

GOVERNING BODY MEETING

6 May 2021 9.30am to 11.30am

‘Virtual’ Meeting

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.	Pages 4 to 10	Mental Health Service User Story	To Receive	Chris Davis Head of Mental Health Partnerships Tees, Esk and Wear Valleys NHS Foundation Trust and NHS Vale of York CCG
4.	Pages 11 to 22	Minutes of the meeting held on 4 March 2021	To Approve	All
5.	Pages 23 to 24	Matters arising from the minutes		All
6.	Pages 25 to 30	Accountable Officer Update	To Receive	Phil Mettam Accountable Officer
7.	Pages 31 to 50	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 Stephanie Porter Interim Executive Director of Primary Care and Population Health
9.	Pages 51 to 61	Board Assurance Framework	To Receive	Abigail Combes Head of Legal and Governance
ASSURANCE – 10.55am				
10.	Pages 62 to 105	Risk Management Policy and Strategy	To Ratify	Abigail Combes Head of Legal and Governance
11.	Deferred	Workforce Race Equality Standard 2020 / NHS People Plan		
FINANCE – 11.10am				
12.	Verbal	Financial Performance Report 2020/21 Month 12	To Note	Simon Bell Chief Finance Officer
RECEIVED ITEMS – 11.25am				
Committee minutes are published as separate documents				
13.	Pages 106 to 107	Chair's Report Audit Committee: 25 February and 8 April 2021		
14.	Page 108	Chair's Report Executive Committee: 10, 17 and 24 February, 3, 10, 24 and 31 March, 7, 14 and 21 April 2021		
15.	Pages 109 to 110	Chair's Report Finance and Performance Committee: 25 February and 25 March 2021		
16.	Page 111	Chair's Report Primary Care Commissioning Committee: 25 March 2021		
17.	Pages 112 to 113	Chair's Report Quality and Patient Experience Committee: 11 February and 11 March 2021		
18.	Pages 114 to 126	Medicines Commissioning Committee Recommendations: December 2020 and February 2021		

NEXT MEETING

19.	Verbal	Date to be confirmed	To Note	All
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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.

Northern Quarter Community Mental Health Project and Community Mental Health Transformation Update

York MCN Network

Wednesday 17th March

York Mental Health Partnership **'Connecting our City'**

Our vision for York is of a city where:

- We all feel valued by our community, connected to it, and can help shape it.
- We are enabled to help ourselves and others, build on our strengths, and can access support with confidence.
- We are proud to have a Mental Health Service that is built around our lives, listens to us, is flexible and responds to all our needs.

York Mental Health Partnership

Vision / Design Principles

When it is needed the support for people with mental ill health will be:

- Easy to access
- Warm and welcoming
- Built on freedom and trust
- Tailored to your individual needs and wishes
- Flexible and responsive
- Consistent and well co-ordinated

Why the Northern Quarter?

- Rich in community assets – buildings, groups, people
- Converge and the Discovery Hub
- Local Area Co-ordination
- Multiple Complex Needs Network
- ‘People Helping People’ volunteering strategy
- Practitioners’ Network (Community Connector roles)
- Social Prescribing, Link Workers, and Ways to Wellbeing
- Talking Points

‘Connecting Our City’ - Northern Quarter Project (NQP)

A community approach to mental health & wellbeing

Key messages

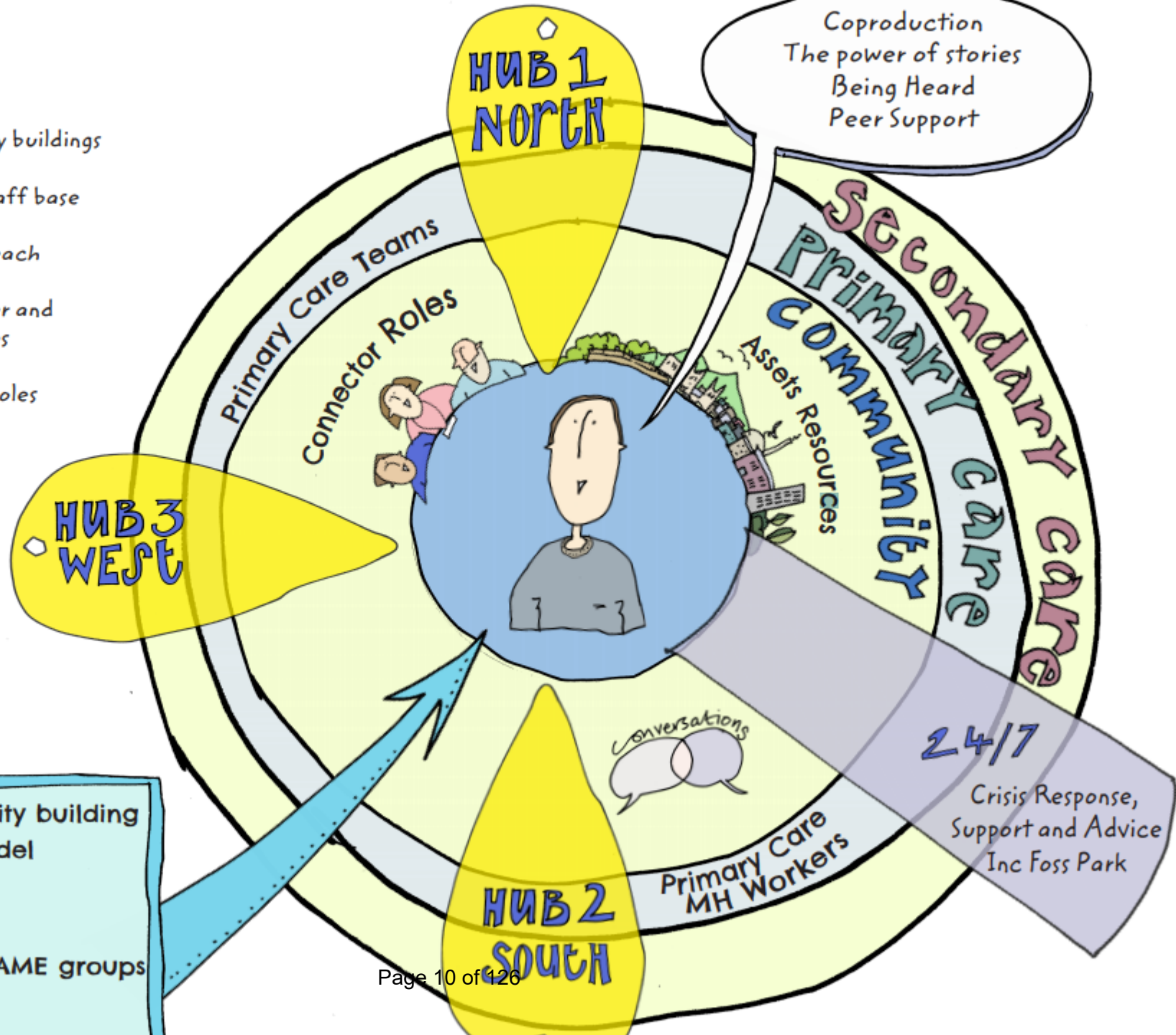
- All-ages, whole life course approach
- A holistic approach – e.g. housing, environment, employment, relationships, hobbies/interests
- Mental health and wellbeing is everybody’s business
- Moving from a medical model to a social model - a focus on promoting wellbeing rather than diagnosing and treating illnesses
- It’s all about **building connections** – connecting people, groups, organisations, generations, projects & initiatives, etc
- Building on individuals’ and communities’ strengths...

Community Mental Health Transformation Funding


- National 3 year funding
- Allocated at a Humber, Coast and Vale (HCV) level
- Priorities around new posts, investment in the VCSE
- Focus on personality disorder, eating disorder and MH rehab
- HCV has been successful, but local allocations to be decided
- Below is an outline of proposals developed via the Northern Quarter Project and York Mental Health Partnership for City of York

HUBS include:

- 📍 Based within community buildings
- 📍 Multi agency flexible staff base
- 📍 Talking point style outreach
- 📍 Specialist eating disorder and personality disorder roles
- 📍 Community connector roles
- 📍 Peer support
- 📍 MH social work
- 📍 CMHT roles
- 📍 MH rehab roles
- 📍 Physical health workers



Investment and Capacity building
VCS Alliance Model



Targeted investment to BAME groups
£££

**Minutes of the 'Virtual' Meeting of the NHS Vale of York Clinical
Commissioning Group Governing Body on 4 March 2021**

Present

Dr Nigel Wells (NW) (Chair)	Clinical Chair
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
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)

Jenny Brandom (JB) – item 3	Clinical Director, St Leonard's Hospice
Abigail Combes (AC) – part	Head of Legal and Governance
Charlotte Hoban (CB) – item 3	Complex Care Coordinator, St Leonard's Hospice
Dr Andrew Moriarty (AM)	Local Medical Committee Locality Officer for Vale of York
Christine Pearson (CP) – items 11,12	Designated Nurse Safeguarding Adults
Michèle Saidman (MS)	Executive Assistant
Sharon Stoltz (SS)	Director of Public Health, City of York Council

Apologies

Simon Bell (SB)	Chief Finance Officer
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Thirteen members of the public watched the "live stream".

The agenda was discussed in the following order.

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 GP Clinical Lead for Humber, Coast and Vale Mental Health Collaborative half a day per week
- NW as Clinical Lead for 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.

3. Patient Story: End of Life Care for the Homeless

In introducing this item MC explained that JB and CH had presented this story at the February Quality and Patient Experience Committee where it had had significant impact. She also noted that further discussion about homelessness had continued, notably in the context of COVID-19 vaccination.

CH referred to the Homeless Palliative Care Service presentation which described the St Leonard's Hospice and Changing Lives project working to address the challenges and complexities of care for the homeless in York. She had taken up post in November 2020 for this one year project.

CH detailed the complex history of 34 year old 'Karen' over 17 years in terms of street homelessness, resettlement, addiction, mental health problems, numerous A&E attendances, liver disease, relationships with health care professionals, and family relationships including her children. CH emphasised the perspective of advance care planning, collaborative working with all professionals involved in 'Karen's' care to support her to have quality of life and a dignified death, and the best outcomes being achieved without dictation or judgement. CH highlighted this work as 'a hospice without walls' built on relationships offering hospice care in the community on the basis of need.

CH explained that 'Karen' had recently had a relapse and work was taking place to provide appropriate support both for her and her mother. 'Karen's' advance care plan was also being reviewed.

CH welcomed the opportunity to represent the voice of the homeless and to progress work to reduce inequalities for this vulnerable group.

JB commended CH's leadership of this collaborative service and emphasised that funding was being sought to continue this hospice provision in the community beyond the original one year project timescale.

Members highlighted the impact of CH's presentation. Discussion ensued in the context of:

- The person centred approach to engaging with the homeless population.
- The impact of trauma and the need for a trauma informed approach to underpin work to address health inequalities.
- The potential for future health and care services to be offered through a 'without walls' approach.
- Opportunities for street outreach services - such as clinics run by GPs, nurses and volunteers - to provide holistic support to the homeless population at an earlier stage in their lives.
- The need to embed CH's work in primary care.
- Recognition of the homeless population's trust in terms of health and care services but also the aspect of interface with the police and criminal justice system. In this regard CH advised that an assertive outreach model based on kindness appeared to be the most effective.

In conclusion NW noted the potential for CH's work to contribute to the current system change and emphasised that the CCG would continue discussions with her.

The Governing Body:

Commended the partnership working to address the end of life care needs of the homeless through a 'hospice without walls' approach.

JB and CH left the meeting

4. Minutes of the Meeting held on 7 January 2021

The minutes of the 7 January meeting were agreed.

The Governing Body:

Approved the minutes of the meeting held on 7 January 2021.

5. Matters Arising from the Minutes

Matters arising were either covered within agenda items or had not yet reached their scheduled date.

NW reported that the following question, to which MC would respond during the agenda discussion, had been received from Bill McPate:

Item 11 Changes to North Yorkshire County Council Healthy Child Programme

The Vale of York response to the above accurately envisages a deterioration in provision for children, particularly the reduction in surveillance for emerging health concerns. If these are not identified and addressed at an early stage they will impact on NHS care at a later stage of a child's development impacting on demand for services, already stretched, and avoidable damage to children. As the new model to be operated by NYCC is intended to be introduced in April 2022 it is rightly identified in the Board Assurance Framework. That discussions are taking place at an executive level is noted but will the board please indicate how it intends to manage oversight of this risk given it is a service commissioned and delivered by a third party.

6. 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; governance update; primary care protected learning time; local government reform; and 'place'.

In respect of the financial position for 2020/21 PM noted the forecast break-even for the CCG highlighting this was reviewed monthly by the Finance and Performance Committee and also noting partner organisations across North Yorkshire and York were forecasting similar low risk positions. PM emphasised, however, that this was in the context of absence of information about financial planning policy in the early part of 2021/22 and the expectation that the national Hospital Discharge Programme reimbursement would cease on 31 March 2021. He noted that work was taking place with Local Authority partners to develop options to mitigate this risk which was also kept under review by the Finance and Performance Committee. PM additionally highlighted positive aspects emanating from the current financial position, including securing supplementary funding on top of the CCG's own commitment to replace all the dermatoscopes currently in use in Practices.

In terms of system and recovery PM commended Practices for their achievements in implementing the COVID-19 Vaccination Programme, also noting support provided by members of the CCG staff. He expressed particular appreciation to MC and SP and their teams for their continuing efforts in this regard. PM also highlighted appreciation of support from the Referral Support Service in the call and re-call of patients for vaccination emphasising that this was not part of their core role and that it had played a major part in the system's achievement.

PM explained that recovery in the acute sector was focusing on cancer services noting that, although progress was being made, there would be considerable challenge and impact both in terms of patients known and those yet to be identified. He also reported that the York MPs had been in contact seeking information about organisations' plans to address increased demand for mental health support; a

meeting later in the month had been arranged in direct response to this. PM would discuss with HE and RW a similar response for the Vale with inclusion of other NHS organisations in the wider North Yorkshire geography.

PM referred to approval by the CCG's Council of Representatives for the continuation in post of the Governing Body Members - Executive Directors, Lay Members and GP representatives including the Chair of the Governing Body - until 30 April 2022 to allow for a consistent transition to the new operating models in the NHS. PM also explained that the Lay Members would provide support to staff as well as their role in ensuring statutory governance through the transition.

In respect of the consultation on the two proposals for local government reform PM noted previous discussion, both with the Humber, Coast and Vale Integrated Care System and locally, in the context of support for the North Yorkshire and York option. He proposed this as the CCG's response to the consultation.

NW referred to the success to date of the primary care protected learning time. He noted that the January date had been cancelled due to the pandemic and advised that the April event would be locality based. Subject to restrictions being lifted as scheduled, a face to face event was being planned for July at York Race Course.

SS, on behalf of City of York Council and North Yorkshire County Council, expressed appreciation for the involvement and support of the CCG in respect of the local government proposals. From the City of York perspective SS referred to joint working for models of future planning and delivery of care at 'place' level and emphasised the continuing commitment to work across organisational boundaries, also noting the context of addressing health inequalities.

In response to DB expressing concern about positive elements of the CCG's work being maintained and ensuring continuation of the patient focused commitment through the transition to the Integrated Care System, PM agreed that this required consideration and noted potential for future discussion.

The Governing Body:

1. Received the Accountable Officer report.
2. Noted the risk relating to the expected cessation of the national Hospital Discharge Programme reimbursement at 31 March 2021.
3. Expressed appreciation for the work of everyone who had contributed to the local success of the COVID-19 Vaccination Programme.

AC joined the meeting

7. Quality and Patient Experience Report

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

MC reiterated the achievement of the COVID-19 Vaccination Programme, approximately three hundred thousand administered to date. In addition to commending the contribution from primary care, she expressed appreciation for support from Public Health colleagues noting the collaborative work to identify cohorts, respond to queries from the public and ensure corporate messaging. MC advised that the Joint Committee on Vaccination and Immunisation (JCVI) Cohorts 1 to 4 had been invited for vaccination, noting that work was taking place to encourage health and social care staff who had not yet taken up the vaccine offer to do so. She commended Dr Jocelyn Patel from Sherburn Group Practice, who had supported 100% vaccination in a care home, as an example of taking a personal responsibility approach. .

MC explained that JCVI Cohorts 5 to 6, people aged 65 and over, were now nationally being invited to vaccination centres. Primary care was being asked to focus on people with underlying health conditions, unpaid carers and the recently included cohort of people with a learning disability. In respect of the latter MC noted the complexity of ensuring correct coding and also highlighted a potential increase in the number of people who had not received regular health checks.

MC advised that JCVI Cohort 7, people over 60, were starting to be invited for vaccination nationally although Cohorts 5 and 6 were not yet complete. She also noted that areas such as North Yorkshire and York, where good progress had been achieved with the vaccination programme, were receiving reduced supplies but emphasised this in the context of vaccinating the population. MC additionally advised that administering the second dose of vaccine had commenced alongside the continuing first dose programme.

MC highlighted that work was taking place to invite for vaccination seldom heard and disadvantaged groups, the gypsy and traveller community, the homeless and Eastern European residents, as examples. She noted this work included ensuring a positive experience for people who may not feel able to attend a vaccination clinic. MC also reported that the North Yorkshire County Council Director of Public Health had established a Strategic Assurance Group to support both this work and wider work going forward.

MC emphasised the need to maintain social distancing and mask wearing noting both the context of population vaccination but also the fact that the vaccine did not provide full immunity from COVID-19.

SP reiterated commending the achievement of the vaccination programme to date noting that c97% of Cohorts 1 to 4 had been vaccinated. She highlighted the context of patient choice to accept the vaccine noting that 100% take up was unlikely to be achieved. SP cited the example of the CCG adopting a flexible approach in terms of working with two mosques due the commencement of Ramadan on 12 April which coincided with second doses of the vaccination programme. Collaborative work was taking place to ensure people were aware of the ability to rebook. Work to understand if there were any groups not taking up the vaccine had commenced and would progress into the next phase to ensure a range of delivery styles was adopted that would also ensure continued high levels of take up.

RW expressed appreciation to CCG colleagues for their support on the vaccination programme. She also welcomed the inclusion of people with a learning disability. Detailed discussion ensued in the context of the complexities of the Learning Disability Register including the aspects of autism and diagnosis of a learning disability or learning difficulty. MC responded that GPs should take a pragmatic approach and vaccinate on the basis of vulnerability, noting the JCVI cohorts were based on risk of harm and mortality.

MC referred to the mental health update in the report noting the unannounced inspection to six of Tees, Esk and Wear Valleys NHS Foundation Trust's adult acute wards on three sites, including two in North Yorkshire. Concerns had been raised about aspects of risk management processes and urgent action was required in response to a Section 29A Letter. MC reported that good progress was being made, monitored by an NHS England and NHS Improvement led Quality Board.

With regard to maternity services MC highlighted the progress on development of Maternal Medicine Centres and associated networks in response to the recommendations of the Interim Ockendon findings. She noted that a model was being developed for Yorkshire and Humber. MC also referred to the update on the role of the Humber, Coast and Vale Local Maternity System referring in particular to the role of the Safety Working Group in reviewing Serious Incidents. She noted that CCGs were also required to be sighted on such areas advising that the Quality Surveillance Group was considering the practicalities of these arrangements to ensure there was still system oversight and to ensure CCGs were still sighted on quality issues in maternity services.

MC advised that the Quality and Patient Experience Committee had agreed that the risk relating to 12 hour trolley waits in the Emergency Department be archived as it was now only such waits that met the criteria for a Serious Incident that required declaring.

MC noted the patient experience update themes relating to the vaccination programme.

With regard to the communication and engagement information MC highlighted the engagement to inform evaluation of the Parkinson Nurse Specialist, a post established between 12 December 2020 and 15 January 2021. The CCG Executive Committee had supported in principle its continuation. MC emphasised the impact achieved from one person providing essential care for people diagnosed with Parkinson's and their families and carers, across South Hambleton and Ryedale, Tadcaster and Rural Selby, and Selby Town areas. She noted however that consideration of a model for the City was required from the perspective of equity.

MC also highlighted the Northern Quarter Project – Connecting our City focusing on development of a community approach to mental health and wellbeing and commended the development of a communications and engagement dashboard.

MC advised that the risks managed by the Quality and Patient Experience Committee had been discussed in detail at the February meeting. In respect of risks escalated to the Governing Body MC referred to the work taking place in

respect of York Teaching Hospital NHS Foundation Trust taking over the specialist commissioning service for Hepatitis B vaccination of renal patients from April 2021. She referred to the fact that this service was currently provided in primary care noting that GPs would provide support through the transition. SP added that the work with York Teaching Hospital NHS Foundation Trust in this regard had been impacted by COVID-19. She noted the CCG had requested they complete an equality impact assessment to provide assurance that the risk was being managed through the transition to year end.

In respect of the risk pertaining to potential changes to the North Yorkshire County Council commissioned Healthy Child programme MC highlighted the joint response to the consultation from NHS North Yorkshire and NHS Vale of York CCGs, included as appendices to the report. She also referred to the question raised in this regard, as reported earlier, noting that the proposed changes were being considered in the context of comments received and impact from COVID-19 relating to safeguarding. Although the final plans would not be known until the end of March 2021, MC emphasised that the CCG continued to have concerns about potential gaps in services which it would need to address, notably emergency contraception, continence and safeguarding. She emphasised that the CCG was monitoring developments closely and explained that North Yorkshire County Council had been asked to attend one of the regular joint meetings of the NHS North Yorkshire and NHS Vale of York CCGs Executive Teams to discuss the plans.

HE referred to the service provided by the Parkinson Nurse Specialist and explained that lessons learnt from Macmillan's evaluation of care coordination had been utilised. She highlighted qualitative evidence from patient and clinician feedback to identify levels of unmet need as key to improving care and emphasised the importance of population health data informing planning and innovation to enable evaluation of a new service.

Members expressed appreciation to colleagues whose work was detailed in the Quality and Patient Experience report.

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.

8. Coronavirus COVID-19 Update

MC reported that nationally reduced hospital admissions and severity of illness was being seen as linked with numbers of people vaccinated, particularly the elderly population.

MC noted that testing was going well highlighting the context of schools returning the following week and the requirement for twice weekly lateral flow tests. Schools would be supported by Public Health and volunteers in this regard.

PCR testing was also continuing and access was no longer an issue.

Wards at York Teaching Hospital NHS Foundation Trust were starting to return to normal and there was a reduction in COVID-19 beds in the Intensive Care Unit.

Infection rates in care homes were reducing but outbreaks of COVID-19 were still occurring despite the vaccination programme.

SS reiterated that infection rates were reducing advising that as at 26 February North Yorkshire and York were respectively the two lowest infection rates across the region. She noted confidence in the falling rates of infection but emphasised the need to continually reinforce the messages about infection prevention control, social distancing and masks, also noting it was the younger age groups - the 20s, 30s and 40s who were not yet eligible for vaccination - where the infection was being driven.

SS highlighted availability and importance of regular testing for people who were free of COVID-19 symptoms and of engaging with local contact tracing. She also noted the context of the national roadmap for the lifting of restrictions but the need for messaging to be in the context of the pandemic still being present.

MC reported that discussions were taking place with primary care regarding future implications for workforce in terms of the continuing vaccination programme and the return to routine business. There was also the potential for a COVID-19 booster alongside the annual 'flu vaccination programme later in the year.

Discussion ensued in the context of impact on Practice staff, particularly in areas that did not have access to mass vaccination sites; inequity for vulnerable groups; establishment of services for people with long COVID; ensuring patients were supported whilst waiting for restoration and recovery of services; and concern about the wellbeing of staff, particularly those on the front line.

The Governing Body:

Noted the update.

9. Board Assurance Framework

AC presented the updated Board Assurance Framework which, as requested by members, now included an additional strategic objective and information regarding 'Work with partners to tackle health inequalities and improve population health in the Vale of York'. AC noted a reduction in the number of 'red' risks and advised that there were no additional risks to report since circulation of the meeting papers.

DB commended the clarity of the document and PG also highlighted the detailed work to refine the many iterations. PG additionally noted that the Audit Committee had the previous week received the Board Assurance Framework and supported the underpinning risk management arrangements.

The Governing Body:

Received the Board Assurance Framework.

AC left the meeting

FINANCE

10. Financial Performance Report 2020-21 Month 10

NW noted that the Financial Performance Report had been discussed in detail at both the Finance and Performance Committee and Audit Committee on 25 February.

In response to RW seeking clarification about the apparent underspend on Primary Care Additional Roles, SP explained that this was reimbursement based on recruitment by the Primary Care Networks. SP noted that the report did not reflect the year end position in this regard, also that the CCG had created additional flexibility within the guidance reminding Primary Care Networks of the ability to utilising agency staff but there were minimum standards to achieve as the funding was a drawdown from NHS England and NHS Improvement. There was a need for lessons learnt to be undertaken to ensure Primary Care Networks were supported to maximise recruitment and reimbursement available in future years.

AM detailed a query regarding recruitment of mental health workers by Primary Care Networks in the current financial year and sought assurance about associated funding as these additional roles were scheduled for 2021/22 recruitment. SP responded that further national guidance was awaited but the CCG had received late notification from the mental health providers of a change in the scheme, namely that the providers would be part of the recruitment with 50/50 recruitment and funding. At a high level this meant that there would be a specialist mental health unit which would include cover for training and supervision. The CCG would support a level of flexibility across the footprint as had been previously demonstrated but this was subject to the further guidance awaited. SP offered assurance that the implications would be considered in appropriate forums, including meetings with the Primary Care Network Clinical Directors and the Local Medical Committee.

The Governing Body:

1. Received the Month 10 Financial Performance Report.
2. Noted the updates regarding the primary care additional roles reimbursement and the mental health workers.

ASSURANCE

CP joined the meeting

12. MAPPA (Multi Agency Public Protection Arrangements) Annual Report 2019/20

CP presented the report which detailed MAPPA's significant progress over the past two years emphasising its increasing importance in the safeguarding agenda and the fact that the arrangements had become embedded in primary care. She also highlighted the role of the Third Sector, explained that information-sharing included

secondary care where appropriate, and referred to the case studies which provided information on the critical nature of this work. CP commended the continuation of the service delivery through the challenges of COVID-19.

DB commended the comprehensive report but commented on the absence of information on future challenges, areas that had not been achieved or lessons learnt. CP responded that an area of challenge may be the backlog of court proceedings as a result of the pandemic and emphasised the perspective of safely managing re-opening of face to face services. She also clarified that use of polygraphs was one of the 'tools' that informed the multi-faceted MAPPA decision making processes.

The Governing Body:

Received the MAPPA Annual Report 2019/20.

11. Safeguarding Adults Annual Report 2019/20

CP presented the report which provided a summary of the work undertaken by the Safeguarding Adults team in delivery of the strategy for adult safeguarding in 2019/20. The report, which provided assurance that the North Yorkshire and York CCGs had fulfilled their statutory responsibilities to safeguard and promote the welfare of adults, included information on the Safeguarding Adults Team, key achievements against the 2019/20 strategic priorities and an overview of delivery of the Safeguarding Adults Strategy.

CP highlighted the significant work required relating to implementation from April 2022 of the new arrangements for authorising deprivation of liberty, 'Liberty Protection Safeguards'. She also noted the local impact emanating from changes to health and social care.

In conclusion CP expressed appreciation to the CCG teams for their support, noting in particular NW and MC in their safeguarding lead roles.

NW thanked CP and the Safeguarding Team for their work commending the improved relationships with both primary and community care over the last five years.

In response to JH enquiring about whistleblowing themes, CP emphasised the importance of listening and responding. The main areas of concern related to staff shortages, following correct infection prevention control procedures and providing support to improve environments, particularly in care homes. CP also noted the context of potential concerns being raised by families about perceived deterioration of care home residents on the return to visiting on the lifting of the pandemic restrictions. JH expressed assurance in light of CP's regular reporting to the Quality and Patient Experience Committee.

The Governing Body:

Received the Safeguarding Adults Annual Report 2019/20.

CP left the meeting

RECEIVED ITEMS

The Governing Body noted the following items as received:

- 13.** Executive Committee chair's report and minutes of 16, 23 December 2020
6, 13, 20 January, 3 February 2021.
- 14.** Finance and Performance Committee chair's report and minutes of
17 December 2020 and 28 January 2021.
- 15.** Primary Care Commissioning Committee chair's report and minutes of
28 January 2021.
- 16.** Quality and Patient Experience Committee chair's report and minutes of
10 December 2020 and 14 January 2021.

17. Next Meeting

The Governing Body:

Noted that the next meeting would take place at 9.30am on 1 April 2021.


In concluding the meeting NW emphasised that, although COVID-19 infection rates were reducing, the importance of adhering to the restrictions remained.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 4 MARCH 2021 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	<ul style="list-style-type: none"> 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 7 January 2021	Board Assurance Framework and Risk Management Policy and Strategy	<ul style="list-style-type: none"> Risk Management Policy and Strategy to be presented for ratification 	AC	2 April 2020 Deferred until "business as usual" resumed Deferred to post April 2021
2 April 2020	COVID-19 update	<ul style="list-style-type: none"> 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)
7 January 2021	Quality and Patient Experience Report	<ul style="list-style-type: none"> Feedback session to be arranged for clinical leads for care homes 	MC	

Item Number: 6	
Name of Presenter: Phil Mettam	
Meeting of the Governing Body Date of meeting: 6 May 2021	 Vale of York Clinical Commissioning Group
Report Title – Accountable Officer’s Report	
Purpose of Report <i>(Select from list)</i> To Receive	
Reason for Report To provide an update on a number of projects, initiatives and meetings that have taken place since the last Governing Body meeting along with an overview of relevant national issues.	
Strategic Priority Links <input checked="" type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> System transformations <input checked="" type="checkbox"/> Financial Sustainability	
Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating
Emerging Risks	
Impact Assessments Please confirm below that the impact assessments have been approved and outline any risks/issues identified. <input type="checkbox"/> Quality Impact Assessment <input type="checkbox"/> Data Protection Impact Assessment <input type="checkbox"/> Equality Impact Assessment <input type="checkbox"/> Sustainability Impact Assessment	

Risks/Issues identified from impact assessments: N/A
Recommendations To receive the report.
Decision Requested (for Decision Log)

Responsible Executive Director and Title	Report Author and Title
Phil Mettam Accountable Officer	Sharron Hegarty Head of Communications and Media Relations

GOVERNING BODY MEETING: 6 MAY 2021

Accountable Officer's Report

1. Local and system financial position

- 1.1 Following the final allocation adjustments, I am delighted to be able to report that the CCG has achieved its overall requirement to deliver a break-even position. During what has been a very challenging year the CCG's financial management and control; embedded within the organisation over the years, has been critical in securing this. Whilst we should be mindful of the challenges in tackling our underlying financial position that will remain and have likely increased, it is important that we recognise our financial performance this year.
- 1.2 I am also pleased to be able report that the overall North Yorkshire and York sub-system financial position is also positive and remains on track for a break-even position.
- 1.3 We continue to work on the financial planning arrangements for the first half of 2021-22 (H1) including the continued joint work with North Yorkshire and York partner organisations as part of the system financial envelope we have been set for this period. Our first draft planning submission takes place on the 6 May 2021. Although these have been positive and with a significant amount of alignment it is clear that 2021-22 will bring an increasing financial challenge and a return to some of the pre-COVID-19 financial management arrangements including an efficiency requirement. It is also likely that this will increase in the second half of the year (H2).

2. Recovery and transformation in the era of COVID

- 2.1 During March and April 2021 our Vale of York health and care partners have worked with us to de-escalate from the peak of Wave 3 COVID-19, restoring all non-COVID-19 services and developing new COVID-19 pathways including long-COVID assessment and virtual wards. The impact of managing a year of COVID-19 response including three waves and the peak of a local and Integrated Care System escalation during January to March 2021 has been significant on our workforce and on some of our non-COVID-19 pathways of care. We now know the extent of the recovery challenge ahead of us for 2021-22 and it is a multi-year and complex recovery.
- 2.2 The impact of COVID-19 on our local population health and health inequalities continues to be assessed and intelligence shared across partners to help target actions, funding and plans to support and address needs. How we target our efforts collectively to address these greatest areas of need and health inequality from neighbourhood up will be critical to our ambition at place to improve health outcomes.

- 2.3 The CCG continues to support the development of subsidiarity. In York this has led to the establishment of the York Health and Care Alliance, which held its first Board meeting on 26 April, and has been supported in writing by the interim Chief Executive Officer of the Humber, Coast and Vale Integrated Care System. In Selby a launch event is planned for June to create momentum around a ten year plan for transforming health and care in the town and related districts using the Selby Matters brand. Further discussion is proposed to develop proportionate arrangements for Ryedale.
- 2.4 Partners are currently capturing their recovery and transformation plans to further restore and improve care delivery for the next year. The importance of building in time for the workforce to recover and the continued impact of social distancing on the activity have been key assumptions in these recovery plans.
- 2.5 Support through the use of capacity from our independent sector partners has been critical during the COVID-19 response and will continue to provide much needed additional capacity for recovery during 2021-22. Similarly our work has started to identify how and where to deliver additional diagnostics capacity through Community Diagnostics Hubs supported by national funding. We hope this will provide an opportunity to strengthen recovery plans and target health inequalities.
- 2.6 The value and importance of partners working collaboratively at place and across the Humber, Coast and Vale Integrated Care System has been demonstrated during the COVID-19 response and will be critical in addressing the new and widened health inequalities emerging. Our local Population Health Hub and Humber, Coast and Vale Integrated Care System Population Health Board will be key to supporting all partners in building and using our collective intelligence moving forward.
- 2.7 Key programmes of recovery which are already working to address known health inequalities include the mobilisation of targeted lung health checks, developing a 'waiting well' approach for patients waiting for long periods for surgery based on risk stratification, improving diabetes and hypertension diagnosis and prevention, refreshing our approach to early cancer diagnosis and improving cancer referrals for colorectal and breast cancer, the development of an anticipatory model for frailty and driving health checks in primary care for local people with learning disabilities and serious mental illness.
- 2.8 Cutting across all this work is the need to develop and embed a personalised care framework in care delivery by all individuals and teams, and empowering local people to better engage in self-care and care planning with their clinicians and support services. As a CCG we have a long history of investing in and learning from the work of our health navigators, health coaches, referral support team and social prescribers on their work with local patients.

- 2.9 To work collectively to recover and transform care delivery our clinicians need to be enabled to have shared oversight of our patients' wider needs, clinical information and care plans. The work to further develop the Yorkshire Health Care Record (YHCR) across the Humber, Coast and Vale Integrated Care System will continue to support this during 2021-22. Case finding through RAIDR and ARDENS in primary care and the work of our providers to identify and address health inequalities on our waiting lists should also help our collective insight into which patients to target and support differently.
- 2.10 This is a challenging, exciting and complex time and environment for the CCGs and their partners to approach how we deliver care and support for local people. The behaviours and leadership required to develop and embed collaborative partnership working at place, across sectors locally and the Humber, Coast and Vale Integrated Care System, are key for all our teams and lead officers to demonstrate and share.

3. City of York Mental Health Summit

- 3.1 The CCG has united York's leaders to take action to tackle a big surge in demand for mental health support from people of all ages caused by the COVID-19 pandemic. The City of York Mental Health Summit took place at the end of March 2020 was successful, with key partners from the NHS, police service, education and the voluntary sector coming together for an innovative joint approach built around removing barriers and empowering organisations to act to support our communities.
- 3.2 The summit members discussed services across the city and the surge in demand for both children's and adult mental health services. Almost 20% of the population will need either new or additional mental health support as a direct consequence of the COVID-19 crisis, and the proportion of children experiencing a probable mental disorder has increased over the past three years, from one in nine in 2017 to one in six in July 2020.
- 3.3 Summit attendees heard presentations about the impact of the pandemic on people's mental health from a public health perspective, predictions for a post-lockdown increase in demand for mental health services across system partners and the challenges of dealing with mental ill health in the criminal justice system. They were also briefed about developments including changes in community mental health services and the Northern Quarter Project's vision for a community approach to mental health, as well as the effects of loneliness on mental health. Early action points include ensuring all schools have in place a recovery curriculum which addresses good emotional and mental health and meets an agreed standard, working with an identified group of children who currently do not meet statutory thresholds for support to ensure their needs are met, longer contracts for existing voluntary, community and social enterprise services, additional suicide prevention support for marginalised communities and working with local employers and businesses to support staff.

- 3.4 Attendees were key individuals from the CCG, City of York Council, Tees, Esk and Wear Valleys NHS Foundation Trust, York and Scarborough Teaching Hospitals NHS Foundation Trust, North Yorkshire Police, Public Health England, York CVS, York MIND and the University of York along with York MPs Rachael Maskell and Julian Sturdy and the North Yorkshire Police, Fire and Crime Commissioner Julia Mulligan.
- 3.5 Since the summit, the key discussion points and pledges from all partners have been evolving into an action plan for the next six months, the next 15 months and the next three years. The York Health and Wellbeing Board will be updated on progress at its meeting on Wednesday, 5 May.

4. Primary Care Protected Learning Time


- 4.1 The latest session for primary care took place as a virtual event on the 22 April 2021 and was managed directly by our local Primary Care Networks. The session provided colleagues with another informative and positive event. The sessions focused on resilience and staff wellbeing, reflecting on the COVID-19 pandemic, the vaccination roll out and setting priorities for 2021. Vocare covered the primary care urgent appointments to allow general practice the time to share and learn.

5. Potential for local COVID-19 testing

- 5.1 In a possible development to help deliver Covid-19 asymptomatic testing, the University of York is offering laboratory space and technical staff to help deliver Covid-19 asymptomatic testing for frontline NHS staff. The testing facility, staffed by university employees, including expert technical staff, postdoctoral researchers, PhD and Masters students from the Department of Biology, is a collaboration between the University of York, local NHS trusts and staff from the universities of York St John and Hull.
- 5.2 The testing facility has capacity to undertake tens of thousands of tests essential routine saliva sample testing per week using LAMP (Loop-mediated Isothermal Amplification) technology for asymptomatic NHS staff from across the York and Humber region, and has been viewed as having the potential as being an important element of the infection prevention and safeguarding strategy for the Department of Health and Social Care.

6. Recommendation

- 6.1 The Governing Body is asked to note the report.

Item Number: 7	
Name of Presenter: Michelle Carrington	
Meeting of the Governing Body Date of meeting: 6 May 2021	 Vale of York Clinical Commissioning Group
Report Title – Quality and Patient Experience Report	
Purpose of Report <i>(Select from list)</i> For Decision	
<p>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.</p> <p>The Quality & Patient Experience Committee (QPEC) would usually have met prior to Governing Body to discuss and scrutinise the report and highlight issues for Governing Body but unusually QPEC could not take place. Therefore the report has been summarised in order for the Board to be sighted on key issues, developments and risks.</p>	
Strategic Priority Links	
<input checked="" type="checkbox"/> Strengthening Primary Care <input checked="" type="checkbox"/> Reducing Demand on System <input checked="" type="checkbox"/> Fully Integrated OOH Care <input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract <input checked="" type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> System transformations <input checked="" type="checkbox"/> Financial Sustainability	
Local Authority Area	
<input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks	Risk Rating
<input type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input checked="" type="checkbox"/> Equalities	
Emerging Risks	
Risks to quality and safety across all commissioned services due to the impact of Covid-19 and recovery of services impacting on patients and staff. Risks following CQC inspection of TEWV.	

Impact Assessments

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

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> 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.

In relation to the risk register Governing Body is requested :

- To be assured that risks to quality and safety for the CCG are identified with appropriate mitigations in place
- To approve the risk QN 16 Initial Health Assessments for LAC – reduced capacity to meet demand is archived as has been incorporated within QN07
- To agree that the risks relating to TEWV following the CQC inspection get added to the Governing Body risk register

Responsible Executive Director and Title

Michelle Carrington, Executive Director of Quality & Nursing

Report Author and Title

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 Governing Vale of York CCG Body 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
- Covid Vaccination progress
- Mental Health for adults and children / young people
- CQC Inspection to TEWV In-patient areas and resulting publication of revised specialty ratings.
- Maternity – progress in development of Maternal Medicine Centres / Networks
- Primary care update
- Serious Incidents
- Patient Experience
- Communications and Engagement
- Risks to Quality and Safety

2. SUPPORT TO INDEPENDENT CARE PROVIDERS

Significant focus continues to support Independent Care Providers both proactively and also in quick response to those reporting Covid 19 outbreaks or other challenges.

April has seen a significant decrease in the incidence of positive covid cases and no outbreaks within the care settings in our geographical area at the time of this report.

As visiting resumes alongside relaxations in general restrictions whole system support for care providers continues to be important. Support is extended by the team to any care providers who request it such as Private Hospitals, Hospice, Domiciliary Care, Personal Assistants, Independent Living and Assisted Living settings.

In collaboration with North Yorkshire County Council (NYCC) and the Community Infection Prevention & Control Team (IPC), the Nursing and Quality Team have now commenced virtual assurance visits with Domiciliary care providers across the North Yorkshire patch to ensure they also have the support required to prevent and minimise potential outbreaks and facilitate safe care.

Twice weekly calls are established with Local Authority colleagues and Public Health at the Care Home Resilience Gold Call for strategic overview and decision making and with CYC and Public Health on the Testing Priorities Meeting. These calls can be immediately stood up to daily if the need arises. This enables the Quality &

Nursing Team to have engagement and provide contribution/ support where required across the patch.

In care settings where outbreaks have been identified the Contributory Factors Framework can be used to identify areas for learning but also to facilitate sharing of good practice. The tool is also useful as an aid for identifying opportunities to support settings even if an outbreak has not occurred and can be a conversation opener to tailoring a relevant support package. Key Trends and themes collated are informing on how we continue to offer appropriate and proportionate responses to care settings. The tool will also be trialled for use in other outbreak scenarios such as norovirus and gastroenteritis to explore the usefulness of this wider approach to supporting care homes identify opportunities and learning for improvement.

As new priorities emerge the team continue to work hard supporting implementation such as the continuing need for support with safe discharge, IPC support and assurance visits, training including deteriorating resident across all settings including LD. These are all significant programmes of work which the NHS VOY CCG is working closely with colleagues across the system to ensure successful delivery is achieved.

Work across the system continues to support flow and the Capacity Tracker. This tool is providing increased oversight of the system and provides vital information relating not only to capacity but business continuity of organisations. Intelligence gathering continues using this portal for example vaccine uptake which helps to inform the national coordination of response to Covid in care settings. The YSHFT Discharge Command Centre continues to work closely with Independent Care Providers to ensure safe discharge and discharge improvement work continues. The implementation and increased use of NHS Mail has been of particular focus and system partners have worked with the team to reiterate the importance of this and completion of IG toolkit.

3. VACCINATION - COVID-19 Vaccination

The national Covid-19 vaccination program continues at pace with second doses now being administered in line with the JCVI initial roll out priorities. The CCG has established a vaccine inequalities group to ensure those in more disadvantaged groups have had access to and taken up the offer of a vaccine (see engagement section of the report).

4. MENTAL HEALTH

Adult Autism and ADHD Services

Nationally there has been a significant increase in referrals for both adult Autism assessments and adult ADHD assessments. Locally, the current waiting time for both ASD and ADHD assessment services is approximately 2 years. With this in mind Vale of York CCG and North Yorkshire CCG have jointly commissioned a waiting list initiative through the incumbent Provider, The Retreat, with a target to reduce the waiting list for both services to 9 months by 31st March 2022.

The current Contract with the Retreat is due to expire on 31st March 2022. The Vale of York CCG together with North Yorkshire CCG have committed to run a formal competitive tender process for the Adult Autism and ADHD Service and the Invitation to Tender is due to be published on 7th June 2021.

The Request for Information exercise prior to the formal tender publication has indicated that there are potential bidders for the Service and Commissioners are working on market engagement events with these Providers and wider stakeholder groups, including Service Users and Carers to inform the final Service Specification for the new Contract.

Children and Young People's Emotional and Mental Health

This section covers work with TEWV, City of York, North Yorkshire, including the effects of Covid, and references the emerging work through the ICS.

There has been some positive progress in work to support children and young people in relation to their emotional and mental health and much that is encouraging, despite Covid -19 presenting significant challenges, particularly in relation to acuity of presentations for children referred to TEWV CAMHS service.

The following areas of work are highlighted.

School Mental Health Support Team (MHST) in Selby

MHSTs work in school with children and young people around low mood and anxiety. The MHSTs are working well with the Selby school population despite Covid and have developed strong relationships with the schools. Feedback from schools has been very positive, having engaged well in developing the MHST roles to suit their individual needs and circumstances. The staff are funded trainees, developing psychological informed practice to work across the whole school and also on a 1:2:1 basis with short term interventions. They have all successfully completed training to qualify as practitioners, which has included developing virtual as well as face to face working with pupils and are now starting to build their skills with

individual supervised caseloads. The CCG is shortly to bid for further MHSTs in York.

Eating disorders

The specialist eating disorder service across North Yorkshire and York has been under significant pressure in the past year, and now carries a caseload of around 150 children and young people, the large majority of whom have a diagnosis of anorexia. The level of acuity at time of presentation has increased significantly during Covid, raising concerns regarding the capacity of the team to offer the intensive support needed in the early stages of treatment. To compound matters, access to inpatient beds has dropped, there are currently no national eating disorder beds available. As yet, there is no intensive support team for eating disorders, TEWV has bid for additional NHSE funds, to develop the intensive offer.

Virtual working

All statutory services have moved to online provision during the year. TEWV has increased contacts by 50% over the course of the year, and developed online groups for low mood and anxiety, a parent support group for eating disorders and a self-service course for parents of children around autism. Surveys of patients have showed a high level of support for a 'mixed economy' of virtual and face to face appointments, and TEWV expect to continue a strong virtual offer into the future. Some waiting lists have reduced significantly, e.g. Systemic family therapy and low mood/anxiety.

The School Well-Being service in York has worked online with pupils to support low mood and anxiety, and continued with advice and support for teaching staff. Third sector providers, notably York Mind, has also developed its online offer, with virtual mentoring and its Arts Award course, which is jointly funded by the CCG. Over 80% of young people taking part in online support stated they had met their goals in whole or in part, which is extremely encouraging for future provision.

Autism

The waiting time for assessment remains at pre-covid levels, at around 45 weeks. TEWV paused assessments between March 2020 and September 2020, and is now offering 12 assessments a month: the CCG is investing additional funds in 2021/2022, which are projected to add a further 4 assessments a month, and reassurance is being sought regarding the effects on reducing waiting times. TEWV has developed an online post diagnostic offer, ADAPT, which was co-produced with parents and received good feedback: this initiative has taken 200 parents off a waiting list for post diagnostic support. In 2020 we started work with NYCCG on a whole pathway of support analysis, which takes in pre-referral and assessment support, assessment, and post diagnostic support including for the most complex children and young people.

We participated in a successful bid for keyworkers, whose role is to co-ordinate the planning for the most complex children and young people with autism or learning disabilities, as part of the NHS Long Term Plan national project to reduce inpatient admissions among this vulnerable group.

Integrated Care System (ICS)

The ICS is now developing, in advance of the proposed NHS restructuring in 2022. There have been good examples of joint working: the ICS mental health partnership group co-ordinated the keyworker bid, and is now starting work on the regional approach towards the digital offer. It has also aligned the various contracts with Kooth online support, extending them to December 2021, whilst the ICS partners consider options for future digital delivery. Provider collaboratives are now set up, focusing on improving the approach for access and management for T4.

Future thinking

There is anticipated increase in demand for support, across the whole spectrum of need. One indicator is the increase in referrals into CAMHS, 70 in the w/c 15 March, against a 'normal' referral rate of 100-120 in a month: the majority are for low mood and anxiety, reflecting the high levels of anxiety around returning to school. A very high number will not reach TEWV thresholds of need, hence the intention to bid for MHSTs this year to increase the offer. We are reviewing the planning for whole systems CAMHS support, with a cascade approach from ICS down to local Place to reflect both national priorities and also local needs.

Care Quality Commission – Outcome of TEWV Unannounced Inspection

The CQC undertook an unannounced inspection to TEWV inpatient wards in January 2021 (three wards at Roseberry Park, one ward at Cross Lane Hospital and one ward at West Park Hospital)

The outcome of this inspection was published on the 26th March 2021 <https://www.cqc.org.uk/provider/RX3> and by selecting the service 'Acute wards for adults of working age and psychiatric intensive care units'

Concerns were raised regarding risk management processes, which the CQC felt were complex and difficult to follow and that these were systemic and not just relating to the wards inspected.

Due to these concerns, and subsequent enforcement action, the CQC has rated the acute wards for adults of working age and psychiatric intensive care units 'inadequate' for both safe and well-led. This rating is an individual service rating and does not affect the overall trust CQC rating which remains 'requires improvement'.

The trust has provided assurance to the CQC that effective systems have been developed and are now in place in wards to help keep patients safe - and that further

improvements will be made across all services, with work already underway. Formal monitoring is taking place by an NHSE/I led Quality and Safety Board.

In addition to the ongoing improvement work the trust has plans to invest in further front line staff across in patient wards and significant investment in technology (such as electronic patient record, including CITO, and systems such as Oxehealth) that will free up staff to spend more time on patient care.

Improvement work has been discussed locally at the North Yorkshire and York CCG /TEWV Performance and Quality sub contract meeting to ascertain the more localised work being undertake across York and North Yorkshire.

Further consideration has been taken regarding the CCGs approach to quality assurance and how we 'gain eyes into' the service. Approaches to site visits and combined internal walkabouts are actively being explored.

The Quality and Patient Experience Committee would have discussed and endorsed a risk adding to the risk register following the CQC visit. This is of sufficient seriousness to meet the threshold for escalation to Governing Body. As such Governing Body are asked to endorse adding this risk to the register, to be overseen and managed by Governing Body.

5. MATERNITY

Development of Maternal Medicine Centres / Networks

A program manager is being appointed to lead the development of maternal medicine centres and networks bringing together pathways across the three LMSs (HCV, WY&H,SY&B) which the proposed networks will serve. Target timescale for implementation was April 21, there is recognition this will be delayed, but anticipated implementation throughout 2021. The CCG has factored into financial planning the need to support this development. A key focus of the project will be to establish clear lead commissioner responsibilities, particularly in light of the expected CCG to ICS transition of commissioning responsibilities.

6. PRIMARY CARE

Workforce

Lead officers for Primary Care report that whilst workforce has been largely sustained over the pandemic period, there are signs of workforce becoming tired and a slight increase in sickness within city practices. This has not as yet impacted upon service delivery as business continuity plans and the OPEL escalation model have been utilised to enable support between practices / within the PCN. However this needs to be carefully monitored and supported -whilst focus remains upon urgent

primary care work, there are increasing contacts from patients who are concerned regarding secondary care waits as their needs become more urgent and for routine primary care. This is likely to result in primary care as the increasing 'pinch point' for patient concerns.

Severe Mental Illness and Learning Disability health checks

Significant work has been undertaken across primary care for SMI and LD health checks.

Significant work in the Vale around SMI and LD health checks has taken place with numbers increasing rapidly over the last couple of months in all Vale practices due to a focussed effort on this vulnerable group, and dedicated sessions on the back of winter pressures additional funding etc.

In addition to these improvements as an example Selby Town PCN have undertaken covid vaccinations for 100% of their patients with patients who have a Learning Disability.

A full detailed report regarding primary care (which includes medicines management) activity to support quality and safety developments will be provided to QPEC in June 2021. This will enable review and reporting of all 'end of year' practice and PCN performance.

7. SERIOUS INCIDENTS (SIs)

Consistent reporting of incidents has continued throughout COVID-19 with numbers of incidents reported to date in line with those reported in previous years across all main providers.

NHSE/I Patient Safety guidance has recently been published on Reporting, reviewing and investigating hospital onset COVID-19 cases. Both Scarborough Hospital and York Hospital have reported a HCAI/infection control incident concerning COVID-19 with investigation reports expected in April.

The CCG main providers continue to engage with and attend the monthly Collaborative SI Panel meeting where there is an open and honest discussion of the cases for review.

8. PATIENT EXPERIENCE UPDATE

Vale of York CCG Complaints

9 complaints were registered in the CCG between October and December 2020.

100% of the complaints were acknowledged within 3 days (in accordance with the NHS complaint procedure). 4 of the complaints had their initial deadline extended to allow more time for the investigation, but all were responded to within the agreed timescale.

To date, none of the complainants have come back to us as dissatisfied.

Specialty/Area	No. of complaints	Outcome after investigation
Continuing Healthcare	4	1 upheld 1 partially upheld 2 not upheld
Patient Transport Service	1	Upheld
DNACPR & GP	1	Not upheld
Community equipment	1	Upheld
IVF commissioning policy	1	Not upheld
Pain management	1	Not upheld

Learning from feedback

The CCG values all types of feedback about its business and where possible will use it to good effect; examples of actions for improvement are reported here.

The monthly CHC and Patient Relations review meeting has been reinstated (postponed during the emergency period of the pandemic) 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.

The CCG coordinated a response to a complaint from a service user of community equipment, involving the provider and local authority. Shortfalls in communication were identified and assurance sought that the clients' needs would be met consistently in future, in line with the NHS Accessible Information Standard.

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 PHSO paused their work on NHS complaints from 26 March to 1 July 2020 to help the NHS focus on tackling the coronavirus pandemic. They are now accepting new NHS complaints and progressing existing ones. We have not been notified of any CCG cases referred there.

Vale of York CCG Concerns

170 concerns/enquiries were managed by the Patient Experience Lead during the 3 month period. These cover a wide ranging variety of topics, including queries regarding the Covid-19 vaccination programme. 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.

9. COMMUNICATIONS AND ENGAGEMENT

Humber Coast and Vale ICS – Community engagement framework

We have been co-designing and chairing a series of interactive workshops to help us to define citizen engagement and patient participation across the patch and inform the coming NHS changes and the formation of the Integrated Care System (ICS).

- The first session (9 March) focused on creating a shared vision and begins to look at how we might work together in an uncertain future. Over 40 professionals from across local authority, acute and community, mental health, CCG, ICS, voluntary sector and Healthwatch attended.
- The second session (22 April) looks at processes and more practical aspects of joint working,
- The third workshop (11 May) draws attention to relationships and shared best practice, and lead to a joint piece of work looking at what really matters to people.

ADHD and autism

As part of the work that the CCGs have been doing with various providers there is now a clear commissioning intention for a new service model that would better meet the needs of service users. This work is to be developed into a clear service specification for the procurement of a lead provider to deliver an adult autism and ADHD assessment and diagnosis service on behalf of the Vale of York and North Yorkshire CCGs from 1 April 2022.

We are undertaking a number of engagement sessions in April and May 2021 to co-produce pathway design, service specification design and post diagnostic support. Dates are set for 27, 28 April and 5 May. In addition a survey will be sent out to those who are using the service and to clinicians referring in.

SEND – co-production (joint partnership) workshop sessions

In partnership with CYC, we have been continuing to progress the co-production work stream and work with young people and families to ensure that that they are involved in their Education and Health Care plans.

We have produced a ‘how well did we do?’ survey, co-designed the outcome framework and audit tool, and set up a co-production online forum to help people share best practice and find support. On 17 March we held the first of our ‘Model of Joint Partnership’ recap training session (the first of three workshops). We looked at

the model, asked how people how they are embedding it into work and showcased some positive patient stories and practical examples of coproduction. A member from York Inspirational Kids attended to talk about the positive difference that has been felt from the perspective parents and young people.

Seldom heard / more disadvantaged communities

The vaccine roll out is well underway. However, while uptake rates are currently high in general; it has become apparent that they are lower amongst certain communities. Colleagues across the CCG have established a health inequalities group and are working in partnership with the local authorities, business intelligence, Healthwatch, community groups and leaders to understand vaccine hesitancy, where there are lower levels of uptake and how we can remove barriers and relieve concerns.

The group has been working with Refugee Action York and leaders of the local mosque to understand concerns, as well as migrant forums, links with the traveller community, rough sleepers and disability groups. An example of a targeted piece of work is supporting those to amend their booked vaccine appointment if it takes place during Ramadan.

We have also been working with community groups and GP practices to increase awareness around registrations of migrant and asylum communities, and promote the fact that people do not need to have proof of address or settlement status to join a GP practice.

Information on GP websites

In March Healthwatch North Yorkshire produced a report about accessible information on GP websites, and made a number of recommendations. As a result , we have started to undertake our own audit to look the clarity of information that is available on the websites such as: Is it easy to book an appointment? is there clear information on the types of appointment available? Is there updated information about covid-19 and the vaccination process? Is there information about interpretation services etc. We will use this feedback to find where there are gaps and create an expected 'website standard' across the Vale of York.

Parkinson's nurse engagement

In January the CCG carried out a piece of engagement work to find out patients experience of the Parkinson Nurse Specialist (PNS), and the care that she provides for people, their families and carers, covering South Hambleton and Ryedale (SHaR), Tadcaster and Rural Selby, and Selby Town areas. Out of 101 patients approached – we received 48 paper survey replies and spoke to 18 individuals.

The feedback received indicated that for many people the PNS is a very important source of professional support. She gives advice on lifestyle, medication, local support groups and general day-to-day support. Many find the PNS friendly,

approachable and easy to access. By providing care in local settings, whether at home, care homes or in nurse-led clinics, the PNS keeps care closer to home and provides support for patients and carers – which is vital for those living in rural communities.

There were also areas for improvement identified around communication and appointments, some of which have been acted upon. The PNS sent out another letter to all patients to let them know she was available and could be contacted at any time and she set up meetings with those who requested one.

We have since sent letters to all those involved in giving feedback to inform them that the funding for the permanent post has been secured and to thank them for their input.

The evaluation summary is available here:

<https://www.valeofyorkccg.nhs.uk/seecmsfile/?id=4973>

Events:

- **Wheelchair service user forum:** The latest forum took place on 23 February 2021 and 22 people attended. We will be feeding back to the North Yorkshire Disability Forum on 19 March.
- **Easingwold community health provision:** On 23 February 2021, we held the communications and engagement sub-committee and presented the case for change.
- **Mental Health co-production workshop:** 25 February 2021
- **Selby Health Matters – Community voices:** 17 March 2021
- **North Yorkshire Overview and Scrutiny Committee:** 12 March 2021 to provide an update about the urgent care transformation work
- **North Yorkshire Disability Forum:** 19 March 2021

Communications:

The team now reports regularly on its communications and engagement activity. In February and March the team has been supporting PCNs with comms on key messages around vaccination roll out. There has been a variety of coverage on TV (Calendar) online, radio and in print.

- <https://www.valeofyorkccg.nhs.uk/shining-a-light-on-local-communities-helping-to-roll-out-the-vaccine1/>
- <https://www.valeofyorkccg.nhs.uk/patients-start-receiving-second-dose-of-covid-19-vaccine-at-selby-vaccination-centre/>
- <https://www.valeofyorkccg.nhs.uk/vaccine-confidence-diverse-communities/>

- <https://www.valeofyorkccg.nhs.uk/york-gp-asks-people-to-be-patient-over-vaccines-as-local-surgeries-receive-high-volumes-of-calls/>

10. 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
QN03	Quality of commissioned specialist nursing services (children)
	<p>New ways of working to deliver transformation of community children's and special school nursing services in line with new service specification are being implemented. Initial KPI reporting has been submitted by YTHFT with narrative explaining some will take time to embed.</p> <p>Some challenges with the proposed changes to special school nursing in respect of school staff taking on delegated roles. YSHFT have requested that they start parent consultations which have been delayed at the request of the school up to now.</p>
QN07	Referral for initial health checks – timeliness of CYC referrals
	<p>This risk rating remains unchanged as we await Q4 data on completion of IHA's. Additionally although numbers of children coming into looked after care have not increased since schools have returned, the local authority report that referrals to Children's Social Care have increased with increased issues of Paternal Mental Health, Children and Young people's Mental Health and Neglect .</p>
QN08	Risks associated with Growing waiting lists
	<p>In February 2021 there were over 2.5k people waiting more than 52 weeks for routine surgery.</p> <p>All patients waiting have been clinically reviewed, validated and prioritised in line with Royal College of Surgeons surgical prioritisation guidelines. Further work to scope the feasibility of sharing elective capacity across acute providers (hubs) continues.</p> <p>Governance arrangements are in place to ensure lines of responsibility for individual patients when they are referred to the Trust, and not yet accepted onto a waiting list. This requires additional monitoring and safety netting by primary care. A key national priority is ensuring focus upon cancer recovery across all aspects - screening through to treatment with safety netting in place at all stages.</p> <p>A process for clinical harm reviews is in place jointly between the CCG, Clinical Network and Trust.</p> <p>Work is also being developed to provide a structure to support patients who are on a waiting list. This is termed as 'waiting well'. This is in recognition that patients will have increasing psychological concern regarding their length of wait and potential deterioration and subsequent increase in urgency associated with their condition. The aim is to ensure patients have</p>

	access to support / guidance and maximising their personal ability to self care throughout this period and as an indirect consequence reduce the impact upon primary / secondary care specialty services from patients 'chasing' updates.
QN09	SEND Inspection and failure to comply with National Regulations
	SEND Improvement board were formally advised of a 'slow down' of progress regarding elements of the SEND improvement requirements in March 2021. Stakeholder partners report services are extremely busy and are focusing on restoration and recovery from Covid 19. CYC & CCG met with DfE and NHSE advisor on 19/03/21 and were advised of concerns. DfE and NHSE were supportive in that local area had paused to reflect on the impact of improvement and acknowledged where further focus is required.
QN 12	Missed pertussis jab for expectant mothers posing a risk to unborn babies
	<p>The CCG continues to monitor vaccination rates throughout the pandemic. CCG vaccination rates throughout 20/21 have been consistent with the previous year at 86/87%. (This is against a national varying rate of 60-90%) Some practices are attaining 100% vaccination. This drops to around 80% for some large practices with higher numbers of pregnant ladies - accounting for a small number of women not vaccinated.</p> <p>Overall Public Health data demonstrates that rates of pertussis have significantly reduced in 20/21 - but this is consistent with other infections which are reduced due to lack of socialisation and therefore transmission.</p> <p>Although there is an opportunity for vaccination as a 'back up' at labour or admission for induction, YSHFT have been unable to implement this due to a range competing initiatives and capacity to train within vaccination and immunisation.</p> <p>Primary care contract for delivery of pertussis vaccinations for 21/22 has now changed to being 'opportunistic' responsibility as opposed to call and recall.</p> <p>Concern therefore remains regarding slow progress in reducing this risk in the longer term and an increased risk of infection as we move out of the pandemic with increased socialisation of mums and babies.</p> <p>The LMS has established a workstream and working group to take forward a range of approaches to increase pertussis vaccination rates. These include training / competencies for non registered workforce, working with MVPs to understand why women decline vaccination, how models could deliver vaccines at 20 week scan, integration within 'the new maternity record'.</p>

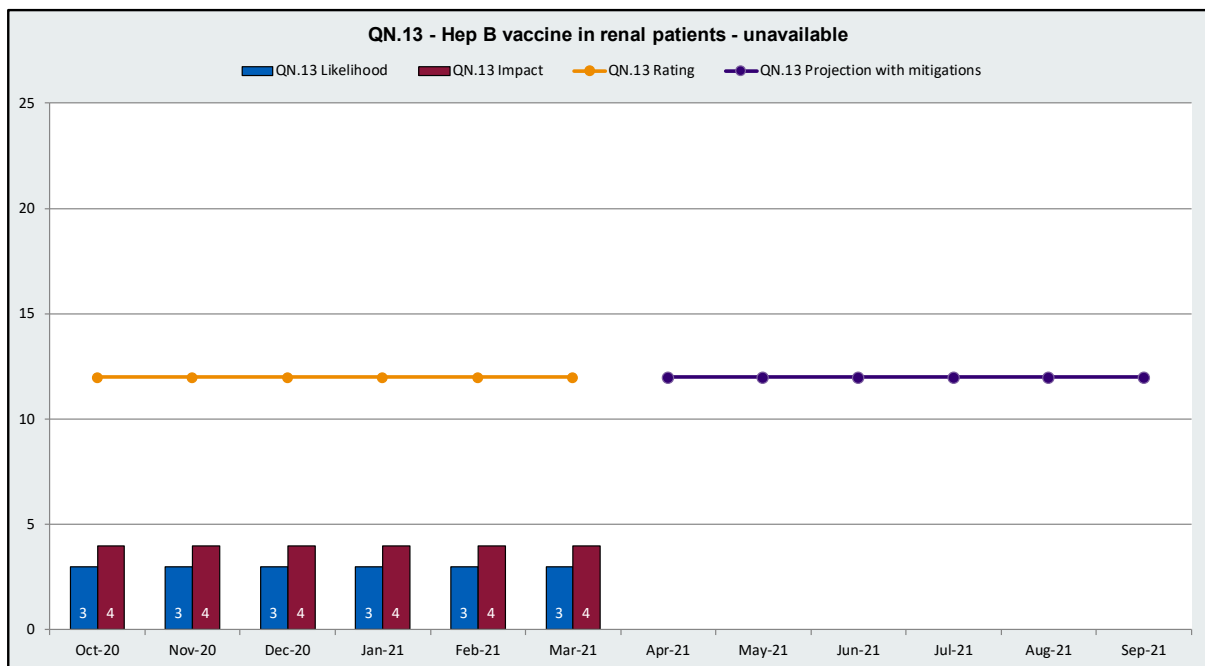
QN 16	Initial Health Assessments for LAC – reduced capacity to meet demand
	QPEC is to consider archiving this risk as now interrelates with risk QN07 'Timeliness of referrals for initial health checks'. Mitigations and updates will be provided moving forward jointly in QN07.
QN 19	Risk to quality and safety to residents in care homes due to normal oversight and assurance frameworks not in place
	<p>In collaboration with North Yorkshire County Council (NYCC) and the Community Infection Prevention & Control Team (IPC), the Nursing and Quality Team have commenced virtual assurance visits with Domiciliary care providers across the North Yorkshire patch to ensure they also have the support required to prevent and minimise potential outbreaks and facilitate safe care.</p> <p>A Safeguarding aide memoire has been established and implemented.</p> <p>As family visiting resumes it is anticipated that there may be an increase in queries / concerns raised as family members may have closer recognition of changes in their loved one associated with increased frailty/aging which may be normal or increased concerns regarding quality of care. These will be reviewed / investigated in line with usual process.</p> <p>There has been a continued risk reduction and if no further risks or issues, QPEC will be requested to review this risk in June with a view to archiving and resuming business as usual.</p>
QN 20	Risk to patient safety due to increased rates of nosocomial infections
	<p>The pandemic has resulted in an increased focus upon Infection prevention and control practices. Review of performance against all HCAs has been undertaken. Whilst there is an overall improved position across the Acute Trust C.Diff and MSSA remain out with expected maximum parameters.</p> <p>The Trust has investigated the significant Covid-19 outbreaks at both the Scarborough and York site which occurred in Nov/Dec/Jan. Application of the Yorkshire Contributory Framework to this is currently taking place.</p> <p>A review of the mechanisms in place and those which require developing is required in order to regain focus upon all nosocomial infections across the local healthcare system. A meeting with system partners is being progressed and anticipated to be imminent.</p>
QN 21	Children and Young people's therapy waiting times at York and Scarborough Teaching Hospitals NHS FT
	<p>The impact of the pandemic and associated NHS instruction to pause all low / med risk patient activity to allow deployment to acute services as part of nation/local Covid response has resulted in an increased waiting list for C&YP therapy. The Longest waiting time is up to 35 weeks.</p> <p>The Trust has plans to reduce the waiting times and ensure C&YP are triaged according to clinical need and interim advice is provided to the families.</p> <p>The CCG are assured there will be/ are no breaches of statutory timeframes for EHCP advice returns</p>

QN 22	Quality and safety of acute hospital discharges following the introduction of new discharge standards during the pandemic.
	<p>A new forum is now established led by VoY CCG Chief Nurse. This aims to bring together system partners who are crucial to understanding and contributing to discharge pathways, processes and standards - ensuring that each partner's needs are considered i.e. Local Authority, Primary care, Acute Trust, Independant care providers and the patient / family voice. The aim initially is to establish and agree a set of 'Quality and Safety' metrics. There are a range of established groups in place which contribute to / or have a focus upon discharge - therefore consideration is being given as to whether the improvement work required can be embedded and sustained through existing forum.</p>

Updates on the risks managed by Governing Body

QN 13 Hep B vaccine in renal patients:

Title	Hep B vaccine in renal patients - unavailable
Operational Lead	Paula Middlebrook
Lead Director	Michelle Carrington
Description and Impact on Care	There is not an adequately commissioned Hepatitis B vaccination service for renal patients leading to a risk that patients may not receive it.



Mitigating Actions and Comments

Date: 16th April 2021

Patients with chronic renal failure potentially remain at increased risk of hepatitis B virus (- HBV) infection because of their need for long term haemodialysis. Due to impaired immune responses, HBV infection in haemodialysis patients may be subclinical, and such patients may become carriers of the virus.

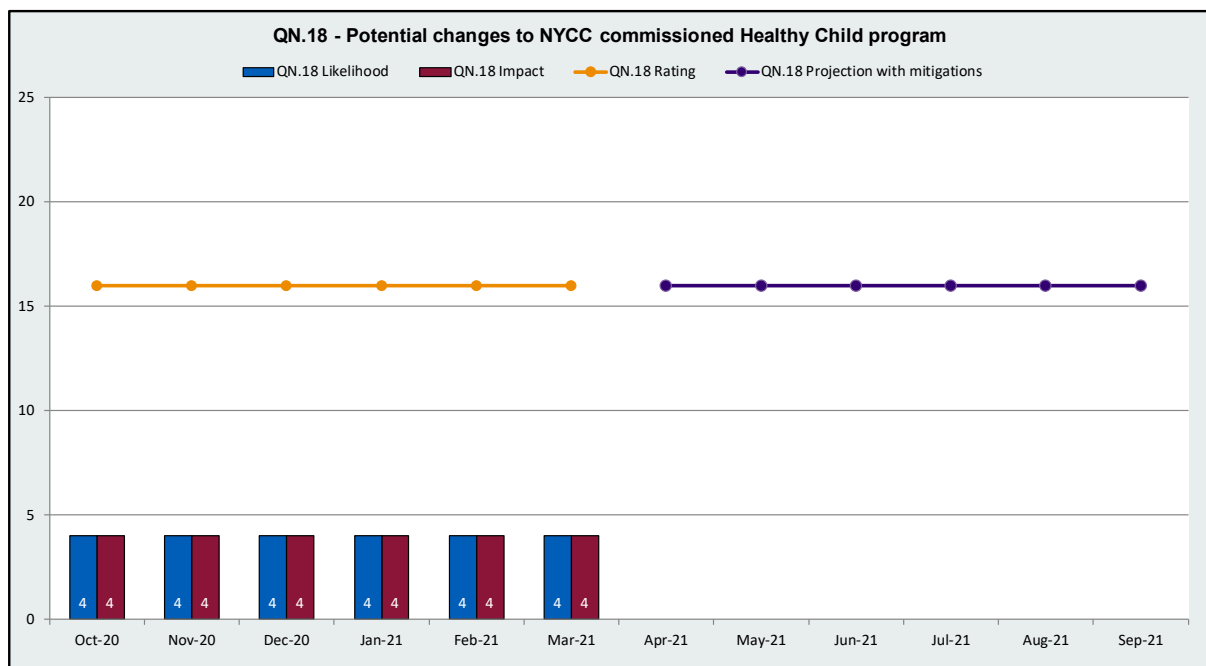
NHSE wrote to both Primary Care and Secondary Care Trusts informing them that the responsibility for provision of Hepatitis B vaccinations was transferring from Primary care to Secondary care renal services from July 2019. Prior to this there was an effective process in place for Primary care to deliver the vaccinations.

Due to lack of advance notice, YTHFT informed the CCG that they are unable to meet this need due to the additional resource that is required in clinic capacity and personnel to deliver the service.

Local GPs have continued to provide vaccination at the request of YTHFT with a formal agreement in place until the end of March 21. The Trust has delayed progress to develop and agree long term model due to the impact of covid on internal services, however following a meeting with the Trust and renal services on the 19th March, the Trust is committed to working with primary care to develop a sustainable model. VoY CCG has confirmed with the Trust that funding to support a sustained model will be supported by the CCG.

QN 18 Potential changes to NYCC commissioned Healthy Child program:

Risk Ref	QN.18
Title	Potential changes to NYCC commissioned Healthy Child program
Operational Lead	Karen McNicholas
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: 16th April 2021

Further risk has emerged with regards to lack of health attendance at Initial Child Protection Conferences (ICPC) when 5-19 practitioner is not in attendance as is not involved in the care of the child / Young person. GP's do not attend all ICPC's due to clinical commitments and short time frames involved. As a result of this 'health' contribution to information sharing, interpretation of risk and decision making at ICPC will be absent in a significant number of conferences. Risk to children and young people may not be fully articulated and understood and resultant decision making and professional intervention flawed such that the risks are not properly mitigated. There is potential of criticism of arrangements in any regulatory inspections and continued challenge from other statutory partners .


The Designated Nurses for children are looking at a process in order to address this risk and are currently writing a options paper to be considered by the CCG .

11. 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.

In relation to the risk register Governing Body is requested :

- To be assured that risks to quality and safety for the CCG are identified with appropriate mitigations in place
- To approve the risk *QN 16 Initial Health Assessments for LAC – reduced capacity to meet demand* is archived as has been incorporated within QN07
- To agree that the risks relating to TEWV following the CQC inspection get added to the Governing Body risk register

Item Number: 9									
Name of Presenter: Abigail Combes									
Meeting of the Governing Body Date of meeting: 6 May 2021	 Vale of York Clinical Commissioning Group								
Report Title – Board Assurance Framework									
Purpose of Report <i>(Select from list)</i> To Receive									
Reason for Report <p>The CCG is required to receive a Board Assurance Framework. This includes strategic objectives and the progress against priorities and a summary of all of the risks which are noted by the organisation.</p> <p>The Quality and Patient Experience Committee unfortunately did not meet last month due to unforeseen circumstances and therefore the risks cited remain the same as last reported; however the Board Assurance Framework strategic slide has been updated accordingly.</p>									
Strategic Priority Links <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Strengthening Primary Care</td> <td><input type="checkbox"/> Transformed MH/LD/ Complex Care</td> </tr> <tr> <td><input type="checkbox"/> Reducing Demand on System</td> <td><input type="checkbox"/> System transformations</td> </tr> <tr> <td><input type="checkbox"/> Fully Integrated OOH Care</td> <td><input type="checkbox"/> Financial Sustainability</td> </tr> <tr> <td><input type="checkbox"/> Sustainable acute hospital/ single acute contract</td> <td></td> </tr> </table>		<input type="checkbox"/> Strengthening Primary Care	<input type="checkbox"/> Transformed MH/LD/ Complex Care	<input type="checkbox"/> Reducing Demand on System	<input type="checkbox"/> System transformations	<input type="checkbox"/> Fully Integrated OOH Care	<input type="checkbox"/> Financial Sustainability	<input type="checkbox"/> Sustainable acute hospital/ single acute contract	
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Local Authority Area <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> CCG Footprint</td> <td><input type="checkbox"/> East Riding of Yorkshire Council</td> </tr> <tr> <td><input type="checkbox"/> City of York Council</td> <td><input type="checkbox"/> North Yorkshire County Council</td> </tr> </table>		<input checked="" type="checkbox"/> CCG Footprint	<input type="checkbox"/> East Riding of Yorkshire Council	<input type="checkbox"/> City of York Council	<input type="checkbox"/> North Yorkshire County Council				
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<input type="checkbox"/> City of York Council	<input type="checkbox"/> North Yorkshire County Council								
Impacts/ Key Risks <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating N/a								
Emerging Risks									

Impact Assessments

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

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments:

N/A

Recommendations

Receive and approve the Board Assurance Framework

Decision Requested (for Decision Log)

Received and approved the Board Assurance Framework

Responsible Executive Director and Title

Phil Mettam
Accountable Officer

Report Author and Title

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

Impact

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Likelihood

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	<u>Remote working for Practices</u> <ul style="list-style-type: none"> - Maintain and embed all the total triage models in primary care - IT developing a 'use your own device' solution which will enable Practice staff to work flexibly from home, and securely access Practice systems/resources using their own PC's or laptops. - Supporting additional IT models to support practice resilience such as Klinik/Push Dr - Continued flexibility around the use of extended access/hours appointments to support Practice resilience to deal with any key issues such as access to hospital phlebotomy services (they can use their evening/weekend appointments to offer phlebotomy themselves, during core hours for example). - Discussions with NECS and NHSEI re. potential funding to support 2 x Selby Practices to move to SystmOne – at which point all South locality Practices across the 2 PCN's would be using the same clinical system with an ability to share records to support business continuity. 	Stable but risk remains. Current incident levels reducing
OPEL escalation reporting framework	Steph Porter	<ul style="list-style-type: none"> - 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 £120m FUNDING FOR APRIL-SEPTEMBER 2021'	Steph Porter	<ol style="list-style-type: none"> 1. Increasing GP numbers and capacity 2. Supporting the establishment of the simple COVID oximetry@home model 3. First steps in identifying and supporting patients with Long COVID 4. Continuing to support clinically extremely vulnerable patients and maintain the shielding list 5. Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations 6. On inequalities, making significant progress on learning disability health checks, with an expectation that all CCGs will without exception reach the target of 67% by end September 2021 (ICS proposed revised date) 7. Potentially offering backfill for staff absences where this is agreed by the CCG, required to meet demand 	Plans in place

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

Impact

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Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Mental Health Recovery	Denise Nightingale	<ul style="list-style-type: none"> 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 	Increasing due to potential surge in demand
Hospital discharge requirements	Denise Nightingale	<ul style="list-style-type: none"> 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 (Scheme 3) are expected in Q1 to continue 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. 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. 	Stable
Keeping people safe with complex care needs and CHC assessments	Denise Nightingale	<ul style="list-style-type: none"> The service has fully completed the backlog of deferred CHC assessments as a result of the first covid-19 wave, and continues to resume CHC assessments in line with nationally prescribed operational standards. Continue to provide proportionate virtual reviews of people with fully funded CHC packages of care which require case management and support to providers of care with clients that have new or existing equipment needs. Continue to lead on development of closer alignment and integration of complex care service with the local authorities and system partners 	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	<ul style="list-style-type: none"> Single oversight of all acute providers' waiting lists (PTLs) across the HCV by the Collaborative of Acute Providers (CAP), including high priority urgent 'P2' cancer and non-cancer patients Provision of mutual aid between providers to target highest risk/ longest waits where possible supported by Clinical Prioritisation Panel Optimising all available capacity across NHS and IS providers by: <ul style="list-style-type: none"> - utilising all local IS capacity and continued support locally for the collaborative partnership principles embodied by 'prime provider models' - acute providers to move to top quartile productivity & performance in key specialties (Cardiology, Orthopaedics, ophthalmology) - acute providers working together with four key specialties to explore how to optimise all available capacity and develop elective hubs which can manage low risk, high volume surgery more efficiently Provide support and care for patients who may wait for long periods on waiting lists informed by risk stratification based on health inequalities [Waiting Well] Optimising referrals with earlier expert input, increasing virtual consultations and follow-up outpatient pathways, where safe and inclusive for all patients, to help manage pressure on waiting lists as demand returns to pre-COVID levels 	Static as refreshed recovery and transformation plans are mobilised
To optimise all diagnostic capacity available to reduce long waits, address backlogs and support clinicians in remote monitoring of patients and cancer diagnosis	Phil Mettam	<ul style="list-style-type: none"> HCV Diagnostics Board refreshing all recovery priorities for endoscopy, CT, MRI and imaging. Includes focus on optimising referrals to diagnostics, developing a resilient workforce and targets investment in networked reporting and mobile capacity to support shared access across HCV as collaborative acute providers Options for locating Community Diagnostics Hubs/ capacity across the HCV linked to recovery plans (including the most affected cancer pathways) and where possible to help address the highest health inequalities Scoping of Local Diagnostics to support local clinicians in accessing more capacity and help remote monitoring of patients (includes ECG, BP monitoring, Echo, Doppler, FeNO and spirometry) will be refreshed as part of the development of a wider Diagnostics strategy for NY&Y Mobilisation of targeted lung health checks across the HCV All cancer screening programmes have now been restored with an impact on some diagnostic pathways as a result of screening 	Improving as refreshed recovery and transformation plans are mobilised
To support partners in achieving the shift in urgent care capacity out of hospital to reduce pressure on ED and help system flow	Phil Mettam	<ul style="list-style-type: none"> Work to transform urgent care delivery by out of hospital providers through more integrated models of delivery co-designed to optimise capacity and resilience will be led by providers working as integrated collaboratives at place Urgent & Emergency Care Network (UECN) priorities for further building capacity and resilience in all out of hospital urgent care delivery will support diversion away from ED and getting patients safely to the right place at the right time for their care SDEC pathways continue to demonstrate impact on numbers of avoidable admissions Improved local model of discharge planning aligned to national discharge to assess best practice has developed during the COVID response. The future operational delivery model for discharge for the North Yorkshire & York Geographical Partnership will be developed in 21/22. 	Improving as refreshed recovery and transformation plans are mobilised through the UECN with local place partners

Impact

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Likelihood

Achieving and supporting system financial sustainability

Impact

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Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Maintaining financial planning, management and reporting approach	Simon Bell	<ul style="list-style-type: none"> - Completion and submission of organisational and system financial planning returns in line with ICS and national guidance and timetable. - Triangulate planning requirements across the ICS, North Yorkshire and York sub-system and with the relevant providers - 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	<ul style="list-style-type: none"> - Establish 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, particularly host commissioning organisations, North Yorkshire and York sub-system and onto the relevant provider. - Establish and maintain clear processes around Hospital Discharge Programme costs with City of York Council - Build funding details into financial plans and monthly reporting and monitoring processes. - Ensure IS national funding is maximised in support of managing elective waiting list reduction while mitigating any risk of local arrangements being non-compliant with emergent guidance on reimbursement by collective, regular review and risk sharing arrangements. 	Stable
Contribute effective support to place, integration, and public health management development programme	Simon Bell	<ul style="list-style-type: none"> - 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

Impact

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4	QN.06; QN.12	QN.03; QN.19; QN.20; QN.13	QN.18; QN.16; QN.08; QN.05	QN.09
3		QN.04; QN.21		
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Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Supporting providers to ensure provision of high quality, safe services	Michelle Carrington	<ul style="list-style-type: none"> To establish proportionate approaches to seeking assurance regarding quality and safety, and supporting providers in quality improvement. Work with TEVV to ensure CQC compliant actions are undertaken to ensure safe care. Transition to new NHSE/I governance arrangements and review of QSGs Work with YTHFT to improve patient safety systems and processes, 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 services for children and young people with Specials 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	<ul style="list-style-type: none"> 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. Daily meetings with LA 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 effectively implement an enhanced offer to care homes including from primary care and community services Support primary care to deliver covid vaccination to care home residents and social care staff. 	Stable
To protect vulnerable people and health and care services from the impacts of flu and covid.	Michelle Carrington	<ul style="list-style-type: none"> Flu vaccination has now ceased. However vaccinations remain available via community pharmacy and practices for anyone not previously vaccinated i.e. newly pregnant. 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 	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.	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 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	increased

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Impact

Likelihood


















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


Impact	5				
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Likelihood

Current Priority	Exec Lead	Actions	Direction of risk travel
Support the embedding of a prevention agenda across all areas of the CCG's work	Steph Porter (Peter Roderick leading)	<p>Key areas of work include:</p> <ul style="list-style-type: none"> - BP@Home programme to tackle unmanaged hypertension - Pulse oximeters for COVID +ve patients - Contribution to work on respiratory health and diabetes at HCV level - Supporting work of YHCC including prevention workstream focussing on alcohol, smoking and obesity - Working through the Inclusion health tool with PCNs - Selby Health Equity Audit 	Stable
Implement the Wave 3 planning focussing on 8 high impact Health Inequalities areas	Steph Porter (Peter Roderick leading)	<p>Actions currently being progressed across NY+Y through SLE are:</p> <ul style="list-style-type: none"> - Protect the most vulnerable from COVID-19 - Restore NHS services inclusively - Develop digitally enabled care pathways in ways which increase inclusion - Accelerate preventative programmes - Particularly support those who suffer mental ill health - named executive board member responsible for tackling inequalities - Ensure datasets are complete and timely - Collaborate locally in planning and delivering action to address health inequalities 	Stable
Develop a population health management approach across the CCG area	Steph Porter (Peter Roderick leading)	<ul style="list-style-type: none"> - Optum programmes in Selby Place and York City currently running - Enhanced Finance and Contracting programme in York 'place' currently running - Through the York Health and Care Alliance, develop a Population Health Hub, focussing population health management tools on priorities for the York system including Diabetes/Obesity, Learning disabilities and autism, and complex packages of care - Develop 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 	Stable

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.09 SEND Inspection significant improvements needed		QN.13 Dispute over delivery of Hep C vaccine		ES.22 Cash Balance availability	
QN.18 Impact of changes to NYCC healthy child programme		QN.19 Risk to quality and safety to residents in care homes due to normal oversight and assurance frameworks not in place.		IG.01 data may be compromised in the NECS transition	
QN.16 Initial health checks LAC		ES.15 Create sustainable financial plans			
QN.08 Planned care waiting list quality assessment		ES.22 Cash Balance availability			
QN.05 Poor discharge standards		PRC.14 LD Health checks			
COR.05 Risk of vacancy freeze and staff exit due to uncertainty over NHS change		PCR.15 SMI Health checks			
QN.12 Missed prenatal pertussis vaccine		QN.21 Therapies			
QN.06 IPC standards at YHFT		ES.38 Failure to deliver a sustainable financial plan			
QN.20 Risk to patient safety due to increased nosocomial infection					
QN.03 Specialist nursing service quality					
QN.07 Referral for initial health checks – timeliness of CYC referrals					

Item Number: 10									
Name of Presenter: Abigail Combes									
Meeting of the Governing Body Date of meeting: 6 May 2021	 Vale of York Clinical Commissioning Group								
Report Title – Risk Management Policy and Strategy									
Purpose of Report <i>(Select from list)</i> To Ratify									
Reason for Report <p>The CCG is required to approve a risk management policy once a year. This was delayed in part due to the pandemic and in part due to changes in the NHS infrastructure. Following Governing Body's review of the risk appetite statement on 1 April 2021 the attached policy was approved by an Extraordinary Audit Committee meeting on 8 April 2021. The amendments are highlighted for clarity.</p>									
Strategic Priority Links <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Strengthening Primary Care</td> <td><input type="checkbox"/> Transformed MH/LD/ Complex Care</td> </tr> <tr> <td><input type="checkbox"/> Reducing Demand on System</td> <td><input type="checkbox"/> System transformations</td> </tr> <tr> <td><input type="checkbox"/> Fully Integrated OOH Care</td> <td><input type="checkbox"/> Financial Sustainability</td> </tr> <tr> <td><input type="checkbox"/> Sustainable acute hospital/ single acute contract</td> <td></td> </tr> </table>		<input type="checkbox"/> Strengthening Primary Care	<input type="checkbox"/> Transformed MH/LD/ Complex Care	<input type="checkbox"/> Reducing Demand on System	<input type="checkbox"/> System transformations	<input type="checkbox"/> Fully Integrated OOH Care	<input type="checkbox"/> Financial Sustainability	<input type="checkbox"/> Sustainable acute hospital/ single acute contract	
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Impacts/ Key Risks <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Financial</td> <td rowspan="4" style="vertical-align: top;">Risk Rating N/a</td> </tr> <tr> <td><input type="checkbox"/> Legal</td> </tr> <tr> <td><input type="checkbox"/> Primary Care</td> </tr> <tr> <td><input type="checkbox"/> Equalities</td> </tr> </table>	<input type="checkbox"/> Financial	Risk Rating N/a	<input type="checkbox"/> Legal	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Equalities				
<input type="checkbox"/> Financial	Risk Rating N/a								
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<input type="checkbox"/> Primary Care									
<input type="checkbox"/> Equalities									
Emerging Risks									

Impact Assessments

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

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments:

N/A

Recommendations

Ratification of the policy

Decision Requested (for Decision Log)

The Risk Management Policy and Strategy is ratified.

Responsible Executive Director and Title

Phil Mettam
Accountable Officer

Report Author and Title

Abigail Combes
Head of Legal and Governance

RISK MANAGEMENT POLICY AND STRATEGY
April 2021

Policy Ref:	COR03
Date Issued:	
Date to be reviewed:	April 2022

Authorship:	Head of Legal and Governance
Reviewing Committee:	Audit Committee
Date:	
Approval Body:	Governing Body
Approved Date:	
Review Date:	April 2021
Equality Impact Assessment:	Yes
Sustainability Impact Assessment:	Yes
Related Policies:	NHS Vale of York CCG Constitution (including Standing Orders); Information Risk Management Strategy NHS Vale of York CCG Policies
Target Audience:	All employees, members, committee and sub-committee members of the group and members of the governing body and its committees
Policy Reference No:	COR03
Version Number:	5.0

APPROVAL RECORD

	Committees / Groups / Individual	Date
Consultation:	Governing Body	April 2021
	Senior Management	
	Specialist Advice (if required)	N/A
Approved by Committees:	Audit Committee	
	Governing Body	

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1. INTRODUCTION

- 1.1 Good risk management awareness and practice at all levels is a critical success factor for NHS Vale of York Clinical Commissioning Group (the CCG). Risk is inherent in everything that we do, from determining service priorities, taking decisions about future strategies, or even deciding not to take any action at all.
- 1.2 Although we manage risk continuously – sometime consciously and sometimes without realising it, we do not always manage risk systematically and consistently.
- 1.3 In accordance with the guidance contained in The Health NHS Board 2013: Principles for Good Governance (The NHS Leadership Academy); and ISO31000; the CCG will undertake a systematic approach to the management of risk that builds public confidence. It is clear, however, that the future sustainability of the NHS and its founding values will require creative and innovative solutions to ensure that risk and innovation are not perceived to be mutually exclusive. The CCG proposes to implement a system of internal controls which will encompass financial controls, organisational control and clinical governance. The system of internal controls is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to:
 - Identify and prioritise the risks to the achievement of the CCG's priorities, aims and objectives;
 - Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

2. POLICY STATEMENT

- 2.1 The CCG is committed to a strategy, which minimises risk to all its stakeholders through a comprehensive system of internal controls, whilst maximising potential for flexibility, innovation and best practice in delivery of its strategic objectives to improve the health of all the residents within the CCG.

3. IMPACT ANALYSIS

Equality

- 3.1 As a result of performing the screening analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. The results of the screening are attached.

Sustainability

- 3.2 A Sustainability Impact Assessment has been undertaken. Positive and negative impacts are assessed against the twelve sustainability themes. The results of the assessment are attached.

4. SCOPE OF THE POLICY

- 4.1 This policy applies to all employees of the CCG in all locations including temporary employees, locums and contracted staff.

5. POLICY PURPOSE/AIMS AND FAILURE TO COMPLY

- 5.1 The purpose of this document is to provide guidance to all staff within the CCG on the management of strategic, operational and project risks within the organisation and will describe the procedures to be used in identifying, analysing, evaluating and monitoring risks to the delivery of key objectives.

- 5.2 The objectives of this strategy and policy are to:
- Promote awareness of business risk and embed the approach of its management throughout the Group
 - Ensure that risk management is an integral part of the CCG's culture;
 - Seek to identify, measure, control and report on any risk that will undermine the achievement of the CCG's priorities, both strategically and operationally, through appropriate assessment criteria; and
 - Monitor and measure the overall performance of the Risk Management Policy and Assurance Framework and the way in which it contributes to the achievement of business activities.

- 5.3 Failure to comply with policy may result in risks not being appropriately identified and effectively managed.

6. PRINCIPLE LEGISLATION AND COMPLIANCE WITH STANDARDS

- 6.1 The CCG needs to ensure that appropriate arrangements are in place to comply with CCG statutory duties, including:
- Health and Social Care Act 2012
 - Data Protection Act 2018
 - General Data Protection Regulations
 - Mental Capacity Act 2005
 - The Human Rights Act 1998
 - Equality Act 2010
 - Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013
 - United Nations Convention on the Rights of the Child
 - Employment Rights Act 1996
 - Health and Safety at Work Act 1974
 - Management of Health and Safety at Work regulations 1999

- The Workplace (Health and Safety and Welfare) Regulations 1992
- Freedom of Information Act 2000
- Information Governance Toolkit standards and requirements

The CCG Constitution

6.2 The CCG Constitution requires that the Audit Committee shall review the establishment and maintenance of an effective system of integrated governance, internal control and risk across the whole of the Clinical Commissioning Group's activities that supports the achievement of its objectives.

7. ROLES/RESPONSIBILITIES/DUTIES

Governing Body

7.1 The Governing Body has a duty to assure itself that the organisation has properly identified the risks it faces and that it has processes and controls in place to mitigate those risks and the impact that they have on the organisation and its stakeholders. The Governing Body discharges this duty as follows:-

- Identifies risks to the achievement of its strategic objectives;
- Monitors these via the CCG Board Assurance Framework;
- Ensures that there is a structure in place for the effective management of risk throughout the CCG;
- Approves and reviews strategies for risk management on an annual basis;
- Receives regular reports from the Finance and Performance Committee; the Quality and Patient Experience Committee; the Executive Committee and the Primary Care Commissioning Committee identifying significant risks; and
- Demonstrates leadership, active involvement and support for risk management.

7.2 The CCG Governing Body is responsible for approval of arrangements for risk sharing or risk pooling with other organisations (for example arrangements for pooled funds with other clinical commission groups or pooled budget arrangements under section 75 of the NHS Act 2006)

7.3 Where the CCG makes arrangement with another CCG to co-commission services, the CCG shall agree how risk will be managed and apportioned between the parties.

The Audit Committee

7.4 The Audit Committee is responsible for providing assurance to the Governing Body that the CCG's Assurance Framework is valid and suitable for the significant risks to achieving its strategic objectives and that these controls are operating effectively.

7.5 The Chair of the Audit Committee is the Lay Member lead for risk management.

The Accountable Officer

- 7.6 The Accountable Officer has overall accountability for the management of risk and with support from the Head of Legal and Governance is responsible for:
- Continually promoting risk management and demonstrating leadership, involvement and support;
 - Ensuring an appropriate committee structure is in place, with regular reports to the Governing Body;
 - Ensuring that Directors and Senior Managers are appointed with managerial responsibility for risk management;
 - Ensuring that appropriate Policies, Procedures and Guidelines are in place and operating throughout the CCG;
 - Ensuring risk management systems are in place throughout the CCG;
 - Ensuring the Board Assurance Framework is regularly reviewed and updated;
 - Ensuring that there is appropriate external review of the CCG's risk management systems, and that these are reported to the Governing Body;
 - Overseeing the management of risks as determined by the Executive Group;
 - Ensuring risk action plans are put in place, regularly monitored and implemented.

The Executive Director of Quality and Nursing

- 7.7 The Executive Director of Quality and Nursing supports and promotes risk management processes where they link with the Quality Strategy and those Regulatory Factors associated with the Quality and Nursing team, e.g. Serious Incidents and CQC Regulation.
- 7.8 The Executive Director of Quality and Nursing is the Caldicott Guardian for the organisation and oversees the Caldicott log. The Director may be supported by their Deputy in the discharge of this function provided that Deputy has been appropriately trained as a Caldicott Guardian.

The Executive Director for Primary Care

- 7.9 The Executive Director for Primary Care, support by the Assistant Director for Primary Care will be responsible for promoting risk management processes with all NHS Vale of York CCG member practices. This ensures that practices continuously improve quality of primary care and report risks to the CCG for assessment and mitigation.

The Chief Finance Officer

- 7.10 The Chief Finance Officer is the organisation's Senior Information Risk Owner (SIRO). The SIRO is responsible for reviewing and approving information asset risk assessments and ensuring that information risks are managed appropriately.

Deputies Group

7.11 The CCG Deputies group is a group of individuals reporting directly to a CCG Director. They do not hold any formal delegation other than that which is given to them through the Executive committee. One of the functions is the oversight of risk management. This means that the Deputies Group will monitor and maintain all of the risk registers for the CCG Committees and will work with their staff to ensure that the risk matrix is consistently and appropriately applied.

Senior Managers

7.12 Senior Managers should incorporate risk management within all aspects of their work and are responsible for directing the implementation of the CCG Risk Management Policy by:

- Demonstrating personal involvement and support for the promotion of risk management
- Ensuring that staff accountable to them understand and pursue risk management in their areas of responsibility
- Setting personal objectives for risk management and monitoring their achievement
- Ensuring risks are identified and managed and mitigating actions implemented in functions for which they are accountable
- Ensuring action plans for risks relating to their respective areas are prepared and reviewed on a regular basis
- Ensuring project/programme risk registers are established and maintained that relates to their area of responsibility and involve staff in this process to promote ownership of the risks identified.
- Ensuring risks are escalated where they are of a strategic nature.

The Head of Legal and Governance

7.13 The Head of Legal and Governance has responsibility for:

- Ensuring that a risk register and Assurance Framework is developed and maintained;
- Ensuring that sub-committees of the Governing Body receive regular risk reports and have the opportunity to review risks jointly;
- Providing advice on the risk management process;
- Ensuring that the CCG Assurance framework and corporate risk register is up to date for the Governing Body and all of its sub committees;
- Working collaboratively with Internal Audit

All Members of Staff

7.14 All members of staff are responsible for:

- ensuring that the risk register and Assurance Framework are updated;
- ensuring that the relevant Executive Director is made aware of any risk

associated with their area of business prior to the risk being added to the Register;

- being aware that they have a duty under legislation to take reasonable care of their own safety and the safety of others who may be affected by the CCGs business and to comply with appropriate CCG rules, regulations, instructions, policies, procedures and guidelines;
- Take action to protect themselves and others from risks;
- Identify and report risks to their line manager;
- Ensure incidents, claims and complaints are reported using the appropriate procedures and channels of communication;
- Co-operating with others in the management of the CCG's risks;
- Attending mandatory and statutory training as determined by the CCG or the individuals line manager;
- Being aware of emergency procedures relating to their particular department locations
- Being aware of the CCG's Risk Management Policy and complying with the procedures.

Contractors, Agency and Locum Staff

7.15 Managers must ensure that where they are employing or contracting agency and locum staff they are made aware of and adhere to, all relevant policies, procedures and guidance of the CCG, including the Incident reporting Policy and Procedure and Health and Safety Policy.

- Take action to protect themselves and others from risks
- Bring to the attention of others the nature of risks which they are aware of

8 DEFINITIONS

8.1 **Assurance** – Assurance is a holistic concept based on best governance practice. It is a process designed to provide evidence that the CCG is doing its 'reasonable best' to manage itself so as to meet its objectives, protect patients, staff, the public and other stakeholders against risks of all kinds. It is a fundamental process of governance that will assist us in identifying risks, determining unacceptable levels of risk and deciding where best to direct our limited resources to eliminate or reduce those risks. It exists to inform the CCG Governing Body about significant risks within the CCG for which they are responsible.

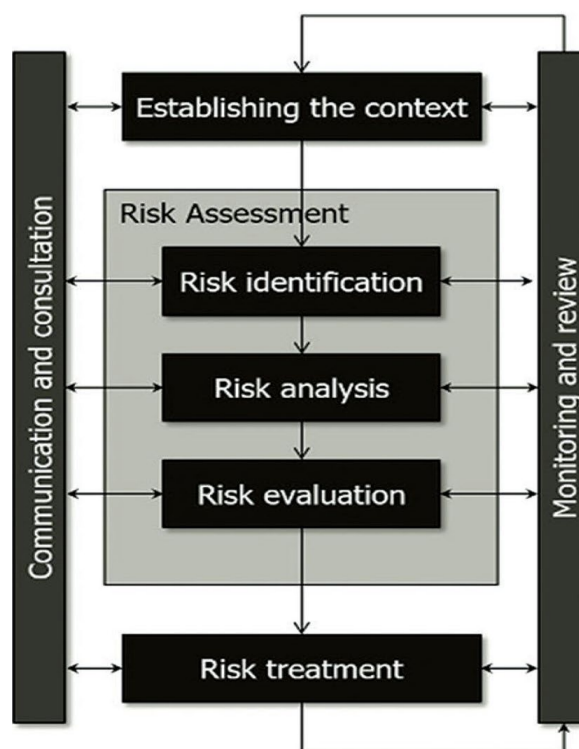
8.2 **Risk** - risk is the "effect of uncertainty on objectives" and an effect is a positive or negative deviation from what is expected

8.3 **Risk Management** - Risk management refers to a coordinated set of activities and methods that is used to direct an organization and to control the many risks that can affect its ability to achieve objectives.

The term risk management also refers to the programme that is used to manage risk. This programme includes risk management principles, a risk management framework, and a risk management process.

- 8.4 **Risk Management Plan** - An organization's risk management plan describes how it intends to manage risk. It describes the management components, the approach, and the resources that are used to manage risk. Typical management components include procedures, practices, responsibilities, and activities (including their sequence and timing). Risk management plans can be applied to products, processes, and projects, or to an entire organization or to any part of it.
- 8.5 **Risk Management Process** - According to ISO 31000, a risk management process systematically applies management policies, procedures, and practices to a set of activities intended to establish the context, communicate and consult with stakeholders, and identify, analyze, evaluate, treat, monitor, record, report, and review risk.
- 8.6 **Risk Owner** - A risk owner is a person or entity that has been given the authority to manage a particular risk and is accountable for doing so.
- 8.7 **Risk Treatment (also referred to as Mitigation)** - Risk treatment is a risk modification process. It involves selecting and implementing one or more treatment options. Once a treatment has been implemented, it becomes a control or it modifies existing controls.

You have many treatment options. You can avoid the risk, you can reduce the risk, you can remove the source of the risk, you can modify the consequences, you can change the probabilities, you can share the risk with others, you can simply retain the risk, or you can even increase the risk in order to pursue an opportunity.



PROCESS

- 8.8 **Significant Risks** – Significant risks are those which, when measured according to the risk matrix at Appendix 3 are assessed to be high or extreme or threaten an objective. The CCG Governing Body will take an active interest in the management of significant risks and will consider whether they need to be included on the Assurance Framework for on-going assurance.
- 8.9 **The Assurance Framework** – The assurance framework provides the organisation with a simple but comprehensive method for the effective and focused management of the principal risks to meeting objectives. It also provides a structure for the evidence to support the Annual Governance Statement. This simplifies Governing Body reporting and the prioritisation of action plans, which, in turn allow for more effective performance management.

9. PRINCIPLES OF RISK MANAGEMENT

- 9.1 The CCG is committed to a risk management strategy that enables the CCG to achieve its key priorities which are as follows:

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

- 9.2 The CCG will seek to strike a balance between mitigating all risks and encouraging innovation and experimentation, within acceptable limits and where the potential benefits justify the element of risk.

10. WHAT IS AN ACCEPTABLE RISK?

- 10.1 The CCG recognises that it is impossible and not always desirable to eliminate all risks and that systems of control should not be so rigid that they stifle innovation and imaginative use of limited resources in order to achieve health benefits for local residents. In order to establish a consistent framework for the assessment and management of risk, the CCG has adopted a risk assessment tool and has determined the levels of authority at which risks should be addressed. Risks identified as being in the extreme of high categories are regarded as significant risks and should be reported to the appropriate Committee.
- 10.2 The CCG will, however, as a general principle, seek to eliminate or reduce all identifiable risk to the lowest practicable level and control all risks which have the potential to: harm its staff, patients, visitors and other stakeholders; have a high potential for incidents to occur; would result in loss of public confidence

in the CCG and/or its partner agencies; would have severe financial consequences which would prevent the CCG from carrying out its functions on behalf of its residents. The CCG is committed to achieving this through its holistic approach to risk management within the clinical and corporate governance agendas.

- 10.3 All identified risk should be brought to the attention of the relevant member of the CCG Deputies group highlighted in the structure at Appendix 2. They will have the responsibility of assessing the risk in accordance with the risk assessment tool.

11. RISK APPETITE

- 11.1 The adoption of a risk appetite statement is considered a fundamental aspect of risk management and is set out in a number of authoritative sources:

- Treasury guidance: it is essential that both private and public organisations set out the Boards attitude to risk and that this is used to inform decision making
- British Standard (BS31100) states “the organisation should prepare a risk appetite statement which may provide direction and boundaries on the risk that can be accepted at various levels of the organisation, how the risk and any associated reward are to be balanced and the likely response”
- The UK Corporate Code of Governance sets out that “The board is responsible for determining the nature and extent of the principal risks it is willing to take in achieving its strategic objectives. The board should maintain sound risk management and internal control systems.”

- 11.2 The CCG recognises the importance of having a documented statement that reflects its approach to risk appetite/tolerance in line with British Standard BS31100 which provides direction and boundaries on the risk that can be accepted at various levels of the organisation and how the organisation responds to risk to ensure that the level of risk and any associated reward are to be balanced.

- 11.3 The CCG is not risk averse and recognises that decisions with the potential to improve services or performance can also carry risks. This should not deter from making the decision, but is considered when making the decision so that the decision is informed based on the risk assessment and a decision on the level of tolerance of any risks.

- 11.4 The CCG’s approach to risk is that:
- The lower the appetite for risk the less the CCG is willing to tolerate the consequence and there is a requirement for higher levels of controls and assurance to manage the risk.
 - The higher the CCG appetite for risk, the more the CCG is willing to accept potential consequences in order to achieve objectives. The CCG will accept business as usual activity for established systems of internal control, and will not necessarily seek to strengthen those

controls above all else.

11.5 The CCG shall prepare a risk appetite statement that shall be reviewed annually in line with the refresh of the CCG's Board Assurance Framework.

12. THE CCG RISK APPETITE STATEMENT

12.1 The CCG's Risk Appetite Statement establishes risk tolerance in the following four categories:-

- i. Safety risk – The risk that the CCG will not be able to deliver services which are safe for patients.
- ii. Compliance risk – The risk that the CCG will not comply with the requirements of legislation and regulation including the NHS Constitution
- iii. Financial risk – The risk that the CCG fails to operate within its allocation and therefore operate in deficit
- iv. Service Delivery risk – The risk that the CCG is unable to deliver services to patients and is linked to the risks above

12.2 The CCG considered a number of factors to determine risk appetite. With due regard to the risk appetite, when a risk is recorded in the register, it will be categorised as high risk (red), medium risk (amber) or low risk (green) and will be based on an assessment of risk by staff in possession of this statement of risk appetite.

12.3 The risk appetite of the CCG was established by the CCGs Governing Body in October 2019 using the criteria below.

	Finance	Compliance	Safety	Service delivery
Adverse	Minor loss < £1000	Trivial, very short term single non-compliance	Insignificant injury (no intervention)	Negligible impact/unnoticed by service users
Cautious	Small loss £1,001-£10,000	Small, single short-term non compliance	Minor injury (local intervention)	Small impact/small inconvenience
Moderate	Moderate loss £10,001 - £100,000	Sustained single or a few short-term non-compliances	Moderate injury (professional intervention)	Medium level impact/moderate inconvenience
Open	Significant loss £100,001 - £1,000,000	Multiple sustained non-compliances	Major injury (hospital stay)	Significant impact/serious inconvenience
Hungry	Substantial loss > £1,000,000	Multiple, long-term, significant non-compliances	Fatal injury	Substantial/complete service failure

	Approach to Achieving aim/objectives	Potential reward/benefit from risk taking	Organisational culture
Adverse	Safe; exposure to only the very lowest levels of risk	Very low	Little or no empowerment beyond most senior team considerable control over all activities
Cautious	Guarded; as little risk as reasonably possible	Low	Empowerment to senior and key middle managers; strong control over most activities
Moderate	Balanced; exposure to middle-ground risks	Medium	Empowerment to front-line managers; control over some activities, more latitude for others
Open	Creative; elevated levels of risk exposure	High	Empowerment to all managers, supervisors and selected staff; control over small core of activities, considerable latitude for others
Hungry	Pioneering; substantial levels of risk exposure	Extremely High	Widespread empowerment to all managers and staff; very few controls, individual initiative strongly encourage and supported

Overall Risk Appetite Statement

12.4 The CCG has an overall open/moderate risk appetite. The CCG will act in accordance with this risk appetite statement to support its strategic objectives.

12.5 The Governing Body has determined current risk appetite for the CCG as follows:

	Finance	Compliance	Safety	Service delivery
Adverse	Minor loss < £1000	Trivial, very short term single non-compliance	Insignificant injury (no intervention)	Negligible impact/unnoticed by service users
Cautious	Small loss £1,001- £10,000	Small, single short-term non compliance	Minor injury (local intervention)	Small impact/small inconvenience
Moderate	Moderate loss £10,001 - £100,000	Sustained single or a few short-term non-compliances	Moderate injury (professional intervention)	Medium level impact/moderate inconvenience
Open	Significant loss £100,001 - £1,000,000	Multiple sustained non-compliances	Major injury (hospital stay)	Significant impact/serious inconvenience

Hungry	Substantial loss > £1,000,000	Multiple, long-term, significant non-compliances	Fatal injury	Substantial/complete service failure
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12.6 This statement must be kept under review as the CCGs mission, objectives and values develop over time and positions change.

12.7 Safety Risks

The CCG has a moderate appetite for risk relating to safety. This will cut across a number of areas including where constitutional targets not being met puts patient safety at risk as well as the commissioning of safe services. The CCG must understand the impact of decisions on patients and the safe delivery of services must be the paramount consideration of the organisation.

12.8 Compliance Risks

The CCG has an open appetite for compliance risks except where these risk the safety of patients. The CCG understands that it is required to comply with its duties and obligations under legislation and the NHS constitution however the CCG is content that necessary plans are in place to address these as far as this is within the CCGs control. For this reason the CCG is content to accept a level of risk which is associated with a failure to comply with these requirements as steps are taken to address these.

Whilst this is the case the CCG is keen to ensure that where a failure to comply with a requirement directly impacts on patient safety, the CCG has a low appetite for these risks.

Information Governance Risks also fall under this heading.

12.8 Finance Risks

The CCG is currently in deficit and is in Legal Directions in part as a result of this. The CCG therefore has an open risk appetite for financial risks. Broadly speaking this means that the CCG will tolerate a risk of financial loss of between £100,001 and £1,000,000 however this is dependent upon the circumstances. For example where this is unplanned expenditure that ought to have been anticipated had proper horizon scanning or risk management been undertaken this is less tolerable than a change in system position etc.

The Governing Body also views loss as a situation where a projected saving is not going to be delivered and this should be assessed in the same way.

12.9 Service Delivery Risks

The CCG is moderate to risk to service delivery. This is the case whether service delivery is put at risk as a result of financial challenges, recruitment

challenges or planned staffing changes. The impact of the failure to deliver a service should also be described.

12.10 Whilst the CCG has a moderate to open tolerance of risk generally where there are risks which cut across a number of categories and may fall into a more tolerant category (for example compliance risks); where these are also related to patient safety they should be reported through the relevant committee; a safety risk will take priority over a compliance risk.

12.11 **Examples**

(i) *The CCG has become aware that the local provider of Acute Services has had a significant rise in the number of 12 hour trolley waits. The information which the CCG holds is that this is not uncommon regionally and that the provider is not an outlier on the basis of the figures provided. 12 hour trolley waits is a target that is recorded and provided to regulators and breaches should be reported accordingly. As this matter is a single incident and is not one which the CCG is concerned about, Managers would be in a position to deal with this without escalation to a committee.*

The CCG have however become aware that two of the 12 hour trolley waits resulted in significant harm to patients and the Provider did not report these incidents to the CCG in accordance with the escalation requirements. For that reason patient safety becomes a greater concern than compliance with the target and the risk should be recorded as such and escalated to Quality and Patient Experience Committee.

(ii) *The CCG has become aware of a service which was commissioned by NHSE from Primary Care has moved to be commissioned by the Trust however there is no specific envelope of money being provided to the Trust to commission the service. There appears to have been a breakdown in communication and the Trust have not accounted for the need to provide this service and are unable to do so.*

The CCG are approached to offer a LES to practices to cover this service in the meantime. The CCG are not the commissioners of this service however NHSE are leaving this to be resolved with the Trust and if the CCG want to offer a LES to cover the gap that is a matter for the CCG. This additional cost is not in the CCG financial plan and would come at a cost of approximately £150,000. Patients who do not receive this service may be at risk of harm as a result.

This risk may be reported to Finance and Performance Committee as a variance from plan however should be managed by Quality and Patient Experience Committee.

13. **ASSURANCE STANDARDS**

13.1 The CCG will maintain a Board Assurance Framework which is based upon the strategic priorities of the organisation and risk. This process will be reviewed annually. Individual directors are responsible for identification and grading of risks together with producing and monitoring action plans and formally reporting to the Committees on a regular basis.

14. **RISK AWARENESS TRAINING FOR SENIOR MANAGEMENT (EXECUTIVE DIRECTORS AND GOVERNING BODY MEMBERS)**

14.1 The Governing Body will receive ad hoc risk awareness training through Governing Body workshops. Minutes and notes will provide evidence of attendance. Any members that are not able to attend will receive a copy of the minutes and the presentation.

15. **RISK REGISTER PROCESS**

15.1 All risks, clinical, strategic, organisation and financial will need to be assessed rigorously, thus creating a continuum of risk assessments across the length and breadth of the organisation. Risks will need to be systematically identified, assessed and analysed on a continual basis. The effort and resources that are spent on managing a risk should be proportionate to the risk itself. The CCG should therefore have in place efficient assessment processes covering all areas of risk. It is also a legal requirement that all NHS staff actively manage risk.

15.2 **Risk Identification**

Risk identification involves examining all sources of risk, from the perspective of all stakeholders, both internal and external. Within the CCG, risks are identified using a number of sources.

Internal Methods of Identification:

- Adverse Incidents, Serious Incidents (SIs), complaints, patient advisory liaison service (PALS) enquiries and claims reporting.
- Internal audit recommendations, identifying the CCG's gaps in control
- Self-assessment workshops
- Strategic level risks highlighted by CCG Governing Body, Senior Clinicians and Directors
- Risks highlighted via sub-committees of the Governing Body
- Patient satisfaction surveys
- Staff surveys
- Clinical audits, infection control audits, PEAT inspections etc
- Risks highlighted by the Unions
- Risks highlighted by new activities and projects
- Risks highlighted via the Whistleblowing (Raising Concerns) Policy
- Risks highlighted through business and local development plans

External Methods of Identification:

- Reports from assessments/inspections from external bodies i.e. Audit Commission, Care Quality Commission, NHSLA Risk Management

Assessors, Health and Safety Executive (HSE), etc.

- National reports and guidance
- Coroner's reports
- Media and public perception
- National Patient Safety Agency (NPSA) alerts
- Central Alerting System (CAS) alerts
- Health Ombudsman reports

15.3 Clear communication lines have to be established to enable all the systems above to report all risks and allow for the population of both the corporate and directorate and sub-committee risk registers.

15.4 Risk Assessment

The methodology for the assessment of risk can be complex. Risk assessment involves examining the level of risk posed by a hazard, consideration of those in danger and evaluating whether risks are adequately controlled, taking into account any measures already in place. Risk assessment involves two distinct stages:

- Analysing risk e.g. in terms of consequence and likelihood
- Evaluating risk in order to set priorities

15.5 Risk assessment should identify the significant risks arising out of the tasks or activities undertaken within the organisation and assess their potential to:

- Cause injury or ill health to individuals
- Result in civil claims or litigation
- Result in enforcement action e.g. from the Health and Safety Executive or the Local Authority
- Cause damage to the environment
- Cause property damage/loss
- Result in operational delays
- Result in the loss of reputation

15.6 Risk assessments will be carried out locally by identified staff

15.7 Risk Analysis and Evaluation

Risk analysis involves systematically using available information to determine how often specified events occur and the magnitude of their consequences. In order to grade the risks identified the CCG utilises the risk assessment tool.

15.8 All risks highlighted to the CCG need to be graded using this risk matrix. If other quantitative methods are used then risk analysis will be inconsistent, and the population of the risk register will be unreliable.

15.9 Risk identification and risk assessment is a continuous process and should not be considered as a one off exercise. In order to ensure a well-structure systematic approach to the management of risk an action plan or work programme has been produced as follows:

- Adverse incidents (including Serious Incidents and Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR) incidents), PALS, complaints and claims will be analysed on a six monthly basis.
- A report will be produced annually on Risk Management issues, including clinical and non-clinical risk for the Governing Body.

15.10 Project Risk Registers

All projects should develop a risk log which captures risks relating to the work stream. The process of risk identification should capture principal threats and opportunities associated with the project. A risk assessment should be completed for each risk identified and documented in the risk log for the project.

15.11 Responsibility for identified risks will then need to be allocated to individuals

15.12 Decisions will have to be made as to whether the risk should be:

- Terminated (Eliminate the risk entirely);
- Treated (Reduce the likelihood or the consequence of the risk (there is a trade-off between the level of risk and the cost of reducing it to an acceptable level);
- Tolerated (The decision could be to tolerate acceptable risk until reasonable action can be taken. Action should always be taken to treat unacceptable or principal risks)
- Transferred
- Shared

16. MONITORING AND REVIEW

16.1 It is necessary to monitor risks, the effectiveness of the treatment plan and the adequacies of controls that have been implemented. It is essential for the CCG to be aware of and monitor all risks as even risks deemed acceptable or tolerable may become unacceptable due to external forces such as adverse publicity or political agenda.

16.2 The monitoring and review of risk management systems is embedded within the CCG. The Governance Structure at Appendix 4 provides assurance to the CCG Governing Body that the risk management arrangements are working effectively at all levels of the organisation.

16.3 The Audit Committee provides independent assurance(s) that a risk management system is in place to the CCG Governing Body.

16.4 Reviews by independent bodies, both external and internal will assist the CCG in demonstrating performance and will highlight any areas that need to be addressed.

The Process of Escalating Risks

16.5 The process that should be followed to escalate a risk to the corporate risk register is detailed below. **The Head of Legal and Governance will:**

- **Work with the Executive Team to complete the Board Assurance Framework**
- **Once the risk register has been completed, the Executive Team will decide which risks they feel should be escalated to the Governing Body with the Board Assurance Framework. Risks to consider for escalation are those where the risk:**
 - **Has an overall risk rating of over 20**
 - **Impacts on a corporate objective or;**
 - **Is not within their remit to rectify (for example, fire safety)**

Finance and Performance Committee

16.6 **The Finance and Performance Committee is responsible for reviewing the risk register and updating the Governing Body on key risks relating to Performance, Finance, Information Governance and Business Continuity/Emergency Planning Risks.**

16.7 The Finance and Performance Committee has responsibility for oversight of the development of an annual financial plan for income and expenditure within an understood and accepted level of risk.

Quality and Patient Experience Committee

16.8 The Quality and Patient Experience Committee is responsible for reviewing the risk register and updating the Governing Body on key risks relating to Quality Assurance, patient safety, patient outcomes and safeguarding issues. Quality and Patient Experience Committee is responsible for reviewing the risks relating to ALL commissioned services including but not limited too acute, mental health and primary care.

16.9 The Quality and Patient Experience Committee has responsible for oversight of the development of a Quality Assurance Strategy within an understood and accepted level of risk.

Executive Committee

16.10 The Executive Committee is responsible for reviewing the risk register and updating Governing Body on key risks relating to Corporate functions and HR. This will include estates issues, staffing issues and other HR matters.

16.11 The Executive Committee is responsible for monitoring risk sharing agreements between Commissioners or Commissioners and Providers where such agreements exist.

Primary Care Commissioning Committee

- 16.12 The Primary Care Commissioning Committee is responsible for reviewing the risk register and updating Governing Body on key risks relating to primary care functions including workforce and resilience concerns. Care will need to be taken to link any risks escalated in this committee with the risks raised in Quality and Patient Experience Committee and should be transferred by the Chair if they are raising patient safety or service quality concerns.
- 16.13 The Primary Care Commissioning Committee is responsible for development of a Primary Care Strategy including Primary Care Estates and Technology, within an understood and accepted level of risk.

Audit Committee

- 16.14 The duties of the Committee are driven by the priorities by the CCG and the associated risks.
- 16.15 The Audit Committee is responsible for establishing and maintaining an effective system of integrated governance, risk management and internal control, across the whole of the Clinical Commissioning Group's activities that support the achievement of the Clinical Commissioning Group's objectives.
- 16.16 The Audit Committee is responsible for evaluating fitness for purpose of the CCG Board Assurance Framework
- 16.17 In particular the Committee will review underlying assurance processes; the adequacy and effectiveness of all risk and control related disclosure statements (in particular the governance statement), together with any appropriate independent assurances, prior to endorsement by the CCG Governing Body.
- 16.18 The CCG Board Assurance Framework will be presented to the Audit Committee twice a year to be reviewed and monitored and a summary of all strategic risks will be presented at each meeting.

Governing Body

- 16.19 The Governing Body will be routinely briefed regarding all principal risks which the organisation faces, and which risks may lead to the noncompliance of the corporate objectives or failure to deliver statutory duties. The risk register will form the basis of the risk treatment plan and will be a living document, always changing to reflect the dynamic nature of risk and the organisations management of it.

17. MONITORING AND REVIEW PROCEDURES

- 17.1 The corporate risk register should be incorporated into the general management agenda. A Standard Operating Procedure will be maintained to ensure that the approach to managing and maintaining risk registers is

consistent.

- 17.2 Identification – Identified risks should be specific in detail e.g. “Lifts are not level” is not adequate but must reflect the real risk, for example expanded to advise of the risks such as “Risk of manual handling injury to staff and slip/trip injury to staff, patients and visitors due to lifts not levelling”. The Summary Description of Risk will put the risk into context and adds detail to the issue and its impact in the CCG.
- 17.3 Assessment/Evaluation – Any risks identified should be added to the corporate risk register and graded using the CCG’s risk matrix. Responsibility for action and timescales should also be included. Only those risks which cannot be managed locally will be considered for escalation. Risk identification and risk management is a continuous process and should not be considered as a one off exercise. Evaluating the risks will assist the Governing Body in setting priorities.
- 17.4 Treatment – Once a decision has been made as to the treatment of a risk (eliminate, reduce or tolerate), the action taken must be documented appropriately on a risk treatment plan. This ensures an audit trail is kept of all risks and their treatment.
- 17.5 Both the risk register and the risk treatment plans need to be regularly reviewed, evaluated and monitored. It is good practice to review the corporate risk register quarterly and this will be undertaken by the Head of Legal and Governance with a paper prepared for Governing Body.

18. CONSULTATION, APPROVAL AND RATIFICATION PROCESS

- 18.1 The Committees reporting to the Governing Body will be involved in the development and maintenance of the strategy. The framework will be approved and ratified by the CCG Governing Body, in line with the CCGs Policy on Policies.

19. DOCUMENT CONTROL INCLUDING ARCHIVING ARRANGEMENTS

- 19.1 The previous version of this policy will be removed from the internet/intranet and will be available if required by contacting the author.

20. IMPLEMENTATION

- 20.1 This policy/strategy will be circulated to all teams to be cascaded to individual members of staff. The document will be made available for staff and users and other stakeholders through the CCG website.
- 20.2 The CCG has mechanisms in place in order to ensure that:
- Staff can raise issues of concern with their manager(s);
 - Staff are consulted on proposed organisational or other significant changes;
 - Managers keep staff informed of progress on relevant issues;
 - Services users, their relatives, carers and advocates can identify

pointes of concern or worry by using the complaints process or PALS service;

- The media are accurately advised of developments in the CCG through the CCG Communications Team or one of the Directors.

20.3 The CCG principles of risk management are communicated to service providers and support service organisations through commissioning mechanisms and contract requirements.

21. TRAINING AND AWARENESS

21.1 This policy/strategy will be published on the CCG's website and will be available to staff on the organisations' intranet.

21.2 The policy/strategy will be brought to the attention of all new employees as part of the induction process. Further advice and guidance is available from the Risk and Assurance Manager.

22. MONITORING AND AUDIT

22.1 the CCG monitors and reviews its performance in relation to the management of risk, and the continuing suitability and effectiveness of the systems and processes in place to manage risk.

22.2 The Audit Committee is responsible for monitoring the effectiveness of this policy/strategy and for providing assurance to the Governing Body.

22.3 Monitoring of this policy/strategy may form part of the Internal Audit review of governance compliance.

23. REVIEW

23.1 This policy/strategy will be reviewed bi-annually. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

24. REFERENCES

- DOH 1999 – HSC 1999/123 Controls Assurance Statement 1999/2000: Risk Management & Organisational Control, DoH London
- DOH 2003 – Building the Assurance Framework, DOH, London
- Mayatt (Ed) (2004) Tolley's Managing Risk in Healthcare (UK) 2nd Edition 2004 Lexis Nexis
- NPSA (2008) A Risk Matrix for Risk Managers, NPSA
- Controls Assurance Support Unit (2002), Making It Happen, A Guide for Risk
- Taking it on Trust – Audit Commission, 2009
- ISO31000

25. ASSOCIATED POLICIES

- Serious Incident Policy
- Health and Safety Policy
- Emergency Preparedness Plan
- CCG Constitution (includes Standing Orders)
- Information Risk Management Strategy
- IMT Security Policy and associated procedures
- Complaints Policy
- Induction Policy

26. CONTACT DETAILS

Manager Name: Head of Legal and Governance

Telephone: 01904 555870

Email: voyccg.governance@nhs.net

Address: NHS Vale of York Clinical Commissioning Group, West Officers,
Station Rise, York, YO1 6GA

27. LIST OF APPENDICES

- Appendix 1: Equality Assessment
- Appendix 2: Sustainability Assessment
- Appendix 3: Risk Assessment Tool

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APPENDIX 1: EQUALITY IMPACT ANALYSIS FORM

1.	Title of policy/ programme/ service being analysed
	Risk Management Strategy and Policy
2.	Please state the aims and objectives of this work.
	<p>To define and document the CCG's approach to risk and risk management to ensure:</p> <ul style="list-style-type: none"> • Risks within the organisation are identified, assessed, treated and monitored as part of the corporate governance of the CCG. • Robust risk assessment and monitoring mechanisms are in place for all elements of the commissioning process, including needs assessment, tendering, contract management and evaluation.
3.	Who is likely to be affected? (e.g. staff, patients, service users)
	CCG staff, partner organisations (where applicable), public, patients and member practices. CCG managers and staff (and other providers and partners where applicable). If Risk management arrangements are not effective patients and service providers may be impacted.
4.	What sources of equality information have you used to inform your piece of work?
	NHS England
5.	What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics
	The analysis of equalities is embedded within the CCG's Committee Terms of Reference and project management framework.
6.	Who have you involved in the development of this piece of work?
	<p>Internal involvement: Senior Management team</p> <p>Stakeholder involvement: Consultation with Senior Managers</p> <p>Patient / carer / public involvement: This is an Internal policy aimed at staff employed by the CCG and contractors working for the CCG. The focus is on compliance with statutory duties and NHS mandated principles and practice. There are no particular equality implications.</p>

7. What evidence do you have of any potential adverse or positive impact on groups with protected characteristics? Do you have any gaps in information? Include any supporting evidence e.g. research, data or feedback from engagement activities (Refer to Error! Reference source not found. if your piece of work relates to commissioning activity to gather the evidence during all stages of the commissioning cycle)	
Disability People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)	Consider building access, communication requirements, making reasonable adjustments for individuals etc.
N/A	
Sex Men and Women	Consider gender preference in key worker, single sex accommodation etc.
N/A	
Race or nationality People of different ethnic backgrounds, including Roma Gypsies and Travellers	Consider cultural traditions, food requirements, communication styles, language needs etc.
N/A	
Age This applies to all age groups. This can include safeguarding, consent and child welfare.	Consider access to services or employment based on need/merit not age, effective communication strategies etc.
N/A	
Trans People who have undergone gender reassignment (sex change) and those who identify as trans.	Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.
N/A	
Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.	Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.
N/A	

Religion or belief Includes religions, beliefs or no religion or belief.	Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.
N/A	
Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only).	Consider whether civil partners are included in benefit and leave policies etc.
N/A	
Pregnancy and maternity Refers to the pregnancy period and the first year after birth.	Consider impact on working arrangements, part-time working, infant caring responsibilities etc.
N/A	
Carers This relates to general caring responsibilities for someone of any age.	Consider impact on part-time working, shift-patterns, options for flexi working etc.
N/A	
Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.	Consider ease of access, location of service, historic take-up of service etc.
N/A	
8.	Action planning for improvement Please outline what mitigating actions have been considered to eliminate any adverse impact? Please state if there are any opportunities to advance equality of opportunity and/ foster good relationships between different groups of people? An Equality Action Plan template is appended to assist in meeting the requirements of the general duty

Sign off
Name and signature of person / team who carried out this analysis <i>Abigail Combes, Head of Legal and Governance</i>
Date analysis completed <i>December 2019</i>
Name and signature of responsible Director
Date analysis was approved by responsible Director

1. APPENDIX 2 : SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Risk Management policy and Strategy
What is the main purpose of the document	To effectively identify, manage and monitor risk within the organisation.
Date completed	December 2019 (reviewed 29 March 2021)
Completed by	Governance Team

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?	0		
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?	0		
	Will it reduce 'care miles' (telecare, care closer) to home?	0		
	Will it promote active travel (cycling, walking)?	0		
	Will it improve access to opportunities and facilities for all groups?	0		
	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?	0		
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?	0		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it promote ethical purchasing of goods or services?	0		
Procurement	Will it promote greater efficiency of resource use?	0		
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?	0		
	Will it support local or regional supply chains?	0		
	Will it promote access to local services (care closer to home)?	0		
	Will it make current activities more efficient or alter service delivery models	0		
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?	0		
Workforce	Will it provide employment opportunities for local people?	0		
	Will it promote or support equal employment opportunities?	0		
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?	0		
	Will it offer employment opportunities to disadvantaged groups?	0		
Community Engagement	Will it promote health and sustainable development?	0		
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	N/A		
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?	0		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it increase safety and security in new buildings and developments?	0		
	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?	0		
	Will it provide sympathetic and appropriate landscaping around new development?	0		
	Will it improve access to the built environment?	0		
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	0		
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?	0		
	Will it promote prevention and self-management?	0		
	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?	0		
	Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	0		

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2. APPENDIX 3 : RISK ASSESSMENT TOOL (RISK MATRIX)

2.1. The CCG has adopted a risk assessment tool, which is based upon a 5 x 5 matrix. (Used by Risk Management AS/NZS 4360:1999) The Risk Matrix shown below is taken from the National Patient Safety Agency „A Risk Matrix for Risk Managers’ guidance published in January 2008. Risk assessment involves assessing the possible consequences of a risk should it be realised, against the likelihood of the realisation (i.e. the possibility of an adverse event, incident or other element having the potential to damage or threaten the achievement of objectives or service delivery, occurring). Risks are measured according to the following formula:

$$\text{Probability (Likelihood)} \times \text{Severity (Consequences)} = \text{Risk}$$

2.2. All risks need to be rated on 2 scales, probability and severity using the scales below. Probability

2.3. Risks are first judged on the probability of events occurring so that the risk is realised. Enter a number (1-5) indicating the probability of the risk occurring. Please refer to the definition scale below.

2.4. Based on the judgments in the matrices a risk assessment can be made of the potential future risk to stakeholders and the organisation as follows:

- Green – low risk
- Yellow – moderate risk
- Amber – high risk
- Red – extreme risk

Vale of York CCG Risk Matrix					
Probability					
Impact	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

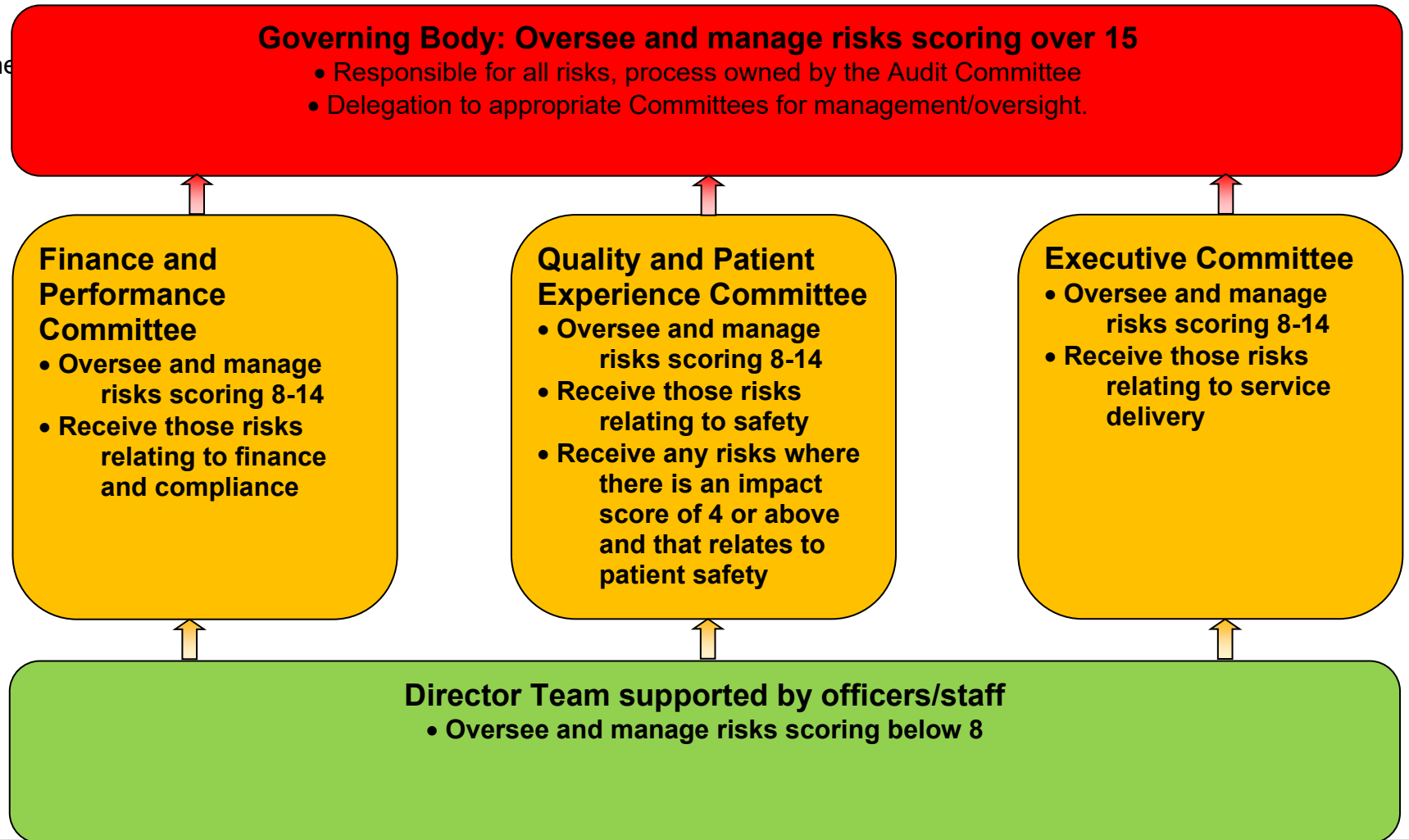
PROBABILITY DEFINITIONS			
Rating	Classification	Broad descriptors of frequency	Time framed descriptors of frequency
1	Rare	This will probably never happen/recur	Not expected for years
2	Unlikely	Do not expect it to happen/recur but it is possible it may do so	Expected to occur at least annually
3	Possible	Might happen or recur occasionally	Expected to happen at least monthly
4	Likely	Will probably happen/recur but it is not a persisting issue	Expected to occur at least weekly
5	Almost Certain	Will undoubtedly happen/recur, possibly frequently	Expected to occur at least daily

IMPACT DEFINITIONS

Rating	Classification	Finance	Compliance	Safety	Service Delivery
1	Adverse	Minor loss < £1000	Trivial, very short term single non-compliance	Insignificant injury (no intervention)	Negligible impact/unnoticed by service users
2	Cautious	Small loss £1,001- £10,000	Small, single short-term non-compliance	Minor injury (local intervention)	Small impact/small inconvenience
3	Moderate	Moderate loss £10,001 - £100,000	Sustained single or a few short-term non-compliances	Moderate injury (professional intervention)	Medium level impact/moderate inconvenience
4	Open	Significant loss £100,001 - £1,000,000	Multiple sustained non-compliances	Major injury (hospital stay)	Significant impact/serious inconvenience
5	Hungry	Substantial loss > £1,000,000	Multiple, long-term, significant non-compliances	Fatal injury	Substantial/complete service failure

APPENDIX 4: RISK MANAGEMENT THROUGH THE COMMITTEE STRUCTURE

- Risks where the



IMPACT										
Rating	Classification	Patient Safety	Quality/Complaints/ Audit	HR/Staffing	Statutory Duty/ Inspections	Adverse Publicity/Reputation	Business Objectives/ Projects	Finance Including Claims	Service/Business Interruption Environmental impact	Data Loss / Breach of Confidentiality
1	Negligible	Minimal injury requiring no/minimal intervention or treatment. No time off work	Peripheral element of treatment or service suboptimal Informal complaint/ inquiry	Short-term low staffing level that temporarily reduces service quality (< 1 day)	No or minimal impact or breach of guidance/ statutory duty	Rumours Potential for public concern /media interest Damage to an individual's reputation.	Insignificant cost increase/ schedule slip	Small loss Risk of claim remote	Loss/interruption of >1 hour Minimal or no impact on the environment	Potentially serious breach. Less than 5 people affected or risk assessed as low e.g. files were encrypted
2	Minor	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Low staffing level that reduces the service quality	Breach of statutory legislation Reduced performance rating if unresolved	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met Damage to a team's reputation	<5 per cent over project budget Schedule slippage	Loss of 0.1– 0.25 per cent of budget Claim less than £10,000	Loss/ interruption of >8 hours Minor impact on environment	Serious potential breach and risk assessed high e.g. unencrypted clinical records. Up to 20 people affected

IMPACT										
Rating	Classification	Patient Safety	Quality/Complaints/ Audit	HR/Staffing	Statutory Duty/ Inspections	Adverse Publicity/Reputation	Business Objectives/ Projects	Finance Including Claims	Service/Business Interruption Environmental impact	Data Loss / Breach of Confidentiality
3	Moderate	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/ key training	Single breach in statutory duty Challenging external recommendations/ improvement notice	Local media coverage – long-term reduction in public confidence Damage to a services reputation	5–10 per cent over project budget Schedule slippage	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Loss/interruption of >1 day Moderate impact on environment	Serious breach of confidentiality e.g. up to 100 people affected

IMPACT										
Rating	Classification	Patient Safety	Quality/Complaints/ Audit	HR/Staffing	Statutory Duty/ Inspections	Adverse Publicity/Reputation	Business Objectives/ Projects	Finance Including Claims	Service/Business Interruption Environmental impact	Data Loss / Breach of Confidentiality
4	Serious	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Uncertain delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	National media coverage with <3 days service well below reasonable public expectation Damage to an organisation's reputation	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Loss/ interruption of >1 week Major impact on environment	Serious breach with either particular sensitivity e.g. sexual health details or up to 1000 people affected
5	Catastrophic	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards	Non-delivery of key objective/ service due to lack of staff On-going unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million	Permanent loss of service or facility Catastrophic impact on environment	Serious breach with potential for ID theft or over 1000 people affected

IMPACT										
Rating	Classification	Patient Safety	Quality/Complaints/ Audit	HR/Staffing	Statutory Duty/ Inspections	Adverse Publicity/Reputation	Business Objectives/ Projects	Finance Including Claims	Service/Business Interruption Environmental impact	Data Loss / Breach of Confidentiality
				on-going basis		(NHS reputation)				

Chair's Report: Audit Committee

Date of Meeting	25 February and 8 April 2021
Chair	Phil Goatley

Areas of note from the Committee Discussion

25 February

- **Internal Audit** - The Committee reviewed the latest progress report from our internal auditors. It was very pleasing to see that all of the eight areas reviewed by internal audit in the last quarter had achieved one of the two highest levels of assurance. Within these results our auditors commented very positively on the arrangements in place for budgetary control, accounts receivable and general ledger maintenance. These were awarded the highest level of assurance and no recommendations for improvement were made. Substantive responses to all audit recommendations have been made by officers which set out key corrective actions. Whilst the timescales for delivery of agreed actions continue to be impacted on by the pandemic and latterly implementation of the vaccination programme, these are felt to be reasonable. There are currently no audit recommendations for which agreed actions are overdue. - Audit Committee reviewed and approved the draft Internal Audit Plan for the 2021/22 financial year.
- **Counter Fraud** - The opportunities for fraud, including attempts to commit this against NHS bodies have been increased by the impacts of the COVID-19 pandemic. Audit Committee overviewed the work of our counter fraud specialists since the last committee and the planned work for 2021/22. Members received assurance that the CCG's counter fraud arrangements remain up to date and robust and approved the Audit Yorkshire draft Counter Fraud Plan for 2021/22. This is designed to meet explicitly the updated Standards For Commissioners issued by the NHS Counter Fraud Agency in January 2020.
- **Finance Governance** - Audit Committee examined and ratified the draft Accounts Preparation Plan and Timetable for the 2020/21 statutory accounts and were pleased to hear that the Finance Team have attended training courses around the calendar year end to keep up to date with the new DoH manual and new International Financial Reporting Standards. Members agreed that this set of accounts should be prepared on a "going concern" basis.
- **Corporate Governance** - Audit Committee overviewed the latest Board Assurance Framework for the CCG and confirmed that members are content with its continued use and the management arrangements that underpin it. Members were pleased to

see that, despite the current challenges, all of the risks reported in the Board Assurance Framework were stable or reducing in impact and received assurance that robust mitigating actions were in place for these. There were also no notable issues to be reported on the receipt of gifts or hospitality by CCG staff. Audit Committee approved two minor changes to the CCG's Conflicts Of Interest Policy.

- **External Audit** - Our external auditors presented their latest progress report. The audit of 2020/21 is still substantially at the planning stage, but the auditors wanted to highlight under the value for money section of their report that there is significant uncertainty about financial pressures in 2021/22. In view of this, they judge there is a risk the CCG will not be able to set a sustainable or realistic budget for the 2021/22 financial year.

8 April

- Audit Committee members met in an extraordinary meeting on 8 April 2021 to consider updated information governance policies for the CCG. These cover the overall Information Governance Framework and Strategy and the:
 - Information Governance Framework and Strategy
 - Data Protection and Confidentiality Policy
 - Code of Confidentiality
 - Information Security Policy
 - Mobile Working Policy
 - Internet and Acceptable Use Policy
 - Records Management Policy
 - Subject Access Request Policy
- Audit Committee also considered a new policy to guide staff in the use of social media.
- All of the above were approved in the developing context of the Vale of York and North Yorkshire CCGs increasingly working together in the run-up to the creation of the Humber Coast and Vale Integrated Care System on 1 April 2022.
- As a separate item, Audit Committee completed the annual approval of the CCG's Risk Management Policy. In doing this Audit Committee Members wanted to recognise the considerable positive distance the CCG and the Governing Body have travelled in the understanding of and practical arrangements for managing risk.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Chair's Report: Executive Committee

Date of Meeting	10, 17 and 24 February, 3, 10, 24 and 31 March, 7, 14 and 21 April 2021
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

Chair's Report: Finance and Performance Committee

Date of Meeting	25 February and 25 March 2021
Chair	David Booker

Areas of note from the Committee Discussion

25 February

- The Committee can give assurance that NHS Vale of York CCG is managing business as usual. The uncertainties of future planning parameters are acknowledged but indicators are that outturn is in line and under active control.
- The Quality and Patient Experience Committee is requested to monitor the consideration of regional health inequalities as the Integrated Care System evolves.
- The success of the COVID-19 Vaccination Programme, created by the dedication and adaptability of all NHS staff, and that of partner organisations, is noted and appreciated.

25 March

- The Committee notes the difficulties of longer-term financial planning based on the current climate of short term, closely detailed demands from Regional NHS England and NHS Improvement. This would be discussed at a forthcoming joint meeting of the Lay Members of NHS North Yorkshire and NHS Vale of York CCGs.
- The Committee has reviewed its effectiveness and has good assurance regarding its composition, participation and leadership, giving appropriate scrutiny and challenge. Proposals for objectives for the next 12 transitional months will be brought to the next meeting.

Areas of escalation

As described above.

Urgent Decisions Required/ Changes to the Forward Plan

N/A



Chair's Report: Primary Care Commissioning Committee

Date of Meeting	25 March 2021
Chair	Julie Hastings

Areas of note from the Committee Discussion

- The Committee was updated on the progress of the vaccinations programme. Work was progressing at pace with colleagues working closely with the contact tracers and Practices to identify low take up and to explore why some people were not presenting for vaccinations - 92% of the over 60's had been vaccinated, with a figure of 80% down the other cohorts. Second doses in Care Homes were progressing as were vaccinations for our Homeless, Rough Sleeper and Asylum Seeker population. Partnership working was still fully committed. The team was continually working to match vaccinations with supply whilst already forward planning for the annual winter flu programme. The Committee thanked all colleagues for their dedication and determination which had resulted in the infection rates for those over 60 being the lowest in the region.
- There were 72 whole time equivalent posts because of the Additional Roles Reimbursement Scheme funding.
- Updates in respect of the Mental Health Practitioners informed the Committee that they will now be employed and managed by Tees, Esk and Wear Valleys NHS Foundation Trust rather than the Primary Care Networks as originally planned.
- Although our Primary Care Networks have matured in the past two years, we recognise that they need support as resilience is low. Despite this they are increasingly involved on a population health level where their input an expertise is invaluable.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A



Chair's Report: Quality and Patient Experience Committee

Date of Meeting	11 February 2021 11 March 2021 – Wheelchair Services Focused Meeting
Chair	Julie Hastings

Areas of note from the Committee Discussion

11 February

- The Life Story shared with the Committee enabled us to glimpse into the life of a young homeless woman with a life limiting prognosis, her battle with addictions, the impact on her estranged family and children, the complexity of the interventions that were put in place and the huge positive impact that they had.

Charlotte Hoban RNMN introduced us to her role supporting palliative care for our homeless population in York. Recognising that no service can offer all the necessary support, she uses an 'assertive outreach' methodology enhanced by a bespoke training package, working in partnership with current homeless population, the drug and alcohol services, voluntary sector organisations, local authority and NHS colleagues.

Statistics show a higher level of morbidity, life expectancy for a male is 44, for a female 42. There is a higher risk of mental ill health conditions, addictions, heart and lung disease, liver disease, renal disease, stroke, diabetes and cancer. Access to mainstream End of Life Care and traditional pathways are not typically designed to fulfil their emotional need which can lead to a startling lack of dignity at end of life. This holistic collaborative project works with the person, their family, friends and a network of support to enable them to live well until End of Life.

If we then begin to think about this marginalised community in respect of COVID and our new ways of working, access to services is further compromised. This outreach service offers a new approach which is less risk averse, allows people to contribute and access the right sort of help, in the right sort of place in a timely manner by working collaboratively with other agencies and providing a trauma focused care within a compassionate community. St. Leonard's Hospice have already expressed their intention to help with future part- funding but more monies will be needed to ensure that this project continues.

- Colleagues shared the history, the outcomes, and the vision for the future of the Proactive Health Coaching Programme.

In 2015 the Vale of York became a national Pioneer Site for the Health Navigator Programme and part of a randomised control study across 10 CCGs. Locally we were the in first area to set up the telephone- based algorithm driven service. The purpose of the initial trial, which began with 1,766 patients of which 833 were in the Vale of York, was to reduce A & E and non- elective activity, support people with long term conditions to self- care and improve their health and wellbeing. During the past 10 months extensive analysis has also taken place to understand the impact on primary care with more in-depth data on all findings due to be Published by the Nuffield Research Trust this summer.

Colleagues also shared a series of life stories showing how the joint working person-centred methodology of this intervention had enhanced their quality of life. It was clear that by working with participants to understand their health condition, manage medication, physical and emotional aspects of their condition they were more able and equipped to thrive, despite needing less interventions.

When the trial ended early March 2019 having shown positive results in the Vale of York, it was agreed to extend the proactive health coaching programme to a further 1,800 patients over a 3-year period at a cost of £800 per patient.

Discussions explored regarding securing future funding streams when the current contract ends in March 2022 especially in respect of the emerging Integrated Care System and joint working across North Yorkshire and York.

11 March


The Committee held a 'Deep Dive' into the newly re-commissioned Wheelchair Service. The patient story added a richness to the conversation enabling a positive and proactive morning. It was agreed that the way forward was joint working, co-production to develop an exemplar service that truly meets the needs of those accessing it and that 'place' would be where this would come together.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Item Number: 18	
Name of Presenter: Stephanie Porter	
Meeting of the Governing Body Date of meeting: 6 May 2021	 Vale of York Clinical Commissioning Group
Report Title – Medicines Commissioning Committee Recommendations December 2020 and February 2021	
Purpose of Report <i>(Select from list)</i> For Information	
Reason for Report These are the latest recommendations from the Medicines Commissioning Committee – December 2020 and February 2021.	
Strategic Priority Links <input type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
Local Authority Area <input type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating
Emerging Risks	

Impact Assessments

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

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> 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)

(For example, Decision to implement new system/ Decision to choose one of options a/b/c for new system)

Responsible Executive Director and Title

Stephanie Porter
Director of Primary Care

Report Author and Title

Jamal Hussain – Senior Pharmacist
Callie Turner – Pharmacy Technician

Recommendations from York and Scarborough Medicines Commissioning Committee December 2020

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	TA659: Galcanezumab for preventing migraine Commissioning: CCG, tariff excluded		<p>Galcanezumab is recommended as an option for preventing migraine in adults, only if:</p> <ul style="list-style-type: none"> they have 4 or more migraine days a month at least 3 preventive drug treatments have failed and the company provides it according to the commercial arrangement. <p>Stop galcanezumab after 12 weeks of treatment if:</p> <ul style="list-style-type: none"> in episodic migraine (less than 15 headache days a month) the frequency does not reduce by at least 50% in chronic migraine (15 headache days a month or more with at least 8 of those having features of migraine) the frequency does not reduce by at least 30%. 	RED	<p>Approved for both episodic and chronic migraine. Fremanezumab was only approved for chronic migraine (15 or more headache days a month for more than 3 months with at least 8 of those having features of migraine). Same price per month as Fremamezumab based on NHS list price.</p> <p>Treatment with a second anti- CGRP in the NICE Guidance e.g. fremanezumab is not recommended.</p> <p>So the implications would be that fremanezumab would be removed from the pathway as much less cost-effective but remain on formulary as NICE TA approved as an option.</p> <p>Galcanezumab = £200 per month Fremanezumab= £299 per month Botulinum Toxin = £288 per 3 months plus clinic costs.</p> <p>50 patients have not responded to Botox of which 10 have been started on fremanezumab. There are 100 patients on the waiting list of which 80-90% may prefer galcanezumab rather than Botulinum toxin. Botulinum Toxin requires 31 injections into the head.</p>
NHSE commissioned Technology Appraisals – for noting					
2.	TA656: Siponimod for treating secondary progressive multiple sclerosis Commissioning: NHSE		<p>Siponimod is recommended, within its marketing authorisation, as an option for treating secondary progressive multiple sclerosis with evidence of active disease (that is, relapses or imaging features of inflammatory activity) in adults. It is recommended only if the company provides siponimod according to the commercial arrangement.</p>	RED	<p>No cost impact to CCGs as NHS England commissioned.</p>

3.	TA657: Carfilzomib for previously treated multiple myeloma Commissioning: NHSE	<p>Carfilzomib with dexamethasone is recommended as an option for treating multiple myeloma in adults, only if they have had only 1 previous therapy and the company provides carfilzomib according to the commercial arrangement.</p>	RED	No cost impact to CCGs as NHS England commissioned.
4.	TA658: Isatuximab with pomalidomide and dexamethasone for treating relapsed and refractory multiple myeloma Commissioning: NHSE	<p>Isatuximab, plus pomalidomide and dexamethasone, is recommended for use within the Cancer Drugs Fund as an option for treating relapsed and refractory multiple myeloma in adults who have had lenalidomide and a proteasome inhibitor, and whose disease has progressed on their last treatment, only if they have had 3 previous lines of treatment and the conditions in the managed access agreement for isatuximab plus pomalidomide and dexamethasone are followed.</p>	RED	No cost impact to CCGs as NHS England commissioned.
5.	TA660: Darolutamide with androgen deprivation therapy for treating hormone-relapsed non-metastatic prostate cancer Commissioning: NHSE	<p>Darolutamide with androgen deprivation therapy (ADT) is recommended, within its marketing authorisation, as an option for treating hormone-relapsed prostate cancer in adults at high risk of developing metastatic disease. It is recommended only if the company provides darolutamide according to the commercial arrangement.</p>	RED	No cost impact to CCGs as NHS England commissioned.
6.	TA661: Pembrolizumab for untreated metastatic or unresectable recurrent head and neck squamous cell carcinoma Commissioning: NHSE	<p>Pembrolizumab is recommended as an option for untreated metastatic or unresectable recurrent head and neck squamous cell carcinoma (HNSCC) in adults whose tumours express PD-L1 with a combined positive score (CPS) of 1 or more. This is only if:</p> <ul style="list-style-type: none"> • pembrolizumab is given as a monotherapy • pembrolizumab is stopped at 2 years of uninterrupted treatment, or earlier if disease progresses, and • the company provides pembrolizumab according to the commercial arrangement. 	RED	No cost impact to CCGs as NHS England commissioned.
7.	TA662: Durvalumab in combination for untreated extensive-stage small-cell lung cancer (terminated appraisal) Commissioning: NHSE	<p>NICE is unable to make a recommendation about the use in the NHS of durvalumab in combination for untreated extensive-stage small-cell lung cancer because AstraZeneca withdrew its evidence submission. The company has confirmed that it does not intend to make a submission for the appraisal because the technology is</p>	Not approved for this indication.	No cost impact to CCGs as NHS England commissioned.

		unlikely to be a cost-effective use of NHS resources.		
Formulary applications or amendments/pathways/guidelines				
8.	Doxazosin for off-label use in PTSD	Approved doxazosin for off-label use in PTSD as an alternative to prazosin (in light of on-going supply disruption).	AMBER SI	No significant cost impact to CCGs expected.
9.	Renavit Tablets (Renavit) - Vitamin supplement in dialysis patients (reclassified from Amber level 2)	Y&S Formulary to mirror Leeds APC decision from September & November 2020 as tertiary centre treatment	AMBER SR	No cost impact to CCGs expected as reflects current prescribing practice. £12.86 for 100 tablets VoY = 153 items in last 12 months = £295 NY = 77 items in last 12 months = £483
10.	Penicillamine 125 and 250mg Tablets - Wilsons disease	Y&S Formulary to mirror Leeds APC decision from September & November 2020 as tertiary centre treatment	Change from no RAG STATUS to AMBER SI	No cost impact to CCGs expected as reflects current prescribing practice.
11.	Asthma and COPD guidelines – minor amendments	Approved.	n/a	No cost impact to CCGs expected as reflects current prescribing practice.
12.	pre-NICE use of Bempedoic Acid and the combination product of Bempedoic Acid and Ezetimibe.	Requested for Adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia who are considered high/very-high risk and who are statin intolerant or for whom a statin is contra-indicated and who are not at goal with ezetimibe but are not eligible for PCSK9 inhibitors (alirocumab or evolocumab). Not approved ahead of NICE TA expected in 2021 as not approved by SMC on 7.12.20.	n/a	No cost impact to CCGs expected ahead of NICE TA.
13.	Upadacitinib	Approved as per NICE TA for severe rheumatoid arthritis. It has the same place in the pathway as other JAK inhibitors. Potential benefits may include reduced VTE risk and positive evidence compared to adalimumab.	RED	No significant cost impact to CCGs expected as overall cost savings compared to other JAK inhibitors.
14.	Dapagliflozin for heart failure	Not approved ahead of NICE TA being issued in 2021.	n/a	No cost impact to CCGs expected ahead of NICE TA.
15.	Freestyle Libre and Flash Glucose Monitoring	Approved addition of FSL 2 to the formulary which is being made available from January 2021, the key improvement is FSL 2 has an alarm function which can notify when	n/a	NHSE has agreed to fund the extra cohort of LD patients, for VoY expected to be 10 patients and 40 in NY CCG.

		<p>glucose is high, low or if there is an issue with the sensor or reader.</p> <p>Approved updated local commissioning position to reflect the latest NHSE criteria for FSL updated in November 2020 to include patients with learning disabilities on insulin.</p>		<p>FSL 2 cost the same as the current version of Freestyle Libre.</p>
16.	COVID-19 Vaccine	<p>The MCC approved the addition of COVID-19 Vaccine to the formulary and the MCC will continue to act in accordance with national recommendations and guidance on the use of COVID-19 Vaccine.</p>	n/a	

Recommendations from York and Scarborough Medicines Commissioning Committee February 2021

Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals				
1.	TA664: Liraglutide for managing overweight and obesity Commissioning: CCG, tariff included	<p>Liraglutide is recommended as an option for managing overweight and obesity alongside a reduced-calorie diet and increased physical activity in adults, only if:</p> <ul style="list-style-type: none"> they have a body mass index (BMI) of at least 35 kg/m² (or at least 32.5 kg/m² for members of minority ethnic groups known to be at equivalent risk of the consequences of obesity at a lower BMI than the white population) and they have non-diabetic hyperglycaemia (defined as a haemoglobin A1c level of 42 mmol/mol to 47 mmol/mol [6.0% to 6.4%] or a fasting plasma glucose level of 5.5 mmol/litre to 6.9 mmol/litre) and they have a high risk of cardiovascular disease based on risk factors such as hypertension and dyslipidaemia and it is prescribed in secondary care by a specialist multidisciplinary tier 3 weight management service and the company provides it according to the commercial arrangement. 	RED	<p>Add as a RED drug and add link to formulary to say that only available if CCG commission a tier 3 weight management service.</p> <p>Note: North Yorkshire CCG choose not to commission a multidisciplinary tier 3 weight management service and therefore cannot be compliant with TA664: Liraglutide for managing overweight and obesity as it stands.</p> <p>NICE estimate 45 patients in VoY eligible for treatment of which 40 start treatment, of which 29 respond and continue treatment each year.</p> <p>NICE estimate 14 patients in ScR eligible for treatment of which 13 start treatment, of which 9 respond and continue treatment each year.</p> <p>NHS List price = £117.72 for 3 x 6mg/ml prefilled pens and £196.20 for 6mg/ml prefilled pens.</p> <p>Based on list price impact for ScR = £27,342 pa and for VoY = £87,854pa.</p>
2.	TA665: Upadacitinib for treating severe rheumatoid arthritis Commissioning: CCG, tariff excluded	<p>Upadacitinib, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to intensive therapy with a combination of conventional disease-modifying antirheumatic drugs (DMARDs), only if disease is severe (a disease activity score [DAS28] of more than 5.1) and the company provides upadacitinib according to the commercial arrangement.</p> <p>Upadacitinib, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to or who cannot have other DMARDs, including at least 1 biological DMARD, only if disease is severe (a DAS28 of more than 5.1) and they cannot have rituximab and the company provides upadacitinib according to the commercial arrangement.</p>	RED	<p>Discussed at Dec 2021 MCC meeting and approved.</p> <p>Approved as per NICE TA for severe rheumatoid arthritis. It has the same place in the pathway as other JAK inhibitors.</p> <p>Potential benefits may include reduced VTE risk and positive evidence compared to adalimumab.</p> <p>No significant cost impact to CCGs expected as overall cost savings compared to other JAK inhibitors.</p>

		<p>Upadacitinib, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to rituximab and at least 1 biological DMARD, only if disease is severe (a DAS28 of more than 5.1) and the company provides upadacitinib according to the commercial arrangement.</p> <p>Upadacitinib can be used as monotherapy for people who cannot take methotrexate because it is contraindicated or because of intolerance, when the criteria in sections 1.1, 1.2 and 1.3 are met.</p> <p>Continue treatment only if there is a moderate response measured using European League Against Rheumatism (EULAR) criteria at 6 months after starting therapy. After an initial response within 6 months, stop treatment if at least a moderate EULAR response is not maintained.</p> <p>When using the DAS28, healthcare professionals should take into account any physical, psychological, sensory or learning disabilities, or communication difficulties that could affect the responses to the DAS28 and make any adjustments they consider appropriate.</p>		
NHSE commissioned Technology Appraisals – for noting				
3.	<p><u>TA663: Venetoclax with obinutuzumab for untreated chronic lymphocytic leukaemia</u> Commissioning: NHSE</p>	<p>Venetoclax plus obinutuzumab is recommended as an option for untreated chronic lymphocytic leukaemia (CLL) in adults, only if there is a 17p deletion or TP53 mutation, or there is no 17p deletion or TP53 mutation, and fludarabine plus cyclophosphamide and rituximab (FCR), or bendamustine plus rituximab (BR), is unsuitable, and the companies provide the drugs according to the commercial arrangements.</p> <p>Venetoclax plus obinutuzumab is recommended for use within the Cancer Drugs Fund as an option for untreated CLL in adults, only if there is no 17p deletion or TP53 mutation, and FCR or BR is suitable, and the conditions in the managed access agreement for venetoclax plus obinutuzumab are followed</p>	RED	No cost impact to CCGs as NHS England commissioned.

4.	<p><u>TA666: Atezolizumab with bevacizumab for treating advanced or unresectable hepatocellular carcinoma</u> Commissioning: NHSE</p>	<p>Atezolizumab plus bevacizumab is recommended as an option for treating advanced or unresectable hepatocellular carcinoma (HCC) in adults who have not had previous systemic treatment, only if they have Child-Pugh grade A liver impairment and an Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1 and the company provides it according to the commercial arrangement.</p>		<p>No cost impact to CCGs as NHS England commissioned.</p>
5.	<p><u>TA667: Caplacizumab with plasma exchange and immunosuppression for treating acute acquired thrombotic thrombocytopenic purpura</u> Commissioning: NHSE</p>	<p>Caplacizumab with plasma exchange and immunosuppression is recommended, within its marketing authorisation, as an option for treating an acute episode of acquired thrombotic thrombocytopenic purpura (TTP) in adults, and in young people aged 12 years and over who weigh at least 40 kg. Treatment should be started and supervised by physicians experienced in managing thrombotic microangiopathies. It is recommended only if the company provides caplacizumab according to the commercial arrangement.</p>		<p>No cost impact to CCGs as NHS England commissioned.</p>
6.	<p><u>TA668: Encorafenib plus cetuximab for previously treated BRAF V600E mutation-positive metastatic colorectal cancer</u> Commissioning: NHSE</p>	<p>Encorafenib plus cetuximab is recommended, within its marketing authorisation, as an option for treating BRAF V600E mutation-positive metastatic colorectal cancer in adults who have had previous systemic treatment. It is recommended only if the company provides it according to the commercial arrangements.</p>	RED	<p>No cost impact to CCGs as NHS England commissioned.</p>
7.	<p><u>TA669: Trifluridine–tipiracil for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma after 2 or more therapies</u> Commissioning: NHSE</p>	<p>Trifluridine–tipiracil is not recommended, within its marketing authorisation, for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma in adults who have had 2 or more systemic treatment regimens.</p>	RED	<p>No cost impact to CCGs as NHS England commissioned.</p>
8.	<p><u>TA670: Brigatinib for ALK-positive advanced non-small-cell lung cancer that has not been previously treated with an ALK inhibitor</u> Commissioning: NHSE</p>	<p>Brigatinib is recommended, within its marketing authorisation, as an option for treating anaplastic lymphoma kinase (ALK)-positive advanced non-small-cell lung cancer (NSCLC) that has not been previously treated with an ALK inhibitor in adults. It is recommended only if the company provides brigatinib according to the commercial arrangement.</p>	RED	<p>No cost impact to CCGs as NHS England commissioned.</p>

Formulary applications or amendments/pathways/guidelines				
9.	Modafinil: Amber Drug Guidance for the treatment of Adults with: <ol style="list-style-type: none"> 1. Narcolepsy 2. Fatigue in patients with Multiple Sclerosis 3. Residual sleepiness associated with Obstructive Sleep Apnoea & Idiopathic Hyper-somnolence 	Y&S Formulary to mirror Leeds APC decision from December 2020 as tertiary centre treatment.	AMBER SC for Residual sleepiness associated with Obstructive Sleep Apnoea & Idiopathic Hyper-somnolence CG186 makes no mention of modafinil.	No cost impact to CCGs expected as reflects current prescribing practice.
10.	Berotrastat 150mg capsules (ULM) - to prevent hereditary angioedema (ULM)	Y&S Formulary to mirror Leeds APC decision from December 2020 as tertiary centre treatment.	RED	No cost impact to CCGs expected as reflects current prescribing practice.
11.	Brolucizumab for wAMD – resubmission	Change from BLACK to RED approved as now NICE TA approved for wAMD as of 3 rd Feb 2021. Brolucizumab is a recommendation for wAMD as an option in adults only if <ul style="list-style-type: none"> • the best corrected visual acuity is between 6/12 and 9/96 • there is no permanent structural damage to the central fovea • the lesion size is less than or equal to 12 disc areas in greatest linear dimension and • there is recent presumed disease progression • Provided on a commercial discount scheme. Only continue in those with adequate response to therapy, Stopping criteria = deterioration in visual acuity or identification of anatomical changes to the retina. It is proposed locally that the drug is used for poor responders to aflibercept (those on 4-6 weekly injections). The advantage is reduced injection frequency compared to aflibercept.	RED	No significant cost impact to CCGs expected. Cost saving/cost neutral vs Aflibercept – depends on frequency of injection. Overall cost savings in terms of drug-costs and clinic capacity which is at a premium with COVID social distancing measures, and year-on- year increase in patients. YFT potentially have up to 200 eligible patients.

12.	NHSE Commissioning Policy for Teriparatide for Osteoporosis in Men	Teriparatide will be commissioned and funded by NHS England Specialised Commissioning under existing arrangements for the provision of specialised endocrinology and specialised rheumatology services. Having taken into account the clinical presentation, the teriparatide biologic with the lowest acquisition costs should be used. This is likely to be a teriparatide biosimilar.	RED for use in men for osteoporosis	No cost impact to CCGs as NHS England commissioned.						
13.	Dulaglutide injection 3mg or 4.5mg - adding to formulary	New additional strengths available for Type 2 diabetes in addition to 0.75mg and 1.5mg strengths already on the formulary.		No significant cost impact to CCGs expected. The pricing structure is flat so all pens are the same cost.						
14.	Levetiracetam Subcutaneous Infusion in Palliative Care	For some time Palliative care (mainly the hospice) have used levetiracetam in a syringe driver . It provides an alternative to using subcutaneous midazolam and has the advantage that patients can be kept on the same drug they were taking orally (1:1 conversion oral : sc) which avoid concern with either under dosing or over dosing with midazolam.	AMBER specialist recommendation	No significant cost impact to CCGs expected. Noted in Harrogate only 4 patients in past year prescribed levetiracetam SC compared to 800 prescribed midazolam SC. <table border="1" data-bbox="1480 762 2145 970" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Product</th> <th>Monthly primary care cost</th> </tr> </thead> <tbody> <tr> <td>Levetiracetam injection</td> <td>£127 / 10 amps</td> </tr> <tr> <td>Midazolam injection 10mg/2ml</td> <td>£7.61 / 10 amps</td> </tr> </tbody> </table>	Product	Monthly primary care cost	Levetiracetam injection	£127 / 10 amps	Midazolam injection 10mg/2ml	£7.61 / 10 amps
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15.	DOACs in oncology patients	<p>Approved DOACS as a treatment option for patients with malignancy and DVT/PE</p> <p>This decision has already been endorsed by the YFT VTE committee and Trust D&T committee. Use is supported by NICE NG158 and by the Oncology Consultants in the Trust.</p> <p>Preference within YFT will be to use Apixaban (on the advice of haematology), but it is recognised that for other indications a preferred DOAC is not usually specified. NICE make no recommendation on choice of DOAC. Therefore no preference will be specified on the formulary.</p>	AMBER specialist initiation	No significant cost impact to CCGs expected. <p>Cost saving especially when district nursing time may need including.</p> <p>Apixiban = £53 per patient per month</p> <p>Dalteparin = 7,500iu/0.3ml, 10=£42.34. 10,000iu/0.4ml, 5=£28.23. 12,500iu/0.5ml, 5=£35.29. 15,000iu/0.6ml, 5=£42.34. 18,000iu/0.72ml, 5=£50.82</p>						
16.	Methylphenidate for Narcolepsy	Approved methylphenidate as a second line treatment option in patients who cannot tolerate modafinil due to	AMBER SC	Only one patient initially in VoY. <table border="1" data-bbox="1518 1437 2145 1501" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Product</th> <th style="width: 30%;">Daily dose</th> <th>Monthly primary care cost*</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Product	Daily dose	Monthly primary care cost*			
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17.	Treatment Guidance for Uncomplicated Hypertension	<p>Approved the local adoption of treatment guidance for uncomplicated hypertension that was developed by West Yorkshire and Harrogate Health Hearts programme.</p> <p>The feedback from local GPs in Harrogate has been very positive highlighted that it saved appointments due to easier titration of doses/medicines and less need for monitoring at the earlier stages of the pathway. During the course of the project more patients were identified and more patients had blood pressure controlled. This is likely to become more important at this time due to pressures on primary care due to the COVID19 pandemic.</p> <p>Would aim to launch this at the same time Blood Pressure Monitoring @home programme.</p> <p>These guidelines would be introduced for new patients and patients who may be poorly controlled and require a review. Existing patients whose blood pressure is well controlled would be maintained on their present treatment regimen.</p> <p>Also these guidelines are an alternative option to NICE and no compulsion on prescribers to follow. For</p>	n/a	<p>The drugs within the pathway are similar to what is used at present but in a different order. The main difference is the preference of using losartan in front of other ACE inhibitors primarily to reduce the number of times of having to titrate up the dose with the added blood tests and appointments that this would incur. Also that indapamide would be introduced as second line.</p> <p><u>Pathway Cost</u></p> <p>Monotherapy (Amlodpine) £13.03 per patient per year (20%) Dual Therapy (Amlodpine+ Indapamide) £54.35 per patient per year (35%) Triple Therapy (Amlodpine+Indapamide+ Losartan) £77.68 per patient per year (40%) Quadruple therapy(see above + spironolactone £98.40 per patient per year 5%)</p> <p>Average Cost = £57.62 per patient per year.</p> <p><u>NICE pathway Cost</u></p> <p>Monotherapy (Amlodpine) £13.03 per patient per year (20%) Dual Therapy (Amlodpine+ Ramipril) £30.10 per patient per year (35%) Triple Therapy (Amlodpine+Indapamide+ Losartan) £71.42 per patient per year (40%) Quadruple therapy(see above + spironolactone £92.14 per patient per year (5%)</p>																		

		<p>examples patients with CKD or diabetes would not be expected to follow this pathway.</p> <p>Use of these guidelines needs to be supported by work within the CCG to improve diagnosis of hypertension.</p>		<p>Average Cost = £46.32 per patient per year.</p> <p>Based on treating 1000 patients the increased cost impact would be £11,300. These costs can be offset by savings identified by reduced strokes and MIs above.</p> <p>It should be noted that all the above drugs are generic and within category M of the drug tariff which means that the costs are likely to continue to change over time potentially going down as well as up.</p>
18.	Patiromer Shared Care Guideline	<p>Approved updated patiromer shared care with less intensive monitoring.</p> <p>Potassium levels only need monitoring when the dose of the patiromer or renin – angiotensin – aldosterone system inhibitor is changed, The need for monthly monitoring of potassium and magnesium with patiromer has therefore been removed.</p>	AMBER SC	No cost impact to CCGs expected as reflects current prescribing practice.
19.	TEWV Lithium Shared Care Guideline	Was due for review. No significant changes made.	AMBER SC	No cost impact to CCGs expected as reflects current prescribing practice.
20.	TEWV Methylphenidate Shared Care Guideline	Minor update re Cardiovascular monitoring.	AMBER SC	No cost impact to CCGs expected as reflects current prescribing practice.
21.	TEWV Atomoxetine Share Care Guideline	Minor update re Cardiovascular monitoring.	AMBER SC	No cost impact to CCGs expected as reflects current prescribing practice.
22.	TEWV Melatonin Shared Care	Updated to include Slenyto® for licensed indication only.	AMBER SC	Use of melatonin Slenyto® for licensed indication approved at September 2020 MCC meeting and cost implications of Slenyto® previously approved by NY and VoY CCG Execs.