NHS
Vale of York
Clinical Commissioning Group

Item 3

Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body held on 2 May 2013 at Selby District AVS, Portholme Road, Selby

Present

Professor Alan Maynard	Chair
Dr Emma Broughton	GP Member
Dr Mark Hayes	Chief Clinical Officer
Dr Tim Hughes	GP Member and Deputy Chair
Dr Tim Maycock	GP Member
Dr Shaun O'Connell	GP Member
Dr Andrew Phillips	GP Member
Dr Guy Porter	Consultant Radiologist, Airedale Hospital NHS Foundation Trust – Secondary Care Doctor Member
Mrs Rachel Potts	Chief Operating Officer
Mr Keith Ramsay	Lay Member and Audit Committee Chair
Dr Cath Snape	GP Member
Mr Adrian Snarr	Chief Finance Officer

In Attendance

Dr Paul Edmondson-Jones	Director of Public Health and Well-being, City of York Council
Ms Michèle Saidman	Executive Assistant
Ms Helen Taylor	Corporate Director, Health and Adult Services, North Yorkshire County Council

Apologies

Ms Kersten England	Chief Executive, City of York Council
Dr Brian McGregor	Local Medical Committee Liaison Officer, Selby and York
Mrs Carrie Wollerton	Executive Nurse

Twenty five members of the public were in attendance.

Alan Maynard welcomed everyone to the meeting. As this was Tim Hughes's last meeting as a member of the Governing Body Alan Maynard expressed appreciation of his contribution to NHS Vale of York CCG and extended best wishes for the future.

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

Barbara Sim, Vice Chair, Selby Disability Forum

Question !: Is the CCG aware of zero hours contracts issued by some employers who provide home carers? Can we insist on proper contracts, not zero contracts, for employers we buy contracts from?

Helen Taylor clarified that Local Authorities, not the CCG, commission home care. Many home care organisations employ staff on zero hours contracts to enable them to have the flexibility of response necessary to provide a service to people whose needs can vary significantly. Barbara Sim raised a number of related issues which Helen Taylor undertook to take back in to the Local Authority contract monitoring arrangements.

Question 2: Unopened dressings and drugs left in the home are deemed as the person's property and cannot be taken away by District Nurses. Could a note be left agreeing that District Nurses may take away the dressings and drugs; this would solve the problem and save cost.

Emma Broughton reported that District Nurses were currently considering centralisation of drugs in the community service and development of a dressings formulary to address wastage.

Gwen Vardigans, RCN North Yorkshire Branch Secretary and member of York 'Defend our NHS' group

Question 1: In the light of inclusion of regulation 75 in the Health and Social Care legislation, will every contract up for renewal now be put out for competitive tendering by the Vale of York CCG?

Adrian Snarr responded that, as this was a new regulation, work was ongoing to understand the associated requirements. He advised that currently all options would be considered when contracts were due for renewal and a decision would be taken in accordance with the aims of the contract.

Question 2: At a recent RCN Congress in Liverpool delegates were reporting a decline in patient referrals to specialists 'in case they required surgery'. I did ask a question once before at CCG about a scheme in the south of England to filter and subsequently refuse referrals in spite of a GP recommendation. Can we be reassured that in York the GPs' clinical decision would be the criteria for referral once alternatives have been fully explored?

Shaun O'Connell confirmed that the current referral restrictions would not be changed and advised that the CCG was in the process of establishing a system to ensure that patients were referred to the appropriate service, whether primary or secondary care.

AGENDA ITEMS

1. Apologies

As noted above.

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

None.

3. Minutes of the Meeting held on 4 April 2013

The minutes of the meeting held on 4 April were agreed.

The Governing Body

Approved the minutes of the meeting held on 4 April 2013.

4. Matters Arising from the Minutes

Actions on the follow up schedule were either completed or ongoing.

4.1 Human Resources Policy Review Schedule

Rachel Potts referred the schedule which had been provided as requested at the last meeting. She noted that the process for review of policies by the Commissioning Support Unit and the Executive Team prior to presentation to the Governing Body for agreement.

The Governing Body

Noted the Human Resources Policy Review Schedule.

5. Chief Clinical Officer Report

Mark Hayes presented his report which provided information relating to the ongoing review of care pathways and a number of meetings. He highlighted the meeting with representatives of NHS Stockport CCG to discuss the different treatment of pathways for Age Related Macular Degeneration (ARMD). NHS Stockport CCG was changing their current approach, which had achieved considerable savings, in view of revised tariffs for outpatient procedures and was now redesigning services around a different care pathway. Vale of York CCG was planning to work with a Retinal Surgeon in Leeds and NHS Stockport CCG on development of the ARMD pathway. Consideration would also be given to approaches being implemented in Tameside, namely going out to tender for this service, and NHS Oldham CCG, where a programme budgeting approach was being utilised. Meetings were being arranged with York Teaching Hospital NHS Foundation Trust and Scarborough and Ryedale CCG to discuss options as quickly as possible in order to achieve savings in excess of the QIPP.

Mark Hayes additionally noted the first meeting of the Council of Representatives. A further meeting was taking place on 16 May when a Chair would be elected who would also be a member of the Governing Body.

The Governing Body

Noted the Chief Clinical Officer's Report.

6. Performance and Quality Dashboard

Members agreed to consider the Dashboard as a whole rather than under the headings as per the agenda. Rachel Potts noted that she would present the information and that Keith Ramsay, Chair of the Quality and Performance Committee, would provide additional comment and context.

Areas of concern, which were inter related, remained as reported in the previous iteration, namely ambulance response and turnaround times, 52 week waits for elective surgery and clostridium difficile. A contract query notice had been issued regarding the performance against the indicator of patients waiting in A&E no longer that four hours from arrival to either discharge of admission and an action plan had been agreed. Additionally, Andrew Phillips, with a CCG Interim Manager, was visiting A&E later in the day to undertake a review as part of the ongoing work to implement a whole system approach through gaining an understanding of the issues. Andrew Phillips emphasised that this would be non confrontational but focusing on scrutiny and a whole system solution. Mark Hayes also suggested inviting representatives from A&E to join the planned visit to Huddersfield where ambulance turnaround issues had been resolved.

Keith Ramsay noted ongoing work with Business Intelligence to receive timely and CCG relevant data.

In regard to patients waiting 52 weeks or more from referral by their GP or healthcare professional, Rachel Potts noted that this remained an area of concern but advised that five of the six patients reported had received treatment and the sixth patient was expected to receive treatment imminently. She noted that there appeared to be a further 10 patients who were likely to breach the 52 week timescale and that work was ongoing in this regard. In the 2013/14 contract the CCG would not pay for any patients who breached the 52 weeks.

In view of the breach of the 2012/13 clostridium difficile target a significant financial penalty had been imposed on York Teaching Hospital NHS Foundation Trust. Contract discussions were ongoing to link this with expected improvements in 2013/14.

Cath Snape reported that the crisis resolution service would be discussed at the Leeds and York Partnership NHS Foundation Trust Contract Management Board (CMB) later in the day. She also noted that the indicator relating to the percentage of people who have depression and/or anxiety disorders who receive psychological therapies should not be shown as 'green' and that this would also be discussed at the CMB.

Keith Ramsay advised that, following discussion at the Quality and Performance Committee, more detailed information on Leeds and York Partnership NHS Foundation Trust should be incorporated in the next iteration of the Dashboard. He noted that consideration was being given to incorporating areas of primary care performance commissioned by the CCG, data would become more focused on Vale of York, and numbers of patients waiting 18 weeks, 52 weeks and longer would also be incorporated.

Alan Maynard sought clarification regarding mortality data and Patient Related Outcomes (PROMS). Shaun O'Connell advised that work was ongoing to include these areas in future iterations of the Dashboard.

Adrian Snarr gave a verbal update on the financial position due to the final accounts closedown and to the demise of the PCT as the information had previously been prepared as a disaggregation from the PCT position. In regard to the 2012/13 position the CCG had took the lead, on behalf of Vale of York and Scarborough and Ryedale, in negotiating the positions with York Teaching Hospital NHS Foundation Trust and Leeds and York NHS Partnership Foundation Trust. Discussions were ongoing to resolve differences of opinion on contract activity and in regard to items not payable under contract.

In referring again to the number of clostridium difficile cases in 2012/13, totalling 39, Adrian Snarr advised that the maximum financial penalty of £3.8M had been invoked. Negotiations were taking place to ensure that the 2013/14 contract would improve quality across the organisation. In addition to reduced clostridium difficile rates targets would be set for ambulance turnaround, A&E four hour waits and 52 week waits with performance targets being incorporating in to the contract.

Adrian Snarr explained that as a commissioner the CCG did not pay for readmissions within 30 days which were deemed to be avoidable. This rate had been set at 25% at the beginning of the year but following a clinical audit the level of avoidable readmissions was 17%. Although this had resulted in a £1M payment to York Teaching Hospital NHS Foundation Trust it was welcomed from a quality perspective. The level of avoidable admissions had therefore been reduced in the 2013/14 contract.

In view of the closedown of the PCT Adrian Snarr described a number of financial legacy issues which required reporting to the Governing Body:

- The PCT unaudited accounts showed a deficit of £12M. The Vale of York CCG share of this, which had been incorporated in the financial plan, would be £3.5M.

- There were a number of longer term liabilities, the main one being continuing healthcare. The North Yorkshire and York CCG Chief Finance Officers had reviewed the PCT position in this regard. Adrian Snarr expressed confidence in the provision to cover this liability and noted that the North Yorkshire CCGs had agreed to risk share and that calculations would be refined on the basis of retrospective claims.

- Short term liabilities were not currently the responsibility of the CCGs but in view of changes taking place in the system there was the potential for transfer in the future.

In response to clarification sought about the financial position of York Teaching Hospital NHS Foundation Trust Adrian Snarr highlighted the need to understand their efficiency programme for 2012/13 and whether it was sustainable; the CCG required to work on run rate to reduce monthly spend. He noted that 75% of the £10.7M 2013/14 QIPP focused on secondary and acute care.

Further detailed discussion took place in regard to clostridium difficile. Mark Hayes reiterated the issues highlighted earlier in the discussion emphasising the need for bed occupancy rates to reduce to enable improvements in quality and safety. The 2013/14 clostridium difficile joint target for York and Scarborough target of no more than 44 cases was noted as a challenge.

The Governing Body

Noted the Performance and Quality Dashboard.

7. Governing Body Assurance Framework

Rachel Potts provided a verbal update on the development of the Assurance Framework. She described a workshop, facilitated by the Commissioning Support Unit (CSU), on 25 April which had been attended by a number of members of the Governing Body. Strategic risks had emerged relating to the CCG priorities, QIPP and the 2013/14 Plan. However, as the local programme risks required incorporating, Lynette Smith, recently appointed Integrated Governance Manager, was working with the CSU and the programme leads to co-ordinate development of the Assurance Framework which would be presented at the June Governing Body meeting.

The Governing Body

Noted the update.

8. Section 136 Place of Safety in York

Cath Snape informed members that a project manager had been appointed to this high priority area of work. She advised that, following a number of meetings, Paul Edmondson-Jones had identified a City of York Council property in York which would provide an interim solution. Work would be carried out by City of York Council to ensure requisite safety measures for staff and detainees were put in place. The current assessment staff would continue in this role and discussions were ongoing with Leeds and York Partnership NHS Foundation Trust to increase staff numbers. A number of further options were being investigated regarding staff to ensure appropriate capacity.

Cath Snape noted the plan to link this development with the Crisis Resolution Service. A meeting was planned in June to progress development of an efficient, comprehensive service.

The Governing Body

1. Noted the update.
2. Requested that Cath Snape provide verbal updates at each meeting until the interim arrangements were fully in place.

9. Business Committee Terms of Reference

Rachel Potts presented the Business Committee Terms of Reference reporting that, following a review of the governance structure, this committee had been established as a formal mechanism to ensure robust and transparent decision making in line with delegated responsibilities. One meeting had taken place to date.

Paul Edmondson-Jones' proposal that he became a member of the committee was welcomed and agreed. He clarified that City of York Council provided public health leadership on behalf of North Yorkshire and East Riding.

Rachel Potts additionally advised that, following discussion with the NHS England Area Team, they had requested that a member of their delivery team join the committee until the removal of the authorisation conditions and Directions.

The Governing Body

Approved the Business Committee Terms of Reference subject to the agreed amendments.

10. Vale of York CCG Quality and Performance Committee Minutes

The Governing Body

1. Received the minutes of the Vale of York CCG Quality and Performance Committee held on 19 March 2013.
2. Noted that in the event of any concerns arising between presentation of the minutes of the Committee Keith Ramsay would notify members at discussion of the Performance Dashboard.

11. NHS North Yorkshire and York Cluster Board Minutes

Received the minutes of the final NHS North Yorkshire and York Cluster Board meeting held on 26 March 2013.

12. Any Urgent Business

None.

13. Next Meeting

The Governing Body:

Noted that the next meeting would be held on 6 June 2013 at 10am in the George Hudson Boardroom, West Offices, Station Rise, York YO1 6GA

14. 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.

15. Follow Up Actions

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

Appendix A

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 2 MAY 2013 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
7 March 2013	Mental Capacity Act / Deprivation of Liberty Safeguards	GP practices to be informed of safeguarding adults policies and training	Carrie Wollerton	31 May 2013
4 April 2013	Operational Financial Plan 2013/14 for Programme and Running Costs	Report on risks and mitigating measures relating to non elective activity to be brought to a future meeting	Adrian Snarr	6 June 2013 – Finance and Contracting Committee
4 April 2013	Performance and Quality Dashboard	Ambulance Collaborative Plan to be checked	Carrie Wollerton	Completed
4 April 2103	Procurement Policy	Procurement limits to be reviewed via the Audit Committee	Adrian Snarr	17 July 2013
4 April 2013	Serious Incident Policy	Adults arrangements to be noted in the policy in the same way as children's	Carrie Wollerton	31 May 2013

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
4 April 2013 2 May 2013	Section 136 Place of Safety within North Yorkshire and York	Update to be provided at the next meeting Verbal updates to be provided at each meeting	Cath Snape	2 May 2013 meeting Monthly
2 May 2013	Chief Clinical Officer's Report	ARMD – Meet with York Trust	Mark Hayes	14 May 2013
2 May 2013	Assurance Framework	Assurance Framework to be presented at next meeting	Rachel Potts	6 June 12013

Appendix B

ACRONYM BUSTER

Acronym	Meaning
4Cs	Clinical Collaboration to Co-ordinate Care
A&E	Accident and Emergency
ACCEA	Advisory Committee on Clinical Excellence Awards
ACRA	Advisory Committee on Resource Allocation
AHP	Allied Health Professional
BMA	British Medical Association
BME	Black and Ethnic Minority
CAA	Comprehensive Area Assessment
CAMHS	Child and Adolescent Mental Health Services
CBLS	Computer Based Learning Solution
CCG	Clinical Commissioning Group
CDO	Chief Dental Officer
CDiff	Clostridium Difficile
CHD	Coronary Heart Disease
CIB	Collaborative Improvement Board
CIP	Cost Improvement Programme
CMHS	Community and Mental Health Services
CMHT	Community Mental Health Team
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
CNST	Clinical Negligence Scheme for Trusts
CSU	Commissioning Support Unit
CYC or CoYC	City of York Council
CPA	Care Programme Approach
CPD	Continuing Professional Development
CPR	Child Protection Register
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CSCI	Commission for Social Care Inspection
DAT	Drug Action Team
DCSF	Department for Children, Schools and Families
DGH	District General Hospital
DH or DoH	Department of Health
DPH	Director of Public Health
DSU	Day Surgery Unit
DTC	Diagnosis and Treatment Centre
DWP	Department of Work and Pensions
E&D	Equality and Diversity
ECHR	European Convention on Human Rights
EHR	Electronic Health Record
ENT	Ear, Nose and Throat
EPP	Expert Patient Programme
EPR	Electronic Patient Record
ETP	Electronic Transmission of Prescriptions
ESR	Electronic Staff Record

Acronym	Meaning
EWTD	European Working Time Directive
FHS	Family Health Services
FHSAA	Family Health Services Appeals Authority
GDC	General Dental Council
GMC	General Medical Council
GMS	General Medical Services
HAD	Health Development Agency
HDFT	Harrogate and District NHS Foundation Trust
HCA	Healthcare Acquired Infection
HPA	Health Protection Agency
HPC	Health Professions Council
HSMR	Hospital Standardised Mortality Ratio
IAPT	Improving Access to Psychological Therapies
ICAS	Independent Complaints Advisory Service
ICP	Integrated Care Pathway
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IMCA	Independent Mental Capacity Advocate
IM&T	Information Management and Technology
IP	In-patient
IRP	Independent Reconfiguration Panel
IWL	Improving Working Lives
JNCC	Joint Negotiating and Consultative Committee
JSNA	Joint Strategic Needs Assessment
KSF	Knowledge and Skills Framework
LDP	Local Delivery Plan
LHP	Local Health Plan
LINk	Local Involvement Network
LMC	Local Medical Committee
LNC	Local Negotiating Committee
LSP	Local Strategic Partnership
LTC	Long Term Condition
LTHT	Leeds Teaching Hospitals NHS Foundation Trust
LYPT	Leeds and York NHS Partnership Foundation Trust
MHAC	Mental Health Act Commission
MMR	Measles, Mumps, Rubella
MPIG	Minimum Practice Income Guarantee
MRI	Magnetic Resonance Imaging
MRSA	Methicillin Resistant Staphylococcus Aureus
MSK	Musculo-skeletal Service
MSSA	Methicillin Sensitive Staphylococcus Aureus
NAO	National Audit Office
NHSI	National Institute for Innovation and Improvement
NHSLA	NHS Litigation Authority
NICE	National Institute for Health and Clinical Excellence
NIMHE	National Institute for Mental Health in England
NMC	Nursing and Midwifery Council
NpfIT	National Programme for Information Technology

Acronym	Meaning
NPSA	National Patient Safety Agency
NRT	Nicotine Replacement Therapy
NSF	National Service Framework
NYCC	North Yorkshire County Council
OP	Out-patient
OSC	(Local Authority) Overview and Scrutiny Committee
OT	Occupational Therapist
PALS	Patient Advice and Liaison Service
PbC	Practice-based Commissioning
PbR	Payment by Results
PDR	Personal Development Plan
PHO	Public Health Observatory
PMS	Personal Medical Services
PPA	Prescription Pricing Authority
PPE	Public and Patient Engagement
PPP	Public-Private Partnership
PROMS	Patient Reported Outcome Measures
QALY	Quality Adjusted Life Year (used by NICE)
QIPP /QUIPP	Quality, Innovation, Productivity and Prevention
RCM	Royal College of Midwives
RCN	Royal College of Nursing
RCP	Royal College of Physicians
RCS	Royal College of Surgeons
RTA	Road Traffic Accident
RTT	Referral to Treatment
SARS	Severe Acute Respiratory Syndrome
SCCC	Strategic Collaborative Commissioning Committee
SHA	Strategic Health Authority
SHO	Senior House Officer
SLA	Service Level Agreement
SMR	Standardised Mortality Ratio
SHMI	Summary Hospital Mortality Ratio
SNEY	Scarborough and North East Yorkshire NHS Healthcare Trust
TEWV	Tees, Esk and Wear Valleys Mental Health Foundation Trust
TIA	Transient Ischaemic Attack
TUPE	Transfer of Undertakings (Protection of Employment) Regulations
UCC	Unscheduled Care Centre
VACCU	Vulnerable Adults and Children's Commissioning Unit
VFM	Value for Money
VTE	Venous Thrombosis Embolism
WCC	World Class Commissioning
WTD	Working Time Directive
YFT	York Teaching Hospital NHS Foundation Trust