HE enquired about the CCG's level of assurance in respect of both mental health and learning disability services in view of the fact that data provided was retrospective and therefore hindered Practices from establishing improvement trajectories which required the "live" data owned by the CCG. She also noted the perspective of the Primary Care Networks not being provided with adequately granular data. SB responded that the CCG had issued data sharing agreements to Practices but to date not all had been signed and returned.

HE commended the mass vaccination 'flu initiative in the Central Locality but enquired whether funding to the Vale Practices for their 'flu campaigns had been adequately offset to avoid inequality in view of the differing approaches needed in rural and isolated communities. She noted impact on regular services as a result of 'flu vaccination being administered in Practices and also the context of the additional requirements due to COVID-19. SP advised that the 'flu campaign allocation had come from NHS England and NHS Improvement with specific criteria about its use. She emphasised that the CCG was working to ensure support for all Practices both within and outside of this allocation. RW concurred with HE and additionally sought assurance in respect of the digital access to the mass vaccination programme therefore potentially disadvantaging anyone who was not IT literate. MC advised that she would look into data for access to booking.

PM referred to the current and forthcoming pressures on the system and the

need for the Governing Body to have a holistic assessment. He highlighted the importance of the GP representatives raising any concerns about potential inequity to enable full consideration to take place.

MC highlighted the information in the report on the Continuing Healthcare Team especially commending their work on the discharge hub.

MC referred to the concerns previously reported to the Governing Body about proposed changes to the North Yorkshire County Council Healthy Child Service advising that the formal consultation had now been launched. She confirmed that these changes were in the context of the national reduction in funding. MC reported that the CCG would be submitting a formal response to the consultation and agreed to arrange for the CCG's Communication and Engagement Team to widely circulate the documentation to primary care to raise awareness.

In response to previous discussion about services to support adults and children bereaved by suicide, MC explained that national services appeared to be the only option. She advised that consideration was being given to a potential local offer.

MC sought and received agreement that the new risk relating to quality and safety in care homes be added to the Quality and Patient Experience Committee Risk Register.

The Governing Body:

1. Received the Quality and Patient Experience Report confirming, in the context of the separate strategic and operational work streams which manage the response and risks associated with Coronavirus COVID-19, that it:
    - provided assurance of the work being undertaken to understand and support the quality and safety of commissioned services;
    - provided assurance of the actions to manage the risks aligned to Governing Body;
    - cited members on the new risk identified which it was agreed should be aligned to the Quality and Patient Experience Committee Risk Register, namely:
        - Following the significant concerns at the care home closed (previous risk QN17) and entering into a second wave of COVID-19 and winter, there is a risk to quality and safety in other homes where usual oversight and assurance frameworks cannot be enacted.
2. Noted that DN would arrange a call with Tees, Esk and Wear Valleys NHS Foundation Trust regarding local concerns raised by RW.
3. Noted that MC would report on access to booking for the mass 'flu vaccination initiative in York.
4. Noted that MC would arrange for the North Yorkshire County Council Health Child Service consultation documentation to be widely circulated to primary care.

7. Risk Report and Board Assurance Framework

HN presented the report which, in accordance with the Risk Policy and Strategy, described four risks that required review by and escalation to the Governing Body from the Quality and Patient Experience Committee. The Governing Body was also asked to receive and review the refreshed strategic objectives and associated Board Assurance Framework to comment upon for finalising at the next Governing Body meeting acknowledging that these were likely to be interim in the context of reflecting the changing position of the NHS following the first wave of the COVID-19 pandemic.

MC provided clarification on the risks and mitigations: QN04 *Increased number of extended trolley waits in the Emergency Department breaching 12 hrs*; QN13 *Hepatitis B vaccinations for renal patients*; QN15 *Care Quality Commission Involvement in York Teaching Hospitals NHS Foundation Trust*; and QN18 *Potential changes to NYCC commissioned Healthy Child programme*. SB additionally noted that the risk report was still being developed in terms of its presentation.

It was agreed that MC and JH would further review the four risks outside the meeting and that the Quality and Patient Experience Committee would maintain oversight with updates provided to the Governing Body.

HN referred to the draft Board Assurance Framework, circulated late to provide the most up to date position and currently being developed through the Deputies Group. SB highlighted that the risks should emanate from the strategic objectives. Following discussion it was agreed that health inequalities should be incorporated in the context of assurance about equity and improving outcomes but with acknowledgement that this may not always be within the CCG's control. PM additionally noted the context of the Governing Body in the future local structure of the NHS.

In response to MC noting the request for consideration of whether members wished the Board Assurance Framework to be included with the main body of the meeting papers or circulated late to present the most up to date position, it was agreed that the former approach be adopted.

The Governing Body:

1. Approved the mitigations for risks QN04 *Increased number of extended trolley waits in the Emergency Department breaching 12 hrs,* subject to inclusion of the urgent care managed change as a mitigation; QN13 *Hepatitis B vaccinations for renal patients*; QN15 *Care Quality Commission Involvement in York Teaching Hospitals NHS Foundation Trust*; and QN18 *Potential changes to NYCC commissioned Healthy Child programme*.

2. Approved the direction of travel of risk and assurance process that the risk register would endeavour to only contain risks within the CCG's controls and ability to mitigate; the Board Assurance Framework would reflect system wide risks where the CCG was a party to the risk but could do little to mitigate it.
3. Requested the addition of a strategic objective to the Board Assurance Framework relating to health inequalities, equity and improving outcomes.
4. Requested that the Board Assurance Framework be circulated with the main body of the meeting papers.

SM joined the meeting

8. Counter Fraud Guidance for Primary Care

SB introduced this item presented in response to the Governing Body's request to support Practices more widely than that covered by NHS England and NHS Improvement in respect of counter fraud.

SM explained that the draft guidance, produced following a request from the CCG's Audit Committee, was intended to assist GP practices in the prevention and detection of fraud by providing information on:

- The definition of fraud and how it occurs
- The types of fraud that are found in GP practices
- How fraud can be prevented
- How and where to report suspicions of fraud

SM noted that, in the absence of national guidance, the local document had been developed and also noted the Local Counter Fraud Service as a conduit to support Practices. He sought feedback from members prior to the guidance being widely circulated.

Members welcomed and commended the guidance. SM advised that it had been the subject of a protected learning time session in October noting that advice on further opportunities to promulgate and promote the guidance would be welcomed. He also noted that it would be implemented across the areas supported by Audit Yorkshire.

The Governing Body:

Received and commended the Counter Fraud Guidance for Primary Care.

SM left the meeting

9. COVID-19 and Staff Risk Assessment

HN presented the report which described the CCG's response to the first wave of COVID-19 and risk assessment of all staff in addition to coordinating a response to NHS England and NHS Improvement for GP Practice staff assessments.

Three appendices related respectively to: the letter from NHS England and NHS Improvement requiring risk assessments for at risk staff; the COVID-19 Personal Circumstances Form (including BAME (Black and Minority Ethnic) risk assessment specifics); and Safety Assessment and Decision Score (2).

HN explained that there would be a reassessment in the event of changes to levels of risk and, in the context of the current 'lockdown', potential return to office based working would be informed by this information. HN also noted that the CCG had been asked to confirm to NHS England and NHS Improvement that Practices had carried out the risk assessment on their staff.

HE highlighted the fact that the model of GP Partners, i.e. self employed and employers also with responsibility for managing services, posed additional pressure and conflict of interest in terms of the risk assessment and the business continuity perspective. She also noted a number of Practices with partners of a BAME background.

Discussion ensued in the context of the CCG's assurance that Practices had undertaken the risk assessment but also recognition of the need for appropriate action and support to reduce risk to vulnerable individuals. The commitment to service continuity, recognition of the associated risk and the need for support amid the current challenges in primary care were emphasised.

The Governing Body:

Received the COVID-19 and Staff Risk Assessment.

10. Update on Work Relating to Physical Health Checks for People with Severe Mental Illness and with Learning Disabilities

DN referred to the updates on work relating to physical health checks for people with severe mental illness and with learning disabilities. She noted in respect of the former that the Practice which, at the time of writing the report, had been undecided had now signed up to participate in the 2020/21 Local Enhanced Service. In noting that all but two of the CCG's Practices had signed up to the Local Enhanced Service for Physical Health Checks for People with Severe Mental Illness, DN expressed appreciation for support from the Local Medical Committee and concern about inequality for patients at the two Practices.

Physical Health Checks for People with Severe Mental Illness

DN noted the context of COVID-19 in relation to performance in the first quarter of the current year of 24.7%, a reduction from the 30% in the previous quarter, and 22.6% for the second quarter of 2020/21. DN highlighted the importance of maximising opportunities to make every contact count for these patients.

In response to DN seeking members' views on how to ensure equity for patients at the two Practices not participating in the Local Enhanced Service and for the CCG's associated data requirements, detailed discussion included the potential

role of the relevant Primary Care Network(s) and the Governing Body GP representatives. HE additionally explained that Practices did not have timely performance data as in other areas of target related work therefore the full detail of reviews may not be visible. Practices were reliant on external data which was currently not being appropriately shared and which they required as part of the improvement process. HE detailed a potential solution as a search being created by NECS (North of England Commissioning Support) and imported to Practice systems. She also requested that consideration be given to Practices owning the data and passing it on to the CCG, not the other way round as at present. DN and SB agreed to discuss facilitation and support from the CCG's Business Intelligence Team for this.

AM added that the Local Medical Committee had endorsed the Local Enhanced Service as a pragmatic decision noting that, as previously discussed, they had felt the funding to be comparatively inadequate which may have contributed to a business decision being taken on the part of the two Practices not participating.

Further discussion included the many and varied pressures on Practices at the present time and the context of focus on need.

Physical Health Checks for People with Learning Disabilities

DN reported that quarter two data, available since the report had been written, was that 162 more health checks had taken place against the target of 181. She noted that this had resulted in c£22.5k income across the Practices who had submitted data and highlighted that further income was available, noting that these checks were therefore beneficial to both patients and Practices.

DN explained that of the seven Practices who had not submitted data, two had not signed up to the national Directed Enhanced Service and work was taking place with them to highlight the missed opportunity. The other five Practices had signed up but had not met the requirement to submit their Learning Disabilities List Size; this was being addressed.

DN additionally reported that work was taking place with Priory Medical Group and Dalton Terrace on their improvement plans and that the current video training for Practices would continue if it evaluated well. She also noted that any opportunity for submitting a bid to support Practices was being taken.

The Governing Body:

1. Received the update on work relating to physical health checks for people with severe mental illness and with learning disabilities.
2. Noted that DN and SB would look into addressing the data concerns detailed.

11. Winter Resilience Planning 2020/21 and 12. Surge Escalation Planning

NW reported that CA was no longer able to attend the meeting to present these items which would therefore be noted as received.

PM advised that long waits for elective treatment were a concern across the Humber, Coast and Vale Integrated Care Partnership, notably at Humber Teaching Hospital NHS Foundation Trust but also at York Teaching Hospital NHS Foundation Trust. He noted there would be a focus on providing all possible support in this regard and that the Governing Body would be kept informed.

PM also noted the potential for the York Hospital site to be impacted as a result of demand on beds at Scarborough Hospital.

The Governing Body

Noted as received the reports on Winter Resilience Planning 2020/21 and Surge Escalation Planning.

FINANCE

13. Financial Performance Report 2020/21 Month 6

SB presented the report which described the 'true-up' to a break-even position for August and the expectation that the same would apply for the £3.58m September overspend, noting this as the last month of the national interim financial arrangements. He also highlighted the level of this non recurrent funding in the context of the CCG's underlying £26.7m deficit and the 2020/21 break-even forecast, noting that confirmation of the month 6 'true-up' to break-even was not expected until early December due to the national scrutiny of submissions.

SB reported the return to a fixed resource financial regime for the second half of the year which took into account supplementary costs relating to COVID-19. He noted three areas of risk: continued pressure on prescribing budgets, Independent Sector activity as part of the Waiting List Recovery Programme and Phase Two of the Hospital Discharge Programme. The latter two areas being subject to additional national resource which was in the process of being clarified.

SB explained in respect of the waiting list recovery programme that additional capacity offered by Independent Sector providers for elective activity would be centrally funded where it was part of a national contract, or national framework contract agreed locally.. However, clarification was awaited as to whether funding would be available for capacity at providers who were not registered, including local organisations of surgeons recognised as being able to offer weekend and evening work. He added that this did not apply to ophthalmology or endoscopy as these specialties were outsourced at recognised providers. In all cases SB advised that outsourcing in all three areas was happening in the absence of absolute clarity around funding, but that this would be reviewed and potentially revised on a monthly basis as reimbursement either did or did not happen.

SB advised that Phase Two of the Hospital Discharge Programme was expected to be cash limited, unlike the first phase. He noted that the CCG was working closely with City of York Council on predicted costs for the remainder of the year but that additional staffing arrangements were being put in place to aid discharge using the available funding.

SB explained that most specific COVID-19 support had ceased but that providers continued to have access to a central PPE resource. He added that the impacts on the current finance arrangements of the move to national stage 4 arrangements, the current 'lockdown' and the COVID-19 trajectory were currently unknown.

SB additionally referred to the achievements of the CCG in terms of system and culture change, highlighting the break-even position in 2019/20 for the first time since 2014/15 and the need for awareness that the response to the pandemic, while understandable, may have an impact on aspects of these improvements. He also emphasised the need for the progress with transformation programmes prior to the pandemic to be maintained whilst recognising the challenges on the system.

DB assured members that the Finance and Performance Committee would continue its role in maintaining the CCG's integrity and system stance but with protection of health care for the Vale of York population. He also noted the CCG's net contribution to the system to ensure each organisation could plan to deliver break-even in 2020/21.

In response to CS seeking clarification about the continuing deficit in the prescribing budget in view of the recognised good practice in Vale of York in this regard, SB explained that the CCG under the pre-COVID finance arrangements was one of the lowest funded per capita in the North East and Yorkshire and the challenge was to continue to improve further. He also explained the prescribing growth assumptions were advised nationally but with local application and savings ambition. CS offered clinical input to support this work.

The Governing Body:

Received the 2020/21 month 6 Financial Performance Report.

COVID-19 UPDATE

14. Update

MC referred to the return to national 'lockdown', pressures on acute trusts and the local increase in demand relating to COVID-19 symptomatic patients.

MC referred to the national COVID-19 discharge guidance and explained that work was taking place across North Yorkshire and York to expedite safe discharge of patients who were still within the 14 day infectious period; designated beds were required to be notified to the Care Quality Commission. Peppermill Court, York, had been identified for patients with residential care needs but a site, potentially in Scarborough, for patients needing nursing care was still under consideration. MC noted that clarification was being sought from the Care Quality Commission regarding the potential for patients to be discharged to their regular care home where isolation facilities were available and also about end of life care. Additionally, a system response was required for discharge of patients who had tested negative for COVID-19 but were being treated as positive.

MC noted that the CCG was supporting primary care to implement lessons learnt from the first wave of COVID-19 and referred to recent guidance increasing extended use of face masks based on risk assessment. She also emphasised the need for strict social distancing.

With regard to testing MC highlighted the move to regular testing of all primary care staff whether or not they were symptomatic which placed additional pressure on Pillar 1 testing capacity. She noted that Pillar 2 testing had improved following national issues and advised that testing capacity in York had been increased, notably at the University.

MC reported discussions were ongoing to meet the requirement for mass vaccination plans by 1 December and noted that SS was the Senior Responsible Officer for York. The first priority groups for vaccination would be the over 80s and frontline staff NHS and care staff.

SS referred to the fact that York had been placed in Level 2 restrictions due to an increase in cases of COVID-19 but noted that rates had now fallen significantly in response to the work undertaken. This downward trend was being sustained and York was now lower than the regional and national levels in terms of numbers of cases per 100,000. Rates of positivity were lower than the regional level and similar to the national level with decreases across all age groups but notably 18 to 30.

In respect of outbreaks, SS noted confirmed cases in three care homes and five schools in York and further outbreaks in North Yorkshire.

SS reported that the local contact tracing service in York, which was reaching 80% of contacts, was operating in support of the national service. She noted that North Yorkshire's contact tracing service was "going live" the following week.

SS explained that a number of test options were being explored in addition to the current capacity at Askham Bar and the University, including the new rapid LAMP test. She also noted potential additional capacity for both York and North Yorkshire as a result of work with Deloittes and the Department of Health and Social Care emphasising the context of ensuring access to testing for both staff and residents.

SS reported that Pillar 1 and Pillar 2 testing was now being merged nationally. This would provide greater flexibility to access local testing.

SS noted that it was too soon to assess impact of prevalence on hospital activity and advised that there had recently been three COVID-19 deaths among York residents.

The Governing Body:

Noted the update.

RECEIVED ITEMS

The Governing Body noted the following items as received:

15. Executive Committee chair's report and minutes of 7 and 14 October 2020.

16. Quality and Patient Experience Committee chair's report and minutes of 8 October 2020.

17. Medicines Commissioning Committee Recommendations of 10 June, 8 July and 9 September 2020.

18. Next Meeting

The Governing Body:

Noted that the next meeting would take place at 9.30am on 7 January 2021.

EXCLUSION OF PRESS AND PUBLIC

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

Appendix A

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 5 NOVEMBER 2020 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 January 2020 2 April 2020	Board Assurance Framework and Risk Management Policy and Strategy	• Risk Management Policy and Strategy to be presented for ratification	AC	2 April 2020 Deferred until "business as usual" resumed
2 April 2020	COVID-19 update	• Review learning on the part of both teams and organisations	All	Ongoing

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
5 November 2020	Quality and Patient Experience Report	• Call to be arranged with Tees, Esk and Wear Valleys NHS Foundation Trust regarding local concerns • Report on access to booking for the mass 'flu vaccination initiative in York. • North Yorkshire County Council Health Child Service consultation documentation to be widely circulated to primary care	DN MC MC	
5 November 2020	Risk Report and Board Assurance Framework	• Strategic objective to be added to the Board Assurance Framework relating to health inequalities, equity and improving outcomes.	MC/HN	7 January 2021
5 November 2020	Update on Work Relating to Physical Health Checks for People with Severe Mental Illness and with Learning Disabilities	• Data concerns to be looked into with Business Intelligence Team	SB/DN	