Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body held 13 July 2017 at The Bar Convent, York

Present

Keith Ramsay (KR)	Chairman
Dr Louise Barker (LB)	Clinical Director
David Booker (DB)	Lay Member and Finance and Performance Committee Chair
Dr Emma Broughton (EB)	Clinical Director
Dr Stuart Calder (SC)	GP, Council of Representatives Member
Michelle Carrington (MC)	Executive Director of Quality and Nursing
Dr Paula Evans (PE)	GP, Council of Representatives Member
Dr Arasu Kuppuswamy (AK)	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Member
Phil Mettam (PM)	Accountable Officer
Denise Nightingale (DN)	Executive Director of Transformation and Delivery
Dr Andrew Phillips (AP)	Joint Medical Director
Rachel Potts (RP)	Executive Director of Planning and Governance
Tracey Preece (TP)	Chief Finance Officer
Sheenagh Powell (SP)	Lay Member and Audit Committee Chair

In Attendance (Non Voting)

Caroline Alexander (CA) – for item 9	Assistant Director of Delivery and Performance
Michèle Saidman (MS)	Executive Assistant
Elaine Wyllie (EW)	Strategic Programme Consultant

For item 7 from Tees Esk and Wear Valleys NHS Foundation Trust

Ruth Hill (RH)	Director of Operations
Martin Dale (MD)	Strategic Project Manager
Dr Steve Wright (SW)	Deputy Medical Director

Apologies

Dr John Lethem (JL)	Local Medical Committee Liaison Officer, Selby and York
Dr Tim Maycock (TM)	Clinical Director
Dr Shaun O'Connell (SOC)	Joint Medical Director
Sharon Stoltz (SS)	Director of Public Health, City of York Council

Ten members of the public were in attendance.

KR welcomed everyone to the meeting. He particularly welcomed DN to her first meeting following her recent appointment.

The following matters were raised in the public questions allotted time.

Bill McPate

It is noted that in the Integrated Performance report (page 88) those children receiving Child and Adolescent Mental Health Services (CAMHS) assessment in less than 9 weeks fell in April to 52%, the lowest since at least September 2016. Given the previous optimism that this service was now set to improve after years of poor performance, it is disappointing to read in the risk update that "the CCG is working with TEWV to understand the actual demand and resources deployed to meet them" and learn that after months of examination into this service the level of demand is still not known and could therefore be much higher with many more children desperately needing early help to avoid the prospect of long term mental health damage. Will the CCG please consider escalating the risk now and giving this service the priority it needs before the meeting it intends to have with NHS England "to discuss options for escalation."?

Response

In responding LB advised that the CAMHS assessment timescales referred to as April 2017 and September 2016 were not measuring like for like. Tees, Esk and Wear Valleys NHS Foundation Trust had introduced an additional step in the access pathway in the form of telephone triage. This enabled an immediate response which could take a number of forms, including early resolution by phone or an earlier appointment. LB advised that, although the graph in the report did not achieve the 90% in nine weeks performance, detailed narrative supported the triage addition to the pathway.

LB reported that Tees, Esk and Wear Valleys NHS Foundation Trust was also undertaking staff training in Talking Therapies and reviewing clinical pathways. Additionally, children had access to a wellbeing worker within their schools. The CCG used a monitoring tool for assurance about progress and would escalate any concerns that arose.

Bill McPate requested the explanation be incorporated in the report for clarity about the level of demand. LB noted that a review of children and young people's mental health services was being undertaken. EW added regarding capacity and demand that Tees, Esk and Wear Valleys NHS Foundation Trust had provided analysis of all Children's Services which would be used to gain a better understanding of capacity across services.

Questions relating to agenda item 7 - Developing a New Mental Health Hospital for the Vale of York for which responses were provided during the presentation:

AGENDA ITEMS

The agenda was considered in the following order.

STANDING ITEMS

1. Apologies

As noted above.

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

There were no declarations of interest in the business of the meeting. Members' interests were as per the Register of Interests.

3. Minutes of the Meeting held on 4 May 2017

The minutes of 4 May were agreed.

The Governing Body:

Approved the minutes of the meetings held on 4 May 2017.

4. Matters Arising from the Minutes

Safeguarding Children Annual Report 2015-16: MC reported that consideration by the Executive Team of options for additional capacity was ongoing.

Accountable Officer Report – Review of CCG's community bone protection service: PM requested that an email update be circulated to members by 27 July.

Public Health Services Report: PM reported that the letter to City of York Council expressing the CCG's concerns about Public Health services had been sent and a response received from the Director of Health, Housing and Adult Social Care. Members supported PM's proposal that the Executive Team follow up this matter on behalf of the Governing Body and it should therefore be regarded as complete.

Accountable Officer's Report – Primary care input in joint programmes of work with York Teaching Hospital NHS Foundation Trust: PM reported that Jim Hayburn (JH), Strategic programme Consultant, was working with partners across the system on joint efficiency programmes. Project plans had been agreed for both Unplanned and Planned Care.

Accountable Officer's Report – Update on the £3 per head for Practices: PM confirmed the CCG's commitment to £3 per head and emphasised that its deployment should be progressed. He proposed, and members agreed, that responsibility be delegated to himself and PE who would report to the July meeting of the Primary Care Commissioning Committee.

Executive Committee Minutes – update on potential extension of HealthNavigator: Members had received an email update.

The Governing Body:

Noted the updates and agreed associated actions.

5. Accountable Officer's Report

PM expressed appreciation to colleagues who had prepared the extensive meeting papers. He requested that for future meetings consideration be given to a focus on the clinical and patient perspectives as work progressed in respect of service change and reducing cost in the system, also noting the move to bi-monthly meetings and therefore the potential for an increase in agenda items.

PM presented the report which provided updates on turnaround, legal Directions and the CCG's financial position; Operational Plan 2017-19 assurance and delivery; Council of Representatives meeting; engaging and involving local patients and stakeholders; emergency preparedness, resilience and response; and national plans and strategic issues.

In respect of the financial position PM explained that the CCG, working with NHS Scarborough and Ryedale CCG and York Teaching Hospital NHS Foundation Trust, was one of 14 parts of the NHS in England in the Capped Expenditure Process. As such the Financial Performance Report at agenda item 8 had been prepared to meet the requirements OF NHS England. PM described the process by which the three organisations had been asked by the regulators, NHS England and NHS Improvement, to deliver a joint financial plan to meet a control total and reduce cost across the system. He noted that it had not been possible to engage with partners to discuss the requirements due to the restrictions of the General Election purdah period but regular meetings had taken place to develop proposals. Feedback on the joint plan submitted to the regulators was now awaited.

PM expressed appreciation to Healthwatch for their support in the Capped Expenditure Process discussions and confirmed that reports in the local media on proposals being considered were correct, however he was unable to provide further information at this time. PM additionally referred to the complexity of the CCG being a statutory organisation but having no flexibility due to legal Directions. He also noted that the CCG's Financial Plan for the current year was not yet approved nor was there any indication of how to meet the reported financial position. PM requested consideration by members to inform correspondence with NHS England for clarity and assurance about the Governing Body's responsibilities in the current position. He noted that NHS Scarborough and Ryedale CCG, a partner commissioning organisation, was not under legal Directions therefore had more flexibility in their response to the regulators.

PE reported that the Council of Representatives had received an update on the Capped Expenditure Process at its June meeting and subsequently a number of GP meetings had taken place for further discussion. She reported that their concerns had been communicated to PM and that further discussion would take place at the next Council of Representatives meeting.

PE advised that work in the localities was progressing and at different stages across the primary care community.

PM referred to the rearranged public engagement events reporting that about 20 people had attended the first meeting in Selby. Robust discussion had taken place on both potential cost reduction in the system and the historic and future contexts of management of the challenging financial position. PM noted that strong views had also been expressed about the CCG's allocation. The aim was to work together with the population through the engagement events to seek views on future quality of services and actions to address the potential financial deficit of c£40m to £50m. PM welcomed continued support from Healthwatch for this engagement.

In respect of national plans and strategic issues PM highlighted the latest Personalised Health and Care Framework, the annual Adult Inpatient Survey and NHS RightCare publications. He noted that the latter provided indication for focus on disease groups and conditions.

EW reported that the Better Care Fund Guidance had been published on 4 July. The Care Quality Commission would lead reviews of a number of Health and Wellbeing Board plans in the autumn. Some information was being channelled via Local Authorities and being shared with the CCG. Members would be kept informed of further details as / when they became available.

In response to DB seeking clarification on the NHS RightCare priorities, the role of the Finance and Performance Committee and the need to ensure appropriate resources, PM advised that the Finance and Performance Committee was the appropriate governance forum for this focus but noted constraints in the context of financial recovery discussionS. PM emphasised that the solutions to the financial challenge required system change through working with clinicians, partners and patients. EB added that the Primary Care Team was working on the General Practice Forward View and highlighted that commissioning resources were required to progress the transformation required.

SP expressed concern about the lack of clarity relating to the Governing Body fulfilling its statutory obligations in the context of legal Directions and the current working to three budgets, namely statutory financial targets, the Medium Term Financial Plan and capped expenditure. She noted that External Audit had also raised concern in this regard and emphasised the need to focus on accountability as known.

PE welcomed the NHS England primary care support but highlighted that the CCG still required more capacity in this regard. She also welcomed the proposed incorporation of patient stories, as per the minutes of the Quality and Patient Experience Committee.

PM explained the intention of both improving the focus and capacity on commissioning services from General Practice and primary care more widely and also engaging with Practices as providers in development of out of hospital services. He emphasised the requirement to maintain governance arrangements in terms of GPs as commissioners and providers.

Discussion ensued in response to PM's earlier request for consideration of correspondence with NHS England. This included reiteration of SP's concern about the CCG working to three budgets and the key role of clinicians in service developments, primary care investment and the Capped Expenditure Process. PE emphasised that primary care wished to be involved in view of concerns about impact on patients and MC noted the potential for impact on patient choice and constitutional targets.

PM referred to the NHS England summary letter following the CCG's 2016/17 annual review meeting noting that the formal assessment was expected before the next Governing Body meeting. He highlighted the paragraph that included '…We acknowledged the hard work that has gone into the past year and reflected on the green shoots of recovery that are starting to come through…' PM noted his expectation that it was likely the CCG would be assessed as 'Inadequate' for 2016/17 predominantly due to the £23m deficit highlighting the need to convey the context to staff, partners and the public.

The Governing Body:

1. Received the Accountable Officer's Report.
2. Noted that PM would co-ordinate correspondence with NHS England regarding members' concerns and proposing an approach to work with the regulators.

Post meeting note: A letter signed by KR and SP was sent to NHS England on 18 July.

6. Governing Body Corporate Risk Update Report

RP presented the refreshed Risk Report which also included an updated position for the CCG's performance against the Integrated Assurance Framework indicators. She noted that, in addition to financial risks, there were key risks relating to deterioration in care and quality performance and four events had materialised, namely: continuing healthcare systems and processes being non-framework compliant, leading to potential gaps in service; failure to achieve the 67% dementia coding target in General Practice, potentially leading to delays in treatment; an Inadequate Care Quality Commission report on The Retreat, leading to potential gaps in patient services; failure to achieve sustainable Improving Access to Psychological Therapies access and recovery targets within acceptable waiting times; and failure to meet 18 week referral to treatment target, leading to delays in patients receiving treatment.

RP referred to the context of the report in terms of framing discussion throughout the agenda items for assurance and also for consideration in the future for patient focus as per the earlier discussion.

PM noted complexities relating to governance and experience reporting on a recent visit to Practices that were piloting a new telephony system. He highlighted that issues experienced in terms of the system not being suitable for their needs and having potential for patient harm should be included on the risk register. TP noted that the telephony issue was an agenda item at the Executive Committee on 19 July. Discussion ensued on the fact that telephony was an ongoing issue for Practices in general, the opportunity for shared learning from the experience, and the need for the CCG to receive performance information from primary care to understand areas of impact. The potential for the risk register to inform patient centred discussion at Governing Body meetings was highlighted.

In response to concerns expressed in light of the separation of committees for quality and performance, MC assured members about the CCG's engagement in provider significant events. In respect of primary care, agreement had been reached for sharing Significant Event Analysis. The means of doing so was being arranged through PE who

referred to sharing of information in the context of primary care assurance and inclusion of identified risks on the CCG risk register. KR additionally noted that Serious Incidents were regularly discussed in detail at the Quality and Patient Experience Committee.

DB offered to work with RP and colleagues to further develop the risk register. The Director of Healthwatch York, agreed to support this work and PM asked any members of the public who also wished to be involved to contact RP.

The Governing Body:

1. Received the Risk Register report.
2. Noted that DB and the Director of Healthwatch York, with members of the public who wished to be involved, would work with RP to further develop the CCG Corporate Risk Register.

STRATEGIC

RH, MD and SW attended for this item

7. Developing a New Mental Health Hospital for the Vale of York

Questions submitted by members of the public for which responses were provided within the presentation.

Ann Weerakoon

Correspondence received indicated that the decision to close Bootham Park Hospital had been taken before establishment of the CCG therefore there appeared to be a lack of democracy in the decision making.

KR responded that this had not informed any of the CCG's discussions and requested that this concern be progressed outside the meeting.

Is the Haxby road site available for purchase and from whom?

Has planning permission been granted?

Has a construction partner been identified and appointed?

Have plans been drawn and is the new build specific to the site or is it a formulaic one used for other public buildings? Bearing in mind that York previously had a uniquely beautiful facility and deserves a building of quality.

How confident are you that the target date of 2019 is achievable?

Jo Smith
Have soil samples been taken given that the site was for many years used for industry?

Have you explored the flood risk?
Who owns the site and is the cost of purchase factored in the costings?

What future developments are you anticipating?

Sylvia Graves

Mental Health Action York (MHAY) remains concerned that the standard for older people is different from that of adult wards.

We understand that the division is one of diagnosis rather than gender but it could be argued equally that adult service users could be divided in the same way. Therefore this appears to be discriminatory.

Presentation – available at http://www.valeofyorkccg.nhs.uk/about-us/governing-body-meetings/

In introducing the agenda item 'Developing a New Mental Health Hospital for the Vale of York' EW noted that the update on the consultation report was based on the six themes and eight recommendations of the consultation outcome report received by the Governing Body at the February 2017 meeting. She advised that responses to the questions above had been incorporated and confirmed that there would be continuing dialogue both with the CCG and Tees, Esk and Wear Valleys NHS Foundation Trust.

EW reiterated the goal of the new hospital – to achieve a fundamental improvement in the quality and sustainability of mental health services – and confirmed that the expectation was for the December 2019 delivery date to be met.

In respect of configuration of the beds EW reported that the number of beds had been increased from 60 to 72 in light of consideration of responses to and concerns expressed during the consultation. She explained that Tees, Esk and Wear Valleys NHS Foundation Trust was working on a change of focus from acute to community provision. This required investment in the community to develop estate and consolidate resources to ensure maximum efficiency in respect of both staff and services. The three site community hub model – York East, York West and Selby – was part of estate planning and transition from many teams and locations.

EW referred to the site options summary for the three preferred locations: Bootham Park Hospital, Haxby Road and Clifton Park. The benefits of each site had been scored against the criteria Effectiveness of Clinical Services; Sustainability and Flexibility; Operational and Environmental Suitability; Accessibility, Staff Recruitment, Training and Development; and Achievability. EW confirmed that on this basis Haxby Road was the preferred option recognising that this had not been the first choice of the public. She reported that Haxby Road was owned by BioRad and discussion was taking place regarding sale of the land and confirmed that the required considerations, including discussion with planners, the Environment Agency and Historic England, were ongoing. Detailed consideration of issues such as flood risk and soil samples were part of the ongoing discussions with the appropriate agencies. National and international procurement guidelines were being followed for appointment of a construction partner and the cost of purchase, which was additional to build costs, had been considered in line with assessment of the options.

EW explained that the build design and layout would have fitted on each of the three options but that the Haxby site was the best fit. She also highlighted where the space for the additional 12 beds would be provided and noted the flexibility of the design. MD

explained the design workshops process undertaken to ensure optimum use and emphasised that when the appropriate planning stage had been reached service users and families would be involved.

In terms of potential future developments, EW commented that there were no specific intentions at the moment but that flexibility in the design and site had been part of the option appraisal.

In response to the question raised as to whether the design was formulaic, EW emphasised that it was not but was for flexibility and safety. The division based on diagnosis rather than gender was due to account being taken of the different and distinct needs of patients. SW advised that precedent and guidance on ensuring privacy and dignity had informed the design.

With regard to the themes of continued engagement and issues relating to broader mental health service provision, EW assured members that the involvement of patients, the public and stakeholders would continue. In respect of the three main themes – bed numbers, the new site and community services – EW referred to the information presented on other mental health service developments and underpinning or infrastructure factors. She also noted that feedback opportunities took many forms, including through Healthwatch.

EW explained that Bootham Park Hospital was owned by NHS Property Services, not the CCG or Tees, Esk and Wear Valleys NHS Foundation Trust, referring to the recommendation that notice be given to NHS Property Services that the CCG had no ongoing healthcare need for Bootham Park Hospital. This was also critical to manage the financial risk and avoid payment of void costs. She also noted that consideration would be required of the fact that Tees, Esk and Wear Valleys NHS Foundation Trust did not occupy the whole site. The process of decommissioning Bootham Park Hospital and the associated estate and inventory was under way. RH and SW recognised concerns expressed about valuables and historic aspects of Bootham Park Hospital and provided assurance that appropriate measures, including site security checks, were being implemented.

MD described the community hub model which would provide integrated multiple services within the three localities: York East (Huntington House, Monks Cross), York West (Acomb Garth and Acomb Health Centre) and Selby (Worsley Court). The rationale for Huntington House was the availability, size and accessibility of the site, including 130 parking and 30 cycle spaces. Nine teams providing specialty adult services would be based there with a single booking system and standardised ways of working. MD added that service users had proposed establishing monthly meetings with lead members of staff once the building was operational to review progress.

In response to discussion about aspects of working with primary care SW emphasised the intention of this taking many forms, including the recently established Access and Wellbeing Team. He noted that discussion was taking place with the Local Medical Committee about working with primary care and explained the aim was for the new hospital and community hubs to be part of the resources within the system. SW also advised that the services were being realigned with postcodes for primary care and City of York Council older person's services and that engagement, including leaflets and conversations, was taking place with patients and carers to support the transition.

In terms of the environment and patient safety and experience, RH explained the approach was one of out of hospital care with admission as the last resort. She confirmed the expectation that patients would return to the community more quickly noting that admissions would be for patients with complex needs. RH advised that work was taking place with Local Authorities and the nursing and residential homes sector to reduce length of stay in line with national requirements and ensuring the right treatment at the right time. AK commented that smaller bed numbers and ward sizes provided a better quality service and commended the 9% increase from inpatient to community provision.

In respect of patient safety, particularly fire risk, MD advised that safety in the new build would be improved on the current position. Fire safety was a key consideration in engineering and design and the different ward requirements would be recognised.

MD responded to SP seeking clarification about affordability advising that this had been considered but, due to commercial confidentiality the information was not included. He assured members that account had been taken of risk to the CCG.

PM commended LB and EW for their significant role in this work on behalf of the CCG and expressed appreciation to Tees, Esk and Wear Valleys NHS Foundation Trust colleagues for their participative working approach. Members welcomed the assurance that engagement with service users would continue throughout the process for the new mental health hospital for the Vale of York.

The Governing Body:

1. Received the update and endorsed Tees, Esk and Wear Valleys NHS Foundation Trust's decision to move to 72 beds and the preferred option of the Haxby Road site.
2. Noted the intention of Tees, Esk and Wear Valleys NHS Foundation Trust to vacate the Bootham Park site in the autumn of 2017 as a consequence of the planned move to Huntington House
3. Gave approval for the CCG to inform NHS Property Services that it had no requirement for the site for on-going healthcare use after that time.
4. Agreed to receive a further update on progress towards completion of the build (scheduled for December 2019) following Tees, Esk and Wear Valleys NHS Foundation Trust's consideration of the full business case (scheduled for January 2018) or at any other time as required.

RH, MD and SW left the meeting

FINANCE AND PERFORMANCE

8. Financial Performance Report Month 2

In presenting this item TP referred to discussion at item 5 above in respect of the Capped Expenditure Process. She noted that there was limited information at month 2 for the Financial Performance Report but advised that the report format was being reviewed for month 3 when detailed information would be provided, including demonstration of month on month variance and allocation changes. This would also align with the requirements of the CCG's reporting to NHS England.

TP reiterated that the forecast outturn reflected the Capped Expenditure Process plans submitted but that the Financial Plan was not approved and the risk of non delivery was not shown; this would change in the month 3 report. The financial plan figures reflected the plan last submitted on 30 March. TP highlighted that this plan had an in-year planned deterioration of £16.05m in 2017-18; this would also be updated in the month 3 report.

TP explained that the year to date programme expenditure aligned with the Capped Expenditure Process profiling and delivery of QIPP later in the year. She noted that the QIPP progress figures highlighted in purple represented schemes in which there was confidence of delivery but savings could not yet be evidenced due to availability of data. A level of delivery had therefore been assumed; assurance would be provided on receipt of the data.

In response to SP expressing concern that the financial position reported was not in line with the forecast outturn, lack of evidence of delivery of savings, and risk associated with the transition of Partnership Commissioning Unit functions and in particular continuing healthcare financial pressure, TP advised in respect of the latter that there had to date not been any change in the team providing the information. She explained however that one of the principle risks in the split of the finance and contracting functions was maintaining corporate and system knowledge. There were vacancies within the team due to the uncertainty and the finance and contracting split needed to be expedited to manage the transition both in terms of staff and resource. This was being progressed through the North Yorkshire Chief Finance Officers group with support from the Chief Nurses.

PM emphasised that progress in addressing the historic financial challenge was not possible without system change and support from the regulators; without this the challenging position would be perpetuated. DB added that the Finance and Performance Committee had authorised PM to invoke the escalation clause in the Heads of Terms for a joint review by NHS England and NHS Improvement. PM responded that the CCG needed to escalate the concerns in writing to progress this.

Members supported the proposed approach to escalate concerns about the lack of clarity regarding the delivery and approval of the CCG's 2017-18 Financial Plan and the Governing Body's statutory responsibilities. It was agreed that further discussion would take place in the private meeting later in the day and reported at the September meeting in public.

The Governing Body:

1. Received the Financial Performance Report.
2. Agreed to escalate concerns to NHS England about the about the lack of clarity regarding the delivery and approval of the CCG's 2017-18 Financial Plan and the Governing Body's statutory responsibilities. *Post meeting note as at item 5 above.*

9. Integrated Performance Report Month 2

CA explained that the performance headlines for areas of improvement and deterioration were based on month 1 validated data but she would provide a verbal update for month 2 performance where available.

In relation to improvements CA highlighted that A and E four hour performance had varied between 69% and 100% daily across the two York Teaching Hospital NHS Foundation Trust sites. Unvalidated June data was 93.6%, an improvement on the 92.9% in the report.

With regard to deterioration in performance CA explained that referral to treatment 18 week backlog and admitted was mainly due to consultant capacity in dermatology, urology, general surgery, respiratory medicine and maxillofacial, the latter being a regional concern. There had been a slight improvement in the admitted backlog position in June from 1376 to 1320.

CA reported in respect of cancer that colorectal referrals had increased month on month for the period from April to June 2017 which was having an impact on two week waits. This was a significant pressure on York Teaching Hospital NHS Foundation Trust. The CCG Cancer Lead was meeting with the Lower Gastrointestinal Consultant in the week commencing 17 July in this regard and this would inform the development of further actions to support managing this demand with York Teaching Hospital NHS Foundation Trust. All discussions around this would continue via the Planned Care System Performance Group which represented York Teaching Hospital NHS Foundation Trust and all three CCGs (NHS Vale of York NHS Scarborough and Ryedale and NHE East Riding of Yorkshire).

In respect of dermatology CA advised of the resignation of a consultant that would add to the capacity issue and pressure on the care pathway from September 2017. She noted that 62 day cancer waits were mainly related to dermatology, where there had been 12 breaches for the May/June period. Some of the 62 day breaches were due to the late transfer of complex patients between providers and this was a programme of improvement incorporated into the York Teaching Hospital NHS Foundation Trust and Cancer Alliance 62 day recovery plan. There had been a reduction in GP referrals of 5.8% between February and May 2017 as compared to the same period in 2016, and work was taking place to better understand this alongside the increasing rates of Consultant to Consultant and other referrals through the planned care programme which was led by JH with York Teaching Hospital NHS Foundation Trust and the three CCGs.

CA reported 80 breaches against the cancer 14 day performance target of which 52 had been for skin and 10 for lower gastrointestinal due to patient cancellations. The Planned Care System Performance Group was considering ways to address such cancellations through engagement with primary care.

In regard to diagnostics CA reported that there had been 47 breaches in May, also noting the impact of the cyber attack. The York Teaching Hospital NHS Foundation Trust diagnostics recovery plan was monitored by the Planned Care System Performance Group and also presented at the Finance and Performance Committee.

CA noted that York Teaching Hospital NHS Foundation Trust had been successful in accessing Cancer Alliance funding for improving access to diagnostics (£131,000). Consideration was now being given to its use.

CA reported that there were no areas of escalation but noted the progress of the joint planned care programme with York Teaching Hospital NHS Foundation Trust and the demand management workstream to support the pressures on elective care. She also referred to the refresh of the A and E Delivery Board work plan and advised that the Finance and Performance Committee would be kept informed of the Cancer Alliance work focusing on cancer 62 day performance.

Members discussed in detail concerns about dermatology capacity and impact on performance. EB reported that work on pathway change was taking place with the dermatologists and highlighted opportunities for transformation through learning from models being implemented in other parts of the county. She also noted the impact of a risk averse culture which resulted in increased referrals. DN added that dermatology performance and consultant capacity shortages were a national issue and reiterated the need to prioritise learning from other models of care rather than focus on accessing more capacity.

CA explained that the Heads of Terms for joint working between NHS Vale of York and NHS Scarborough and Ryedale CCGs were for a phased approach for planned care service reviews which had commenced in February 2017 but had experienced some problems with progressing by May 2017. Therefore a refresh of these service reviews, including a refresh of the associated terms of reference, was currently taking place. This included a commitment to service by service review of demand management and identification of capacity requirements, work that was essential to transform the system. This was being led by JH and the Chief Operating Officer of York Teaching Hospital NHS Foundation Trust as part of the joint planned care programme.

In respect of continuing healthcare MC reported that additional information contributing towards the delivery of QIPP and transformation change would be included in the next performance report as these programmes of work were mobilised and work to validate continuing healthcare data with the Partnership Commissioning Unit was progressed.

AP advised that the recommendations from the Emergency Care Improvement Programme (ECIP) and Utilisation Management Review reports were being considered by the A and E Delivery Board which would monitor the associated actions. He also highlighted the requirement for local A and E Delivery Boards in the context of the Sustainability and Transformation Plan nine ‘deliverables’. CA highlighted that this A and E Delivery Board refresh formed part of the ‘ask’ from the new joint NHS England and NHS Improvement regional emergency and urgent care assurance team.

PM emphasised the requirement for a clear understanding across the system of the recommendations and responsibilities for their implementation, including alignment with

the planned care and unplanned care joint work programmes. He requested that AP and CA provide key themes, incorporating the CCG's Medium Term Financial Strategy, the recommendations referred to above and the community bed review to enable the work to be expedited.

With regard to the Utilisation Management Review report TP explained that many of the recommendations related to contracting and included the need for a separate tariff for assessment activity. She advised that formal Activity Query Notices had been raised as there was a lack of willingness by York Teaching Hospital NHS Foundation Trust to negotiate an assessment tariff and noted that the Utilisation Management Review had also identified overall cost to the system of inefficient pathways in terms of quality and patient risk. Discussion was taking place with partners in the Sustainability and Transformation Plan, in particular NHS Hull and NHS East Riding of Yorkshire CCGs, regarding implementing the recommendations of the Utilisation Management Review report.

In response to assurance sought regarding joint working, TP explained that finance and contracting responded to confirmation by the system of a clinical model and verification in terms of cost and patient pathway. PM highlighted the need for a pragmatic approach and clinical input to contract implications. He requested that the GP members of the Governing Body over the summer period consider prioritisation of general issues to inform the CCG's commissioning response.

The Governing Body:

1. Received the Integrated Performance Report.
2. Requested that AP and colleagues work with the unplanned care programme to ensure that programme incorporated all key themes to expedite a system approach, including the Utilisation Management Review and community bed review.
3. Requested that GP members over the summer period identify general issues to be prioritised.

ASSURANCE

10. 2016-17 Annual Report and Annual Accounts

KR referred to delegation by the Governing Body to the Audit Committee for approval of the Annual Report and Annual Accounts.

The Governing Body:

Ratified the 2016-17 Annual Report and Annual Accounts.

13. Conflict of Interests Policy

RP referred to the updated Conflicts of Interest Policy which had been approved by the Audit Committee on 5 July. She noted a recent Significant Assurance report from Internal Audit. An amendment was required under Policy Amendments Version 5 where 13 July 2017 should replace 7 September 2017 for Governing Body approval.

The Governing Body:

Ratified the Conflict of Interests Policy subject to the above amendment.

DN left the meeting

14. Procurement Policy

TP explained that the updated Procurement Policy, approved by the Audit Committee on 5 July, provided a more flexible approach.

The Governing Body:

Ratified the Procurement Policy.

15. Policy for the Engagement of External Auditors for Non-Audit Work

TP referred to the Policy for the Engagement of External Auditors for Non-Audit Work which had been approved by the Audit Committee on 5 July to conform with best practice. SP suggested that future similar policies should not be presented to the Governing Body but that responsibility should be delegated appropriately.

The Governing Body:

Ratified the Policy for the Engagement of External Auditors for Non-Audit Work.

RECEIVED ITEMS

16. Audit Committee Minutes

The Governing Body:

Received the minutes of the Audit Committee held on 1 March, 26 April and 24 May 2017.

17. Executive Committee Minutes

The Governing Body:

Received the minutes of the Executive Committee held on 19 April 2017.

18. Finance and Performance Committee Minutes

The Governing Body:

Received the minutes of the Finance and Performance Committee held on 27 April and 25 May 2017.

19. Quality and Patient Experience Committee

The Governing Body:

Received the minutes of the Quality and Patient Experience Committee held on 13 April and 8 June 2017.

20. Primary Care Commissioning Committee

The Governing Body:

Received the minutes of the Primary Care Commissioning Committee held on 28 March and 30 May 2017.

21. Medicines Commissioning Committee

The Governing Body:

Received the recommendations of the Medicines Commissioning Committee held on 12 April, 10 May and 14 June 2017.

ASSURANCE CONTINUED

11. Quality and Patient Experience Report

MC highlighted a number of areas in the report. In respect of the City of York Council Healthy Child 0-19 Service she reported that, in addition to concerns expressed by the CCG, concerns had been raised at the City of York Health and Wellbeing Board and by the Care Quality Commission following the recent inspection. MC noted however that there were a number of areas where progress had been made, including emergency contraception and enuresis, and that work was continuing to establish improved processes and services.

MC referred to the mandated requirement to achieve a 50% reduction in the number of E. Coli BSI cases over three years based on 2015-16 figures across all settings. She noted that this required significant work and advised that further detail would be included in the next report.

MC advised that, although progress was being made at York Teaching Hospital NHS Foundation Trust in respect of the Duty of Candour, there was continuing concern. Discussion was taking place at Contract Management Board but an action plan was still awaited following an audit undertaken by York Teaching Hospital NHS Foundation Trust.

MC reported that there had been a Never Event earlier in the week at York Teaching Hospital NHS Foundation Trust. This was a case of wrong site surgery on a Vale of York patient despite World Health Organisation process being in place. Further detail would be provided when available.

In respect of maternity and reference to smoking at time of delivery in the NHS England Improvement and Assurance Framework performance assessment, MC noted that

Westfield was the main area of concern. She advised that an audit had identified potential opportunities for improvement and the CCG was working with City of York Council in this regard.

LB reported secondment of a consultant psychiatrist for perinatal mental health who was leading co-ordination of a bid. She noted that discussion was taking place about this applying across the footprint due to the number of patients.

MC noted in respect of screening and immunisation that a plan had been agreed for four particular areas, including vaccine wastage which had a significant cost of c£10k per month. Further information would be provided in the next report.

MC advised that additional support was being arranged for the Patient Experience Officer due to the increasing workload.

With regard to verification of expected death in care homes MC explained that the British Medical Association stated that a doctor was not required and that this was different to certification of death which did require a doctor. The CCG had therefore agreed with out of hours providers that they would not attend for verification of death. However, care homes were not ready for this and work was now taking place via the Care Homes Group to ensure safe implementation.

MC noted that the Care Quality Commission inspection report on The Retreat had been published since issuing of the meeting papers. The assessment was Inadequate overall. MC advised that the CCG had been sighted on the issues and actively working with The Retreat on action plans for improvement. MC also reported that The Retreat was closing the Strensall Unit due to under utilisation of beds. This was a concern as it meant a reduction of beds in the system.

In respect of children and young people MC highlighted concern about the autism assessment service where the average wait was currently 39 weeks against the NICE recommendation of no longer than 13 weeks. She also noted that the All Age Autism Strategy 2017-21 had been ratified at the Health and Wellbeing Board on 12 July.

EB reported that a new nursing home had requested support from the CCG and advised that she had requested City of York Council inform the CCG of new build or reconfiguration in order to account for associated requirements. PM advised that he was requesting closer working with Local Authorities in this regard, particularly in view of the impact of such decisions on General Practice.

The Governing Body:

Received the Quality and Patient Experience Report.

12. Care Quality Commission Report: Review of Health services for Children Looked After and Safeguarding in York

MC reported that an action plan had been submitted in response to the recommendations in the Care Quality Commission report. She explained that in addition to the specific recommendations the CCG had an oversight role for all the recommendations as the commissioner of services for children looked after and safeguarding.

MC explained in respect of the recommendations relating to the Healthy Child Service that Ofsted, not the Care Quality Commission, was the regulator therefore this aspect was not included in the action plan. However, they had agreed to contribute to mitigating actions as part of the Children's Safeguarding Board oversight role of the overall response to the Care Quality Commission report. MC also noted in regard to the Healthy Child Service that the staff consultation had ended but a service offer was still awaited.

MC highlighted that the report had been positive about primary care safeguarding responsibilities. She also, in terms of assurance, advised that all actions had either been completed or were making good progress.

The Governing Body:

Received the Care Quality Commission Report on the Review of Health services for Children Looked After and Safeguarding in York.

22. Next Meeting

The Governing Body:

Noted that the next meeting would be held at 9.30am on 7 September 2017 at Pocklington Arts Centre, 22-24 Market Place, Pocklington, York YO42 2AR.

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.

Follow Up Actions

The actions required as detailed above in these minutes are attached at Appendix A.

A glossary of commonly used terms is available at:

http://www.valeofyorkccg.nhs.uk/data/uploads/governing-body-papers/governing-body-glossary.pdf

Appendix A

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 13 JULY 2017 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
2 February 2017 2 March 2017 13 July 2017	Safeguarding Children Annual Report 2015-16	• Consideration as to whether the Governing Body had an appropriate level of focus, particularly in terms of clinical capacity, on work relating to children and young people • Options were being developed for additional capacity	MC MC	 Ongoing Ongoing
2 March 2017 6 April 2017 4 May 2017 13 July 2017	Accountable Officer Report	• CCG's community bone protection service to be reviewed in light of the National Osteoporosis Society data. • Update on receipt of report from National Osteoporosis Society • Meeting taking place week commencing 8 May to review data • Email update to be provided	PE/SOC SOC TM TM	 Ongoing Email circulated 1 August 2017

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
4 May 2017	Communication and Engagement Plan	• Report to September or October Governing Body	RP	7 September or 5 October 2017
13 July 2017	Integrated Performance Report Month 2	• AP and colleagues work with the unplanned care programme to ensure that programme incorporated all key themes to expedite a system approach, including the Utilisation Management Review and community bed review. • Requested that GP members over the summer period identify general issues to be prioritised.	AP and colleagues GP Governing Body Members	 7 September 2017