NHS
Vale of York
Clinical Commissioning Group

GOVERNING BODY MEETING

3 February 2022, 9.30am to 11.30am

West Offices for Governing Body Members
Recorded in full and an unedited version of that recording available on the CCG's youtube channel immediately after the 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 14	Minutes of the meeting held on 2 December 2021	To Approve	Dr Nigel Wells CCG Clinical Chair
4.	Page 15	Matters arising from the minutes		All
5.	Verbal	Accountable Officer Update	To Note	Phil Mettam Accountable Officer
6.	Pages 16 to 39	Quality and Patient Experience Report	For Decision	Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse

7.	Verbal	Coronavirus COVID-19 Update	To Note	Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse Stephanie Porter Acting Executive Director of Primary Care and Population Health
8.	To Follow	Board Assurance Framework	To Receive	Abigail Combes Head of Legal and Governance
ASSURANCE – 10.50am				
9.	Pages 40 to 60	NHS People Plan	To Receive	Michelle Carrington Executive Director of Quality and Nursing/ Chief Nurse
10.	Pages 61 to 67	NHS North Yorkshire and NHS Vale of York CCGs Safeguarding Adults Annual Report 2020/21	To Receive	Michelle Carrington Executive Director of Quality and Nursing/ Chief Nurse
FINANCE – 11.10am				
11.	Pages 68 to 73	Financial Performance Report 2021/22 Month 9	To Receive	Simon Bell Chief Finance Officer
RECEIVED ITEMS – 11.25am **Committee minutes are published as separate documents**				
12.	Page 74	Chair's Report Executive Committee: 10, and 17 November, 1, 8 and 15 December 2021		
13.	Page 75	Chair's Report Finance and Performance Committee: 25 November and 16 December 2021		
14.	Pages 76 to 77	Chair's Report Primary Care Commissioning Committee: 25 November 2021		
15.	Pages 78 to 80	Chair's Report Quality and Patient Experience Committee: 11 November and 9 December 2021		
16.	Pages 81 to 89	North Yorkshire and York Area Prescribing Committee Recommendations: November and December 2021		

NEXT MEETING				
17.	Verbal	Date to be confirmed		
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.

NHS
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Item 3

Minutes of the NHS Vale of York Clinical Commissioning Group Governing Body on 2 December 2021 in West Offices for Governing Body Members Recorded in full and an unedited version of that recording available on the CCG's youtube channel immediately after the meeting

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
Julie Hastings (JH)	Lay Member, Chair of Primary Care Commissioning Committee and Quality and Patient Experience Committee
Phil Mettam (PM)	Accountable Officer
Denise Nightingale (DN)	Executive Director of Transformation, Complex Care and Mental Health
Stephanie Porter (SP) - part	Interim Executive Director of Primary Care and Population Health
Dr Chris Stanley (CS)	Central Locality GP Representative
Dr Ruth Walker (RW)	South Locality GP Representative

In Attendance (Non Voting)

Abigail Combes (AC) – part	Head of Legal and Governance
Christine Pearson (CP) – part	Designated Nurse Safeguarding Adults
Michèle Saidman (MS)	Executive Assistant
Louise Wootton (LW) – part	Associate Designated Clinical Officer

Apologies

Simon Bell (SB)	Chief Finance Officer
Dr Andrew Moriarty (AM)	YOR Local Medical Committee Locality Officer for Vale of York
Sharon Stoltz (SS)	Director of Public Health, City of York Council

The agenda was discussed in the following order

Question from member of the public

Virginia Hatton, York Home Birth Support Group volunteer

What plans are there in York to provide a sustainable and accessible home birth service? (In fulfilment of Better Birth's target to offer personalised care which includes choice in place of birth)

When will continuity of carer be available in York to all birthing people, including those who plan home births?

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

Due to challenges within the midwifery workforce, York and Scarborough Teaching Hospitals NHS Foundation Trust (the Trust) is ensuring core safety of mothers and babies by assessing staffing levels and how they match patient care needs (often referred to as acuity). This has meant that decisions, although not taken lightly, have needed to be made to suspend the home birth service on a regular basis and transfer some women for delivery to alternative hospitals. The Trust's position on this is reported daily to the Regional Chief Midwife and on a monthly basis to the CCG.

This is currently not unique to York Hospital.

Following wide consultation with midwives NHS England and NHS Improvement has issued new guidance to maternity providers regarding planning for delivery of Midwifery Continuity of Carer. The revised guidance is available via the following link.
https://www.england.nhs.uk/wp-content/uploads/2021/10/B0961_Delivering-midwifery-continuity-of-carer-at-full-scale.pdf

Delivery of Midwifery Continuity of Carer requires more midwives than traditional models of maternity care.

This guidance has considered the challenges that have faced many maternity units and is clear in its advocacy to ensure that building blocks are in place for the sustainable delivery of Midwifery Continuity of Carer.

In line with this, the Trust is required alongside the Local Maternity System to agree a plan that describes how it will achieve Midwifery Continuity of Carer as the default model of care offered to all women by March 2023. This will include putting in place the 'building blocks' for sustainable models of Midwifery Continuity of Carer by March 2022 for which the plan is required to be submitted to NHS England and NHS Improvement by 31 January 2022.

The Trust is currently working through its workforce plans and how these will progress stage by stage to the expansion of a Midwifery Continuity of Carer offer and a sustainable home birth service. This however is fully dependent upon the ability to recruit additional midwives. These plans will be shared with the CCG ahead of submission to NHS England and NHS Improvement by the end of January 2022.

STANDING ITEMS

1. Apologies

As noted above.

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

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

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

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

4. Minutes of the Meeting held on 7 October 2021

The minutes of the 7 October meeting were agreed.

The Governing Body:

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

5. Matters Arising from the Minutes

Safeguarding: MC advised that, as the Humber, Coast and Vale Integrated Care System Transitional Safeguarding Lead was taking up post the following week, she would provide a report to the February Governing Body meeting.

The Governing Body:

Noted the update.

6. Accountable Officer's Report

Prior to the Accountable Officer report SP explained activities in response to service pressures and progress with the vaccination programme. She referred to the recent announcement that eligibility for COVID-19 boosters was reducing from six months to three months after the second dose noting the national context of the majority of the programme being delivered through primary care.

SP explained that locally c75% of the vaccinations were being delivered through primary

care including pharmacies with support from volunteers. She highlighted the additional requirements of the vaccination programme in the context of a tired primary care workforce who were at the same time working to deliver a range of service priorities and address the backlog arising from the pandemic.

SP advised that the CCG had a small supply of AstraZeneca vaccine for people who required it clinically but in the main the Pfizer and Moderna vaccine were being delivered which required a 15 minute observation period following administration. This therefore affected the number of vaccines that could be administered from our smaller site, from the perspective of maintaining social distancing. To increase capacity to respond to the booster acceleration additional staff – administrative, clinical and volunteers – were required and, whilst welcoming the recent addition of 400 Ministry of Defence staff, these were unlikely to be deployed locally and the vaccination programme would continue to be delivered through primary care as described.

SP reported that as at 1 December over all vaccine coverage was at c85% with some age cohorts at 95% within the CCG's population having received their first and second dose, but this figure potentially masked lower take up in some places. She emphasised that the drive to promote vaccination in areas of low take up was continuing with efforts to make opportunities as convenient as possible. SP also noted with regard to vaccination of pregnant women that, although uptake was comparatively low to the general population, the CCG had one of the highest uptakes from a regional perspective and had been recognised for best practice. She commended in particular ante natal clinics in this regard and the primary care vaccine provider.

SP highlighted the achievement of delivery of more than five million vaccinations as the first 12 months of the programme approached and expressed appreciation to everyone who had contributed to date. She emphasised the need to continue with measures such as hand hygiene, social distancing and vaccine take up.

MC added that evidence was emerging of the effectiveness of the booster programme and discussions were taking place regarding potential frequency to maintain immunity. She also noted that evidence suggested the current brands of vaccination were equally effective.

SP referred to the traditional winter pressures across health and social care, including respiratory viruses and 'flu, noting that c100% of care homes had received both 'flu and COVID-19 vaccinations. She explained that work was taking place with primary care, particularly in General Practice, in response to additional winter funding available to support opportunities for efficiencies for delivering care.

SP referred to elements of public perception about access to primary care. She highlighted that in September 2021 a further 10,000 appointments had been delivered in comparison to 2019, noted that following telephone triage there was a variety of types of access and emphasised face to face appointments were offered if clinically appropriate. SP additionally referred to the recent Healthwatch report which had identified both good examples of access to care but also highlighted issues such as preference for a face to face appointment and telephone pressures. SP referred to work to meet the needs of people who did not have digital access but emphasised that work was taking place on the basis of a system approach to ensure appropriate access to a variety of services to meet the needs of patients.

HE highlighted the increased level of activity in General Practice even before taking account of the vaccination programme. She expressed concern about the impact of this imbalance between demand and capacity including from the perspective of prioritising decision making, also noting potential safety issues due to busy Practice phone lines, the context of routine care as prevention for future urgent care and effects such as increasing inequalities. The context of unacceptable abuse to members of primary care staff was also emphasised.

It was agreed that, as a matter of urgency, two communications be issued on behalf of the Governing Body: firstly promoting take up of the vaccine and booster and secondly writing to all Practices expressing appreciation for their work, with emphasis on continuing support through winter and recognising the concerns about abusive behaviours.

SP left the meeting

NW advised that, in response to the current challenges, a Humber, Coast and Vale Integrated Care System Ethics Panel was being established to support primary care decision making.

Accountable Officer Report

PM referred to the report which provided updates on recovery and transformation, COVID-19 and Emergency Preparedness, Resilience and Response. He additionally explained that the CCG had delivered the financial plan for the first half of 2021/22 but noted risks in respect of the second half. PM emphasised that the Finance and Performance Committee would continue to maintain oversight on delivery of the plan and DB, as Chair of that Committee, assured the Governing Body that the CCG was in the best possible financial position. He also noted that the Committee commended SB and the Finance Team for their continuing work in this regard.

PM updated members on the transition reporting that the Designated Chair and Chief Executive appointments had been announced and the nationally determined name of the organisation would, subject to the legislation proceeding, be North Yorkshire and Humber Integrated Care Board from 1 April 2022. There was also a timetable for Executive and Lay appointments to the Board; some were subject to national process, all subject to formal appointment processes. Alongside this there was a consultation exercise in a number of phases for affected staff. Phase 1 had begun on 22 November for 30 days and was for affected Board level staff who have a contract; Phase 2, for which the timescale had still to be agreed, would commence in January 2022. For staff below Board level regular 'virtual' briefings, including opportunities for questions and answers, were currently being held. JH noted attendance at these briefings where she had sought assurance in relation to HR support in the context of staff wellbeing.

AC joined the meeting during this item

PM described challenges to managing work programmes of both the CCG and the system in the context of staff capacity. He explained that the Executive Team, supported by the Deputies Group, was managing the transition and closely monitoring potential gaps and associated pressures. PM expressed appreciation to and commended the Deputies for their work and commitment in this regard, and NW added his appreciation.

PM explained that the Integrated Care Board was progressing towards mobilisation in shadow form. With regard to closedown of the CCG the Executive Team, supported by the Deputies, was carrying out the due diligence requirements which would be presented at a Governing Body meeting in public. PM assured members that the Governing Body committees would continue to meet until 31 March 2022 to maintain oversight of quality, safety and finance, noting that clarification was outstanding regarding sign off of the final CCG accounts.

PM advised that 'place' development would progress in line with availability of the Human Resources Framework and governance arrangements established by the Integrated Care Board. He noted that York was still in a comparatively advanced stage of development as a 'place' and explained that for the CCG's North Yorkshire population NHS North Yorkshire CCG was leading with close involvement of NHS Vale of York CCG staff.

Discussion included: emphasis on the perspective of ensuring the CCG's achievements and relationships were maintained; organisational memory; concern about both staff wellbeing and retention; and maximising opportunities for joint working and innovation.

The Governing Body:

1. Noted the update on system pressures and agreed that communications be issued as described above.
2. Received the Accountable Officer report, noting the additional updates on the financial position and the transition.

3. Staff Story: Understanding the role of the Associate Designated Clinical Officer

LW, who had given a similar presentation at the October Quality and Patient Experience Committee, explained that she had taken up the new post of Associate Designated Clinical Officer for SEND (Special Educational Needs and Disability), currently not a statutory role, in February 2021. Although roles varied from area to area the aim was to support the CCG to fulfil its statutory duties for children and young people with special educational needs and disability. LW advised that the York Written Statement of Action provided the basis to commence this work, also noting the complexity due to the CCG's three Local Authority boundaries and the multiple providers.

LW outlined her role within the Education, Health and Care panel, a multi agency panel that considers if a child/young person with SEND requires additional resource to meet their needs above the usually available offer with education settings. The role for the Associate Designated Clinical Officer within this panel is to consider how the child/young person's health needs may impact on their ability to access education and to ensure health needs and health provision required to meet these needs are represented within the plans, escalating accordingly if appropriate services were not being commissioned. LW also detailed wide ranging next steps and emphasised the aim of SEND becoming "everybody's business", as safeguarding had.

Members sought and received clarification on aspects of LW's work including reasons for the increase in SEND requirements, notably in respect of autism services, and the context of partnership working.

MC additionally highlighted the development with children and families of a SEND framework noting that health was their top priority. She also noted the context of the framework from the Humber, Coast and Vale Integrated Care System perspective.

The Governing Body:

Commended the progress on the SEND agenda.

LW left the meeting

7. Quality and Patient Experience Report

MC presented the report that provided the Governing Body with an update on an exception basis on risks and mitigations associated with quality, safety and patient experience across our commissioned services. It summarised by exception, progress and updates on quality, safety and patient experience that is not related to existing risks and provided an update on actions to mitigate the risks. The SEND (Special Educational Needs and Disabilities) Strategy for children, young people and families in York September 2021 to September 2025 and New North Yorkshire Healthy Child 0-19 Service were included with the report.

MC highlighted the significant workforce issues across the whole system with increasing demand and backlogs in both health and social care. In respect of care homes MC referred to challenges emanating from shortages of Registered Nurses, use of agency staff with associated risk, a number of nursing homes choosing to convert to residential with the potential for residents to need to be moved at short notice, and the COVID-19 vaccination mandate that had come into effect the previous month. The CCG was working with the Local Authorities regarding support to both care homes and domiciliary care.

CP joined the meeting

MC referred to the earlier discussion about pressures on primary care and additionally noted that in response to this the Care Quality Commission had temporarily suspended its inspection programme. She explained that the Primary Care Collaborative was undertaking work to access the £5m to £6m Winter Access Funding available to Humber, Coast and Vale Integrated Care System and emphasised that all efforts were being made to meet the current extraordinary challenge. MC additionally advised that the Ethics Panel, as referred to by NW above, had held its first meeting noting however that this was not a decision making forum but an opportunity to utilise clinical expertise.

In respect of the 'SEND Strategy for children, young people and families in York' MC commended LW and Susan De Val, Commissioning Specialist, Children and Young People, for their work.

With regard to maternity services MC referred to the question at the start of the meeting and the information in the report. Whilst noting that the increasing challenges in the midwifery workforce were not specific to York, members agreed that this risk, currently managed by the Quality and Patient Experience Committee, be aligned to the Governing Body. She additionally noted that maternity services would be the subject of a focused meeting of the Committee in January 2022.

In terms of infection prevention and control more widely than COVID-19 MC advised that there were particular long standing concerns at Scarborough Hospital about estates including recruitment of specialist support. The CCG was working with York and Scarborough Teaching Hospitals NHS Foundation Trust in this regard following external support from NHS England and NHS Improvement.

While recognising some improvement since pre-pandemic, MC highlighted continuing significant concern about inequity, particularly in Selby, in relation to Tees, Esk and Wear Valleys NHS Foundation Trust waiting times for Attention Deficit Hyperactivity Disorder assessment. She noted that the CCG now had a greater understanding and was working with them to gain assurance. DN additionally referred to previous discussions relating to Tees, Esk and Wear Valleys NHS Foundation Trust and explained they had undertaken, and continued to undertake, detailed work to provide improved data. This work had initially been on waiting times for Child and Adolescent Mental Health Services assessments and more recently for Attention Deficit Hyperactivity Disorder. DN emphasised that recruitment to all specialties was a challenge.

MC also noted pressures on Tees, Esk and Wear Valleys NHS Foundation Trust in the context of operational pressures and the action plan in response to the Care Quality Commission inspections. The time limited support from NHS England and NHS Improvement had ended but the CCG continued to provide support in terms of review of Serious Incident backlogs.

With regard to risks managed by the Governing Body MC sought and received support for QN 13 *Hepatitis B vaccine in renal patients* to be transferred to the Quality and Patient Experience Committee for oversight and potential archiving in January 2022 subject to assurance that the model was fully operational.

SP rejoined the meeting

In referring to QN 18 *Potential changes to North Yorkshire County Council commissioned Healthy Child program* MC advised that the New North Yorkshire Healthy Child 0-19 Service specification adopted aspects of feedback from the consultation but she highlighted significant workforce pressures. Discussion ensued including concerns about the absence of the School Nurse role, potential implications for safeguarding and the need for clarification about appropriate attendance in terms of multi disciplinary teams. MC agreed to request further information from North Yorkshire County Council about the new service.

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.

In relation to the risk register:

- Agreed that, in view of the increasing concerns, the risk pertaining to maternity services at York and Scarborough Teaching Hospitals NHS Foundation Trust be managed by Governing Body.

- Agreed that the risk associated with commissioning a Hepatitis B vaccination service for renal patients, QN13, be transferred to the Quality and Patient Experience Committee for overseeing the continuing operational delivery.
- Agreed that QN 18 *Potential changes to North Yorkshire County Council commissioned Healthy Child program* continue to be managed by Governing Body.

8. Coronavirus COVID-19 Update

MC referred to the earlier discussion at item 6. She noted concern about the new Omicron variant and the national indication of potential changes to measures relating to increased mask wearing and social distancing but emphasised the key role of the vaccination programme.

9. Board Assurance Framework

In referring to the Board Assurance Framework AC highlighted that, as previously, changes were presented in red for clarity. She referred to the *Support the wellbeing of our staff and manage and develop the talent of those staff* strategic objective noting that, although the risk in respect of ensuring staff were supported through the transition to the Integrated Care System was 'Stable', the number of staff looking for other opportunities or leaving had increased.

AC additionally advised she would discuss with Peter Roderick, Consultant in Public Health, how population health risks should be captured in future in line with the focus on population health and reducing inequalities.

The Governing Body:

Received the Board Assurance Framework.

ASSURANCE

10. Emergency Preparedness, Resilience and Response Policy

AC explained that the Emergency Preparedness, Resilience and Response Policy, updated in line with national and local guidance, had been approved by the Finance and Performance Committee on 28 October along with the CCG's self assessment of full compliance for the annual Emergency Preparedness, Resilience and Response Assurance return. The latter had been submitted in line with the 29 October timescale.

The Governing Body:

Ratified the Emergency Preparedness, Resilience and Response Policy.

AC left the meeting

11. North Yorkshire Safeguarding Adults Board Annual Report 2020/21

In presenting the North Yorkshire Safeguarding Adults Board Annual Report CP noted that in addition to the full version an info-graphic summary and easy read version were also provided. She explained that the Board comprised 23 statutory partners and had

three duties under the Care Act: to produce a strategic plan, to produce an annual report detailing deliver of the plan, and to commission a safeguarding review when required, all of which had been fulfilled.

CP highlighted aspects of the work of the Board's three sub groups: Policies, Practice, Development and Legislation; Learning and Review; and Performance and Quality Improvement. She also reported that a newly developed joint engagement and communication strategy had significantly raised the profile and accessibility of the Board, also noting the easy read format of its documents.

CP referred to the safeguarding concerns in primary care, discussed at item 7 above, noting that she would follow this up.

The Governing Body:

Received the North Yorkshire Safeguarding Adults Board Annual Report 2020/21.

12. North Yorkshire MAPPA (Multi Agency Public Protection Arrangements) Annual Report 2020/21

CP presented an overview of the North Yorkshire MAPPA including a summary of Responsible Authorities; partners with a duty to cooperate additionally noting the voluntary sector's key role; and the three levels of offender management. She highlighted MAPPA's work in respect of counter terrorism and the new National Security Division, learning from the pandemic, domestic abuse, housing services/preventing homelessness, and primary care/health services.

Members sought and received clarification, including in respect of information sharing, and commended the inclusion of case studies in the annual report.

The Governing Body:

Received the North Yorkshire MAPPA Annual Report 2020/21.

CP left the meeting

RECEIVED ITEMS

The Governing Body noted the following items as received:

13. Audit Committee chair's report and minutes of 16 September 2021.

14. Executive Committee chair’s report and minutes of 29 September, 6, 13 and 20 October and 3 November 2021

15. Finance and Performance Committee chair’s report and minutes of 23 September and 28 October 2021.

16. Primary Care Commissioning Committee chair’s report and minutes of 23 September 2021.

17. Quality and Patient Experience Committee chair's report and minutes of 14 October 2021.

18. North Yorkshire and York Area Prescribing Committee recommendations: September and October and August 2021.

19. Next Meeting

The Governing Body:

Noted the next meeting would be 9.30am on 3 February 2022.

Close of Meeting and Exclusion of Press and Public

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

A glossary of commonly used terms is available at:

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

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 2 DECEMBER 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	• Update on establishing a local system approach for pertussis vaccination in pregnancy • Ongoing in context of the Coronavirus COVID-19 pandemic	MC	5 March 2020 Ongoing
2 April 2020	COVID-19 update	• Review learning on the part of both teams and organisations	All	Ongoing
7 October 2021 2 December 2021	Safeguarding	• Report on future safeguarding priorities	MC	2 December 2021 Deferred to 3 February 2022
2 December 2021	Quality and Patient Experience Report	• Further information to be sought from North Yorkshire County Council about the New North Yorkshire Healthy Child 0-19 Service	MC	

Item Number: 6

Name of Presenter: Michelle Carrington

Meeting of the Governing Body

Date of meeting: 3 February 2022

NHS
Vale of York
Clinical Commissioning Group

Report Title – Quality and Patient Experience Report

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

Reason for Report

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

Content of this report has been discussed at the Quality & Patient Experience Committee held on the 9th December 2021. Additional updates are provided in the report which have not yet been discussed at QPEC due to the postponement of the January meeting.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks

☐Financial
☐Legal
☒Primary Care
☒Equalities

Risk Rating

Emerging Risks

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

Impact Assessments

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

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

Risks/Issues identified from impact assessments: N/A

Recommendations

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

Decision Requested (for Decision Log)

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

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

1. PURPOSE OF THE REPORT

The purpose of this report is to provide the Vale of York CCG Governing 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
- System Resilience and Pressures
- Vaccination As A Condition Of Deployment (Vcod) For Healthcare Workers
- Continuing Healthcare
- Primary care update including Covid Vaccination progress and system pressures
- Mental Health
- Children services
- Serious Incidents
- Patient Experience
- Communications and Engagement
- Research
- Risks to Quality and Safety

2. SUPPORT TO INDEPENDENT CARE PROVIDERS

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

Covid in Care Homes

The incidence of positive covid cases across care providers has increased over the winter period in line with the overall national incidence rate.

Thirty-one care homes (not including supported living) in the VoY area have reported outbreaks of Covid over the last two months. These have largely been asymptomatic or mild cases with very few hospitalisations or deaths. Circulating infection remains high, however numbers are now reducing slowly. Therefore high levels of vigilance and support continue to be required.

The isolation rules following an outbreak were reduced to 14 days on the 10th January 2022. Prior to this date care homes could not receive any new residents or visitors for 28 days following a new positive case. The reduction is also based upon risk assessment, and is anticipated to help ease system pressures by releasing capacity.

Mandatory Vaccination / Evidence for visitors to care homes

Proof of full vaccination status for any worker entering a care home is now a legal requirement and the Registered Manager risks losing their registration if found to have permitted entry outside of the conditions described within the law. Communications have been robust in relation to changes in access requirements.

Additional guidance has been issued regarding care home visits in an emergency whereby staff would not be challenged regarding vaccination status i.e. Fire, where resuscitation is required etc

Where necessary the Nursing and Quality team are supporting homes in ensuring adherence to this and continuing to monitor adherence to IPC practice of professional colleagues.

Covid and Flu vaccination in care homes

- Covid Booster Vaccinations

Over 92% of care home residents and 63% of staff have had their booster dose (reported 20th January)

- Flu Vaccination

92% of residents and 30% of staff have received a flu vaccine. The uptake for flu vaccination by care home staff is disappointing. The Nursing Team continue to champion the message to have flu vaccination as soon as possible.

Discharge Standards

Led by the Chief Nurse, a consultation is now underway with stakeholders to comment on a set of agreed Discharge Standards. These are based on national guidance and best practice but most importantly informed by local colleagues to provide a consensus on expectations across settings for what good discharge looks like. It describes how staff involved in the resident journey can contribute to successful transfers of care. Further time was needed for consultation due to system pressures and it is hoped these will be adopted by mid February. The Clinical Lead for the Urgent and Emergency Care program for the ICS also recently undertook an extensive audit of incidents reported via Datix (software platform) and determined actions the systems and individual providers might wish to consider. The discharge standards work and the audit recommendations will be combined to form one cohesive set of recommendations. This will then go the Community Collaborative of the ICS to be adopted across the ICS, building on the work started across NY&Y

The Nursing team are progressing an offer to support 3 care providers who require intense level of training and improvement work to help maintain business continuity.

One home in particular is benefitting from joint work between the CCG and NYCC Team providing Health and Social Care intervention together. This is a real example of collaboration and joint improvement planning.

Recognising the approach in supporting care providers during the pandemic the CCG's Nursing and Quality Team were included in the NYCC Innovation Awards 2021 for the 'People's Choice Award' for the 'Covid-19 Care Settings Response'.

E-Learning for Health Patient Safety

Health Education England (HEE), in partnership with NHSE/I, The Academy of Medical Royal Colleges, has launched the first E-learning for health patient safety modules as part of the National patient safety syllabus.

The training materials can be accessed via the e-learning for healthcare hub, where the first two levels are now available: Essentials for patient safety and Access to practice. With the more advanced levels three to five of the training expected to be available by the end of March 2022.

Level one, Essentials for patient safety, is the starting point and all NHS staff, even those in non-patient facing roles are encouraged to complete it.

Level two, Access to practice is intended for those who have an interest in understanding more about patient safety and those who want to go on to access the higher levels of training

There is also a module for senior leaders and board members.

As part of the National Patient safety Strategy all staff working in the NHS regardless of role will be expected to undertake at least level 1. Further details on implementation will be shared as work progresses.

3. SYSTEM RESILIENCE AND PRESSURES

HCV System Ethics Panel

The Humber Coast and Vale Clinical and Professionals Group have had a number of discussions about individual cases which have caused some operational and ethical challenges for the system to manage. This led to a vision that there should be a Panel comprised of members of the ICS Clinical and Professionals Group to make recommendations based on a set of ethical principles. The Panel will also provide clinical input and oversight into the work of the Provider Collaboratives and local authority with regards to whether services need to be changed, paused or reconfigured, using a set of ethical principles. It may also consider the case alongside the Clinical Professional Principles previously developed, as appropriate.

This is an agile and dynamic Panel which has now been established at short notice to deal with urgent matters raised with it. The plan is to also provide system wide ethical training and to provide a framework for ethical decision making which can be used outside of the panel. The System Ethics Panel are also connecting with the Chairs of existing organisational ethics groups to develop peer support and network of ethics support available to the system.

All providers have been contacted and requested to submit any plans on how they intend to manage their own pressures which may involve the need to pause or prioritise services in order that these may be considered by the panel.

To date the System Ethics panel have produced 3 sets of advice and are working on 3 more.

System Pressures

Emergency Department trolley waits are one barometer of wider system pressures and not solely related to ED capacity. This is also being reflected in an increased frequency in delays of ambulances being able to handover.

There is no available data on the increase in likelihood of clinical harm associated with a 12-hour wait but it seems reasonable to conclude that the longer the wait, the greater the risk. The number of 12 hr waits has significantly increased in December, during the height of the Omicron impact, and are steadily subsiding throughout January.

Multiple steps are being taken by the system – across Primary care, Care home support and the Trust to mitigate this risk.

Notwithstanding these mitigating steps, the risk remains.

The pressure of discharges from hospital to free up capacity and improve flow remains a significant issue. With community beds closed due to Covid outbreaks or staff sickness, together with a stretched domiciliary care market is adding to this significant pressure. Providers and commissioners with local authority are doing all they can to mitigate the issue and increase capacity.

4. VACCINATION AS A CONDITION OF DEPLOYMENT (VCOD) FOR HEALTHCARE WORKERS

On 6 January 2022, the Government made new legislation, approved by Parliament, which extends the scope of mandatory vaccination requirements for staff beyond registered care homes to health and wider social care settings in England.

The regulations provide that the registered person can only deploy or otherwise engage a person for the purposes of the provision of a CQC-regulated activity, in

which they have direct, face to face contact with patients and service users, if the person provides evidence that they have been double vaccinated .This is subject to specific exemptions and conditions.

The vaccination as a condition of deployment (VCOD) requirements include front-line workers, as well as non-clinical workers not directly involved in patient care but who may have face to face contact with patients, including ancillary staff such as porters, cleaners or receptionists.

The VCOD regulations allow a grace period for compliance and the requirement will come into force on 1 April 2022, which means staff must have their first vaccination by the 3rd February and second vaccination by 31st March 2022 to enable them to be compliant by the 1st April 2022.

Whilst the guidelines for identification of which staff the regulations apply to have been published, these are not clear for all staff groups and in particular commissioning organisations. Further work is being progressed at pace across the ICS to agree a consistent approach, support staff to make informed decisions and understand scale and impact of any anticipated non compliance.

A series of webinars are being hosted throughout January and early February to offer healthcare professionals (both NHS and non-NHS), an opportunity to have any of their concerns, queries and reservations about the COVID-19 vaccines addressed by clinicians and other trusted voices from outside of their usual workplace. The webinars will cover a range of topics to help in understanding wider considerations and potential queries regarding vaccination.

5. CONTINUING HEALTHCARE

Capacity within Care Homes and Home care providers

As previously described, the independent sector is increasingly fragile with the increased need of support from both the CCG and Local Authorities.

The lack of Registered Nurses is influencing the decision for de-registration of some care homes and creating an increased risk of inability to source nursing home beds local to family choice.

In addition providers of home care services (nursing and domiciliary) are experiencing difficulties in workforce, impacting upon their ability to sustain existing packages or provide new ones. This is being experienced with increasing numbers of 'notices' being given for existing care packages and subsequent challenges in sourcing new ones.

QPEC has determined this to be a risk and will review the actions / mitigations at February committee to determine the scale of risk and whether meets the threshold for escalation to Governing Body.

North East & Yorkshire Continuing Healthcare Oversight and Improvement Board

A North East & Yorkshire Continuing Healthcare Oversight and Improvement Board has been established throughout 2021. This now has developed Terms of Reference and encompasses all ages.

Vale of York is currently achieving the standard whereby the CCG ensures that once a checklist is received by the CCG the time between the checklist being received and a continuing healthcare funding decision being made does not exceed 28 days**.**

6. PRIMARY CARE

Covid Vaccination

We have now passed the one year anniversary of the covid vaccination program commencing. The program has been extremely successful in reducing deaths and reducing serious illness and associated hospitalisations. The impact of the continued expansion of the program however has increased in resource intensity for both the providers and CCG staff members who provide support and coordination.

This included the need to accelerate the covid booster vaccination programme making lower ages eligible and at 3 months not 6 months after the second dose required more resources to be allocated to achieve more in less time. This came at a time when practices were also responding to winter access requirements to deliver more capacity.

Work now continues for the next phase of vaccinating vulnerable children age 5-11.

The program continues to be delivered in line with the national program as contained within the Green Book:

https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a

Workforce and Capacity

OPEL 3 reporting and intermittent OPEL 4 in practices continues to be high as a result of both staff isolation or illness (both clinical and administrative) and the significant increase in patient activity. This level of pressure has become consistent,

with some practices feeling 'fragile'. There is limited scope for the CCG to provide additional support, therefore system support through the newly developed HCV ICS System Ethics Panel will be utilised to consider activity that may be paused or prioritised.

Primary Care Collaborative

Key staff in the primary care team are being supported to move on an interim basis into the Primary Care Collaborative, as part of the transition arrangements.

'Soft Intelligence'

A revised program of Soft Intelligence meetings has commenced. This enables CCG staff to share and triangulate intelligence and helps determine practices which may require additional scrutiny or support.

Care Quality Commission (CQC)

The CQC has paused their revised approach to reduce any unnecessary burden on practices whilst they respond to the higher levels of patient demand and clinical need. However, they retain the authority to inspect in response to appropriate concerns.

7. MENTAL HEALTH

Care Quality Commission – TEWV

The outcome of the Well Led review has been published on the 10th December 2021.

https://api.cqc.org.uk/public/v1/reports/39d313da-63b8-4a46-a423-11f1958c89b0?20211223164650

The monthly NHSE/I led Quality Board continues to monitor the and seek assurance regarding progress against the CQC findings and action plan.

See Governing Body Risk QN 23.

Adult Mental Health Services

Dementia

The dementia coordinators across primary care continue to undertake case-finding and GPs are referring people identified for memory assessment. Waiting times from referral to diagnosis and/or outcome of assessment are growing due to capacity in the memory service and the CCG will be working with TEWV to explore options to address this. In the meantime, older people with cognitive impairment and suspected dementia are being referred to Dementia Forward for support while they await an assessment and diagnosis. There is now considerable demand on their services and the CCG has secured additional capacity funded through winter pressures monies to support isolated and vulnerable older people who live alone.

Adult Autism and ADHD Services

Procurement of the assessment and diagnostic service is complete, and The Retreat were the successful bidder. The new service will begin 01 April 2022. Mobilisation meetings and communications will be developed over the next few months.

A waiting list initiative is in place however demand continues to grow with referrals increasing significantly to an average of 99 per month, compared with the previous 6-month average of 66 per month. The CCG continues to monitor this. Current waits are on average 20 months. This figure is a 6% reduction in wait times compared to the previous quarter.

For ADHD the waiting time is on average 21 months. This figure is down from 26 months year average in the previous quarter and is a 24% decrease in wait times compared to the previous quarter.

Spending Review funds have been used to commission a post diagnostic support service for patients receiving a diagnosis. This will be in the form of a neurodiverse support wellbeing group to provide information on key topics that contribute to physical and mental health as well as providing a forum for autistic adults to meet and share learning and experiences. It was anticipated that this will begin in the autumn , however, due to capacity and wellbeing of the peer support workers, it is expected that this will now commence February 2022.

Pathway to Recovery Project, Foss Park Hospital. (PtR)

This project aims to connect people with the right level of care at the right time to help achieve independence and recovery. Evidence shows that people can often be in hospital waiting for assessments, support services and placements for a considerable length of time, which can often result in the person being made subject

to delayed transfer of care (DTOC) or result in unsafe/inappropriate discharges. The PtR project brings health and social care services together, along with other partner agencies, to refocus the current discharge processes by looking at how they can support the person's pathway to recovery and determine what is needed, when how and by who.

This multi-disciplinary approach aims to ensure that the patient is provided with the support needed to facilitate their discharge and prevent readmission. Three social workers, two of which are Approved Mental Health Practitioners (AMHPs) have been seconded from City of York Council to work in the hospital wards and with the community mental health teams and voluntary sector agencies to track the patient's pathway as soon as they have been admitted. Funding has also been secured for a full-time Social Prescriber to work within the multi-disciplinary team to build and maintain effective place- based partnerships with voluntary sector providers and statutory services to support social prescribing options for vulnerable people experiencing mental ill health.

Some of the themes to emerge from the PtR project which have an impact on admission and timely discharge are:

- Housing including homelessness
- Alcohol/substance misuse has been identified as a factor in 24 admissions to Foss Park since the project began and anecdotal reports suggest use of cannabis has been a significant factor in admissions
- Debt
- Benefits

Over a period of four months 38 patients were referred to social prescribing. The key main areas of support are :

- Exercise opportunities
- Learning opportunities
- Volunteering
- Employment support
- Community inclusion activities

Successful referrals have been made to:

- York City Football Club Foundation
- Converge@theHaven
- Arts/Music - Converge
- York St John Converge
- Run York
- Resume foundation – supported employment
- Health Watch

- GLL/Healthwise
- Explore York
- YorkLearn
- St Nicks employment

These themes and a more detailed evaluation of the project are used to determine areas of priority for preventative work and support across the health and care system, particularly as the community mental health programme develops.

Physical health checks for people with severe mental illness (SMI)

Quarter 3 performance is 41.5% an increase of 7.1% on the previous quarter of 34.4% (1056 patients with all 6 elements of a health check in-date out of a total SMI list size of 2,547.)

Significant improvements have been made in Priory Medical Group PCN through a 'digital first' approach with 50% of people receiving all 6 recommended health checks in the last 12 months compared to 30.3% in Q2. Similarly, Tadcaster and Rural Selby PCN saw an increase of 18.4% with 55.6% of people receiving all 6 health checks.

All the City of York PCNs made improvements as a result of coordinated administrative work to identify patients and invite them to take-up the health checks.

This work will be enhanced during Q4 with additional capacity from Social Prescribers to encourage take-up and support people to attend; also, from Health Care Assistants to carry out the checks. This approach will be sustained in 22/23 and a system established for effective recall of patients.

A steering group has been established to drive this work under the auspices of the York Mental Health Partnership; 'Connecting our City.' Joint work is ongoing with City of York Council Sport and Active Leisure Team to expand delivery of sport and activity experiences to people with a severe mental illness and opportunities for them to participate in these activities. To support this, staff at sports clubs have been offered and taken up Mental Health Awareness for Sport and Physical Activity+ training. So far, 16 have completed the mental health training with a further 22 ongoing. This offer is available for people with a severe mental illness and referrals can be made by GPs and Primary Care Social Prescriber Link Workers.

Due to their high performance rates, SHAR PCN has been invited by the ICS to participate in a service user engagement project to support health checks and interventions, with funding and project management support. This will focus on a population health approach for people with SMI and comorbidities.

Safe and Wellbeing Review programme – Action arising from the Cawston Park Safeguarding Adults Review (SAR)

As part of the NHS response to the Safeguarding Adults Review (SAR) concerning the deaths of Joanna, Jon and Ben at Cawston Park, (Norfolk) a national review is being undertaken to check the safety and wellbeing of all people with a learning disability and autistic people who are being cared for in a mental health inpatient setting.

One of the learning points from the Norfolk Safeguarding Adult Board review report is that local quality oversight processes have not always been robust enough to identify poor standards of care, especially in relation to people's physical wellbeing and quality of life (such as daily activities). Hence the need for a national process, swift and at a point in time, to have absolute clarity that people are being properly cared for, if there are concerns to take immediate remedial action alongside identifying any key themes that emerge from the review programme.

The safe and well reviews cannot replace the existing care (education) and treatment reviews (CETRs)/care programme approach (CPA) meetings or commissioner oversight visits mechanisms to monitor quality of care. It is a separate, additional review but it can be undertaken as a part of other activity e.g. on the same day that a CETR takes place.

The reviews are a one off additional review for any people in mental health hospitals on the 31st October 2021, with all reviews needing to have taken place by the end of January 2022. For Vale of York CCG there are 8 people needing such a review. The CCG has plans in place for all reviews to be undertaken in line with the outlined process and timescales.

Once completed each review is considered by an ICS Oversight and Assurance panel consisting of at least :

- a learning disability and autism senior responsible officer
- at least one expert by experience
- a medical director
- a senior clinician with expertise in learning disability and autism

The aim of the panel is to provide oversight / assurance that all patients are receiving the appropriate care and establish any themes or challenges across the whole system that require further action.

The full report of the SAR is available via the following link

https://www.norfolksafeguardingadultsboard.info/publications-info-resources/safeguarding-adults-reviews/joanna-jon-and-ben-published-september-2021/

8. CHILDREN'S SERVICES

The Children Ambulatory Treatment Hub (CATH - 8 Week Pilot) for Respiratory Viral Disease surge in young children

Whilst funding has been secured to enable the service to continue until March 2022, the pilot is now subject to evaluation to determine next steps. The evaluation will consider activity, outcomes, patient experience and subsequent health value for money.

Special Educational Needs and Disabilities (SEND)

The CCG is continuing to work with the City of York Council in preparation of evidence in anticipation of the expected SEND revisit anticipated to be early in 2022 and North Yorkshire CC in preparation for the expected SEND Inspection whereby the inspection window is anticipated April 2022 onwards.

Following secondment to the ICS by the VoY CCG's Senior Quality Lead for Children and Young People the CCG has collaborated with North Yorkshire CCG to review the workforce responsible for SEND across both CCGs. This has resulted in the development of a single Designated Clinical Officer (DCO) across both NY and VoY CCG supported by an Associate DCO and administrative personnel for each CCG. The aim is to ensure consistency, expertise and teamwork across the geography and avoid duplication as both CCGs share the same healthcare providers and Local Authorities.

A part time post to focus upon delivery of VoY Children's transformation (outwith SEND requirements) in line with the ICS Children and Young People's Transformation program is currently being recruited to.

- **Transition from child to adult - Early achievements of the Transition Coordination Lead Nurse**

For Children and Young People (CYP) with special educational needs and disabilities, the Children and Families Act (2014) ensures education, health care and social care services work together. A single overall assessment should be performed which details the educational, health and social care needs of the CYP. Families will also be

provided with information to find help to meet these needs. This single education, health and care plan (EHCP) can be formulated from birth-25 years old, and is to be regularly updated with involvement from all professionals involved in the care of the CYP. Preparing for adulthood outcomes should become a focus of person centred reviews from 13 years onwards (Children and Families Act 2014). The outcomes are based on what disabled CYP say is important to them and should cover employment, independent living, community inclusion and health.

To ensure quality improvement and attainment of effective and person centred transitions, a Transition Coordination Lead Nurse was commissioned and commenced in post in July 2021 at York Hospital. Working within the paediatric specialist nursing team the primary aims for the role are;

- to support clinical colleagues in providing effective and timely transition to adult services for the young people on their caseloads as their designated key worker
- to develop and maintain standard operating procedures and guidelines relating to transition and the wider SEND remit
- to manage a caseload as the designated key worker for complex young people who require a more bespoke transition pathway.

The Transition Coordination Lead Nurse has provided the CCG with an overview of activities undertaken since commencing in post which are significant in terms of level of improvements made in the multidisciplinary approach to effectively supporting and preparing CYP for adulthood.

Waiting Times for Speech and Language Therapy

Children and Young people's therapy waiting times at York and Scarborough Teaching Hospitals NHS FT, have continued to be monitored and have increased. At the end of September 2021 the longest wait for a routine SaLT assessment was 53 weeks.

The Trust is undertaking a significant program of redesign within the SaLT service to improve pathways and waiting times. To create 'headroom' for the redesign, the Trust has needed to pause routine assessments between November 2021 and the end of January 2022 to allow capacity for the service to redesign and implement new ways of working. This will in the short term further increase the waiting times for routine referrals, however should achieve a longer term sustained reduction in waiting times as new ways of working are embedded.

A follow up meeting is scheduled with the Care Group Leads to monitor progress and consider any further mitigations regarding the pause and seek assurance

regarding the level of confidence the improvement work will have in sustaining improvements in waiting times.

Internal Audit – Community Paediatrics Commissioning

Internal audit undertook an audit of Community Paediatrics Commissioning in 2019/20 concluding with an opinion of 'Limited Assurance' due to the significant work required to be undertaken to strengthen the CCG commissioning arrangements for the Children's Community Nursing and Specialist School Nursing services.

Significant work has taken place between the CCG and YSTHFT over the last two years at pace led by the CCGs Senior Quality Lead Children & Young People. Aspects of this work have been described through QPEC and a previous risk aligned to the committee.

Due to the 'Limited Assurance' a follow up audit was undertaken in October 2021 with the objective to gain assurance that the previous recommendations made have been fully implemented. Positively this audit has provided an opinion of 'Significant Assurance'.

Healthy Child Service (0-19 years) – City of York Council

A planned inspection for the City of York Council Healthy Child Service 0-19 years took place in September 2021, with the report being published on the 3rd November 2021. This was the first inspection since the service was registered in 2018.

The service is commissioned and provided by the LA, as such is not the responsible of the CCG, however outcomes impact upon the system stakeholders for health provision which is the rationale for updating QPEC and Governing Body.

The service has been rated as 'Good' Overall.

Key Line of Enquiry	Rating
Overall Rating	Good
Are Services Safe ?	Requires Improvement
Are Services Effective ?	Good
Are Services Caring ?	Good
Are Services responsive to people's needs ?	Good
Are Services Well Led?	Good

Areas which contributed to a 'Requires Improvement' for the Safe domain were due to workforce capacity and level of attainment of mandatory training.

https://api.cqc.org.uk/public/v1/reports/0a8fcb84-7ae0-4973-a4d9-4e1a50d342b7?20211103100037

Of note, the North Yorkshire Healthy Child Service has not been inspected and would be subject to inspection following changes to the service offer and specification.

9. SERIOUS INCIDENTS (SIs)

The numbers of SIs reported by all providers continues to increase, this can be an indicator of improved reporting systems and greater scrutiny of incidents however providers continue to be challenged by COVID-19 and are experiencing exceptional pressure on services, some of which can directly correlate to incidents.

10. PATIENT EXPERIENCE UPDATE

The key focus of contacts through Patient Relations has been from people enquiring about changes to the covid vaccination program and access according to their cohort group.

The Patient Experience Lead aims to keep up to date with changes / progress in delivery of the vaccination programs and liaison with local service leaders in order to provide responses which prevent 'transfer' of the query to providers to respond to. This has been a challenge due to the rapidity of changes occurring.

11. COMMUNICATIONS AND ENGAGEMENT

Developing the Dementia strategy for York

Engagement events in community venues with local people have been held throughout December to gather views to develop the York Dementia Strategy. This has involved local people with Dementia (pre and post diagnosis) and their carers. The aim is to submit a draft strategy to the health and Wellbeing Board in March.

York Health and Care's Great Big Question

Along with our partners we are asking local stakeholders, patients and service users to help shape a new vision for health and care services in York.

Our planned conversations will allow us to share how health and care services in York will come together in a new way including how partners aim to help the city recover from COVID-19 and build a fairer and healthier city where all people flourish.

The discussions focus on the planning that is needed to understand:

- the way the NHS is structured is changing
- the opportunities for us to work together better across services
- the number of strategies and plans that will be produced to improve the health and wellbeing of the city.

Initially, conversations hosted by all partners, voluntary, community and statutory organisations will be broad but will help shape our work in 2022. Firstly, there will be

one simple 'Great Big Question' which is "What helps you live a happy and healthy life?" and this will be followed by deeper discussions that will focus on:

- what helps in your community?
- what helps in our city?
- what about health and care service?
- what one thing is working well?
- what one thing needs to change?

The first session was held in December 2021 with CCG staff and will be extended to Practice Participation Groups, practice staff and stakeholders signed up to our regular communications. We will also be asking the question through our website, Instagram, Facebook and Twitter accounts.

York and District Maternity Voice Partnership

The York and District Maternity Voice Partnership group met on the 5th November 2021.

An update was provided from maternity services at YSTH FT regarding current midwifery workforce challenges and how these have impacted upon the need to provide alternative offers for delivery including intermittent pausing of the home birth service, diversion of admissions to other maternity providers and the offer of planned induction at Scarborough hospital.

Valuable feedback and ideas were generated in terms of how early discussions / preparation of women for these potential changes when it may not be within their birth plan / choice.

The following areas were also discussed:

- Outcomes and next steps from the LMS coordinated survey regarding Continuity of Carer and Pertussis vaccinations were shared.
- Overview of LMS workstreams for improving experience and outcomes
- Resources and links to Positive About Down Syndrome

- York St John University Midwifery Curriculum Consultation Event on 25 November
- Feedback and measures to improve consistency of advice and support for breastfeeding
- Decisions regarding 'visiting' restrictions for birth partners and plan for reducing as covid risk reduces

Further discussion was held to determine how the MVP changes its approach to ensure the voice of less heard / more vulnerable groups are actively sought.

12. RISKS TO QUALITY AND SAFETY

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

Update upon risks being managed by QPEC

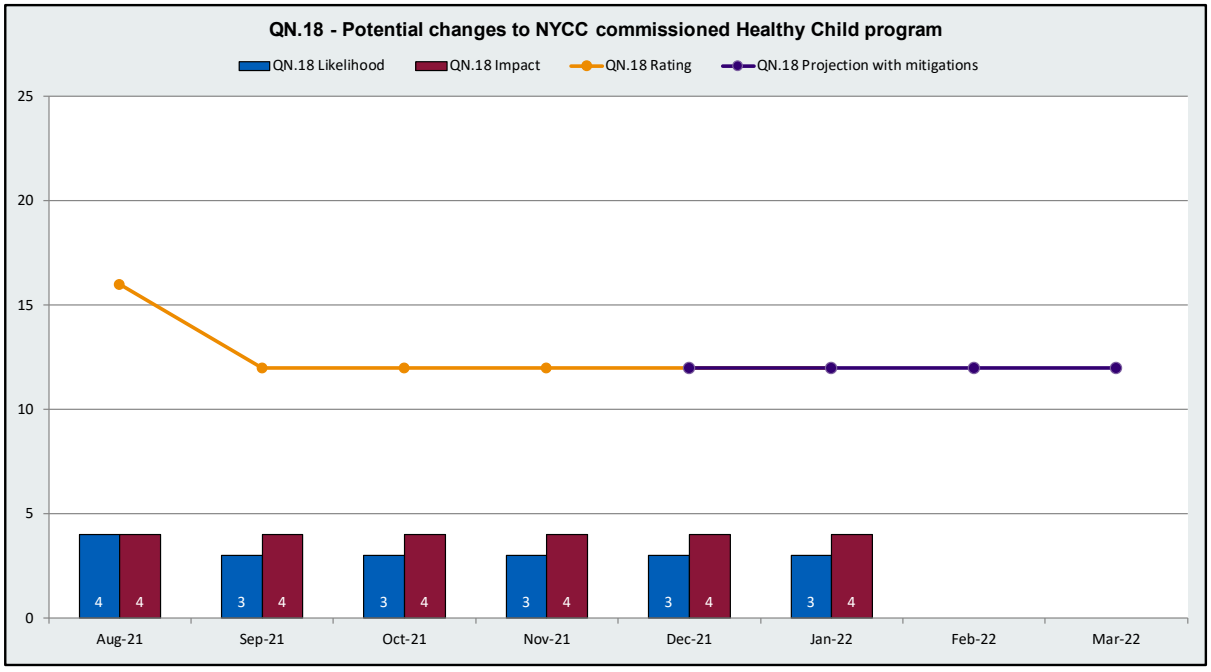
Risk No	Risk Description
QN07	**Referral for initial health checks – timeliness of CYC referrals**
	Capacity at YSTHFT to undertake the health checks in a timely manner is also adding to this concern. Designated Nurse for Safeguarding Children and Children in Care continues to work with the LA and the Trust on this issue and reports to the LA improvement board on this so they are also well sighted.
QN08	**Risks associated with Growing waiting lists**
	In December 2021 there were 1,586 patients waiting over 52 weeks for commencement of first treatment. The drivers for long waits are largely associated with staffing issues, diagnostic bottle necks and bed availability. The Trust has taken steps to mitigate these risks. These steps include weekly clinical reviews of cancer patients waiting more than 62 days. Elective activity has been further impacted by the impact of rising Covid cases in December and January.
QN09	**SEND Inspection and failure to comply with National Regulations**
	Work continues ti progress the work program aligned to the WSOA and prepare for the revisit anticipated in early 2022.

QN 12	**Missed pertussis jab for expectant mothers posing a risk to unborn babies**
	The CCG continues to monitor vaccination rates. 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%) Whilst there has been exploration of the ability to provide vaccinations at the 20 weeks scan, the capacity within maternity services at YSTHFT to consider this alongside the wider maternity transformation work associated with the Long Term Plan is currently prohibitive. 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.
QN 13	**Hepatitis B vaccine in renal patients:**
	The community team within YSTHFT commenced vaccination clinics in December for patients starting new courses. Practices were requested to complete any outstanding courses. Anticipate further risk reduction following review at February QPEC.
QN 20	**Risk to patient safety due to increased rates of nosocomial infections**
	YSTHFT continue to be an outlier in infection rates. They therefore invited NHSE/I to undertake peer review visits regarding Infection Prevention and Control to both Scarborough and York sites. A full report has been shared with the Trust and CCG. To progress work required, the Trust has requested and is in receipt of temporary additional IPC Specialist Nursing leadership to instigate and progress the Quality Improvement program.
QN 21	**Children and Young people's therapy waiting times at York and Scarborough Teaching Hospitals NHS FT**
	Waiting times have increased. The Trust is undertaking a Quality Improvement initiative across SaLT in order to develop a sustainable approach to reducing waiting times. This is being undertaken with parents to ensure a co-produced model.
QN 22	**Quality and safety of acute hospital discharges following the introduction of new discharge standards during the pandemic.**
	See body of this report
QN 24	**Respiratory viral disease surge in children 0-4 years causing un precedented unseasonal attendance at York Hospital ED with increased pressure on primary care**
	A pilot clinic commenced on the 4th October to provide a community ambulatory clinic for children with 'amber symptoms'. Activity has now subsided and risk of overwhelming the system has reduced. The pilot evaluation is currently underway to determine next steps. Anticipate risk reduction at February QPEC
QN 26	**Impact of reduced capacity across independent care providers commissioned by CCG for people in receipt of health funded care.**
	Risk is currently being detailed and will be reviewed at February QPEC.

RISKS MANAGED BY GOVERNING BODY

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

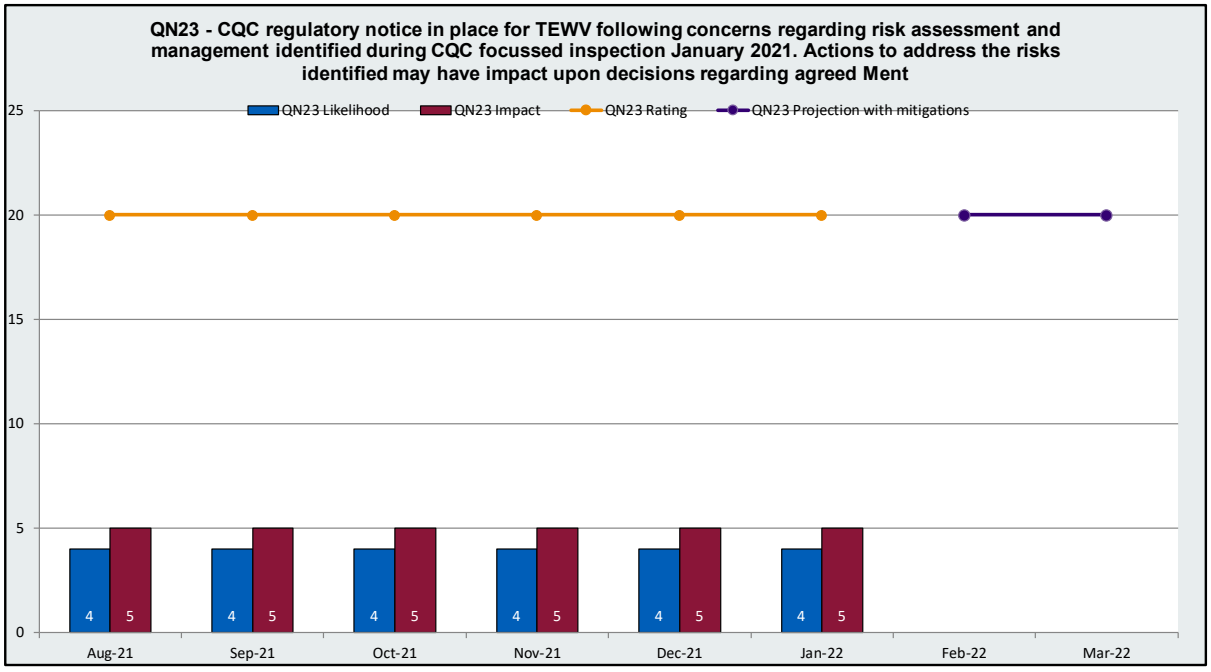
Risk Ref+B3:N13B39B3:N11B3:N16B39B3:N1	QN.18
Title	Potential changes to NYCC commissioned Healthy Child program
Operational Lead	Paula Middlebrook
Lead Director	Michelle Carrington
Description and Impact on Care	The new HCP model will create gaps in service delivery within the system, particularly for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



Mitigating Actions and Comments
Date: January 2022
The revised service specification has been shared by the provider with all stakeholders and also describes the services which are no longer being provided and the changes / focus moving forward. The pandemic has provided some opportunity to test the model as changes were required as part of the pandemic response. The revised service is being commissioned through a 10 year Section 75 Agreement between NYCC and HDFT. In December Governing Body considered the revised sevice offer and determined that it is too early to determine whether all risks from the revised service offer have been identfied and may become evident over the coming months and therefore feel the risk should continue to be aligned with Governing Body. A further request is made for the Healthy Child service to communcate further in operational context what the changes mean in practice. The CCG Safeguarding teams have concern that reduced staffing capacity may impact the ability to ensure appropriate health representation in essential meetings. This is being monitored.

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

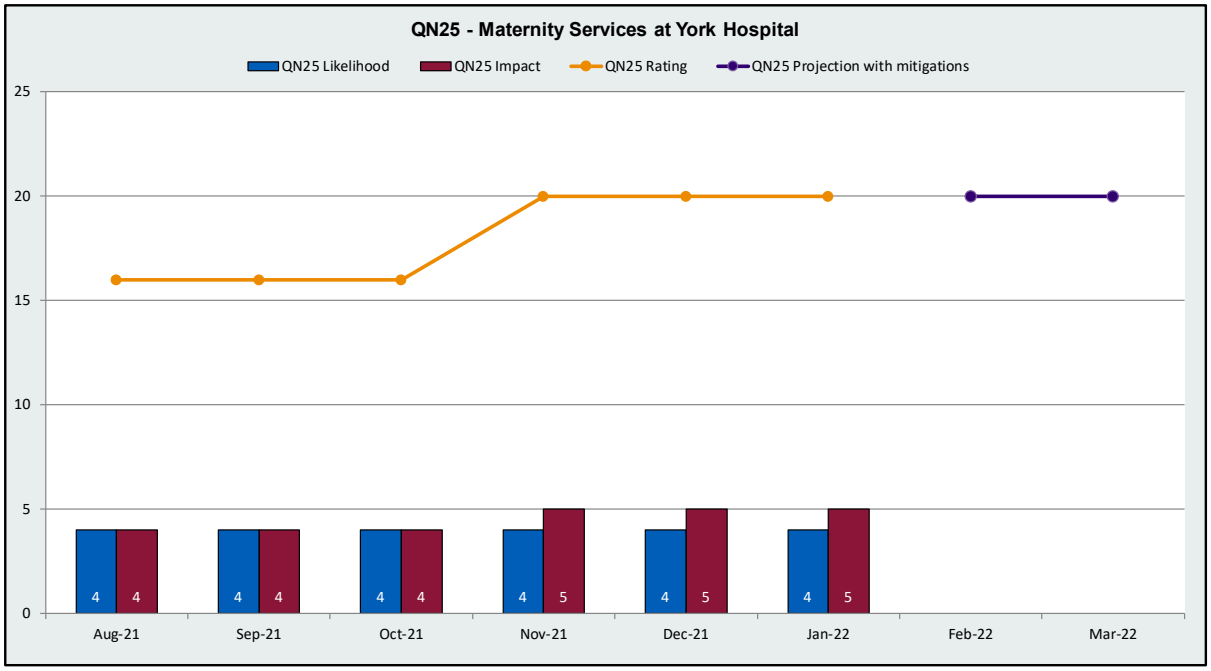
Risk Ref	QN23
Title	**CQC regulatory notice in place for TEWV following concerns regarding risk assessment and management identified during CQC focussed inspection January 2021. Actions to address the risks identified may have impact upon decisions regarding agreed Mental Health Investment priorities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



Mitigating Actions and Comments
01-Jan-22
NHSE/I led Quality Board continues to meet monthly. NYCCG Chief Nurse representing both NYCCG and VoY CCG. The CCG has approved non recurrent funding for the acute in patient staff uplift to ensure the MHIS is not compromised for wider mental health service priority developments. The Trust provides an update at each CCG/TEWV Performance and Quality sub contract meeting regarding teams experiencing workforce challenges and the business continuity plans in place / anticipated in mitigation. We antcipate all tea,s will ahve moved out of business continuity by the end of January 2022. CQC follow up inspection concluded with a CQC Well Led review in August and the report published in December 2021 which has changed the overall Trust ratings to 'Requires Improvement'. Focussed inspections during the review resulted in Section 29a Warning notices for Forensic services and CAMHS with their respective Action plans being monitored via the Quality Board. The Action Plan to respond to the full inspection report findings is being reviewed by the Trust Board prior to sharing with the CCG and Quality Board. Performance and Quality meetings continue to be scheduled monthly which incorporate focussed meetings for key topics or service areas. The focussed session for January 2022 is Safeguarding.

QN 25: Maternity Services at York Hospital

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



Mitigating Actions and Comments
01-Jan-22
A visit to maternity services at both York and Scarborough took place on the 30th September to review progress against delivery of 'Continuity of Carer' (Long Term Plan requirement to improve safety) by the Regional Midwife.This provided opportunity for sharing current approaches, plans, challenges in place to deliver and feedback from staff regarding challenges within the workforce to deliver. The visit provided the opportunity for advice regardimg opportunities to 'release midwifery time' as they undertake duties that could be done by another staff group. No immediate concerns regarding clinical practice were identfied during the visit, however the need to release leadership and strategic capacity to take forward services was identified inc the recommendation for a Director of Midwifery. A staffing review has been undertaken utilising the Birthrate Plus (national recommended tool). This suggests that an additional 14 midwives are required in order to meet current safe staffing levels and achieve continuity of carer. Additional funding made available against the Ockenden recommendations has secured appointment fo an additional 8 midwives which are currently in the varying stages of recruitment. A transitional approach to achieving current level of maternal staffing prior to further expansion of continuity of carer is therefore required. The care Group have been requested to further review teh staffing model required and porposed trajectory stages for recruitment. In addition to the recruited midwives, additional Obstetricians have also been recruited and are at varying stages of recruitment across York and Scarborough. Ensuring a stable workforce and retaining staff is a key focus. This will delay progress against achieving the continuity of carer ambitions set by the LTP. The Trust Patient Safety and Governance team has provided additional focussed support to maternity services to ensure systems and processes are embedded to identify/ report all near misses, incidents and appropriate investigation / learning culture within the multidisciplinary team. Due to the increase in maternal SIs reported, the Trust has reviewed SIs over the previous 12 months to determine any previously unidentified common themes. An LMS midwife attends the Trust internal SI panel to provide maternity objectivity / expertise and scrutiny. These are subsequently shared and discussed at the newly formed LMS SI Oversight Group. Monthly meetings are in place between the Trust Head of Midwifery and the NYCCG Chief Nurse (in capacity of maternal lead for NYCCG and is now also Chair of HCV Maternity Oversight & Assurance Board) and VoY Deputy Chief Nurse. **A focussed meeting at QPEC scheduled to take place in January has now been deferred until March to enable attendance by appropriate Senior leaders. Feedback from this will be provided to Governing Body.**

13. RECOMMENDATIONS

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

Item Number: 9

Name of Presenter: Michelle Carrington

Meeting of the Governing Body

Date of meeting: 3 February 2022

NHS
Vale of York
Clinical Commissioning Group

Report Title – NHS People Plan: Action Plan

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

Reason for Report

This report provides an update on the actions for employers, national bodies and systems in terms of achieving the ambitions of the NHS People Plan within six specific areas:

- Responding to new challenges and opportunities
- Belonging in the NHS
- Growing for the future
- Looking after our people
- New ways of working and delivering care
- Supporting our people now and for the long term

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks

☐Financial
☐Legal
☐Primary Care
☐Equalities

Risk Rating

Emerging Risks

Impact Assessments

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

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

Risks/Issues identified from impact assessments:

N/A

Recommendations

Governing Body is asked to receive the update on the NHS People Plan: Action Plan.

Decision Requested (for Decision Log)

Update report received.

Responsible Executive Director and Title	**Report Author and Title**
Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse	Helen Darwin Senior Human Resources Manager NHS North Yorkshire CCG and on behalf of NHS Vale of York CCG

NHS PEOPLE PLAN – ACTION PLAN

In each area of the NHS People Plan, the document sets out actions for employers, national bodies and systems. Please find below a summary of these actions with the CCG/employer priorities highlighted in blue.

Update January 2022
Published in July 2020 by NHS England and NHS Improvement, the NHS People Plan's aim is to have more people, working differently, in a compassionate and inclusive culture within the NHS. The plan also includes Our People Promise, which outlines behaviours and actions that staff can expect from NHS leaders and colleagues, to improve the experience of working in the NHS for everyone. To achieve its ambitions, the NHS People Plan sets out specific actions within six areas:

- Responding to new challenges and opportunities
- Belonging in the NHS
- Growing for the future
- Looking after our people
- New ways of working and delivering care
- Supporting our people now and for the long term

Since the Vale of York CCG action plan was formed in September 2020 the implications of Covid and the transition to the ICS have impacted on the progress, priorities and requirements for the plan.

Updates are shown in orange text below.

HEALTH AND WELLBEING

	Action	Who	Timeline (where provided)
1	Put in place effective infection prevention and control procedures.	Employers	Return to office procedures Review for CCG clinical staff Return to office arrangements under review subject to national guidance
2	Ensure all staff have access to appropriate personal protective equipment (PPE) and are trained to use it.	Employers	Review for CCG clinical staff Completed/subject to review of NHS guidance
3	All frontline healthcare workers should have a vaccine provided by their employer.	Employers	CCG plan developing Staff survey on flu vaccinations Vaccination as Condition of Deployment (VCOD) currently being reviewed across ICS in line with 1.4.22 deadline for affected staff.
4	Complete risk assessments for vulnerable staff, including BAME colleagues and anyone who needs additional support, and take action where needed.	Employers	Completed for all staff/on going review relating to home working/return to office Completed
5	Ensure people working from home can do safely and have support to do so, including having the equipment they need.	Employers	Funding provided for home based equipment/loan of office equipment Risk assessments/1-1s completed Staff surveys Continued review Completed/continued review
6	Ensure people have sufficient rests and breaks from work and encourage them to take their annual leave allowance in a managed way.	Employers	Encouraged annual leave to be taken

			- Regular updates on working from home/work life balance
7	Prevent and tackle bullying, harassment and abuse against staff, and a create a culture of civility and respect.	Employers	Review of H&B Policy/updates for staff/NHS Toolkit pending Updated HR policies planned for ICS
8	Prevent and control violence in the workplace – in line with existing legislation.	Employers	Acute focus but relates to CHC etc
9	NHS violence reduction standard to be launched.	NHS England and NHS Improvement	December 2020
10	Appoint a wellbeing guardian.	Employers	Julie Hastings appointed. Communications/advice shared in all staff briefings
11	Continue to give staff free car parking at their place of work.	Employers	Acute Focus
12	Support staff to use other modes of transport and identify a cycle-to-work lead.	Employers	Cycle Loan schemes -?
13	Ensure staff have safe rest spaces to manage and process the physical and psychological demands of the work.	Employers	Consider from CCG perspective/part of focus on health and wellbeing Health and Wellbeing Hub available for all staff; CHC team at Amy Johnston Way supported by HCV H&WB funding for office space
14	Ensure that all staff have access to psychological support.	Employers	Employee Assistant Programme/Occupational Health NHSE links for health and welling support/line manager development Health and Wellbeing Hub available for all staff

			Employee Assistance Programme via Occupational Health
15	Continue to provide and evaluate the national health and wellbeing programme.	NHS England and NHS Improvement	Review/On-going Links to national initiatives on H&WB Hub and regular updates/support information provided from ICS H&WB leaders
16	Identify and proactively support staff when they go off sick and support their return to work.	Employers	As above Absence management procedures training for managers Employee Assistance Programme via Occupational Health Additional support for Covid related absence
17	Ensure that workplaces offer opportunities to be physically active and that staff are able to access physical activity throughout their working day.	Employers	Working from Home Policy – options/Staff Wellbeing Group input
18	Make sure line managers and teams actively encourage wellbeing to decrease work-related stress and burnout.	Employers	Comms for managers and staff/line manager training – Staff Wellbeing input Programme of OD Learning Events provided for VoY and NY staff including Resilience at Work and REACT Mental Health conversation training
19	Every member of NHS staff should have a health and wellbeing conversation.	Employers	From August 2020 Risk Management assessment plus incorporate into team meetings/ 1-1s with line manager;

			Implemented through the appraisal/talent conversations
20	All new starters should have a health and wellbeing induction.	Employers	From October 2020 Induction - review national guidance to incorporate; Induction checklist and process introduced for line managers to support
21	Provide a toolkit on civility and respect for all employers.	NHS England and NHS Improvement	March 2021 Review NHSE/I developments
22	Pilot an approach to improving staff mental health by establishing resilience hubs.	NHS England and NHS Improvement	Review NHSE/I developments Programme of OD Learning Events provided for VoY and NY staff including Resilience at Work and REACT Mental Health conversation training
23	Pilot improved occupational health support in line with the SEQOHS standard.	NHS England and NHS Improvement	Review NHSE/I developments Employee Assistance Programme via Occupational Health Additional support for Covid related absence

FLEXIBLE WORKING

	Action	Who	Timeline (where provided)

1	Be open to all clinical and non-clinical permanent roles being flexible.	Employers	Include in review of Flexible Working Policy linked to point below – monitor national advice/guidance Updated HR policies planned for ICS. Updated NHS Terms and Conditions of service implemented for new conractual flexible working arrangements.
2	All job roles across NHS England and NHS Improvement and HEE will be advertised as being available for flexible working patterns.	NHS England and NHS Improvement	January 2020
3	Develop guidance to support employers.	NHS England and NHS Improvement	September 2020 Section on Flexible Working guidance and support on NHS Employers website
4	Cover flexible working in standard induction conversations for new starters and in annual appraisals.	Employers	Appraisal documentation/Induction/1-1s To be reviewed as part of new ICS processes/documentation
5	Requesting flexibility – whether in hours or location, should (as far as possible) be offered regardless of role, team, organisation or grade.	Employers	Flexible Working Policy/Home Working Policy - review
6	Board members must give flexible working their focus and support.	Employers	Governing Body overview/updates Board/Exec Lead Updated NHS Terms and Conditions of service implemented for new conractual flexible working arrangements.

7	Add a key performance indicator on the percentage of roles advertised as flexible at the point of advertising to the oversight and performance frameworks.	NHS England and NHS Improvement	Creating performance indicator – working out % flexible. Review NHS Jobs statement/standard template
8	Support organisations to continue the implementation and effective use of e-rostering systems.	NHS England and NHS Improvement	Acute Focus
9	Roll out the new working carers passport to support people with caring responsibilities.	Employers	Review (+ Health Passport) Carer Friendly employer
10	Work with professional bodies to apply the same principles for flexible working in primary care.	NHS England and NHS Improvement	System wide working
11	Continue to increase the flexibility of training for junior doctors.	Health Education England	Acute Focus

EQUALITY AND DIVERSITY

	Action	Who	Timeline (where provided)
1	Overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of the community, and regional and national labour markets.	Employers	By October 2020 WRES/ Action Plan Review of recruitment processes Recruitment processes/documentation reviewed in line with NHS best practice guidance

2	Discuss equality, diversity and inclusion as part of the health and wellbeing conversations described in the health and wellbeing table.	Employers	From September 2020 Directors/Governing Body/Rem Comm – WRES review/action plan
3	Publish progress against the Model Employer goals to ensure that the workforce leadership is representative of the overall BAME workforce.	Employers	Review – include in WRES action plan/ including BAME representation at a senior level
4	51 per cent of organisations to have eliminated the ethnicity gap when entering into a formal disciplinary processes.	Employers	By the end of 2020 No ethnicity gap identified for disciplinary processes
5	Support organisations to achieve the above goal, including establishing robust decision-tree checklists for managers, post-action audits on disciplinary decisions, and pre-formal action checks.	NHS England and NHS Improvement	From September 2020
6	Refresh the evidence base for action, to ensure senior leadership represents the diversity of the NHS, spanning all protected characteristics.	NHS England and NHS Improvement	From September 2020

CULTURE AND LEADERSHIP

	Action	Who	Timeline (where provided)
1	Work with the National Guardians office to support leaders and managers to foster a listening, speaking up culture.	NHS England and NHS Improvement	With immediate effect FTSU Guardian – Michelle Carrington – communication to all staff – update sessions FTSU individual sessions offered via CCG OD Learning Events.

2	Promote and encourage employers to complete the free online just and learning culture training and accredited learning packages, and take demonstrable action to model these leadership behaviours.	NHS England and NHS Improvement and Health Education England	With immediate effect Review in line with L&D /Stat and Mand training Just and Learning Culture training offered as part of CCG OD Learning Events for line manager training
3	Provide refreshed support for leaders in response to the current operating environment.	NHS England and NHS Improvement	From September 2020 OD Learning Events including line manager training
4	Work with the Faculty of Medical Leadership and Management to expand the number of placements available for talented clinical leaders each year.	NHS England and NHS Improvement	By March 2021
5	Update the talent management process to make sure there is greater prioritisation and consistency of diversity in talent being considered for director, executive senior manager, chair and board roles.	NHS England and NHS Improvement	By December 2020 Board level responsibility for Talent Management Talent Manager and Effective Coaching Conversations included in OD Learning Events
6	Launch an updated and expanded free online training material for all NHS line managers, and a management apprenticeship pathway for those who want to progress.	NHS England and NHS Improvement	By January 2021 Apprenticeship Development included in OD Learning events; Leadership Academy commissioned apprenticeships communicated out
7	All central NHS leadership programmes to be available in digital format and accessible to all.	NHS England and NHS Improvement, Health Education England	By April 2021
8	Review governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes.	All NHS organisations	By December 2021 CCG Governance review /SEG

9	Publish resources, guides and tools to help leaders and individuals have productive conversations about race, and to support each other to make tangible progress on equality, diversity and inclusion for all staff.	NHS England and NHS Improvement	From October 2020 Available on NHSE/I and NHS England websites
10	Publish competency frameworks for every board-level position in NHS provider and commissioning organisations.	NHS England and NHS Improvement	By March 2021
11	Place increasing emphasis on whether organisations have made real and measurable progress on equality, diversity and inclusion, as part of the well-led assessment.	Care Quality Commission	Throughout 2020/21
12	Launch a joint training programme for Freedom to Speak Up Guardians and WRES Experts, and recruit more BAME staff to Freedom to Speak Up Guardian roles.	NHS England and NHS Improvement	By March 2021
13	Publish a consultation on a set of competency frameworks for board positions in NHS provider and commissioning organisations.	NHS England and NHS Improvement	During October 2020
14	Finalise a response to the Kark review.	NHS England and NHS Improvement	No timeframe provided
15	Launch a new NHS leadership observatory highlighting areas of best practice globally, commissioning research, and translating learning into practical advice and support for NHS leaders.	NHS England and NHS Improvement	By March 2021

NEW WAYS OF DELIVERING CARE

	Action	Who	Timeline (where provided)
1	Use guidance on safely redeploying existing staff and deploying returning staff, developed in response to COVID-19 by NHSEI and key partners, alongside the existing tool to	Employers	On-going taking into account national guidance/advice

	support a structured approach to ongoing workforce transformation.		
2	Continued focus on developing skills and expanding capabilities to create more flexibility, boost morale and support career progression.	Employers	Workforce/OD planning processes/Talent Management Nursing/Primary Care Directorates As above
3	Use HEE's e-Learning for Healthcare programme and a new online Learning Hub, which was launched to support learning during COVID-19.	Employers and organisations	Review in relation to Learning and Development requirements Learning, Training and Career opportunities available on Staff Hub/Portal.
4	Work with the medical Royal Colleges and regulators to ensure that competencies gained by medical trainees while working in other roles during COVID-19 can count towards training.	Health Education England	
5	Develop the educational offer for generalist training and work with local systems to develop the leadership and infrastructure required to deliver it.	Health Education England	During 2020/21
6	Support the expansion of multidisciplinary teams in primary care.	Health Education England	End of 2020/21

GROWING THE WORKFORCE

	Action	Who	Timeline (where provided)
1	Enabling up to 300 peer-support workers to join the mental health workforce and expanding education and training posts for the future workforce.	Health Education England	2020/21 Review as party of system-wide working/wider workforce planning/ Primary Care/Nursing Directorates
2	Increasing the number of training places for clinical psychology and child and adolescent psychotherapy by 25 per cent (with 734 starting training in 2020/21).	Health Education England	As above
3	Investing in measures to expand psychiatry, starting with an additional 17 core psychiatry training programmes in 2020/21 in areas where it is hard to recruit, and the development of bespoke return to practice and preceptorship programmes for mental health nursing.	Health Education England	“
4	Prioritise the training of 400 clinical endoscopists and 450 reporting radiographers.	Health Education England	2021
5	Training grants are being offered for 350 nurses to become cancer nurse specialists and chemotherapy nurses.	Health Education England	2021
6	Training 58 biomedical scientists, developing an advanced clinical practice qualification in oncology, and extending cancer support-worker training.	Health Education England	2021
7	HEE is funding a further 400 entrants to advanced clinical practice training.	Health Education England	2020/21

8	Investing in an extra 250 foundation year 2 posts, to enable the doctors filling them to grow the pipeline into psychiatry, general practice and other priority areas, notably cancer, including clinical radiology, oncology and histopathology.	Health Education England	2020/21
9	Increase of over 5,000 undergraduate places from September 2020 in nursing, midwifery, allied health professions, and dental therapy and hygienist courses.	Health Education England	2020/21
10	Employers should fully integrate education and training into their plans to rebuild and restart clinical services, releasing the time of educators and supervisors; supporting expansion of clinical placement capacity during the remainder of 2020/21; and providing an increased focus on support for students and trainees, particularly those deployed during the pandemic response.	Employers	2020/21 clinical focus - primary care/nursing Review as party of system-wide working
11	For medical trainees, employers should ensure that training in procedure-based competencies is restored as services resume and are redesigned to sustain the pipeline of new consultants in hospital specialties.	Employers	2020/21
12	Ensure people have access to continuing professional development, supportive supervision and protected time for training.	Employers	2020/21 – review – Learning and Development plans/processes Paula Middlebrook/Nigel Wells
13	Establish a £10m fund for nurses, midwives and allied health professionals to drive increased placement capacity and the development of technology-enhanced clinical placements.	Health Education England	
14	HEE to further develop its e-learning materials, including simulation, building on the offer provided in response to COVID-19.	Health Education England	2020/21

15	Start delivering a pre-registration blended learning nursing degree programme. The programme aims to increase the appeal of a nursing career by widening access and providing a more flexible approach to learning, using current and emerging innovative and immersive technologies.	Health Education England /Universities	From Jan 2021
16	HEE to pursue this blended learning model for entry to other professions.	Health Education England	From Jan 2021

RECRUITMENT

	Action	Who	Timeline (where provided)
1	Increase recruitment to roles such as clinical support workers, highlighting the importance of these roles for patients and other healthcare workers as well as potential career pathways to other registered roles.	Employers	Review as party of system-wide working
2	Offer more apprenticeships, ranging from entry-level jobs through to senior clinical, scientific and managerial roles.	Employers	Draft Apprenticeship Policy/guidance provided - L&D Lead to advise in conjunction CCG leads and Finance Apprenticeship framework offered but not required.
3	Develop lead-recruiter and system-level models of international recruitment, which will improve support to new starters as well as being more efficient and better value for money.	Systems	Review as part of system-wide working

4	Primary care networks to recruit additional roles, funded by the additional roles reimbursement scheme, which will fund 26,000 additional staff until 2023/24.	Systems	Immediate Review as part of system-wide working Process implemented for advertising all roles available in HCV CCGs to ensure equal access/opportunity
5	Increase ethical international recruitment and build partnerships with new countries, making sure this brings benefit for the person and their country, as well as the NHS.	NHS England and NHS Improvement and Health Education England	
6	HEE will pilot English language programmes – including computer-based tests, across different regions as well as offering English language training.	Health Education England	2020/21
7	Establish a new international marketing campaign to promote the NHS as an employer of choice for international health workers.	NHS England and NHS Improvement	2020/21
8	Encourage our former people to return to practice as a key part of recruitment drives during 2020/21, building on the interest of clinical staff who returned to the NHS to support the COVID-19 response.	Employers and systems	2020/21 – Review as part of system-wide working
9	Continue to work with professional regulators to support returners who wish to continue working in the NHS to move off the temporary professional register and onto the permanent register.	NHS England and NHS Improvement and Health Education England	2020/21

RETAINING STAFF

	Action	Who	Timeline (where provided)
1	Design roles which make the greatest use of each person's skills and experiences and fit with their needs and preferences.	Employers	Talent Management/appraisal processes/1-1 meetings/manager review/workforce planning
2	Ensure that staff who are mid-career have a career conversation with their line manager, HR and occupational health.	Employers	Review and implement process/ part of on-going meetings with line manager/Talent Management/career conversations Part of talent management/appraisal processes Career conversation skills training for line managers to begin Mid-Feb 2022 as part of the HR Framework/ICB transition work
3	Ensure staff are aware of the increase in the annual allowance pensions tax threshold.	Employers	CCG communication/Payroll Finance/HR
4	Make sure future potential returners, or those who plan to retire and return this financial year, are aware of the ongoing pension flexibilities.	Employers	Include as part of recruitment/retire/return process/documentation
5	Explore the development of a return to practice scheme for other doctors in the remainder of 2020/21, creating a route from temporary professional registration back to full registration.	Health Education England	2020/21
6	Develop an online package to train systems in using the HEE star model for workforce transformation.	Health Education England	2020/21

7	Improve workforce data collection at employer, system and national level.	Health Education England	2020/21
8	Support the GP workforce through full use of the GP retention initiatives outlined in the GP contract, which will be launched in summer 2020.	Systems	Review as part of system-wide working
9	Strengthen the approach to workforce planning to use the skills of our people and teams more effectively and efficiently.	Systems	CCG workforce planning Review as part of system-wide working
10	Work with HEE and NHSEI regional teams to further develop competency-based workforce modelling and planning for the remainder of 2020/21, including assessing any existing skill gap and agreeing system-wide actions to address it.	Systems	2020/21 CCG workforce planning Review as part of system-wide working

RECRUITMENT AND DEPLOYMENT ACROSS SYSTEMS

	Action	Who	Timeline (where provided)
1	Actively work alongside schools, colleges, universities and local communities to attract a more diverse range of people into health and care careers.	Systems	Review as part of system-wide working
2	Make better use of routes into NHS careers (including volunteering, apprenticeships and direct-entry clinical roles) as well as supporting recruitment into non-clinical roles.	Systems	By March 2021 Review as part of system-wide working
3	Develop workforce sharing agreements locally, to enable rapid deployment of our people across localities.	Systems	Review as part of system-wide working As part of working towards transition to ICS, recruitment services being

			reviewed to ensure consistent documentation/processes
4	When recruiting temporary staff, prioritise the use of bank staff before more expensive agency and locum options and reducing the use of 'off framework' agency shifts during 2020/21.	Systems, employer and primary care networks	2020/21 Review as part of system-wide working
5	Work with employers and systems to improve existing staff banks' performance on fill rates and staff experience.	NHS England and NHS Improvement	Review as part of system-wide working

Acronyms

BAME – Black, Asian and Minority Ethnic

CHC – Continuing Healthcare

FTSU – Freedom To Speak Up

HCV – Humber, Coast and Vale

HR – Human Resources

H&WB – Health and Wellbeing Board

ICB – Integrated Care Board

ICS – Integrated Care System

L&D – Learning and Development

NHSE/I – NHS England and NHS Improvement

OD – Organisational Development

Rem Comm – Remuneration Committee

Stat and Mand – Statutory and Mandatory

SEG – Staff Engagement Group

VOCD – Vaccination as Condition of Deployment

WRES – Workforce Race Equality Standard

Item Number: 10

Name of Presenter: Michelle Carrington

Meeting of the Governing Body

Date of meeting: 3 February 2022

NHS
Vale of York
Clinical Commissioning Group

Report Title – NHS North Yorkshire and NHS Vale of York CCGs Safeguarding Adults Annual Report 2020/21

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

Reason for Report

This report provides assurance to the Governing Body that the CCG has fulfilled its statutory responsibilities relating to safeguarding adults.

The report was also received at the Quality and Patient Experience Committee on 9 December 2021.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks

☐Financial
☐Legal
☐Primary Care
☐Equalities

Risk Rating

Emerging Risks

Impact Assessments

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

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

Risks/Issues identified from impact assessments:

N/A

Recommendations

Governing Body is asked to receive the report as assurance.

Decision Requested (for Decision Log)

Report received as assurance.

Responsible Executive Director and Title	**Report Author and Title**
Michelle Carrington Executive Director of Quality and Nursing / Chief Nurse	Designated Professionals, Safeguarding Adults

NORTH YORKSHIRE AND VALE OF YORK CCG

SAFEGUARDING ADULTS ANNUAL REPORT

2020 – 2021

AUTHORED BY

THE DESIGNATED PROFESSIONALS TEAM SAFEGUARDING ADULTS

1. INTRODUCTION

From April 2020 NHS North Yorkshire Clinical Commissioning Group (CCG) became the employing organisation for the safeguarding team for both NHS North Yorkshire and NHS Vale of York CCG. We are pleased to present the fourth Safeguarding Adults Annual Report which provides a summary of the work undertaken by the Safeguarding Adults team in 2020-21 on behalf of the CCGs.

The challenges for all health and social care services during the Covid-19 pandemic have been huge. The risks to adults with known vulnerabilities increased with enforced isolation; loneliness; lack of carer support; and virus-related anxiety, all adding to existing physical and mental health frailties and the risk of getting the virus. The reporting of safeguarding adult concerns reduced overall as national lockdowns necessitated services closing their doors to professional and family visitors and virtual platforms for assessments and review became the norm. Sharing information across multi-agency partners to safeguard adults at risk has never been so vital. The Coronavirus Act (March 2020) enabled actions to be more effectively prioritised than would be possible under the Care Act (2014), but it did not change the duties under safeguarding for Local Authorities and partners to respond where abuse and neglect had occurred, or the risk was known or suspected.

The annual report summarises the local arrangements that were put in place, the work that was undertaken, and the changes that were made during the pandemic set against our key strategic priorities; the national context for safeguarding adults is included in the reference list at the end of the document.

The CCG Designated Safeguarding team would like to thank those colleagues in NHS providers; independent health services; social care agencies; and all other partners whose continued commitment and immense effort to safeguard those at risk and maintain safe services in many cases has gone above and beyond what could be have been reasonably expected.

2. STRATEGIC PRIORITIES and SUMMARY of ACTIONS

Review of CCG performance against statutory obligations

- An internal audit of the work of the team was completed by Audit Yorkshire citing significant assurance in robust processes being in place. Actions against the two recomendations were completed in advance of the report being published.
- A joint adults and children CCG policy for Managing Allegations Against Staff was approved in October 2020, providing a clear process alongside the NY SAB Persons in Positions of Trust (PiPoT) procedures
- The development of a new stand-alone Domestic Abuse Policy for the CCG, to help individuals recognise where they may be a victim or perpetrator of abuse and the support that can be provided by the CCG as an employer.
- An audit of the MAPPA process evidenced robust information sharing with Primary Care and as MAPPA meetings changed to a virtual format 100% attendance was achieved by the safeguarding team at MAPPA meetings.
- Local delivery of the Learning Disability Mortality Review Programme (LeDeR) was maintained by the safeguarding team until transfer of the programme to the CCG Director of Transformation. The safeguarding team have continued to provide administrative and project support and the Designated Professionals are active members in the steering group.
- Successful recruitment to posts made vacant by team members progressing their careers and achieving promotion

Support and continue to develop multi-agency partnerships across North Yorkshire and York

- The safeguarding officers have been directly involved in 96 section 42 enquiries in 2020/21 (a small decrease from 110 cases in 2019/20). The wider team have been involved in multiple cases offering advice and safeguarding health expertise. The main categories of abuse in cases with CCG involvement have been neglect or self-neglect and physical abuse. Cases of domestic abuse feature most commonly in advice calls from primary care.
- The number of quality assurance visits reduced significantly in 2020 as the team worked remotely from March and care homes adhered to the national lockdown and closed their doors to all visitors in all but exceptional circumstances. The team worked with partners to complete virtual assessments where concerns were identified.
- Weekly multi-agency safeguarding partners meetings were established to share key information and support a system-wide response to safeguarding concerns.
- The Designated Professionals became full members of the Safeguarding Adults National Network (SANN). Led by the NHS England national team the network has provided a weekly forum to discuss and action safeguarding issues of national and local significance
- Peer support and partnership was extended to share local safeguarding information with those tasked with setting up the Nightingale Hospital; Covid-19 testing sites; and vaccination sites.

Supporting safeguarding adult practice across the health economy across North Yorkshire and York

- The Health Partnership Group continued as a virtual meeting providing valued peer support and an effective mechanism for disseminating and discussing local and national safeguarding issues and sharing best practice.
- As national legislation and guidance was rapidly changing and some specialist safeguarding professionals were redeployed, the team produced a regular safeguarding adults bulletin which summarises key information in one place and cuts down on email correspondance. The bulletin was welcomed by providers and has continued into 2021
- Extended hours of work by team members enabled the provision of specialist safeguarding advice before and after usual GP surgery hours.
- Guidance developed for 'safeguarding at a distance' to help practitioners undertaking virtual consultations to spot potential signs of abuse
- Hot Topics training; and Level 3 initial training for GPs and primary care practitioners; and additonal training for administrative staff was successfully changed to be delivered in a virtual format. Sessions have continued to be well-attended despite the increased challenges in clinical work.
- GP Safeguarding leads network meetings were changed to online and have continued to be well attended. The meetings provided additional specialist training and support for the dedicated leads in each practice. Additional regular safeguarding bulletins were shared to practice staff.
- The safeguarding team contributed to arrangements for safeguarding week in June 2020 with the new format of a narrated presentation on self-neglect and the newly published guidance was disseminated to all GP practice safeguarding leads to share with practice colleagues.
- Support for private providers continued with a peer support and training session delivered and a network of communication established to share the safeguarding bulletins and training opportunities.
- Primary Care engagement in the MARAC process continued and is now well-embedded providing a crucial link between primary healthcare and high risk cases of domestic abuse.
- Safeguarding across the developing Humber, Coast and Vale Integrated Care System (ICS) has been strengthened by regular meetings of the Safeguarding Designated Professionals with the progression of shared actions and outcomes.
- CCG Designated Professionals have continued active roles in both Safeguarding Adult Boards and subgroups; and the Community Safety Partnership, in addition to providing health representation in multiple partnership arenas - Prevent & Channel processes; Serious Organised Crime; Mental Capacity Act/Liberty Protection Safeguards; MAPPA; MARAC; Modern Slavery Partnership etc.

3. KEY CHALLENGES AND OPPORTUNITIES AHEAD FOR 2021-2022

- In the post-acute pandemic phase the team will identify 'what is working well' and strive to keep those positive changes made to team and partnership working.

- Transition towards becoming an ICS will bring both challenge in maintaining safeguarding across the system and also opportunities to work more collaboratively across new partnerships and pathways. Our combined networks of expertise and positive relationships across systems will continue to support and embed safeguarding as new contracts develop and new teams are created in the months and years ahead.

- The Mental Capacity (Amendment) Act 2019 introduced Liberty Protection Safeguards (LPS). Implementation delayed until 2022 will see changes made as hospitals and CCG/ICS will become the responsible bodies for people in their care who lack capacity. There will be resource and training implications for the whole workforce in the challenge to provide the legal safeguards and maintain the human rights for one of our most vulnerable groups.

- The Domestic Abuse Act received Royal Assent in April 2021. This will bring new duties and responsibilities for local authorities and other partners, including health. Statutory guidance is will follow. A Domestic Abuse policy is being developed for Primary Care.

- We have not yet realised the full impact of the pandemic on our vulnerable groups and individuals. How we maintain personal and team resilience and support to other services will be a key factor in the coming year.

4. REFERENCES

(i) Safeguarding Assurance Framework https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/
(ii) The Care Act 2014 https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
(iii) Statutory Guidance https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance
(iv) Coronavirus Act 2020 https://www.legislation.gov.uk/ukpga/2020/7/contents/enacted
(v) MCA/LPS https://www.gov.uk/government/collections/mental-capacity-amendment-act-2019-liberty-protection-safeguards-lps
(vi) Prevent Duty https://www.gov.uk/government/publications/prevent-duty-guidance
(vii) Domestic Abuse Act https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted

Item Number: 11

Name of Presenter: Simon Bell

Meeting of the Governing Body

Date of meeting: 3 February 2022

NHS
Vale of York
Clinical Commissioning Group

Report Title – Financial Performance Report Month 9

Purpose of Report
For Information

Reason for Report

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

To provide details and assurance around the actions being taken.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks

☒Financial
☐Legal
☐Primary Care
☐Equalities

Risk Rating

Emerging Risks

Impact Assessments

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

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

Risks/Issues identified from impact assessments:

Recommendations

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

Decision Requested (for Decision Log)

The Governing Body note the report.

Responsible Executive Director and Title	**Report Author and Title**
Simon Bell, Chief Finance Officer	Michael Ash-McMahon, Deputy Chief Finance Officer

NHS Vale of York Clinical Commissioning Group Financial Performance Report

Detailed Narrative

Report produced: January 2022

Financial Period: April 2021 to December 2021 (Month 9)

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1. Summary of reported financial position

At the end of December 2021, the CCG is reporting a £350k Year to Date (YTD) underspend and a breakeven forecast position, in line with plan, when adjusted for anticipated allocations. The CCG's financial plan submission for the financial year is a break-even position against allocation. Outside of allocation there are now four key areas of funding as outlined in previous reports – Hospital Discharge Programme (HDP), Elective Recovery Fund (ERF), Additional Roles Reimbursement Scheme (ARRS) and Winter Access Fund (WAF).

- The forecast spend on HDP continues to be carefully monitored through regular meetings with stakeholder organisations and across the ICS. The HDP is funded Outside of Envelope and via a retrospective additional allocation and was originally based on the overall ICS spend against its notified budget of £16.6m for H2. Since then, the HDP guidance has changed and there is no longer a cap in H2 on expenditure that meets the HDP criteria. The CCG's YTD position is premised on receiving £1.4m via retrospective HDP funding and the H2 forecast spend remains at the £2.5m.

- In line with the ICS, the Independent Sector (IS) position at Month 9 for those providers included within ERF is now based on actual trading positions with an estimate based on this for Months 8 and 9. The CCG is £206k overspent on these providers against YTD plan, but £276k above the NHSEI baseline which will be the basis of the outside of envelope allocation. The forecast position is an overspend of £899k above CCG plan and £967k higher than NHSEI plan and currently the ICS has calculated we should receive £1.0m additional allocation for ERF based upon the risk share agreement across the ICS.

- The forecast includes £1.9m in relation to ARRS which takes the CCG to the maximum allocation. Further work is required to understand how much of the additional allocation will be required but based upon plans submitted by the PCNs in December it is expected that we will need to drawdown funding from the central NHSEI pot.

- Since Month 8 the CCG has been informed of further outside of envelope funding for WAF. This is funding to improve access to urgent same day primary care and resilience of the urgent care system during Winter. There is £103k in the YTD position based on submitted plans and a forecast of £1.1m which utilises all the available funds for his initiative.

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

2. Year to Date position

The position in the table below covers April to December. The first three columns show the position as per the CCG's financial ledger. Individual lines have been adjusted for outside of envelope spend that is expected to be reimbursed. The 'Outside envelope' column includes £278k in relation to ERF, £1.4m in relation to HDP and £50k for Vaccinations Operations Centres (practice text messages for COVID) and £101k for WAF.

	YTD Position (£000)					
	Ledger Position					
	Plan	Actual	Variance	'Outside envelope'	Adjusted variance	Comments
Acute Services	212,444	212,830	(386)	278	(108)	£278k relates to the ERF adjustment for Independent Sector spend now reported on an actual basis
Mental Health Services	46,458	46,529	(71)	0	(71)	
Community Services	25,310	25,274	36	95	131	£95k HDP spend - reimbursement to follow. £126k underspend due to release of prior year Property Services accrual
Continuing Healthcare	30,177	31,478	(1,301)	1,306	5	£1.3m HDP spend - reimbursement to follow. Underspend in FNC of £765k which is offset by overspend in CHC due to fast track and fully funded cases
Other Services	13,660	13,355	305	0	305	Underspend on NHS Property Services of £115k due to prior year benefit. Underspend of £144k on Better Care Fund due to national budget uplifts being applied with actual local uplifts being lower than budgeted for
Prescribing	42,356	42,977	(621)	0	(621)	£167k overspend due to impact of prior year prescribing figures (i.e. February and March actuals higher than 2020/21 year end accruals). The balance is in year trading which includes an estimate for November and December based upon April to September prescribing data
Primary Care	8,154	7,617	537	62	599	Additional allocations for text messages and refugee reimbursements expected. £486k underspend due to release of prior year accrual for GP IT historic VAT liability.
Primary Care Delegated Commissioning	39,896	39,352	544	101	645	£101k WAF spend. £313k underspend against PMS premium budget, offset on Primary Care line above. Underspend of £203k on reserves.
Running Costs	5,044	4,407	637	0	637	£132k due to release of prior year accrual for commissioner support historic VAT liability. Underspend on various vacancies, £466k, and non-pay budgets, 3261k, across the CCG
Unidentified QIPP	(501)	0	(501)	0	(501)	H1 unidentified QIPP budget in plan off-set by underspends elsewhere
Reserves	(781)	(109)	(671)	0	(671)	£109k prior year credit note received from IS provider relating to 2019/20.
YTD Financial Position	**422,216**	**423,709**	**(1,492)**	**1,842**	**350**	

3. Forecast

The forecast outturn position in the table below covers April to March. The first three columns show the position as per the CCG's financial ledger. Individual lines have been adjusted for outside of envelope spend that is expected to be reimbursed. The total amount of £6.8m in the 'Outside envelope' column is made up of £1.0m for ERF, £3.0m for HDP, £3.0m for ARRS and WAF and £56k for Vaccinations Operations Centres.

	Forecast Position (£000)					
	Ledger Position					
	Plan	Forecast	Variance	'Outside envelope'	Adjusted variance	Comments
Acute Services	282,665	283,816	(1,151)	1,009	(142)	£1.0m of ERF funding forecast as per notification from the ICS.
Mental Health Services	62,249	62,133	116	0	116	Overspend of £375k on TCP risk share offset by underspends on Out of Contract Placements £553k
Community Services	34,209	34,407	(198)	365	167	£365k HDP spend - reimbursement to follow. £114k underspend due to release of prior year Property Services accrual
Continuing Healthcare	39,310	41,929	(2,619)	2,371	(248)	£2.4m HDP spend - reimbursement to follow. Forecast underspend in FNC of £772k and £88k in CHC Clinical Team which is offset by overspend in CHC due to fast track and fully funded cases
Other Services	18,422	17,963	459	0	459	Underspend on NHS Property Services of £115k due to prior year benefit. Forecast underspend of £268k on Better Care Fund due to national budget uplifts being applied with actual local uplifts being lower than planned for.
Prescribing	56,499	56,901	(402)	0	(402)	£167k overspend due to impact of prior year prescribing figures (i.e. February and March actuals higher than 2020/21 year end accruals). Balance is trading position.
Primary Care	11,149	10,705	444	78	522	Practice text messages for COVID - reimbursement to follow. £486k underspend due to release of prior year accrual for GP IT historic VAT liability.
Primary Care Delegated Commissioning	53,294	55,824	(2,530)	3,001	471	£1.9m additional funding expected for ARRS to bring upto maximum, further £1.1m for WAF. £313k of PMS premium budget, offset in Primary Care line above.
Running Costs	6,681	6,065	616	0	616	£132k due to release of prior year accrual for commissioner support historic VAT liability. Underspend on various vacancies, £434k, and non-pay budgets, £254k, across the CCG
Unidentified QIPP	(686)	0	(686)	0	(686)	H1 unidentified QIPP budget in plan off-set by underspends elsewhere
Reserves & Contingency	(381)	492	(873)	0	(873)	£109k prior year credit note received from IS provider relating to 2019/20. Additional transformation funding requirements and general reserves
H1 Forecast Financial Position	**563,410**	**570,235**	**(6,825)**	**6,824**	**(0)**	

4. Allocation

The allocation as at Month 9 is as follows for in year activities. This includes several items that are a direct pass through to York and Scarborough Teaching Hospitals NHS Foundation Trust following successful bids they have made for additional funding. This month's allocation also includes £1.5m for discharge funding which is NHSEI money being used across the region to support recruitment and retention within care providers and is largely being passed through to local authorities.

Description	Value
Allocation at Month 8	**£559.375m**
Diabetes Transformation Fund	£0.100m
Diabetes Recovery Fund	£0.037m
Primary Care Networks - development and support systems	£0.043m
Primary Care: Funding to support PCN leadership and management	£0.046m
Ageing Well H2	£0.764m
DFPC ERD project funding	£0.003m
Capacity Funding (as per email)	£0.842m
Personalised Care Virtual Ward	£0.011m
MH Winter Funding	£0.091m
21/22 HCV ICS Obesity Tier 3/4 Recovery Funding	£0.023m
TCP Building Community & Capacity& CE(T)R	£0.030m
MH SDF Trailblazers 1 & 2	£0.368m
PODAC UTF - Z9Q5-F - York and Scarborough Teaching Hospitals Foundation Trust	£0.100m
ECDS Improvement Fund	£0.040m
Discharge Funding	£1.537m
Total in-year allocation at Month 9	**£563.410m**

5. Balance sheet / other financial considerations

There are no material concerns with the CCG's balance sheet as of 31st December 2021.

The CCG achieved the Better Payment Practice Code in terms of both the volume and value of invoices being paid above the 95% target year to date.

The CCG achieved its month end cash holding target.

Vale of York
Clinical Commissioning Group

Item 12

Chair's Report: Executive Committee

Date of Meeting	10, and 17 November, 1, 8 and 15 December 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

Vale of York
Clinical Commissioning Group

Item 13

Chair's Report: Finance and Performance Committee

Date of Meeting	25 November and 16 December 2021
Chair	David Booker

Areas of note from the Committee Discussion

25 November

- The Committee discussed the External Audit Agreement Extension.
- The Committee noted, with concern, the increasing challenge facing the system in winter planning and the concurrent reorganisation of the NHS. Staff members are commended for maintaining energy, courage, and drive during this period. There is a need for clear, focused, leadership from within the NHS and partner agencies.

16 December

- The Committee will continue to provide assurance that the duties and requirements of the CCG will be maintained during the transition to the Integrated Care System.

Areas of escalation

As described above.

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Vale of York
Clinical Commissioning Group

Item 14

Chair's Report: Primary Care Commissioning Committee

Date of Meeting	25 November 2021
Chair	Julie Hastings

Areas of note from the Committee Discussion

- The Committee welcomed the report around the Social Prescribing roles, hearing about the richness that this invaluable initiative has added to the services delivered to patients. The positive empowering impact that has enabled patients to be at the heart of their own decision-making process, assisting them to explore healthier lifestyle options, connect with supportive and informative voluntary and community sector organisations. We recognised that these innovative interventions are not only delivering services with a measured outcome, but are also relieving some of the pressure from our overstretched GPs and NHS services. Following on, we heard that these successes have prompted discussions around the exploration of additional roles.

- The Committee had previously discussed the proposed closure request of the Hemingbrough branch surgery in respect of the Posterngate Practice, where we sought assurance that there were no other viable options available to restore this service. Our overarching concerns were around the elderly/vulnerable population, safety and efficacy of this site, population health need, safeguarding issues, transport, the assurance that house calls would be made where patients were clinically vulnerable and unable to attend the main site at Posterngate. We felt that ensuring support to vulnerable isolated people is delivered as promised, and the issue of scoping sustainable transport options were explored. Many positives were highlighted for those attending the Posterngate site in respect of added richness of services which would add beneficial health and well-being aspects to their GP appointment. We heard that in respect of future planning, sustainability and the CCG's legacy the CCG was working with Selby District Council on the local development plan which had a 20 year trajectory. Considering all the information that we received, we made a unanimous decision to recommend the closure of this branch surgery.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Vale of York
Clinical Commissioning Group

Item 15

Chair's Report: Quality and Patient Experience Committee

Date of Meeting	11 November and 9 December 2021
Chair	Julie Hastings

Areas of note from the Committee Discussion

11 November

- The Paediatric Ambulatory Treatment Hub, an 8- week pilot project, to treat respiratory syncytial virus (RSV) in 0 – 2-year-olds has been expanded to include children up to the age of 5 years. Preliminary feedback from both parents and staff has been exceptional. The Committee were especially inspired to hear of the positive impact it has had on staff and their self-esteem and well-being, whilst raising concerns that this intervention was not widely accessible, potentially just a temporary solution, but also highlighting that there is potentially already money in the system for a sustainable model.
- Our CCG Quality and Nursing Team are continuing to advise and proactively support local care homes. Concerns were raised around the increasing levels of bank and agency staff, the consistency of levels of communication and quality. It was agreed that a primary care protected learning time session involving care home colleagues would be hugely positive and an invaluable learning experience.
- Our safeguarding leads continue to share their diligent work around both children and adults assuring us of their work, their partnership working and the dedication across our patch. We received the MAPPA and North Yorkshire Safeguarding Adults Boards annual reports for 2020-2021, both where hugely informative and a testament to this work. We were particularly pleased to see the easy read version of the latter ensuring accessibility to all.
- The timeliness of health assessments for children Looked After and the need to ensure that these children's health passports (Blue Book) are correctly distributed and accurately completed are both matters of note. Concerns were raised around ensuring that the risk associated with the new system regarding online access to GP records which is scheduled to go live in December. Issues include the ability to potentially inappropriate access information on their clinical record which may be detrimental to patients if accessed without support i.e. Safeguarding entries/documents, entries regarding disclosures of domestic abuse, etc. This information will require online blocking with suitable coding. GPs will need to know

how to redact certain sensitive consultations from being available to view online at the time of entry.

9 December

- The Committee expressed a huge thank you to the nursing team for their continued dedication, innovation, and hard work as they to strive to ensure that our care home residents and visitors have the most current advice. Supporting a system that is struggling with a lack of registered nursing staff, leading to de-registration of care homes, concerns around PPE in respect of some professional visitors, and the challenges around full vaccination status.

- We were delighted to hear that within the North Yorkshire County Council Innovation Awards 2021, 'the People's Choice Award' the team were presented with the award for 'Covid 19 Care settings Response'.

- Access to primary care, self-care, pharmacy, NHS 111, delivery of the Covid-19 Booster Programme and lastly 999 were discussed highlighting similar workforce pressures on these services: and recognition of impact on the welfare of ambulance staff. Concerns were raised around the increasing number of patients enduring twelve-hour trolley waits in the Emergency Department. We heard that this was a barometer for pressures in the whole system. Those patients who seek help are presenting at A&E with more complex health needs, their assessment and treatment takes longer exacerbating queues and backlog. This in turn leads to Yorkshire Ambulance Service colleagues waiting for long periods both outside and inside the hospital before they can safely handover their patients. We heard of the Sheffield 'welfare vans' and the potential that we might explore a similar initiative here.

- It was noted regarding primary care that the Care Quality Commission were pausing their revised approach to inspections whilst retaining the authority to inspect in response to appropriate concerns. This is reassuring as we were informed that the CCG had been alerted to worrying news of a physical assault on primary care staff, in addition to increasing verbal abuse. Again, we need to reinforce the message that there is zero tolerance to any form of abuse of staff, recognising that we have a duty of care to ensure this message is upheld.

- As part of the NHS response to the Safeguarding Adults Review into deaths at Cawston Park, Norfolk, a national review was being undertaken to check the safety and wellbeing of all people with a learning disability and autistic people being cared for in a mental health inpatient setting. In view of the current challenges faced by Tees, Esk and Wear Valleys NHS Foundation Trust, who would usually have undertaken such reviews, the CCG was doing so on their behalf for the eight people to whom this applied within the timescale of the end of January 2022. Once completed each review would be considered by a Humber, Coast and Vale Integrated Care System Oversight and Assurance Panel.

- We were updated that the implementation of the online patient access to primary care records has been deferred to April 2022 in response to issues raised by General Practices regarding the need for further time to prepare staff for the changes and ensure safe and supported access to records.

Areas of escalation

N/A

Urgent Decisions Required/ Changes to the Forward Plan

N/A

Item Number: 16

Name of Presenter: Stephanie Porter

Meeting of the Governing Body

Date of meeting: 3 February 2022

NHS
Vale of York
Clinical Commissioning Group

Report Title – North Yorkshire and York Area Prescribing Committee Recommendations November and December 2021

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

Reason for Report

These are the latest recommendations from the North Yorkshire and York Area Prescribing Committee – November and December 2021.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks

☐Financial
☐Legal
☐Primary Care
☐Equalities

Risk Rating

Emerging Risks

Impact Assessments

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

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

Risks/Issues identified from impact assessments:

Recommendations

For information only

CCG Executive Committee have approved these recommendations and documents.

Decision Requested (for Decision Log)

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

Recommendations from North Yorkshire & York Area Prescribing Committee November 2021

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					

1.	**TA733: Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia**
	
	Commissioning: CCG, tariff included.
			Inclisiran is recommended as an option for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia as an adjunct to diet in adults. It is recommended only if:
			• there is a history of any of the following cardiovascular events:
			  ○ acute coronary syndrome (such as myocardial infarction or unstable angina needing hospitalisation)
			  ○ coronary or other arterial revascularisation procedures
			  ○ coronary heart disease
			  ○ ischaemic stroke or
			  ○ peripheral arterial disease, and
			• low-density lipoprotein cholesterol (LDL-C) concentrations are persistently 2.6 mmol/l or more, despite maximum tolerated lipid-lowering therapy, that is:
			  ○ maximum tolerated statins with or without other lipid-lowering therapies or,
			  ○ other lipid-lowering therapies when statins are not tolerated or are contraindicated, and
			• the company provides inclisiran according to the commercial arrangement.
			Inclisiran is recommended only in research for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia in adults who have no history of cardiovascular events. This research is in the form of a clinical trial currently in development.
				GREEN	Discussed at and approved at Oct 2021 APC meeting

NHSE commissioned Technology Appraisals – for noting					
2.	**TA732: Baloxavir marboxil for treating acute uncomplicated influenza (terminated appraisal)** **Commissioning: NHSE**		NICE is unable to make a recommendation about the use in the NHS of baloxavir marboxil for treating acute uncomplicated influenza. This is because Roche has confirmed that it does not intend to make an evidence submission for the appraisal at this time. Roche considers that there is not enough evidence to provide an evidence submission for this appraisal.	BLACK	No cost impact to CCGs as NHSE commissioned.

3.	**TA734: Secukinumab for treating moderate to severe plaque psoriasis in children and young people** **Commissioning: NHSE, tariff excluded**	Secukinumab is recommended as an option for treating plaque psoriasis in children and young people aged 6 to 17 years, only if the disease is severe, as defined by a total Psoriasis Area and Severity Index (PASI) of 10 or more and the disease has not responded to other systemic treatments, including ciclosporin, methotrexate and phototherapy, or these options are contraindicated or not tolerated; and the company provides the drug according to the commercial arrangement. Stop secukinumab treatment at 12 weeks if the psoriasis has not responded adequately. An adequate response is defined as a 75% reduction in the PASI score (PASI 75) from when treatment started. Choose the least expensive treatment if patients (or their parents or carers) and their clinicians consider secukinumab to be one of a range of suitable treatments. Take into account availability of biosimilar products, administration costs, dosage, price per dose and commercial arrangements.	RED	No cost impact to CCGs as NHSE commissioned.
4.	**TA735: Tofacitinib for treating juvenile idiopathic arthritis** **Commissioning: NHSE, tariff excluded**	Tofacitinib is recommended as an option for treating active polyarticular juvenile idiopathic arthritis (JIA; rheumatoid factor positive or negative polyarthritis and extended oligoarthritis), and juvenile psoriatic arthritis in people 2 years and older. This is if their condition has responded inadequately to previous treatment with disease-modifying antirheumatic drugs (DMARDs), and only if a tumour necrosis factor (TNF)-alpha inhibitor is not suitable or does not control the condition well enough, and the company provides tofacitinib according to the commercial arrangement. Tofacitinib can be used with methotrexate, or as monotherapy when methotrexate is not tolerated or if continued treatment with methotrexate is inappropriate. If tofacitinib is one of a range of treatments considered suitable by patients, or their parents or carers, and their clinicians, choose the least expensive (taking into account administration costs and commercial arrangements). Tofacitinib has similar costs to tocilizumab. But it costs more than adalimumab and is likely to cost more than etanercept. Most people with the 2 kinds of JIA being considered have adalimumab or etanercept, which are TNF-alpha inhibitors. So tofacitinib is only recommended when a TNF-alpha inhibitor is unsuitable or has not worked well enough.	RED	No cost impact to CCGs as NHSE commissioned.

5.	**TA736: Nivolumab for treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy** **Commissioning: NHSE**	Nivolumab is recommended as an option for treating recurrent or metastatic squamous cell carcinoma of the head and neck in adults whose disease has progressed on platinum-based chemotherapy, only if the disease has progressed within 6 months of having chemotherapy and the company provides it according to the commercial arrangement.	RED	No cost impact to CCGs as NHSE commissioned.
6.	**TA737: Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced oesophageal and gastro-oesophageal junction cancer** **Commissioning: NHSE**	Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy is recommended, within its marketing authorisation, as an option for untreated locally advanced unresectable or metastatic carcinoma of the oesophagus or HER2-negative gastro-oesophageal junction adenocarcinoma in adults whose tumours express PD-L1 with a combined positive score (CPS) of 10 or more. Pembrolizumab is only recommended if the company provides it according to the commercial arrangement.	RED	No cost impact to CCGs as NHSE commissioned.
7.	**TA738: Berotralstat for preventing recurrent attacks of hereditary angioedema** **Commissioning: NHSE, tariff excluded**	Berotralstat is recommended as an option for preventing recurrent attacks of hereditary angioedema in people 12 years and older, only if they have at least 2 attacks per month, and it is stopped if the number of attacks per month does not reduce by at least 50% after 3 months. It is only recommended if the company provides berotralstat according to the commercial arrangement.	RED	No cost impact to CCGs as NHSE commissioned.
Formulary applications or amendments/pathways/guidelines				
8.	Upadacitinib for atopic dermatitis **Commissioning: CCG, tariff excluded.**	Upadacitinib is licensed for the treatment of moderate to severe atopic dermatitis. The NICE TA has been delayed due to backlog in NICE drug reviews during the pandemic. Therefore, request to use in the pathway for atoptic dermatitis as an alternative to Baracitinib, as it has much stronger outcome data than the current second line choice after Dupiliumab which is Baracitinib. The clinicians feel there is an unmet need due to the poorer evidence base of baracitinib. Approved as 1st/2nd line option for atopic dermatitis on basis NICE TA delayed with no expected date of publication, and better efficacy data over the alternative which is baracitinib.	RED	No significant cost impact expected. The confidential commercially available discount prices are as follows: • Dupilumab £6800/annum • Baracitinib £4986/annum • Upadacitinib £4500/annum (price in rheumatoid arthritis)

				There is a confidential commercially agreed discount agreement available in atopic dermatitis that offers Upadacitinib at £1 per month until 90 days after NICE TA. There is also assurance form the company at this price if NICE does not approve the drug for this indication. In summary, there would be a short term saving benefit in terms of the discount price and a long term benefit, as anticipated to be approved as price is lower that other currently approved agents in this indication. Approx 13 patients per year stated in application.
9.	Tostran® 2% gel for Low libido in menopausal and women **Commissioning: CCG, tariff included.**	Approved. There is a recommendation within NICE NG23 for it to be a treatment option for this indication. At present there are no treatment options if HRT is ineffective specifically for low libido. There is no licensed testosterone product in the UK as previous one was withdrawn for commercial purposes. Therefore there is limited long term safety data available for using the proposed product for this indication. It should be noted that there is a licensed product in Australia and the company are presently considering a licensing application in the UK.	GREEN	No significant cost impact expected. Tostran 2% Gel - 1 metered pump of 0.5g of gel applied every other day. = £3.34 a month or £43.54 a year per patient Application predicts 100 patients.
10.	Levomempromazine 6mg tablets **Commissioning: CCG, tariff included.**	Agreed to add a note to the formularies regarding the price of Levomepromazine tablets and that 6mg tablets should only be used in palliative care where quartering a 25mg tablet is unsuitable.	-	No significant cost impact expected. 6mg are £240 for 28 and 25mg (which can be halved or quartered) are £20.26 for 84. In NY CCG in last 12 months £6642 (14 items) spent on 6mg tablets In VoY CCG in last 12 months £9716 (34 items) spent on 6mg tablets

Recommendations from North Yorkshire & York Area Prescribing Committee December 2021

	Drug name	Indication	Recommendation, rationale and place in therapy	RAG status	Potential full year cost impact
CCG commissioned Technology Appraisals					
1.	**TA744: Upadacitinib for treating moderate rheumatoid arthritis** **Commissioning: CCG, tariff excluded**		Upadacitinib, with methotrexate, is recommended as an option for treating active rheumatoid arthritis in adults whose disease has responded inadequately to intensive therapy with 2 or more conventional disease-modifying antirheumatic drugs (DMARDs), only if disease is moderate (a disease activity score [DAS28] of 3.2 to 5.1) and the company provides upadacitinib according to the commercial arrangement. Upadacitinib can be used as monotherapy when methotrexate is contraindicated or if people cannot tolerate it, when the criteria in section 1.1 are met. If more than 1 treatment is suitable, start treatment with the least expensive drug (taking into account administration costs, dose needed and product price per dose). This may vary because of differences in how the drugs are used and treatment schedules.	RED	NICE do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than £5 million per year in England (or approximately £9,000 per 100,000 population, based on a population for England of 56.3 million people). This is because the technology is a further treatment option and the overall cost of treatment will be similar. Upadacitinib has a discount that is commercial in confidence.
NHSE commissioned Technology Appraisals – for noting					
2.	**TA739: Atezolizumab for untreated PD-L1-positive advanced urothelial cancer when cisplatin is unsuitable** **Commissioning: NHSE**		Atezolizumab is recommended, within its marketing authorisation, as an option for untreated locally advanced or metastatic urothelial cancer in adults whose tumours express PD-L1 at a level of 5% or more and when cisplatin-containing chemotherapy is unsuitable. This is only if the company provides atezolizumab according to the commercial arrangement.	RED	No cost impact to CCGs as NHSE commissioned.
3.	**TA740: Apalutamide with androgen deprivation therapy for treating high-risk hormone-relapsed non-metastatic prostate cancer** **Commissioning: NHSE**		Apalutamide plus androgen deprivation therapy (ADT) is recommended, within its marketing authorisation, as an option for treating hormone-relapsed non-metastatic prostate cancer that is at high risk of metastasising in adults. High risk is defined as a blood prostate-specific antigen (PSA) level that has doubled in 10 months or less on continuous ADT. It is recommended only if the company provides apalutamide according to the commercial arrangement.	RED	No cost impact to CCGs as NHSE commissioned.

4.	**TA741: Apalutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer** **Commissioning: NHSE**	Apalutamide plus androgen deprivation therapy (ADT) is recommended as an option for treating hormone-sensitive metastatic prostate cancer in adults, only if docetaxel is not suitable, and the company provides apalutamide according to the commercial arrangement.	RED	No cost impact to CCGs as NHSE commissioned.
5.	**TA742: Selpercatinib for treating advanced thyroid cancer with RET alterations** **Commissioning: NHSE**	Selpercatinib is recommended for use within the Cancer Drugs Fund, as an option for treating advanced RET fusion-positive thyroid cancer in adults who need systemic therapy after sorafenib or lenvatinib advanced RET-mutant medullary thyroid cancer in people 12 years and older who need systemic therapy after cabozantinib or vandetanib. It is recommended only if the conditions in the managed access agreement are followed.	RED	No cost impact to CCGs as NHSE commissioned.
6.	**TA743: Crizanlizumab for preventing sickle cell crises in sickle cell disease** **Commissioning: NHSE**	Crizanlizumab is recommended as an option for preventing recurrent sickle cell crises (vaso-occlusive crises) in people aged 16 or over with sickle cell disease only if the conditions in the managed access agreement are followed.	RED	No cost impact to CCGs as NHSE commissioned.
7.	**TA745: NBTXR-3 for treating advanced soft tissue sarcoma (terminated appraisal)** **Commissioning: NHSE**	NICE is unable to make a recommendation about the use in the NHS of NBTXR-3 for treating advanced soft tissue sarcoma. This is because Nanobiotix does not intend to make an evidence submission for the appraisal. Nanobiotix considers that there is not enough evidence to provide an evidence submission for this appraisal.	BLACK	No cost impact to CCGs as NHSE commissioned.
8.	**TA746: Nivolumab for adjuvant treatment of resected oesophageal or gastro-oesophageal junction cancer** **Commissioning: NHSE**	Nivolumab is recommended, within its marketing authorisation, for adjuvant treatment of completely resected oesophageal or gastro-oesophageal junction cancer in adults who have residual disease after previous neoadjuvant chemoradiotherapy. It is recommended only if the company provides nivolumab according to the commercial arrangement.	RED	No cost impact to CCGs as NHSE commissioned.
9.	**TA747: Nintedanib for treating progressive fibrosing interstitial lung diseases** **Commissioning: NHSE**	Nintedanib is recommended, within its marketing authorisation, as an option for treating chronic progressive fibrosing interstitial lung diseases (PF-ILD) in adults.	RED	No cost impact to CCGs as NHSE commissioned.
10.	**HST16: Givosiran for treating acute hepatic porphyria** **Commissioning: NHSE**	Givosiran is recommended as an option for treating acute hepatic porphyria (AHP) in adults and young people aged 12 and older, only if they have clinically confirmed severe recurrent attacks (4 attacks or more within 12 months) and the company provides it according to the commercial arrangement.	RED	No cost impact to CCGs as NHSE commissioned.

Formulary applications or amendments/pathways/guidelines				
11.	Danazol 100mg and 200mg capsules	Agreed to change from Amber SI/ to RED as now discontinued and there are no licensed products available. Allows supply to continue via secondary care where necessary and appropriate, as advised by the MHRA.	RED	No cost impact to CCGs as Tariff Included Drug
12.	NY&Y APC Topical testosterone for management of Low libido in menopausal women - Information sheet for Primary Care Prescribers and Patient Information Leaflet	Approved	-	Addition of Tostran 2% gel approved at November 2021 APC.
13.	Cardiovascular Formulary Chapter - the second chapter to be aligned across North Yorkshire and York.	The Cardiovascular formulary chapter is the second BNF chapter to be aligned across North Yorkshire. Updated chapter was approved by the APC.	-	No cost impact to CCGs expected.
14.	NY&Y Lipid Pathway	Approved subject to minor amendments/formatting being actioned and approved via APC Chair's Action	-	All the drugs have all been approved by NICE and approved by the APC so this pathway will not significantly increase the cost impact. The introduction of Inclisiran is likely to reduce the number of patients needed to be treated with PSCKis.
15.	TEWV Guanfacine Shared Care Guideline	Due for review and no significant changes made. Approved	-	-
16.	SC Levetiracetam in Palliative Care Guideline	Change to correct dosing error on page 2 from 1.5mg to 1.5g max dose approved.	-	No cost impact to CCGs expected.