

**NHS VALE OF YORK CLINICAL  
COMMISSIONING GROUP**

**SHADOW GOVERNING BODY MEETING**



Vale of York  
Clinical Commissioning Group

**Meeting Date: 2 August 2012**

**Report Sponsor:**

Mark Hayes  
Clinical Chief Officer

**Report Author:**

Mark Hayes

**1. Title of Paper: Clinical Chief Officer Report**

**2. Strategic Objectives supported by this paper**

1. Improve healthcare outcomes
2. Reduce health inequalities
3. Improve the quality and safety of commissioned services
4. Improve efficiency
5. Achieve financial balance

**3. Executive Summary**

This report provides an update on a number of meetings which have taken place during the last month and associated issues.

**4. Evidence Base**

Not applicable

**5. Risks relating to proposals in this paper**

Not applicable

**6. Summary of any finance / resource implications**

Not applicable

**7. Any statutory / regulatory / legal / NHS Constitution implications**

Not applicable

**8. Equality Impact Assessment**

Not applicable

**9. Any related work with stakeholders or communications plan**

Not applicable

**10. Recommendations / Action Required**

The Shadow Governing Body is asked to note the Clinical Chief Officer Report.

**11. Assurance**

Not applicable

# **NHS VALE OF YORK CLINICAL COMMISSIONING GROUP**

## **Shadow Governing Body Meeting: 2 August 2012**

### **Clinical Chief Officer Report**

#### **1. Clinical Commissioning Group (CCG) Statutory Duty to Promote Innovation**

- 1.1 I am part of the Task and Finish Group looking at the “statutory duty of CCGs to promote innovation”. This has been set up by Sir Ian Carruthers following his report “Innovation, Health and Wealth”.
- 1.2 I attended two meetings of the group in London where the issues were discussed and preparations made to produce a proposal that will be presented to Sir Ian on 18 September. I have been invited to be on the team that makes this presentation.

#### **2. Wave 2 and 3 Authorisation Surgery**

I attended a day in Manchester, with Rachel Potts, to give further information on the authorisation process and the documentation that will be required for this. We came away having had our previous thoughts confirmed and are content that we are on target for making our submission at the end of September.

#### **3. North Yorkshire County Council**

I have received a copy of a letter sent by the Chief Executive of North Yorkshire County Council, to the NHS Commissioning Board which restates concerns regarding the configuration of the CCGs in North Yorkshire. The CCG has been aware of these concerns for some time and welcomes the co-operation of North Yorkshire County Council to work in partnership with authorised CCGs.

#### **4. Clinical Chief Officer Interview**

Following the successful outcome of my assessment for the post of Accountable Officer on 1 June, I was interviewed by a panel consisting of a representative of the National Health Service Commissioning Board Authority (NHSCBA), Alan Maynard and an HR representative on 11 July. I am pleased to announce that I was formally appointed to this post. At about the same time the NHSCBA announced a change in the naming protocol for the senior posts in CCGs and my new title is **Clinical Chief Officer**.

## **5. Turnaround Director**

The Strategic Health Authority (SHA) has appointed Bob Wiggins as the new “Turnaround Director” for NHS North Yorkshire and York. Rachel Potts and I met with Bob on 13 July and had a fruitful discussion with him on the issues facing the Vale of York CCG. He is expecting to be working for the SHA/NHSCBA for the foreseeable future in North Yorkshire and is therefore a key individual for the Vale of York CCG to work with.

## **6. West Offices**

Rachel Potts, Adrian Snarr and I had a site visit to the new City of York Council offices on 15 July. We were very impressed with the accommodation that they have proposed for us to take up in January 2013. Adrian has been assessing the various alternative options; this move would be the most cost effective and also sends a clear message of the importance of joint working between health and social care. A full business case is currently being developed. This move will in no way have an adverse effect on our working with North Yorkshire County Council or East Riding of Yorkshire Council.

## **7. York Older Peoples Assembly**

After declaring an interest that I was of an age to become a member of the assembly I made a presentation on the values and plans of the CCG. This was followed by 40 minutes of questions from a very engaged audience of 70 people. I hope that is the first of many occasions on which the CCG will be able to participate in these meetings.

## **8. Leading Boards**

Rachel Potts and I attended a workshop on “Leading Boards” presented by the NHS Institute for Innovation and Improvement in Leeds. This was a useful meeting and it demonstrated to us that we are on top of the issues locally.

## **9. Local Medical Committee**

I attended the York branch meeting of the North Yorkshire Local Medical Committee (LMC) and I have made a commitment to attend (or send a deputy if I am unavailable) to each of these meetings in future.

## **10. Action Required**

The Shadow Governing Body is asked to note the Clinical Chief Officer Report.