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 6 March 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 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 Andrew Phillips (AP)	GP Member
Dr Guy Porter (GP)	Consultant Radiologist, Airedale Hospital NHS Foundation Trust – Secondary Care Doctor Member
Mrs Tracey Preece (TP)	Chief Finance Officer
Mr Keith Ramsay (KR)	Lay Member and Audit Committee Chair

In Attendance (Non Voting)

Mrs Fiona Bell (FB) – on behalf of Mrs Rachel Potts	Deputy Chief Operating Officer/Innovation Lead
Dr Paul Edmondson-Jones (PE-J)	Director of Public Health and Well-being, City of York Council
Ms Michèle Saidman (MS)	Executive Assistant
Mrs Lynette Smith (LS)	Head of Integrated Governance
Mr Richard Webb (RW)	Corporate Director of Health and Adult Services, North Yorkshire County Council

Apologies

Dr Louise Barker (LBa)	GP Member
Dr Chris Burgin (CB)	GP Member
Dr Tim Hughes (TH)	GP, Council of Representatives Member
Dr Brian McGregor (BM)	Local Medical Committee Liaison Officer, Selby and York
Mrs Rachel Potts (RP)	Chief Operating Officer

Ten members of the public were in attendance.

AM welcomed everyone to the meeting and in particular welcomed Richard Webb to his first meeting. AM also expressed appreciation to BM for his contribution to the Governing Body as he would no longer be representing the LMC in this role.

There were no questions from members of the public.

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 9 January 2014

The minutes of the meeting held on 9 January were agreed.

The Governing Body:

Approved the minutes of the meeting held on 9 January 2014.

4. Matters Arising from the Minutes

Section 136 Place of Safety within North Yorkshire and York: Members noted that the Place of Safety had been opened on 3 February and information would be incorporated in the Performance Dashboard.

All other matters arising had been completed or had not yet reached their scheduled date.

The Governing Body:

Noted the update.

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; Council of Representatives; Senior Management Team discussions and decisions; CCG full authorisation; Section 136 Place of Safety, referred to above; financial plan; and Prime Minister's Challenge Fund. He highlighted the CCG's full authorisation and commended the contribution of colleagues in this achievement.

MH welcomed the two local bids by practice groupings to the Prime Minister's Challenge Fund and identified this as a testament to primary care across the CCG.

In response to AM requesting information on evaluation of the public engagement events FB reported that the information from attendees would be collated and considered in the context of the strategic national and local priorities. The feedback would be shared widely.

AM enquired about progress of the Referral Support Service (RSS). EB reported that this was in its third month. Contemporary practice level data was being received with advice also being sought for alternative services. She noted that the initial impact was approximately 25% reduction in elective procedures for the services being reviewed – dermatology, gynaecology, ENT, and general surgery – against a long term target of 8%. The impact of the full cost of savings would be in the next financial year. There had been in excess of 2000 referrals through the system of which 1000 had been reviewed.

EB highlighted partnership working with York Teaching Hospitals NHS Foundation Trust in regard to the RSS and noted the intention for all referrals to be through the service. Discussions were taking place with hospital consultants with a view to them also undertaking referral reviews.

SO highlighted positive feedback from patients about the RSS with particular reference to choice and quick response times. There had been a small number of “teething problems” for some GPs.

The Governing Body:

Noted the Chief Clinical Officer Report.

6. NHS Vale of York CCG Assurance Update

MH referred to the report which highlighted the most significant risks to the delivery of the CCG's aims and programmes of work as at 14 February 2014. The 21 significant risks included 10 additional significant risks and one increased risk added from departmental risk registers. The risk related to the Section 136 Place of Safety had been reduced to 'Yellow' rating since December 2013.

Members sought assurance about a number of the risks. In respect of the potential risk of the main provider exceeding the target for Healthcare Acquired Infections resulting in increased harm to patients LB confirmed that NHS Vale of York CCG was working with York Teaching Hospitals NHS Foundation Trust and all partners to manage this issue. She also noted that the national targets in this regard were lower for 2015/16.

LB reported that the legacy issue relating to 16 to 18 year old looked after children not being managed by the current service provider was being explored by the Partnership Commissioning Unit (PCU) in conjunction with the CCG. The PCU were in discussion with Harrogate and District NHS Foundation Trust (the provider), a specification had been developed and contract negotiations were ongoing. LB anticipated that this may take up to four months given contract variation / procurement but assured members that the position would be resolved as soon as possible.

In regard to the potential risk that the CCG did not achieve consensus across all parties in service re-design and resources allocation to enable integrated care planning for the Better Care Fund (not Integrated Transformation Fund as in the report) MH noted the inherent risks due to the 3% reduction in existing resources from acute care to social care and primary care. This was discussed in detail at item 7 below.

KR reported that, following attendance by the Director of the Partnership Commissioning Unit at the January meeting of the Audit Committee, he felt greater assurance that progress was being made on the CCG's concerns. He also advised that the Better Care Fund would be a regular item on the Audit Committee agenda and noted the need for a culture change of improved partnership working.

In relation to the potential risk that the Winter Resilience Plan did not result in the achievement of A&E targets, AP reported that performance had improved over the last month and that achievement of the four hour target was forecast for Quarter Four, also referring to the major contribution of the mild winter. AP noted that the national activity peak for A&E was around Easter. In regard to winter pressures funding AP assured members that plans from the current year that had been successful would be carried forward. He also noted there had been an indication that central funds would be allocated in the summer of 2014 which would facilitate planning for winter pressures.

AP requested that the potential risk of the CCG not procuring out of hours provision at an effective safety and cost level be downgraded to 'Amber'. The procurement team met weekly and he had confidence in the procurement process. AP confirmed that the out of hours service specification would include requirements relating to the GP Registrar Vocational Training Scheme. He also confirmed that the specification would require a skill mix but could not be prescriptive, for example in regard to Nurse Practitioners, but would be outcomes based in terms of performance and quality measures and patient outcomes. LB agreed to contribute to discussion of the out of hours service specification.

The Governing Body:

1. Noted the Assurance Framework.
2. Noted that the potential risk of the CCG not procuring out of hours provision at an effective safety and cost level be downgraded to 'Amber'.

7. Better Care Fund

MH reported that the draft Better Care Fund plans for City of York Council, North Yorkshire County Council and East Riding of Yorkshire Council had been submitted on 14 February 2014 to NHS England for assessment. Feedback had to date been received on the City of York Council and North Yorkshire County Council plans. Work was taking place on areas assessed as 'Red' or 'Amber'.

PE-J welcomed the robust process being implemented by NHS England and noted that the assessment template clearly expressed their expectations. Work was now taking place to further develop the plans. RW additionally noted that the plans were being refined emphasising partnership working to achieve a shared vision.

Members sought and received assurance that the redrafted plans would include quality outcome measures and that pilot schemes would be assessed in terms of delivering improvements across the system. AM expressed concern about the challenges created by the c£13m transfer from health to social care funding. There was a lack of evidence about policies to reduce hospital admissions. The next iteration of the plans should include costing, detailed plans for systematic evaluation of pilots and policies, and well evidenced risk analysis.

In regard to funding TP advised that the CCG was working closely with the three Local Authorities. All partners would have responsibility for the pooled budget which would provide the means to implement integration. RW additionally noted that the Better Care Fund posed both risks and opportunities for all organisations.

Members discussed AM's concerns about lack of evidence highlighting that lessons would be learnt from previous experience; if new schemes failed lessons would be learned to inform progress. The opportunity to implement pilot schemes was highlighted and the approach to provision of care - instead of health, social and primary care – was emphasised. Members recognised that there was no alternative to the requirements of the Better Care Fund and noted that the risk of failure was loss of local decision making.

The Governing Body:

Accepted the content of the Better Care Fund submissions to date and agreed to support the refresh of the submissions required by 6 April 2014.

8. Performance

8.1 Core Performance Dashboard

In introducing the Core Performance Dashboard summary position as of February 2014 LB highlighted that the refresh and redevelopment of a quality and performance dashboard was progressing well. Data subsets would include an Urgent Care Dashboard and Safeguarding Dashboard which would be incorporated within the master dashboard. LB also reported that an Interim Head of Performance was taking up post on 10 March 2014 to work alongside the Commissioning Support Unit to complete this work.

LB referred to performance of the 32 key performance indicators as at December 2013 noting that 11 were under achieving. She highlighted:

- A&E waiting times noting an improvement in performance but also a decrease in attendance. Work was continuing with York Teaching Hospitals NHS Foundation Trust with regard to the achievement of this performance target. LB additionally noted that the national Emergency Care Intensive Support Team (EHCIST) would be working with York Teaching Hospitals NHS Foundation Trust from April 2014, the Urgent Care Working Group were sighted on improvement and working in partnership with the Trust.

- Yorkshire Ambulance Service performance continued to be of concern. This was discussed in detail from a historical perspective and their performance in rural and city centre areas (both of concern). LB described the Yorkshire Ambulance Service contract arrangements whereby the CCG was an associate commissioner (one of twenty two CCGS) but had not engaged sufficiently with the contract management process noting that a proactive approach was now being adopted to address engagement in 2014/15 contract discussions. This included a meeting to be attended by MH and LB later on 6 March. LB highlighted that consideration was being given to alternative service models for 2014/15 to ensure a quality service. This would include maximising the role of Emergency Care Practitioners and Emergency Responders to enhance patient safety. These developments would be within the work of the Better Care Fund and the Urgent Care Working Group.

  AP noted the impact of local decision making reporting that, following an audit of rotas and manning, a decision by Bradford CCG, the lead commissioner for Yorkshire Ambulance Service across Yorkshire and the Humber, had been reversed in respect of Emergency Care Practitioners being moved from the north of the CCG area where they contributed to achievement of the eight minute performance target. Further discussion included the need to consider the performance in the context of patient outcomes and impact on the percentage of patients for whom the performance target was not achieved.

  In regard to the recent Dispatches television programme from York Hospital MH clarified that the money alleged as a 'financial penalty' had in fact gone to York Teaching Hospitals NHS Foundation Trust in the form of payment by results. He also advised that building work was taking place at the York Hospital site to increase the number of ambulance bays from nine to 20.

  In response to SO seeking information on agreed proposals for GPs to be called out by ambulance crews only if appropriate, AP confirmed that this had been implemented and well received. The information was available on the CCG's website. SO also referred to previous proposals relating to transport for non urgent patients by accredited taxis or the hospital transport service working hours so patients could be transported by appropriate vehicles other than emergency ambulances. AP responded that this was not currently being progressed but that Age UK was providing an extension of services via the winter pressures funding.

- Cancer 31 day referral to treatment: LB reported that an independent review had identified some process issues, not necessarily related to capacity or demand. These were small patient numbers and work was ongoing to address this.

- Healthcare Acquired Infections: Partnership work was taking place to address MRSA and clostridium difficile performance. An improvement plan was in place. LB noted that targets had increased for 2014/15.

- Falls: LB noted concerns following a number of patient falls. Root cause analysis was taking place and work was ongoing with nursing and medical staff to implement improvements based on NICE guidance.

- Safeguarding: LB noted that the CCG was accountable across NHS Vale of York CCG for vulnerable adults and child Safeguarding and that she was working with both the Adult and Children's Safeguarding teams. She also advised that arrangements were being made to bring more ownership of the agenda in house. PE-J additionally noted partnership working across Safeguarding agencies.

- Delayed Transfers of Care: LB reported that partnership working was taking place across health and social care to address the issue of bed capacity in York for vulnerable older people. PE-J noted that he expected the Department of Health to escalate this system problem and highlighted that patient choice also contributed to the delays. AP advised that the Urgent Care Working Group was considering options to increase the bed base by commissioning step down beds which would eliminate the patient choice element. He also noted that the CCG area had a comparatively low number of beds to similar areas and that in addition to capacity there were care home quality issues.

- Leeds and York Partnership NHS Foundation Trust: LB referred to the recent publication of the Care Quality Commission reports following visits to Bootham Park Hospital and Lime Trees noting that many of the issues identified were related to fit for purpose estate issues. Work was ongoing to minimise risks in the short term and to identify a longer term solution. LB advised that she was receiving weekly progress updates.

  In respect of Improving Access to Psychological Therapies partnership working was taking place. Performance data validation was expected to be resolved by the end of March and an update on the improvement programme and action plan was due at the end of April 2014 as part of quarter four validation.

8.2 Finance and QIPP Report

TP presented the report which detailed the financial position and achievement of key financial duties as at the end of January 2014 - Month 10 - and provided details and assurance around the actions being taken. She noted allocation adjustments to programme costs, now at £361.272m, due to increased certainty of information available at this stage in the year.

In respect of programme costs TP confirmed the forecast outturn of a £2.1m surplus (0.57%) at the year end but emphasised a high level of risk. She noted that a number of contingencies had been realised in the previous month and associated risks had been removed. Movement in acute services had been in line with expectations. Improved data collection and reporting by the PCU relating to mental health and continuing healthcare offset previous year on year forecasting.

TP reported that the CCG was working with Public Health England to understand the differential between the forecast prescribing outturn of £500k which related to the difference between the budget and actual position for the public health recharge. She advised that running costs continued to be forecast as a balanced position but noted that discussions were taking place with providers for agreement of the year end position. The main risk in this regard was the first to follow ups ratio in the York Teaching Hospitals NHS Foundation Trust contract. TP additionally noted £3.6m mitigation against the potential risk of £6.8m advising that the Performance and Finance Committee had discussed this in detail at its February meeting.

In terms of QIPP TP noted that the forecast £5.7m still required identification of a further £1.1m schemes to come into effect from Month 10. The focus was now on 2014/15 planning and schemes that had not delivered would either be incorporated or provide some effect in the current year. In response to concerns about challenges in 2014/15 FB reported that the Innovation and Improvement Team was working with the Finance and Contracting Team and the Governance Team to enhance robustness of, and confidence in, planning. A new group was also being established to scrutinise delivery and ensure accountability in respect of QIPP, integration and Better Care Fund schemes.

TP noted in respect of the Code of Better Payment Practice that more than 90 of the outstanding invoices related to drugs from Public Health England. A meeting was taking place the following day to address this.

TP reported that the first draft of the five year Financial Plan from 2014/15 onwards had been submitted to NHS England. This would be discussed at a meeting with the Area Team week commencing 10 March 2014.

TP provided clarification requested by members on a number of aspects of the report, including that each CCG was required to accrue a relative value for the PCT legacy NYNET issue; the £800k full year effect of deprecation, removed as a non recurrent accrual to the Area Team for 2013/14, related to IT and IT infrastructure that was included in the North Yorkshire CCG budgets. It would be accounted for in 2014/15 planning but was expected to reduce; and that this would be the final year that a planned under spend would be included in the budget process.

TP further highlighted that the 2013/14 plan on which the CCG was currently being monitored differed from the plan approved at the start of the financial year as a result of the refresh undertaken to enable realistic consideration of the position. She also explained that any surplus achieved in 2013/14 would

be available for investment in 2015/16; future surpluses would be treated similarly. TP emphasised that planning was taking place in accordance with the business rules and in an open and transparent manner. She also confirmed that the Area Team supported the position reported.

In response to AM seeking clarification in respect of the legacy contract with Leeds and York NHS Partnership Foundation Trust, TP explained that, as in the previous year, it had been agreed that £1.1m of this three year contract be deferred. She also noted that due to the delay in opening the Section 136 Place of Safety there had been slippage on the Mental Health budget. TP additionally explained that the overspend in primary care was in the main due to the £1.4m forecast outturn in prescribing; this was offset by a number of under spends.

The Governing Body:

1. Noted the Core Performance Dashboard.
2. Noted the Finance and QIPP report.

9. Procurement Decision Making Process

MH presented the report which proposed options for decision making on future procurements where Governing Body members may have a real or perceived conflict of interest. LS also explained that due diligence was a statutory duty and highlighted the importance of an agreed process particularly in view of forthcoming procurements associated with the community services model.

SO reported that internal discussion had taken place in regard to concerns about conflict of interest and supported the option of implementing the exceptional circumstances clause in Appendix C - Standing Orders (3.6.2) '*where all the GP Members have a conflict of interest the decision will be made by a minimum 4 of the remaining Governing Body members including either the Chief Operating Officer or the Chief Finance Officer'*. JM supported this approach but noted that all members, not only GP members, of the Governing Body had a potential conflict of interest. It was agreed that an amendment be incorporated that implementation would be in the event of an "intractable" or "serious" conflict of interest.

LS noted that the CCG already had a system for management of conflict of interests where collaborative working, including clinical advice, was required for informed decision making. KR additionally reported that he had discussed the proposals in the report with the auditors who had not identified any concerns. He supported the option referred to above which would provide protection for both members and the organisation.

The Governing Body:

Agreed that in the event of not being quorate for decision making due to declared interests the exceptional circumstances clause in Appendix C -

Standing Orders (3.6.2) '*where all the GP Members have a conflict of interest the decision will be made by a minimum 4 of the remaining Governing Body members including either the Chief Operating Officer or the Chief Finance Officer'* would be implemented, with the addition of '…intractable conflict …' or '…serious conflict…'.

10. Medicines Commissioning Update

SO reported that the new Medicines Commissioning Committee had recently met for the first time attended by representatives from NHS Vale of York CCG, NHS Scarborough and Ryedale CCG and York Teaching Hospitals NHS Foundation Trust. Future attendance by Leeds and York Partnership NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust was anticipated. The meeting had included discussion on changes in the process, terms of reference, conflicts of interest, and guidance for applications made to the Committee.

SO noted that the Committee, which would meet monthly, would both make decisions on drugs that would be available on the Joint Formulary across acute and mental health providers and primary care and also consider Treatment Advisory Group recommendations. To ensure a robust and transparent process SO proposed that decisions be ratified by the Senior Management Team unless Governing Body approval was required due to financial impact. SO also proposed that the minutes of the Medicines Commissioning Committee be included on the Governing Body meeting agenda.

In response to AM's reference to previous decision making SO advised of the decommissioning of four drugs on the basis of new evidence and cost effectiveness. SO stated that applications to the Committee would be required to include details of where the new drug's use sat within patients' treatment pathways. A system of review of the Joint Formulary would be established.

In regard to anticoagulants which NICE had recommended should be an option for clinicians, SO advised that on the basis of cost effectiveness warfarin should be the preferred option unless there was contra indication.

The Governing Body:

1. Noted the update.
2. Approved the approach described for decision making by the Medicines Commissioning Committee: ratification by Senior Management Team, unless Governing Body ratification was required for financial reasons, and presentation to the Governing Body of the Committee's minutes.

11. Care Quality Commission Children Looked After and Safeguarding Inspections Update

LB advised that publication was awaited of the Care Quality Commission report on its Safeguarding inspection in the East Riding. The recommendations would be considered and form the basis of a gap analysis for NHS Vale of York CCG. A report would be presented to the next meeting.

The Governing Body:

Noted the update.

12. Partnership Commissioning Unit Governance

In introducing this item MH noted improvement in the performance of the PCU since the appointment of Janet Probert as its Director. The report presented proposed arrangements for PCU governance and recommended actions to ensure appropriate authority for the PCU to deliver work on behalf of the CCG.

LS reported that the four North Yorkshire CCGs had worked with the PCU and legal services on the proposed governance arrangements. These had been considered and agreed at the February meeting of the PCU Management Board, attended by the CCG Accountable Officers. LS highlighted that the recommendations would enhance governance in respect of non host organisations but that the CCG remained responsible for all functions delivered by the PCU.

In consideration of the recommendations SO expressed concern, and members agreed, that the minutes of the PCU Management Board should not be received in public due to confidentiality relating to specific cases. He also noted in relation to Continuing Healthcare that York Hospital's Discharge Liaison Team was implementing the same process as the PCU team with unrelated, and therefore duplicated governance processes, and potential conflict of interest relating to the outcome of the process. It was carrying out this work for CCGs, who elsewhere had contracted with the PCU to do this work. LS advised that work was ongoing on the patient pathway in this regard.

In respect of the proposal that the PCU directly employed staff and associate staff should work within the NHS Scarborough and Ryedale CCG financial and operational scheme of delegation, LS highlighted that there would be a caveat relating to clinical policies. In these instances the relevant clinical policy of the patient's CCG policies would apply.

The Governing Body:

1. Noted the report.
2. Agreed the following recommendations be put in place by the end of March 2014:

a) The Director of the PCU be established as an employee of NHS Vale of York CCG through an honorary contract.
b) The Detailed Financial Scheme of Delegation for the CCG be amended to include the Director of the PCU.
c) The Terms of Reference of the Strategic Collaborative Commissioning Committee and the PCU Management Board be included as non decision making Boards as annexes to the Constitution.
d) Authority be delegated to the Chief Clinical Officer as Accountable Officer to sign the finalised Service Level Agreement which would be presented at the PCU Management Board.

3. Delegated authority to the Senior Management Team to approve the amendment to the Detailed Financial Policies and Scheme of Delegation, namely: inclusion of the Director of the PCU and that the PCU directly employed and associate staff work within the NHS Scarborough and Ryedale CCG financial and operational scheme of delegation with the exception of instances relating to clinical policies.
4. Approved the recommendations that: the PCU staff - direct employees and associate staff - work within the NHS Scarborough and Ryedale CCG financial and operational scheme of delegation and policies with the exception of clinical policies, when the relevant clinical policy of the patient's CCG would apply.
5. Agreed to receive an annual report from NHS Scarborough and Ryedale CCG, as the PCU host organisation.

13. Audit Committee Reforms and Lay Representation

MH referred to the report which provided an update on the proposed reforms to Health Service Bodies Audit Committees and implications for NHS Vale of York CCG and gave consideration to the role of Lay representation in CCG decision making meetings.

In respect of the Audit Committee proposals KR confirmed that the CCG Audit Committee had reviewed the consultation document and noted the wish to recruit a Lay member with accounting experience.

Members supported the proposal for further Lay representation on the Governing Body and on Committees and for increased opportunities for non Governing Body clinical representatives to attend decision making meetings. SO particularly expressed support for an independent chair of the Medicines Commissioning Committee.
AM requested that proposals be presented for consideration as a priority.

The Governing Body:

1. Endorsed the proposals to review the Audit Committee membership and terms of reference in line with national guidance.
2. Requested that proposals for additional Lay representation at CCG decision making meetings be presented as a priority.

3. Agreed that options be developed to increase opportunities for non Governing Body clinical representatives to attend decision making meetings.

14. NHS Vale of York CCG Audit Committee

KR sought and received confirmation from TP that the draft accounting manual had been published therefore meeting dates would be arranged accordingly. He also highlighted discussion that had taken place with the Director of the PCU and noted that progress was expected with issues relating to the Commissioning Support Unit.

The Governing Body:

Received the minutes of the Audit Committee of 15 January 2014.

15. NHS Vale of York CCG Performance and Finance Committee

JM reported that a further meeting had taken place in February and that the Committee's terms of reference were being strengthened, including in regard to research. He also noted that consideration of quality would be a priority.

The Governing Body:

Received the minutes of the Performance and Finance Committee of 23 January 2014.

16. Next Meeting

The Governing Body:

Noted that the next meeting was on 3 April 2014 at 10am at West Offices, Station Rise, York YO1 6GA.

17. 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.

18. 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 6 MARCH 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 CCCG 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

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
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

Acronym	Meaning
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
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

Acronym	Meaning
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
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
SNEY	Scarborough and North East Yorkshire NHS Healthcare Trust
SUS	Secondary User System
TEWV	Tees, Esk and Wear Valleys Mental Health Foundation Trust

Acronym	Meaning
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/YTHFT	York Teaching Hospital NHS Foundation Trust