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 5 June 2014 at West Offices, Station Rise, York YO1 6GA

Present

Professor Alan Maynard (AM)	Chair
Miss Lucy Botting (LB)	Chief Nurse
Dr Emma Broughton (EB)	GP Member
Dr Mark Hayes (MH)	Chief Clinical Officer
Dr Tim Hughes (TH)	GP, Council of Representatives Member
Dr Jonathan Lloyd (JL)	GP, Council of Representative Member
Dr Tim Maycock (TM)	GP Member
Mr John McEvoy (JM)	Practice Manager Member
Dr Shaun O'Connell (SO)	GP Member
Dr Guy Porter (GP)	Consultant Radiologist, Airedale Hospital NHS Foundation Trust – Secondary Care Doctor Member
Mrs Rachel Potts (RP)	Chief Operating Officer
Mrs Tracey Preece (TP)	Chief Finance Officer
Mr Keith Ramsay (KR)	Lay Member and Audit Committee Chair

In Attendance (Non Voting)

Dr Paul Edmondson-Jones (PE-J) – from 10.30am	Director of Public Health and Well-being, City of York Council
Dr John Lethem (JL)	Local Medical Committee Liaison Officer, Selby and York
Ms Michèle Saidman (MS)	Executive Assistant
Dr Lincoln Sargeant (LS) on behalf of Mr Richard Webb	Director of Public Health, North Yorkshire

Apologies

Dr Andrew Phillips (AP)	GP Member
Mr Richard Webb (RW)	Corporate Director of Health and Adult Services, North Yorkshire County Council

Eight members of the public were in attendance.

AM welcomed everyone to the meeting and in particular welcomed Dr Lincoln Sargeant attending on behalf of Richard Webb. He also noted that Simon Stevens, NHS Chief Executive, would be visiting the CCG on 30 July 2014.

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

Mr Gordon Hart, Chairman, York and District Pain Management Support Group:

Will the CCG give urgent and sympathetic consideration to the reintroduction of funding spinal injections for control of chronic pain?

Subject patients to be: -
a) Patients of the Pain Clinic who have an identified source of the chronic pain that has continued for at least 6 months.

b) Patients for whom all other conventional methods of pain relief have been tried and failed to give acceptable relief. Analgesics, anti-inflammatory drugs, massage, traction and manipulation, also acupuncture where appropriate.

c) The patients have completed a pain management programme including CBT, relaxation and exercise training

d) The Patient's GP and the Pain Clinic Consultants recommend Injections as a last ditch procedure for relieving or at least minimising chronic pain.

e) This process is not subject to Funding Exceptions Committee Review.

Some patients who could afford it have paid for spinal injections.

In responding MH referred to his meetings with Mr Hart when he had given a commitment that the CCG's position would be reviewed on the basis of evidence sought. MH reported that the Centre for Research and Dissemination at the University of York had undertaken a review of national and international evidence and concluded 'that the current systematic reviews suggest that there is insufficient evidence to support the use of injection therapy in patients with low back pain (or sciatica). The NICE guidance on the management of low back pain and sciatica was first issued in 2009 and is likely to be issued in 2015. The current *do not do* recommendation issued by NICE for invasive procedures remains appropriate.' In light of this evidence from an independent body and the evidence from NICE MH regretted that the CCG did not feel able to reverse the policy at the current time.

In response Gordon Hart recognised the evidence referred to but expressed concern and disappointment that patients' views were never sought about the relief they received from the injections.

AGENDA 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 relation to the business of the meeting.

3. Minutes of the Meetings held 6 March 2014

The minutes of the meeting held on 6 March were agreed.

The Governing Body:

Approved the minutes of the meeting held on 6 March 2014.

4. Matters Arising from the Minutes

CCG Decision Making and Performance Arrangements - Review of Performance and Finance Committee (subsequently renamed Quality and Finance Committee): RP reported that the review would be complete by the end of July.

Audit Committee Reforms and Lay Representation: AM noted that Lay Representative interviews were scheduled for 7 July 2014.

The Governing Body:

Noted the updates.

5. Chief Clinical Officer Report

MH presented his report which included updates on co-commissioning of primary care services, improving mental health services for the Vale of York community, communications, Bootham Park Hospital and Lime Trees Unit, commissioning prioritisation, communications, public and patient engagement, and CCG Senior Management Team discussions and decisions. In regard to co-commissioning of primary care services MH confirmed that the CCG would be submitting an expression of interest noting that this would facilitate progress in the development of care hubs and integrated services. In response to concerns expressed by JL that this approach would introduce an additional tier of management, MH advised that the expectation was that, following review by NHS England, a number of services could potentially transfer to CCGs and that commissioning of specialist services was also being reviewed with a view to groups of CCGs taking on this function. MH assured members that conflicts of interest would be managed and welcomed the opportunity to develop innovative ways to provide services and use resources more efficiently.

In respect of Bootham Park Hospital MH reported on a range of ongoing meetings with NHS Property Services Limited and Leeds and York Partnership NHS Foundation Trust to reduce the identified risks and implement a short term interim solution. However the overall aim was to develop a new inpatient facility and all possibilities were currently being investigated. LS referred to the work being carried out countywide by North Yorkshire County Council regarding national outcomes being embedded within mental health commissioning strategies. RP noted that the first meeting of the CCG-led Mental Health Strategy Group had taken place earlier in the week when it had been agreed that RW and a representative from specialist commissioning be invited to join the group, where City of York Council were already a member, to ensure joined up services.

MH referred to the Governing Body Workshop later in the day when different tools would be considered to develop a prioritisation framework to inform commissioning decisions. He also noted that this discussion would include IVF highlighting that members were minded to approve provision of a service for the Vale of York population subject to consideration through the prioritisation process of the cost and options to be offered. MH emphasised that funding of IVF would be considered within the context of decommissioning or ceasing services and advised that an announcement would be made within four weeks. SO commended the decision noting that the Governing Body was responsible for commissioning services within available resources and needed to be mindful of the opportunity costs of new commissioning commitments. He emphasised the need for consistent and transparent decision making within a prioritisation process.

The Governing Body:

1. Noted the Chief Clinical Officer Report.
2. Agreed that a decision on commissioning of IVF for the Vale of York population would be announced within four weeks.

6. NHS Vale of York CCG Assurance Update

RP referred to the formal report from the NHS England Area Team's 2013/14 Quarter 3 Assurance Meeting held on 11 March 2014. She noted that assurance levels assessed as 'Assured with Support' required the CCG to provide regular updates to the Area Team on progress of action plans. RP additionally reported that the Quarter 4 Assurance Meeting had taken place on 28 May and that the report on this end of year review, expected in July, would be presented on receipt.

In response to clarification sought by AM as to the reason for the delay in receiving reports, RP described the Area Team's process to ensure consistency of the assessment approach across the CCGs.

The Governing Body:

Noted the update.

7. Better Care Fund

MH referred to the national delay in implementing the Better Care Fund advising that a phased approach from June to September was now being implemented. No information had to date been received in respect of the three plans relating to the CCG, however these were being progressed as far as possible without final approval.

In response to clarification sought by AM, MH described the two local assessments for RAG (red, amber green) rating the Better Care Fund plans and advised that no feedback had been received to date.

The Governing Body:

Noted the update

8. Strategic Plan: *My Health, My Life, My Way*

RP reported that the Area Team had provided feedback following submission of the Strategic Plan in April and that a meeting had taken place on 19 May with the Area Team and local partners - York Teaching Hospital NHS Foundation Trust, Leeds and York Partnership NHS Foundation Trust, NHS Scarborough and Ryedale CCG, and Tees, Esk and Wear Valleys NHS Foundation Trust - to ensure alignment of commissioner and provider plans. Feedback from this meeting had been positive and further work was taking place to provide more detail for Years One and Two in respect of delivery of milestones and final assumptions of schemes, including unidentified QIPP, and for high level assumptions for Years Three to Five. Submission of the final plan to the Area Team was required on 20 June 2014.

RP noted that discussion would take place with members regarding addressing the unidentified QIPP gap. She also confirmed that reconciliation with provider plans indicated a general alignment in regard to activity.

MH additionally highlighted sign up to the Strategic Plan of provider organisations and the commitment across the health and social care community to deliver the change required to achieve reduction in admissions activity. He also recognised the challenge associated with implementation of this strategic change and the fact that there was currently no evidence base to support achievement of the planned savings, however highlighted the common purpose.

The Governing Body:

Noted the update.

9. Performance and Quality Report

LB presented the first iteration of the revised format Performance and Quality Report which comprised exception reporting as at May 2014 incorporating performance, quality and patient experience. LB sought members' view on the report which was being further developed.

In respect of Urgent Care - incorporating NHS 111, out of hours, Ambulance and A&E performance - LB highlighted increased activity in terms of the number of calls to NHS 111 and A&E attendances over the Easter and May Bank Holiday weekends that had caused capacity issues. Work was ongoing to understand the reasons. A report had been requested from York Teaching Hospital NHS Foundation Trust which included workforce data to assure safe staffing levels aligned to demand. LB also advised that the report from the national Emergency Care Intensive Support Team into processes and systems was expected week commencing 16 June 2014.

LB highlighted that the CCG had agreed a CQUIN threshold of 72.5% with Yorkshire Ambulance Service (YAS) for 2014/15. Category A (Red 1) 8 minute and Category A (Red 2) 8 minutes NHS Vale of York CCG response times had been achieved in April (76.1% and 73.6% respectively) and for April the overall YAS performance across the region had been 69.8% and 70.6% respectively against a 75% target. LB noted that ambulance handover times had also been impacted by April and May demand and capacity issues in A&E; work was underway to understand this.

In respect of referral to treatment, cancer waits and diagnostics LB referred to issues in 2013/14 and the assurance from York Teaching Hospital NHS Foundation Trust that progress would be made in Quarters 1 and 2 of 2014/15. She noted that referral to treatment (admitted) unvalidated April data indicated further problems, particularly in specialties such as general surgery, trauma and orthopaedics, gynaecology and neurology where forecast demand evidenced that this may exceed capacity. However growth projections for 2014/15 indicated that this was not the case. The Trust had suggested this may be due in part to an increase in GP referrals, recognising the Referral Support Service would address this down the line. LB and TP were working with York Teaching Hospital NHS Foundation Trust to resolve the projected forecast issue. LB also noted that referral to treatment times had become a national priority and that the CCG was being asked for information on these issues on a monthly basis.

LB reported that the CCG was working with NHS Scarborough and Ryedale CCG in respect of breast cancer two week waits (31 and 62 days) which appeared to be affected by consultant and staffing capacity. Again the Trust evidenced an increase in referrals by primary care, citing national cancer campaigns. An external review had explored Referral to Treatment and Cancer Waits and a report was expected imminently.

In relation to mental health services LB outlined the Improving Access to Psychological Therapies (IAPT) position. In January 2014 a threshold of 5.1 % was achieved. This was out of line with the national target which stated that by the end of 2014/15 commissioners should reach 15%. LB reported that Leeds and York Partnership NHS Foundation Trust had advised that 8% could be achieved with investment. The Partnership Commissioning Unit and the CCG were working with Leeds and York Partnership NHS Foundation Trust to understand these issues further.

MH additionally explained that both Leeds and York Partnership NHS Foundation Trust and the Partnership Commissioning Unit had identified that there was a national issue of insufficient practitioners to deliver IAPT and until the CCG commissioned a new service from late 2015 performance would remain at around 8%. He also advised that the Partnership Commissioning Unit was seeking alternative providers to assist.

Public Health data (2011) evidenced that mild to moderate depression in York was higher than the English national average. JLe, in view of this data, requested comparative data for levels of depression where CBT was available. LB agreed to look into this.

In relation to safety issues aligned with the Care Quality Commission report at Bootham Park Hospital LB confirmed that the CCG was working with the provider and partners across York to ensure that mental health services were safe, high quality and fit for purpose.

Members welcomed the revised format of the report. Discussion included the increase in GP cancer referrals in the context of media campaigns; hospital workforce planning for known peak periods; and the requirement for triangulation of data.

KR expressed concern at the ongoing red alerts at York Teaching Hospital NHS Foundation Trust and sought assurance that the Governing Body would receive a report on actions being taken to address this and the issues described above. LB responded that a report was being produced covering April and May and would be brought back to the next meeting of the Governing Body.

In response to TH enquiring about community plans to assist hospital discharges LB referred to the joint work of the CCG, North Yorkshire County Council, City of York Council and partners to address delayed transfers of care. There did not appear to be a problem in the community however it was noted that no robust data was available for this (currently commissioned as a block contract). The main area of concern was care home capacity. LB advised that the CCG, City of York Council and North Yorkshire County Council were working with care homes to increase skills and capacity. She also noted that a new 88 bed care home was opening in Nether Poppleton. RP added that the integrated care pilots would enhance provision in the community and noted that a Rapid Process Improvement Workshop was taking place week commencing 9 June with York Teaching Hospital NHS Foundation Trust looking to improve delays in discharge.

In response to concerns raised by AM that the community contract did not include key performance indicators, TP explained that this had been addressed in principle following extension of this contract with York Teaching Hospital NHS Foundation Trust. The key performance indicators were being finalised to confirm they remained relevant in view of the progress of the development of care hubs and integrated pilots. She confirmed that existing information would be utilised but that collection of new metrics was subject to agreement.

LB noted that the Performance and Quality Report would be further developed to incorporate information across the whole of the Vale of York footprint where this was not yet included.

The Governing Body:

1. Noted the Performance and Quality Exception Report.
2. Noted that a report would be presented in respect of the ongoing red alerts and associated issues at York Teaching Hospital NHS Foundation Trust.

10. Finance, Activity and QIPP Report

In presenting the report, which described the financial position and activity performance as at 30 April 2014, TP advised that much of the data which formed part of the usual content was not available as this was a Month 1 report. She noted that the allocations were in line with the financial plan approved by the Governing Body and as notified by NHS England. TP highlighted that Programme Costs relating to Humber NHS Foundation Trust, previously reported as mental health only, had been corrected to also include community and out of hours services; the contract had also been appropriately amended. TP advised that significant variation in Running Costs would not be expected at this point in the year and noted in regard to QIPP that Telehealth was the only activity for which data was currently available due to national timescales for availability of activity data.

TP reported that the authorisation process for NHS invoices had been reviewed and actions implemented to ensure achievement of the Code of Better Payment Practice target of payment of 95% within 30 days.

TP highlighted the introduction of Contract Activity and Demand Analysis in the report noting that this information was unvalidated fast track data provided by York Teaching Hospital NHS Foundation Trust. She confirmed that this information was being developed and aligned with the Performance and Quality Exception Report noting that the activity over the Easter and Bank Holiday weekends had been discussed in detail at the May meeting of the Quality and Finance Committee.

The Governing Body:

Noted the Finance, Activity and QIPP Report.

11. Quality, Innovation, Productivity and Prevention (QIPP) Update

RP presented the report which provided an update on QIPP noting that this information would in future be reported within the Finance, Activity and QIPP Report as previously. She noted that the Programme Delivery Steering Group, where the day to day delivery of QIPP across the CCG would be monitored, would report to the Quality and Finance Committee.

In addition to the schedule presented that described both the £9.4m schemes identified and other areas of commissioning, RP noted, as reported at item 5 above, that discussion would take place with members at the workshop later in the day in regard to addressing the unidentified gap of c£2m. She confirmed confidence in delivery of the schemes detailed in the report advising that the significant risk related to the unidentified gap and that viability of a number of schemes was being assessed.

TP confirmed a slight increase on the c£2m unidentified QIPP and noted that the financial plan submitted in April included a risk level of £3.4m of the £9.4m would not be achieved. TP referred to the contract negotiations taking place with York Teaching Hospital NHS Foundation Trust noting that discussion was within the context of both current plans and recognition that further schemes were being considered that would affect contract activity levels. TP noted that resubmission of the Financial Plan was required by 20 June 2014 and clarified that part of the risk to achievement of QIPP was for part year effect for 2014/15 where full year effect would be in 2015/16.

SO referred to the Hospice at Home QIPP noting there appeared to be a shortage of carers for patients wishing to die at home and indeed for elderly patients to be discharged from hospital with carers' support. LB advised that this was a national problem. She was not aware that domiciliary care in the Vale of York was a big problem but agreed to look into this. LB additionally reported that Age Concern had undertaken some work in relation to discharge and care at home within York Teaching Hospital NHS Foundation Trust. Evaluation evidenced that this was well received and suggested in the pilot work with care hubs the role of the voluntary sector should be encouraged.

AM and KR expressed support for the work of the management team with providers emphasising that prioritisation would be required on an ongoing basis. AM proposed that the CCG Lay Members should hold similar discussions with the Lay Members of York Teaching Hospital NHS Foundation Trust and Leeds and York Partnership NHS Foundation Trust.

The Governing Body:

Noted the progress to date on the identified 2014/15 QIPP schemes.

12. Annual Report and Accounts 2013/14

TP reported that, as per the delegated responsibility within the CCG's Constitution, the Audit Committee had approved the Annual Report and Annual Accounts at its meeting on 2 June subject to a number of agreed minor amendments which had been incorporated prior to presentation to the Governing Body. Publication was required on the CCG's website by noon on 13 June 2014.

KR reported that the Audit Committee had commended the accounts and audit processes. He highlighted the compliments received from both Internal Audit and Mazars, the External Auditors, on the Finance Team's provision of information and fulfilment of requests, noting the achievement particularly in view of capacity issues earlier in the year.

Audit Completion Report: Year Ended 31 March 2014 - CA attended for this item

CA presented the report which was the formal tool for completion of the audit. It comprised an Executive Summary and sections relating to Significant findings, Internal control, Summary of misstatements, and Value for money; three appendices related respectively to the Draft management representation letter, Draft audit report and Independence. CA confirmed that no issues had been identified that required reporting under Significant findings or Internal control; two adjustments had been made under Summary of misstatements but these were not material nor did they affect the accounts. This was testament to the preparation of the accounts. CA advised that the Value for money statement reflected the fact that the CCG was a new organisation and had not had arrangements in place for the full year.

KR expressed appreciation to the Internal and External Auditors and the CCG's Finance Team for completing their work to enable presentation of the documents at the Audit Committee on 2 June despite the late issue of a number of pieces of guidance.

Annual Accounts

TP advised that following approval the Annual Accounts would be incorporated at Section B of the Annual Report. She referred to two accounts guides, from the Healthcare Financial Management Association and Mazars, which she had circulated to members.

TP explained, although the CCG had been working towards a target of £2.056m in 2013/14 this figure was not explicitly in the accounts which reported an actual year-end performance. The financial performance targets at Note 42, which showed actual performance against allocation, demonstrated that this had been achieved.

TP noted that the accounts had been prepared in accordance with standard accounting policies and in line with NHS England's policies. No deviation was permitted with the exception of Note 1.7 Critical Accounting Judgements and Key Sources of Estimation Uncertainty. In this regard she referred to the PCU as a material part of business.

Annual Report

RP presented the Annual Report which had been prepared in accordance with the NHS England format. This would be published with the Annual Accounts on the CCG's website by noon on 13 June as reported by TP above. RP noted statutory inclusion of statements relating to equality and sustainability, the Annual Governance Statement and the Head of Internal Audit Opinion. Following approval the Annual Report would be submitted to NHS England by noon on 6 June 2014.

RP expressed appreciation to Sharron Hegarty, Communications Manager, for her work in collating the Annual Report. RP also noted that an Executive Summary would be produced.

Management Representation Letter

In referring to the Management Representation Letter TP noted that this was the final item in the suite of documents considered and approved by the Audit Committee on 2 June. This had been prepared as per the Audit Completion Report, presented by CA above, for MH to sign.

The Governing Body:

1. Ratified the Audit Committee's approval of the Annual Report and Annual Accounts 2013/14.
2. Reiterated appreciation to Internal and External Audit and the Finance Team for their work relating to the Annual Report and Annual Accounts.

13. Referral Support Service Progress Report

In presenting this report SO expressed appreciation to EB and Andrew Bucklee and to Team Administrators Alice Ridley and Maisie Pearson for their work. He referred to the identification by the Referral Support Service (RSS) Team of five key challenges and how they were being addressed, namely: outstanding patient experience being the norm; providing the highest quality and safest care possible; identifying and eliminating any waste of resource; and high staff job satisfaction being the norm. The report also detailed the evidence base for the RSS, progress made, stakeholder and public engagement, and financial implications

SO noted that the RSS was receiving referrals from all GP practices within the CCG and that between two and three thousand of the 13000 referrals received had been reviewed in the specialties of General Surgery, ENT, Gynaecology, and Dermatology. Feedback from patients on the service was positive. SO described plans to further expand the work of the RSS.

SO reported that issues with the software were being worked through with the aspiration that all referrals from GP practices would be submitted via the RSS to enable collection of accurate data. SO also noted recruitment issues in respect of GP Reviewers for additional specialties. He hoped that this may be addressed to some degree by neighbouring CCGs implementing the same software which would offer the potential to share GP Reviewers. As an interim SO sought agreement to the slightly higher rate of pay and provision of laptops to facilitate access to the system as per the recommendations.

TH and JLe congratulated SO and the RSS team on delivery of the RSS noting it as a significant development to help CCG members address unwarranted variation, ensure the right treatment first time every time and promotion of the culture of joint working.

SO described further work planned including the intention to progress analysis of data and peer data comparison to reduce variation. He also noted the potential for the software to include forward booking in to hospital. SO advised that work was ongoing with colleagues at York Teaching Hospital NHS Foundation Trust to further improve the referral letters.

The Governing Body:

Ratified the recommendations that:

1. The rate paid to GP Reviewers be increased to £4.72 per referral reviewed or that pay be at a sessional rate equivalent to that paid for other CCG work.
2. Compatible configured laptops be supplied by Commissioning Support Unit IT for GP Reviewers having regular problems in this regard.
3. All new GP Reviewers be provided with an appropriately configured laptop supplied by Commissioning Unit IT.

14. Standing Orders Report

RP referred to the report presented in view of the breach of Standing Orders due to the late circulation of the papers for the April Governing Body meeting. The report had also been presented to the Audit Committee on 2 June 2014.

The Governing Body:

1. Ratified the report that recorded the reasons for non compliance with the timescales for papers.
2. Noted that all staff had been reminded of the paper deadlines and that any exceptions required agreement in advance with the appropriate Chair.

15. Partnership Commissioning Unit Assurance

RP referred to the Service Level Agreement (SLA) with the Partnership Commissioning Unit (PCU) noting that this had also been presented at the Audit Committee on 2 June. The SLA with the four North Yorkshire CCGS was effective from 1 April 2013 with a total value of £3.3m running costs of which £1.5m was contributed by NHS Vale of York CCG.

RP noted that the SLA included a detailed financial breakdown and other schedules describing the functions of the PCU, expectations of the CCGs and of NHS Scarborough and Ryedale CCG as the host, and the role of Janet Probert, Director of the PCU. RP reported that the Finance Schedule was the only part of the document that had been signed.

In presenting Annex B Finance Schedule TP noted that an error had been identified at the Audit Committee in respect of the percentage split of Running Costs between NHS Vale of York CCG and NHS Scarborough and Ryedale CCG which should read 45.45% and 15.19% respectively. She confirmed that this information was correctly reported in the annual accounts and would be highlighted to the PCU for correction before signing.

TP advised that the principles of the 2013/14 SLA with the PCU would also be used for 204/15. She also advised that the Chief Finance Officers had agreed to undertake a joint systematic review of the SLA including the risk share arrangements.

In response to clarification sought by JLe RP confirmed that the PCU led on the CCG's behalf for commissioning autistic spectrum disorder services; less frequent mental health conditions were the responsibility of Specialist Commissioning. RP agreed to provide a report detailing the respective services for which the CCG and Specialist Commissioning had responsibility. She also confirmed that the Director of the PCU was a joint appointment by the CCGs and Local Authorities, noting that a Memorandum of Accountability was being agreed with the latter to reflect this.

The Governing Body:

1. Noted the CCG's Service Level Agreement with the Partnership Commissioning Unit.
2. Requested a report detailing the respective responsibilities of the CCG and Specialist Commissioning.

16. Local Anti-Fraud, Bribery and Corruption Policy

TP reported that the Local Anti-Fraud, Bribery and Corruption Policy presented had been amended in accordance with discussion of the draft policy at the April meeting of the Audit Committee. She highlighted inclusion of examples of fraud, staff training requirements and contact details for reporting of suspicions of fraud. TP advised that following approval the policy would be circulated to staff and published on the policies section of the CCG website noting the potential for an increase in reporting following raising of staff awareness. She explained that any incidents investigated were reported to the Audit Committee.

The Governing Body:

Approved the Local Anti-Fraud, Bribery and Corruption Policy.

17. Policy for the Reporting and Management of Patient Complaints

LB presented the Policy for the Reporting and Management of Patient Complaints which had been updated to reflect the latest recommendations and national requirements, including the Duty of Candour. She detailed the intention to bring CCG complaints, not including complaints relating to continuing care (PCU), in house in the near future and therefore sought approval for any minor amendments to be made as appropriate at that time in addition to seeking approval of the policy.

In response to discussion relating to primary care complaints LB explained that primary care contracts were held by NHS England (NHSE). Performance matters which materialised into a complaint would be investigated by NHSE as

the commissioning body. However LB advised that discussions were taking place with the NHSE Area Team with regard to supporting the management of both complaints and serious incidents in primary care. JM confirmed that there was a contractual requirement for primary care to comply with national standards; LB noted the need for triangulation of reporting.

The Governing Body:

1. Approved the Policy for the Reporting and Management of Patient Complaints.
2. Agreed that minor amendments be made as appropriate when NHS Vale of York CCG related complaints were brought in house.

18. NHS Vale of York CCG Audit Committee

The Governing Body:

Received the minutes of the Audit Committee of 16 April 2014.

19. NHS Vale of York CCG Quality and Finance Committee

The Governing Body:

Received the minutes of the Quality and Finance Committee of 17 April and 22 May 2014.

20. Medicines Commissioning Committee

The Governing Body:

Received the minutes and recommendations of the Medicines Commissioning Committee of 19 March and the recommendations of the meeting of 21 May 2014.

21. Next Meeting

The Governing Body:

Noted that the next meeting was on 7 August 2014 at 10am at West Offices, Station Rise, York YO1 6GA.

22. 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 5 JUNE 2014 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
7 November 2013	CCG Decision Making and Performance Arrangements	• Review of Performance and Finance Committee	RP/LS	Six months after implementation – May 2014, to be confirmed
6 March 2014	Audit Committee Reforms and Lay Representation	• Proposals for additional Lay representation at CCG decision making meetings to be presented • Options to be developed to increase opportunities for non Governing Body clinical representatives to attend decision making meetings	LS LS	3 April 2014 meeting

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
5 June 2014	Performance and Quality Report	• Comparative data to be sought for levels of depression where CBT was available. • Report in respect of ongoing red alerts and associated issues at York Teaching Hospital NHS Foundation Trust.	LB	7 August 2014
5 June 2014	QIPP Update	• Availability of domiciliary care in the Vale of York to be looked at	LB	7 August 2014
5 June 2014	Partnership Commissioning Unit Assurance	• Report detailing the respective responsibilities of the CCG and Specialist Commissioning.	RP	7 August 2014

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
AMU	Acute Medical Unit
ARMD	Age Related Macular Degeneration
BCF	Better Care Fund
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
CHC	Continuing Health Care
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
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
CSU	Commissioning Support Unit
CYC or CoYC	City of York Council
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
ECP	Emergency Care Practitioner
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
EWTD	European Working Time Directive
FHS	Family Health Services
FHSAA	Family Health Services Appeals Authority
FOT	Forecast Outturn
GDC	General Dental Council
GMC	General Medical Council
GMS	General Medical Services
GPhC	General Pharmaceutical Council
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
HWB	Health and Wellbeing Board
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
LDC	Local Dental Committee
LMC	Local Medical Committee
LNC	Local Negotiating Committee
LOC	Local Optical Committee
LPC	Local Pharmaceutical Committee
LSP	Local Strategic Partnership
LTC	Long Term Condition
LTHT	Leeds Teaching Hospitals NHS Foundation Trust
LYPFT	Leeds and York NHS Partnership Foundation Trust
MDT	Multi-Disciplinary Team
MH	Mental Health
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
NHSIQ	NHS Improving Quality
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
NPSA	National Patient Safety Agency
NRT	Nicotine Replacement Therapy
NSF	National Service Framework
NYCC	North Yorkshire County Council
OOA	Out of Area
OOC	Out of Contract
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
PCU	Partnership Commissioning Unit
PDP	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
Propco	NHS Property Services
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
RPIW	Rapid Process Improvement Workshop
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
SLAM	Service Level Agreement Management
SNEY	Scarborough and North East Yorkshire NHS Healthcare Trust
SUS	Secondary User System
TEWV	Tees, Esk and Wear Valleys Mental Health Foundation Trust
TA	Technical Appraisal
TIA	Transient Ischaemic Attack
TUPE	Transfer of Undertakings (Protection of Employment) Regulations
UCC	Unscheduled Care Centre
UCWG	Urgent Care Working Group
ACCU	Vulnerable Adults and Children's Commissioning Unit

VFM	Value for Money
VTE	Venous Thrombosis Embolism
WCC	World Class Commissioning
WTD	Working Time Directive
YFT/YTHFT	York Teaching Hospital NHS Foundation Trust
YTD	Year to Date