

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

Minutes of the Meeting of the Vale of York Clinical Commissioning Group Governing Body held on 4 April 2013 at Priory Street Centre, York

Present

Professor Alan Maynard	Chair
Dr Emma Broughton	GP Member
Dr Mark Hayes	Chief Clinical Officer
Dr Andrew Phillips	GP Member
Dr Shaun O'Connell	GP Member
Dr Guy Porter	Consultant Radiologist, Airedale NHS Foundation Trust, Secondary Care Doctor Member
Mr Keith Ramsay	Lay Member and Audit Committee Chair
Dr Cath Snape	GP Member
Mr Adrian Snarr	Chief Finance Officer
Mrs Carrie Wollerton	Executive Nurse

In Attendance

Dr Paul Edmondson-Jones	Director of Public Health and Well-being, City of York Council
Ms Judith Knapton (for items 13 and 14)	Head of Commissioning (Mental Health and Vulnerable Adults)
Mrs Angela Pacey	
Mrs Janice Sunderland	Relationships Manager, North Yorkshire and Humber Commissioning Support Unit
Ms Helen Taylor	Corporate Director, Health and Adult, North Yorkshire County Council

Apologies

Ms Kersten England	Chief Executive, City of York Council
Dr Tim Hughes	GP Member and Deputy Chair
Dr Tim Maycock	GP Member
Mrs Rachel Potts	Chief Operating Officer
Dr Brian McGregor	Local Medical Committee Liaison Officer, Selby and York

Approximately 15 members of the public were in attendance.

Alan Maynard welcomed everyone to the meeting.

The following matter was raised in the public questions allotted time:

Question 1 – Mr Ian Anderson

Does the CCG think it's actually possible to fulfil all the aims of the Group in view of the constraints on the budget without some adverse effects on patients?

Mark Hayes responded:

It is almost impossible to achieve all our aims as this would include financial balance without any adverse impact on services. We have a severe financial challenge, including a historic debt, which must be dealt with in this financial year. Whilst we will do everything in our power to avoid any adverse impact on patient services we cannot guarantee success at this stage.

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 7 March 2013

The minutes of the meeting held on 7 March were agreed.

The Governing Body:

Approved the minutes of 7 March 2013.

4. Matters Arising and Action Log

Serious Incidents: Carrie Wollerton advised that this was a later item on the meeting agenda.

Hand Hygiene at York Teaching Hospital NHS Foundation Trust. The meeting was advised that Fliss Wood, Performance Improvement Manager, carried out a random check and reported that sufficient hand dispensers were provided in the areas she checked.

The Governing Body:

Noted the updates.

5. Chief Clinical Officer Report

Mark Hayes referred to his report which provided information relating to the Francis Report, York Teaching Hospital NHS Foundation Trust (YTHFT) Performance, the CCG's move to West Offices, 2013/14 contracts and the Staff Transfer Scheme relating to staff transferring to Vale of York CCG.

Mark Hayes noted that progress was being made with the contract with YTHFT; the scheduled sign off date was 12 April. The staff transfer had been signed off and sent back to the Secretary of State.

Mark Hayes noted that Prior Information Notices had been sent out for a Community Dermatology Service and a Community Pain Service

The Governing Body:

Noted the Chief Clinical Officer report and in particular the approval and sign off of Schedule 3D of the staff transfer scheme which included the list of staff to be received by the Vale of York CCG from NHS North Yorkshire and York Cluster.

6. Vale of York Clinical Commissioning Group Integrated Operational Plan 2013/14

Mark Hayes informed members that the 2013/14 Plan, presented for approval, would be submitted to the Area Team on 5 April 2013.

Keith Ramsay thanked Andrew Bucklee for his hard work in putting together a very transparent document. He also referred to the Plan on a Page as crucial, highlighting that it should be circulated to all practices, and welcomed the section on Innovations. Alan Maynard sought clarification on how the Governing Body would receive feedback later in the year to demonstrate progress with real time data. Mark Hayes confirmed that this would be incorporated in the performance dashboard and would be monitored.

Alan Maynard highlighted the intention for QIPP to be phased in order to ensure delivery.

Adrian Snarr emphasised the risk to achieving the QIPP plan. In particular he mentioned that the PCT had never achieved a QIPP of 3% previously.

Alan Maynard stressed that the document was ambitious and recommended that the draft be approved and sent to the Area Team to be signed off.

The Governing Body:

Ratified the Integrated Operational Plan 2013/14 prior to its submission to the Area Team.

7. Operational Financial Plan 2013/14 for Programme and Running Costs

Adrian Snarr briefed members and sought support to sign off the Operational Financial Plan 2013/14. Key issues were the inherent risks in the system and planning assumptions; also the uncertainty at national level, for example Military Health and In Vitro Fertilisation as a CCG function.

Adrian Snarr highlighted Table 2 on Page 3 which contained detail on the unavoidable cost pressures. Detail was also provided on the running cost allowance of £8.3M. The plan would fully utilise these resources. Information was provided on the underlying spend rate of the CCG. This demonstrated the potential to be in recurrent balance by November.

Helen Taylor raised the issue of risk to Health and Social Care funding and the need to plan this together. Adrian Snarr agreed.

Members were advised that the national tariff had been reduced by 4% and the whole system was feeling financial pressures. Adrian Snarr advised members that the Collaborative Improvement Board was being expanded to include Local Authority partners to ensure a whole system approach.

Keith Ramsay thanked Adrian Snarr for the information on risks and referred to the increased financial risk for all CCGs due to the demographic trend in continuing healthcare and nursing care. It was agreed that the CCGs should share the responsibility in proportion to size and that the Vulnerable Adults and Children's Commissioning Unit (VACCU) would manage the system.

Keith Ramsay sought clarification regarding continuing healthcare retrospective claims. Adrian Snarr reported that the figures were difficult to quantify at this stage until the Continuing Healthcare Team had been through the cases.

Andrew Phillips asked for clarity around the risks associated with non elective activity and the expectations of GPs in this regard. Adrian Snarr reported that a team of people were assessing risks to delivery and identifying mitigating measures. He agreed to bring this issue back to a future meeting.

Adrian Snarr reported on the scale of the QIPP challenge of £10m noting the highest value schemes being on planned care.

Alan Maynard asked whether the savings on prescribing were on volume or price. Shaun O'Connell responded that price explained the expenditure effect. He and his medicines management colleagues were looking to find more ways to make efficiencies.

The Governing Body:

1. Approved the revenue and capital budgets for 2012/13.
2. Delegated authority to the Chief Finance Officer to agree final contracts with the CCG's main providers.

8. Commissioning In Vitro Fertilisation Services

Mark Hayes reported that In Vitro Fertilisation (IVF) Services would be the responsibility of the CCGs and sought members' views on commissioning IVF.

Emma Broughton reported that she welcomed the revised NICE guidelines. Following discussion on the guidelines it was agreed that the severe financial situation meant that the CCG would have to continue with the previous PCT policy of not funding IVF. However it was also agreed that the CCG aspired to becoming a NICE compliant body with regard to IVF from April 2014.

The Governing Body:

Noted that the CCG would continue the policy of the PCT with regard to IVF.

9. Performance and Quality Dashboard

Carrie Wollerton referred to the information on the Vale of York CCG Core Performance Dashboard and reported on the performance challenges with York Teaching Hospital NHS Foundation Trust, and the actions being taken by the CCG.

Members discussed issues around 52 weeks, including that some patients had elected to delay when appointments were offered, but there had also been issues around the surgeons' availability. Two other areas were a cause for concern, A&E and Ambulance Turnaround.

Trends were outlined on the document table. Turnaround times had caused a knock on effect for ambulance response times. Yorkshire Ambulance Service (YAS) had an action plan which had been agreed with the Trust:

- i) Collaborative Improvement Board to improve strategic relationship
- ii) Clostridium difficile maximum target breached for 2012/13 year

Discussion followed whether a national penalty should apply and the strain this would put on the Trust. Carrie Wollerton commented further on the reasons for pressure and problems around flow in the hospital where actions needed to be taken. Members agreed that no one should have to wait 52 weeks and action should be taken with the Trust. Carrie Wollerton agreed to look at reasons with the Trust for each of the delays over 52 weeks. Members agreed that the CCG should continue with pressure on 52 weeks but also be looking further down the lists to those who have waited beyond 35 weeks. Shaun O'Connell asked what assurance the CCG had to improve the situation with YAS. Alan Maynard highlighted the need for better reporting and Carrie Wollerton agreed to check the Ambulance Collaborative Plan. Shaun O'Connell referred to the chart on Page 17; members were of the opinion that this was a matter for serious concern.

QIPP

The QIPP section of the Dashboard forecast delivery of QIPP schemes to the value of 51% of the total.

In regard to the finance section of the Dashboard it was noted that the position reported was prior to preparation of the final PCT accounts therefore the figures were viewed as provisional. Adrian Snarr highlighted a presentational error on the Dashboard.

The Governing Body:

Noted the Performance and Quality Dashboard.

10. North Yorkshire and York Primary Care Trust Transition and Closedown

- 10.1 *Corporate Handover Document*
- 10.2 *Quality Handover Document*
- 10.3 *Transfer of Statutory Functions*
- 10.4 *Draft Transfer Schemes: Property, Assets and Liabilities*
- 10.5 *Sender Authorisation Process*
- 10.6 *Staff Transfer Schemes and People Tracker*
- 10.7 *Board Assurance Framework*
- 10.8 *Corporate Risk Register*

The Governing Body:

Noted that the NHS North Yorkshire and York Cluster Board had:

1. Noted the update on the Chairman's Action meeting held on 22 March 2013.
2. Noted the [draft] Generic Provisions of the Health and Social Care Act 2012 North Yorkshire and York Primary Care Trust Transfer Scheme 2013 (Item 8.5) [and further noted that these may be subject to change by the Secretary of State before 1 April 2013].
3. Resolved that it was satisfied that North Yorkshire and York Primary Care Trust (PCT):

3.1 had carried out due diligence to identify all property, rights and liabilities that would be held by the PCT as at 31 March 2013; 3.2 had used all reasonable endeavours to identify all PCT property, rights and liabilities and had, based on the function to which such property, rights and/or liabilities were currently deployed, notified the Secretary of State of the most appropriate permitted receiver in the new post 1 April 2013 North Yorkshire and York health and social care system architecture;

3.3 had reviewed and agreed the draft Transfer Scheme against the information supplied by the PCT to the Secretary of State and had provided all corrections, amendments and additions as were reasonably

required to ensure that the PCT's property, rights and/or liabilities transfer to the most appropriate permitted receiver in the new post 1 April 2013 North Yorkshire and York health and social care system architecture;

4. Acknowledged and ratified that Annex 4 was signed [on 22 March 2013] by a duly authorised officer of North Yorkshire and York Primary Care Trust to formally approve the [draft] Transfer Scheme for North Yorkshire and York Primary Care Trust [read in conjunction with the amendment submitted [DATE]].
5. Acknowledged and ratified that the staff transfer scheme and people tracker was approved through Chairman's action on 22 March 2013.
6. Approved the Corporate Handover Document subject to the agreed amendments.
7. Approved the Quality Handover Document but noted that some of the data and figures were out of date.
8. Approved the Board Assurance Framework and Risk Register.

11. Policy Schedule

Janice Sunderland attended for this item

Members discussed the workforce policies and Janice Sunderland agreed that a detailed breakdown for review of the HR policies would be presented at the next meeting. It was also noted that communication of the policies, including a quick reference guide, was required.

11.1 Procurement Policy

Adrian Snarr introduced the Procurement Policy which members supported. In addition Adrian Snarr recommended that the CCG procurement limits were reviewed. It was agreed that this would be done via the Audit Committee.

11.2 Serious Incident Policy

Carrie Wollerton requested approval of a policy which was a slimmed down version from the former Primary Care Trust Policy. Some changes had been made following the Quality and Performance Committee meeting. Keith Ramsay stated that the policy should be dynamic and not put patients at risk. Carrie Wollerton reported that there was strong support from the CSU operationally and systems were working well. Alan Maynard asked if there were any specialist services included, and Carrie Wollerton acknowledged that as these were commissioned through the Specialist Commissioning Group in the NHS Commissioning Board the CCG would not be routinely informed. Carrie Wollerton agreed to request that the CSU look at identification of the Serious Incidents that related to Vale of York residents.

Helen Taylor asked that safeguarding adults arrangements were noted in the policy in the same way as children's; Carrie Wollerton agreed to amend the policy to reflect this. The Policy was agreed subject to this amendment.

11.3 Freedom of Information Policy

Adrian Snarr highlighted that as the CCG published more information on the website, this should reduce the volume of Freedom of Information requests. Members were advised that these requests extended to past records.

The Governing Body:

1. Approved the adoption of the policies referred to in the Policy Schedule and noted the review dates planned for 2013/14 to ensure that all policies become CCG specific.
2. Approved the Procurement Policy.
3. Approved the Serious Incident Policy subject to the amendment detailed above.
4. Approved the Freedom of Information Policy.

12. Adoption of Treatment Advisory Group Recommendations from September 2012, November 2012, January 2013 and February 2013

Shaun O'Connell reported that the Treatment Advisory Group looked at the evidence for new drugs and treatment opportunities. Alan Maynard asked if prices and costs were included in the Terms of Reference and whether the costs gave value for money. Emma Broughton asked how this information would be accessed by practices. Members were advised that once agreed Medicines Management would share the information with Primary and Secondary Care colleagues. The Joint Formulary was separate from these decisions and once new drugs were commissioned by the CCG they would go through the local Drugs and Therapeutics Committee to be added to the formulary. Shaun O'Connell reported that the implementation of the decision would be met within the existing budget.

The Governing Body:

Approved the recommendations of the Treatment Advisory Group from September 2012, November 2012, January 2013 and February 2013.

Judith Knapton attended for items 13 and 14

13. Section 136 Place of Safety within North Yorkshire and York

Judith Knapton reported that there was no Section 136 Place of Safety in York. The meeting discussed the need to progress this quickly. It was agreed there needed to be consultation with stakeholders of the preferred model and integration with the crisis service. Discussion was also required with the Ambulance Service around patients' transport home. Members agreed that an

interim solution should be secured if possible in parallel to the long term solution.

Keith Ramsay sought clarification of the financial implications. Adrian Snarr responded that this would be clarified as part of the long term solution.

The Governing Body:

1. Noted the content of the report.
2. Supported the development of an interim solution.
3. Requested an update at the next meeting.

14. Winterbourne View Report: Programme of Action

Judith Knapton presented an update report on actions in relation to the Winterbourne review and subsequent actions required by NHS organisations. Members agreed the need to develop a procedure fit for purpose. Work was progressing on becoming compliant with the Programme of Action.

The Governing Body

Noted the content of the report.

15. Strategic Collaborative Commissioning Committee Minutes

The Governing Body:

Received the minutes of the Strategic Collaborative Commissioning Committee held on 14 February 2013.

16. Vale of York CCG Quality and Performance Committee Minutes

The Governing Body:

Received the minutes of the Vale of York Quality and Performance Committee held on 26 February 2013.

17. NHS North Yorkshire and York Cluster Board Minutes

The Governing Body:

Received the minutes of NHS North Yorkshire and York Cluster Board held on 22 January 2013.

18. Any Urgent Business

None.

19. Next Meeting

The Governing Body:

Noted that the next meeting would be held on 2 May 2013 at Selby District AVS, Community House, Portholme Road, Selby YO8 4QQ.

20. Exclusion of Press and Public

There was no business to be transacted in private.

21. Follow Up Actions

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

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 4 APRIL 2013 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
20 September 2012	Serious Incidents	<ul style="list-style-type: none"> SI process to be mapped for GP Forum and distributed to Shadow Governing Body members 	Carrie Wollerton	7 February 2013 meeting 7 March 2013 meeting 4 April Meeting
7 March 2013	Public Questions: <ul style="list-style-type: none"> Pharmacy based Local Enhanced Services for Minor Ailments, Palliative Care and Domiciliary MAR Charts Hand hygiene at York Teaching Hospital NHS Foundation Trust 	Confirmation to be sought that NHS Commissioning Board would commission these services Concerns to be passed on to provider	Shaun O'Connell Mark Hayes	Completed 7 March under any urgent business Completed 2 April 2013
7 March 2013	Mental Capacity Act / Deprivation of Liberty Safeguards	GP practices to be informed of safeguarding adults policies and training	Carrie Wollerton	

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
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	
4 April 2013	Performance and Quality Dashboard	Ambulance Collaborative Plan to be checked	Carrie Wollerton	
4 April 2103	Procurement Policy	Procurement limits to be reviewed via the Audit Committee	Adrian Snarr	
4 April 2013	Serious Incident Policy	Adults arrangements to be noted in the policy in the same way as children's	Carrie Wollerton	
4 April 2013	Section 136 Place of Safety within North Yorkshire and York	Update to be provided at the next meeting	Cath Snape	2 May 2013 meeting

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