

Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body held 3 April 2014 at West Offices, Station Rise, York YO1 6GA

Present

Professor Alan Maynard (AM)	Chair
Miss Lucy Botting (LB)	Chief Nurse
Dr Mark Hayes (MH)	Chief Clinical Officer
Dr Jonathan Lloyd (JL)	GP, Council of Representative Member
Dr Tim Maycock (TM)	GP Member
Mr John McEvoy (JM)	Practice Manager Member
Dr Andrew Phillips (AP)	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 John Lethem	Local Medical Committee Liaison Officer, Selby and York
Mr John Ryan (JR) – for item 7	Better Care Fund Programme Lead, North Yorkshire and Humber Commissioning Support Unit
Ms Michèle Saidman (MS)	Executive Assistant
Mrs Lynette Smith (LS) for item 8	Head of Integrated Governance
Mr Richard Webb (RW)	Corporate Director of Health and Adult Services, North Yorkshire County Council

Apologies

Dr Emma Broughton (EB)	GP Member
Dr Paul Edmondson-Jones (PE-J)	Director of Public Health and Well-being, City of York Council
Dr Tim Hughes (TH)	GP, Council of Representatives Member
Dr Shaun O’Connell (SO)	GP Member

Five members of the public were in attendance.

AM welcomed everyone to the meeting and in particular welcomed John Lethem to his first meeting. AM also apologised for issues with the website and the late publication of some of the meeting papers.

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

Bill McPate

In relation to the Core Performance Dashboard, agenda item 10:

Page 3 Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer 77.9% achievement against the 85% target:

(1) Could the reasons for the performance drop (lowest for many months) be better explained than simply “clinical reasons”;

(2) Could the term “few” be avoided and the actual figure for patient choice be provided. Even then this should not be portrayed as an acceptable reason (for example if offered date towards the end of 61 days).

Page 5 Percentage of people who have depression and/or anxiety disorders who receive psychological therapies: There is no reason offered for this consistently low performance against the target. A reason should be routinely provided for this routinely being low.

LB welcomed the feedback and explained that the overall approach to reporting performance was currently being reviewed. In respect of the question relating to cancer waiting times she advised that the CCG was working closely with York Teaching Hospitals NHS Foundation Trust to resolve the issues which related to the systems and process for booking and capacity. Additionally an external review was taking place.

In response to the question about Improving Access to Psychological Therapies (IAPT) LB referred to historical issues emphasising the CCG's commitment for improvement. Work was taking place with the Partnership Commissioning Unit to remodel the service and increase capacity noting the aspiration for achievement of 8% within the first quarter of the financial year.

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

Chief Clinical Officer Report: AM requested an update on the Referral Support Service for the next Governing Body meeting.

Core Performance Dashboard: LB reported that work was continuing with the Commissioning Support Unit Business Intelligence team on the remodelling of the Dashboard and that the new format would be issued for the next Governing Body meeting. This work included ensuring timeliness of data.

In respect of the Care Quality Commission report following visits to Bootham Park Hospital and Lime Trees, LB reported that progress was being made against the agreed action plan which included workforce capability and capacity. This included the involvement of an external consultant. Mitigation of estate issues had taken place as far as was possible to minimise potential harm to patients. An Executive to Executive meeting was taking place on 8 April when Leeds and York Partnership NHS Foundation Trust would present to the CCG short term plans for wards at Bootham Park Hospital and Lime Trees; further work was required to implement a long term solution. LB noted that she was assured by the progress to date.

AP referred to the Emergency Care Intensive Support Team work with York Teaching Hospitals NHS Foundation Trust which had just commenced noting that their report would be presented. He also advised that he was not aware of any issues emanating from the building work taking place on the York Hospital site.

Care Quality Commission Children Looked After and Safeguarding Inspections: LB advised that validation of the report was currently taking place and that the Quality and Finance Committee (formerly the Performance and Finance Committee) had considered the available headline findings which had been shared across the North Yorkshire and Humber CCGs and Local Authorities. The CCG would look to implement lessons learnt and areas of improvement

All other matters arising were noted as outstanding or had not yet reached their scheduled date.

The Governing Body:

1. Requested an update on the Referral Support Service at the next meeting.
2. Noted the updates.

5. Chief Clinical Officer Report

MH presented his report which included updates on the winter plan and winter pressures 2013/14; communications; public and patient engagement; the CCG's Annual Report; Senior Management Team discussions and decisions; the Better Care Fund; future financial pressures; and Care Hubs. In regard to winter pressures he noted that the comparatively low level of A&E attendance through the winter period

MH referred to the close of the 2013/14 financial year and the CCG's achievement of financial balance with a predicted small surplus. He also noted the financial challenges facing the CCG in the coming years.

MH highlighted the partnership working for development of Care Hubs. He anticipated that a wide range of services would be provided in the community within five years.

The Governing Body:

Noted the Chief Clinical Officer Report.

6. NHS Vale of York CCG Assurance Update

RP referred to the report which highlighted the most significant risks to the delivery of the CCG's aims and programmes of work as at 25 March 2014. The 17 significant risks included one additional significant risk relating to the potential for the Better Care Fund programme not to deliver the necessary reduction in activity; this should be rated as 'red'.

One significant risk had been realised 'The main provider will exceed its target for Healthcare Acquired Infections resulting in increased harm to patients'. This was now classified as an 'issue' that was being addressed.

RP confirmed that the potential risk 'That the CCG is not assured on Safeguarding Vulnerable Adults' related to arrangements with the Partnership Commissioning Unit and that plans were in place to increase capacity.

The Governing Body:

Noted the Assurance Framework as at 25 March 2014.

7. Better Care Fund

JR attended for this item

MH noted that the Better Care Fund (BCF) submissions presented had been signed off by the City of York Council, North Yorkshire County Council and East Riding of Yorkshire Council Health and Wellbeing Boards. However notification had been given that a further iteration would be required. MH also noted that NHS England would undertake stocktakes in September 2014 and January 2015.

JR highlighted areas that had been changed since the previous BCF documents had been circulated to members and advised that the refreshed iterations would include learning from the recently published Kings Fund Report and issues relating to pharmacy which had been discussed at the City of York Health and Wellbeing Board.

RP expressed appreciation to JR for his work across the three Local Authorities on the BCF submissions. She emphasised that the BCF was an enabler for the CCG's plans including the Strategic Plan, Care Hubs and the Psychiatric Liaison Service. KR requested an overall summary report on impact and outcomes of the BCF for the CCG.

Detailed discussion included clarification that one of the national conditions was that the BCF must support transformation of adult social care; the requirement for regular reporting of measurable key performance indicators to provide assurance to the Governing Body; potential for extending pooled budget arrangements with Local Authorities; and effective communication with the public about the transformation.

RW expressed appreciation for the CCG's partnership working in developing the plans and reiterated appreciation to JR for his commitment. RW also expressed the view that 2014/15 was an opportunity to implement new services and gather evidence to progress the future service transformation.

AM requested that an outcomes approach be adopted for data presentation and expressed concern about evaluation, equity and the absence of an evidence base for much of the programme. In response JR advised that the University of York was involved in development of an evaluation process and also noted discussions with Monitor about establishing data workstreams in response to concerns about data timeliness and accuracy which would also be incorporated with the development of the Performance Dashboard. JR additionally confirmed that meetings were taking place to ensure alignment with City of York Council and North Yorkshire County Council plans.

The Governing Body:

1. Expressed appreciation to JR for his ongoing work on the Better Care Fund plans.
2. Accepted the content of the submissions and acknowledged that further detailed work on the delivery and evaluation of the proposed plans was required.
3. Requested a summary report on impact and outcomes of the Better Care Fund on the CCG.
4. Agreed that the Better Care Fund be a standing item on public meeting agendas.

8. Strategic and Operational Plan

LS attended for this item

RP informed members that the CCG was required to submit to NHS England the following day the Plan on a Page, draft Operational Plan 2014/15 to 2015/16, the Financial Plan at the next agenda item and the initial draft Strategic Plan 2014 to 2019. RP expressed appreciation to LS in regard to the latter which incorporated feedback from both the Governing Body and engagement with stakeholders.

RP explained that in addition to describing the CCG's objectives and ambitions, the Strategic Plan would be monitored for assurance by NHS England Area Team. Following incorporation of comments and consultation the final version would be presented to the Governing Body prior to formal submission on 20 June 2014.

LS gave a detailed presentation on the Strategic Plan and advised that formal consultation would commence subject to approval by the Governing Body.

Members welcomed the plan as clear and ambitious but challenging, with the potential to achieve transformational change. Discussion highlighted the need for workforce remodelling and training to ensure recruitment and retention and recognition of the complexity of the CCG area.

AM noted priorities as addressing inequalities, research, and recognition that integrated care in the community was a complement to hospital admission with the potential for higher levels of activity which needed avoiding.

The Governing Body:

1. Approved the draft strategic plan for initial submission and formal consultation with partners, stakeholders and the public.
2. Approved the operating plan and plan on the page for submission to NHS England.

9. 2014/15 to 2018/19 Financial Plan

TP presented the report which detailed: the 2013/14 forecast outturn and underlying position, financial sustainability – *A Call to Action* and the funding gap, revenue resource limit, business rules, running costs, planning assumptions, local position and alignment, financial plan 2014/15 to 2018/19, QIPP schemes, investments, statement of financial position (balance sheet), cash, capital, contracting, Better Care Fund, and risks and mitigations. In seeking members' approval for submission the following day TP noted that the detail within the plan was still being finalised but confirmed that the key principles, planning assumptions and underlying risk were consistent with national guidance and principles agreed by the Governing Body in February 2014.

Members discussed the plan in the context of investment to be identified through the Urgent Care Working Group and in respect of the Better Care Fund. In response to clarification sought by GP about potential capital consequences emanating from the mental health estate issues, discussed at item 4 above, TP advised that she did not expect any effect from the interim solution but that it was likely there would be impact from the medium to longer solution.

AP referred to the potential £44m funding gap for financial sustainability and expressed concern at the challenge to reduce acute activity. TP advised that this figure emanated from national guidance and that the North Yorkshire CCGs were working together to ensure that plans reduced activity but maintained quality. LB was also involved in this work.

In response to KR highlighting the funding for reablement and carers, TP confirmed that this would be implemented through joint working with the three Local Authorities via the Better Care Fund.

RP advised that QIPP would be discussed at the May Governing Body Workshop prior to inform investment proposals for presentation at the June Governing Body Meeting.

Members welcomed the clarity of the plan but recognised the challenge posed for its delivery.

The Governing Body:

Approved the submission on 4 April 2014 of the next draft of the Financial Plan 2014/15 to 2018/19 based on the information in the paper.

10. Core Performance Dashboard

In presenting the dashboard LB noted issues relating to cancer diagnostics and referral to treatment times. She reported that an external consultant was working with York Teaching Hospitals NHS Foundation Trust to improve the position. This report and improvement plans would be presented to the CCG in due course.

In regard to Yorkshire Ambulance Service (YAS) Category A 8 minute response time, 64.2% against the 75% target, LB noted that MH and herself had met with members of the YAS Executive team to discuss the CCG's concerns about patient safety and quality. Whilst performance indicators were poor, quality outcomes were above average for NHS Vale of York CCG. LB noted discussion of the 2014/15 contract included implementing Commissioning for Quality and Outcomes incentives which related to improving this performance. She advised that the Urgent Care Working Group was aware of this and the requirement for a robust plan being agreed within a month.

LB referred to the discussion about IAPT in response to the questions at the start of the meeting, noted the external review of A&E at York Teaching Hospitals NHS Foundation Trust, as at item 4 above, and reported that joint working was ongoing with City of York Council and North Yorkshire County Council to resolve the delayed discharges due to shortage of placements.

In response to members' concerns relating to the continuing YAS performance issues LB advised the requirement for business intelligence and data to enable an understanding of the issues. AM highlighted the potential contract levers to address the position.

The Governing Body:

Noted the core performance dashboard. At the next meeting and subsequently there was a requirement that up to date data was available to inform performance and governance.

11. Financial Dashboard

TP presented the financial dashboard advising that the Finance Team was currently working to close the Month 12 position noting the continued forecast of £2.1m surplus. The associated risk had further reduced as contracts were agreed.

TP noted an improvement in the acute services position and advised that the Continuing Health Care position had been confirmed within the year end information. She noted that an end of year agreement with York Teaching Hospitals NHS Foundation Trust was imminent.

TP advised that she did not foresee any further significant risk to the final 2013/14 financial position.

The Governing Body:

Noted the financial dashboard.

12. Serious Incident, Incident and Concerns Policy

LB referred to the Serious Incident, Incident and Concerns Policy noting that it was a refresh of the 2012/13 Serious Incident Policy and ensured compliance with the National Framework (March 2013). The recommendations from the Francis and Berwick Reports were also included. LB also noted that the policy would be incorporated in the CCG's contract with York Teaching Hospitals NHS Foundation Trust.

In response to AM seeking clarification about the CCG's awareness of vulnerable children, LB advised that safeguarding was covered separately but assured members that the CCG worked with the Local Authorities in this regard.

JL sought clarification as to how the policy related to General Practice. LB advised that NHS England held the contracts for primary care and should be looking for assurance that serious incidents; policy process and understanding was duly followed. She noted that she had had conversations with NHS England and would be looking to support NHS England in awareness raising as Serious Incident Reporting was a requirement of the Care Quality Commission Registration process.

The Governing Body:

Approved the refresh of the Serious Incident, Incident and Concerns Policy.

13. NHS Vale of York CCG Performance and Finance Committee

The Governing Body:

Received the minutes of the Performance and Finance Committee of 20 February and 20 March 2014.

14. Medicines Commissioning Committee

The Governing Body:

Received the minutes of the Medicines Commissioning Committee of 26 February 2014.

15. Next Meeting

Prior to announcing the next meeting date AM referred to the late issue of some of the meeting papers. He acknowledged the exceptional circumstances on this occasion but noted that in the event of such a delay in the future consideration would be given to postponing the meeting.

The Governing Body:

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

16. 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 3 APRIL 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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
3 April 2014	Chief Clinical Officer Report	<ul style="list-style-type: none"> Update on Referral Support Service 	SO	5 June 2014 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
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

Acronym	Meaning
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

Acronym	Meaning
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
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

Acronym	Meaning
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