

**Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group
Governing Body held 4 June 2015 at West Offices, Station Rise, York YO1 6GA**

Present

Mr Keith Ramsay (KR)	Chairman
Mr Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Dr Louise Barker (LB)	GP Member
Mr David Booker (DB)	Lay Member
Dr Emma Broughton (EB)	GP Member
Mrs Michelle Carrington (MC)	Chief Nurse
Dr Paula Evans(PE)	GP, Council of Representatives Member
Dr Mark Hayes (MH)	Chief Clinical Officer
Dr Tim Maycock (TM)	GP Member
Dr Shaun O'Connell (SOC)	GP Member
Dr Andrew Phillips (AP)	Interim Deputy Chief Clinical Officer
Mrs Rachel Potts (RP)	Chief Operating Officer

In Attendance (Non Voting)

Ms Wendy Balmain (WB) on behalf of Mr Richard Webb	Assistant Director Integration, North Yorkshire County Council
Miss Siân Balsom (SB)	Manager, Healthwatch York
Mrs Louise Johnston (LJ)	Practice Manager Representative
Dr John Lethem (JL)	Local Medical Committee Liaison Officer, Selby and York
Mrs Sheenagh Powell (SP)	Lay Member and Audit Committee Chair Designate
Ms Michèle Saidman (MS)	Executive Assistant
Mr Guy van Dichele (GvD)	Interim Director Adult Social Care, City of York Council

Apologies

Mrs Tracey Preece (TP)	Chief Finance Officer
Mr Richard Webb (RW)	Corporate Director of Health and Adult Services, North Yorkshire County Council

Six members of the public were in attendance.

KR welcomed everyone to the meeting. He particularly welcomed SP to her first meeting.

KR reported that a Part II meeting had been held on 7 May in accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 to consider business that it would not be in the public interest to permit press and public to attend due to the nature of the business transacted.

No questions had been submitted 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

LB, EB, PE, LJ, JL, TM and SOC declared an interest in item 7. Other interests were as per the Register of Interests.

3. Minutes of the Meetings held on 2 April 2015

The minutes of the meeting held on 2 April were agreed subject to amendment of the final paragraph on page 6 to read '...were working over and above normal hours to...' and the second paragraph on page 12 to read 'LA agreed to ...'.

The Governing Body:

Approved the minutes of the meeting held on 2 April 2015 subject to the above amendments.

4. Matters Arising from the Minutes

Referral Support Service – Stop Before Your Op progress report: SOC reported that there was currently a lack of baseline data. A new software process had recently been agreed that would enhance data and enable a report to be provided in due course.

Integrated Quality and Performance Report: MC noted that the action relating to the format and qualitative outcomes was an ongoing process to ensure triangulation of information and reporting of progress.

Referral Support Service roll out and associated costs: SOC reported that this area of work had not been prioritised due to the impact of the current changes at Yorkshire and Humber Commissioning Support. He noted that following a review of dermatology activity a proposal for GP practices to receive indicative dermatology budgets was being finalised and that changes in relation in the neurology service were also planned. Additionally, the CCG was working with York Teaching Hospital NHS Foundation Trust in respect of addressing the NHS England target that at least 80% of referrals were electronic by the end of 2015/16.

Assurance Framework Report: RP confirmed that an Assurance Framework Governing Body Workshop was scheduled for 2 July 2015.

Individual Funding Request Policy and Procedure: MC confirmed that education events were being planned for GPs and other professionals.

Remuneration Committee Terms of Reference: RP reported that the terms of reference were currently being reviewed and would be presented at the next meeting.

The Governing Body:

Noted the updates.

5. Chief Clinical Officer Report

MH presented the report which included updates on system resilience, primary care co-commissioning, pioneering through partnerships, gluten free prescribing, public and patient engagement, and the annual report and accounts 2014/15, and the role of Chair of the Council of Representatives. Approval for an amendment to the detailed scheme of delegation was also sought.

MH noted that, following the local tripartite escalation meeting hosted by NHS England and Monitor, further meetings were planned with NHS Scarborough and Ryedale CCG regarding the performance issues at York Teaching Hospital NHS Foundation Trust. He also reported that an aspect of primary care co-commissioning was being discussed with NHS England in terms of potential GP services at the front of York Hospital.

The gluten free prescribing work had been impacted by the changes at Yorkshire and Humber Commissioning Support and staff sick leave. Alternatives were being sought to take forward development of a pilot coeliac voucher scheme.

MH commended MA-M, the Finance Team and colleagues involved in the annual report and accounts work. He noted that the CCG had achieved a 1% surplus for its second year but highlighted the challenging financial position for 2015/16.

In view of the issue of recruiting a Chair of the Council of Representatives MH sought members' views on the potential for the role to be fulfilled by a dentist, pharmacist or optometrist instead of a GP. The current requirement was for the Chair to be a health care professional but the CCG planned to clarify whether a practice manager could take on this role.

Detailed discussion ensued about the role of Chair of the Council of Representatives. SB welcomed the potential for consideration of a wider range of candidates. SOC noted that a number of practice managers were also business partners and supported the opportunity for them to be offered the role. He also highlighted the need to provide further information about what the role entailed to encourage potential candidates. EB supported the potential for a practice manager as Chair in view of their overview and understanding of general practice. LJ, as a non clinician, welcomed the consideration of guidance being sought in this regard.

PE, whose role as Interim Chair was commended, emphasised the need for engagement and enablement. She referred to a number of current issues and expectations being placed on General Practice and highlighted the need to understand the reason for reticence in regard to the role. A more proactive and effective approach to engagement was required on the part of the CCG.

AP reiterated the current pressures on primary care and noted the need to understand why there was no expression of interest in this key role. His view was that the Chair should be a GP and he proposed that a recently retired GP be considered. AP also noted that the CCG's executive clinical team planned to work more proactively with practices.

RP highlighted the importance of filling the key role of Chair of the Council of Representatives and providing support and development to all members of the Council of Representatives.

JL noted that he would inform GPs of the proposal for other clinicians to potentially take on the role of Chair of the Council of Representatives and that guidance was being sought about practice managers in this regard. He also highlighted the importance of a description of the role being available.

The Governing Body:

1. Noted the Chief Clinical Officer Report.
2. Approved amendment to the detailed scheme of delegation at Section 15: Personnel and Pay Subsections
 - n) ill health retirement
 - o) Dismissal
 - p) Facilities for staff not employed by the organisation to gain practical experienceso that approval could be given by the Chief Operating Officer or Chief Finance Officer in circumstance where the Chief Operating Officer was not available or had a potential conflict of interest.
3. Noted the proposals relating to the Chair of the Council of Representatives vacancy.

6. NHS Vale of York CCG Assurance Update

In presenting this item RP noted that the CCG was awaiting the formal feedback from NHS England on the 2014/15 quarter 3 assurance meeting. The focus of the meeting had been around the 2015/16 Operational Plan and ambitions to reduce non elective admissions within the Better Care Fund plans.

The 2015/16 Assurance Framework guidance had been released. The previous six domains had been replaced by five core domains: well-led organisation, performance, financial management, planning and delegated functions. There were four assessment categories: assured as outstanding; assured as good; limited assurance, requires improvement; and not assured. For CCGs assessed as limited assurance or not assured NHS England would provide support but may also impose special measures.

RP highlighted that approval was being sought for the CCG Assurance Framework to be aligned with the new domains and the 2015/16 strategic and operational plans.

The Assurance Framework would be reviewed at the July Governing Body Workshop to ensure the CCG continued to have robust and effective arrangements for monitoring risk.

The Governing Body:

1. Noted the change in the CCG Assurance Framework and associated domains.

2. Approved the revised critical success factors for the internal Assurance Framework noting that risk would be reviewed at the Governing Body Workshop in July.

7. General Practice '£5 per Head' Funding 2014/15

TM presented the report which summarised schemes and projects emanating from NHS England's national guidance 'Everyone Counts: Planning for Patients 2014/15 to 2018/19' and the CCG's funding offer to practices for a maximum of £5 per head of their registered patient population. A total of c£1.3m had been invested to support the schemes developed by individual practices or through practice collaborations. TM highlighted the diversity of the schemes presented in a 'poster' format.

In view of the CCG's challenging financial position in 2015/16 c£1.3m, the amount claimed in 2014/15, had been allocated in the financial plan to the rebranded General Practice Innovation Fund; this equated to £4 per head. The process for bidding for this funding was currently being developed. TM reported that practices could consider rolling forward their 2014/15 schemes or propose alternatives potentially based on learning from the Forum event on 14 May when the 'posters' had been presented. He also noted discussion at the Council of Representatives for the funding to potentially be used to increase capacity in practices or for technological innovations.

JL wished it to be noted that the fact that the full £5 per head had not been claimed by practices in 2014/15 was not due to lack of interest and referred to the timing of its availability comparatively late in the financial year. TM confirmed the expectation that the £4 per head would be fully utilised in 2015/16 within primary care.

Members welcomed the format of the presentations and commended the innovation and variety of the schemes noting the potential to consider implementation across the CCG. The development of a business case based on the Haxby Group scheme that had achieved £3144 annual saving from pharmacist intervention with 10 patients was highlighted in this regard. It was also noted that the CCG would consider investing in innovative work being implemented by practices on a small scale if there was evidence of return on investment and efficiencies were being delivered.

PE referred to the discussion at the Council of Representatives when members had requested criteria for bidding for the funding. MA-M reported that feedback from the forthcoming Practice Managers meeting was awaited as they were going to look at the potential to scale up two or three schemes. While commending the innovation MA-M highlighted the need for evidence of impact of schemes noting that a core data set was being developed following discussion at the Council of Representatives. He also noted that, in view of the 2014/15 schemes being funded to the end of the first quarter of 2015/16 and the Council of Representatives agreement that this fund would contribute to part year GP leadership involvement in the integration work, the remaining amount required finalisation. MA-M advised that criteria for 2015/16 would be circulated to practices by the end of June.

LJ expressed appreciation to the CCG team, and in particular to Shaun Macey, for their support with the projects. She confirmed that the Practice Managers would be considering progressing at scale a small number of projects which would have the greatest impact on services to patients.

The Governing Body:

1. Welcomed the report.
2. Noted that criteria for bidding for the 2015/16 fund would be circulated to GP practices by the end of June.

8. Consideration of 'Living Wage' Employer

RP presented the report prepared by the Human Resources Team on behalf of the CCG; this had been considered at the Remuneration Committee on 7 May. She noted that a number of organisations across the local health and social care community had already made a commitment to pay the Living Wage and that there was a commitment by all partners on the York Health and Wellbeing Board to consider its adoption. RP highlighted that the options presented related to the CCG as an employer; further consideration would be required in regard to the CCG as a commissioner. There were currently no staff, except the apprentice, who were not employed at Band 3 or above therefore consideration would only relate to new appointments.

MH noted that future consideration relating to the CCG as a commissioner could contribute to addressing recruitment and retention issues within nursing and care homes.

The Governing Body:

1. Agreed that the CCG should apply the principles of the Living Wage to its employees.
2. Agreed that the Living Wage should not apply to any current or future apprentice appointments.
3. Agreed that the CCG should apply to be an accredited Living Wage employer.

9. Integrated Quality and Performance Assurance Report

MC referred to the report which provided information as at May 2015 in respect of unplanned and planned care, mental health, patient safety incidents and complaints and concerns.

AP presented the unplanned care information, as at March 2015, highlighting continuing concerns in regard to A and E four hour waiting times at York Teaching Hospital NHS Foundation Trust, 88.6% against the 95% performance target. He also noted Yorkshire Ambulance Service eight minute response performance for the CCG of 72.9% against the 75% target, which had been achieved in February. AP referred to the trend analysis of A and E attendances and admissions at York Teaching Hospital NHS Foundation Trust for 2013/14 and 2014/15 noting that discussion with partner organisations was continuing. York Teaching Hospital NHS Foundation Trust had provided a recovery plan which required further detailed work. AP additionally noted that daily reporting was currently required by NHS England in view of the ongoing performance issues.

Other areas noted by AP related to the fact that ambulatory care had moved from the Emergency Department on the York Hospital site and was therefore no longer affecting handover bays; the new out of hours contract would be reviewed at three months from implementation but in the meantime work was taking place to address the issue of handover from the Emergency Department; and consideration was being given to reconfiguration of the system resilience scheme of a GP being based in the Emergency Department.

AP additionally highlighted that performance and staff retention issues were being experienced nationally. Work was continuing through system transformation. DB noted that, in view of the ongoing concerns about York Teaching Hospital NHS Foundation Trust performance, the Quality and Finance Committee had requested a detailed recovery plan be presented at its July meeting.

MC reiterated that patient flow through York Hospital remained a challenge due to a number of factors, notably closure of a ward and a bay due to norovirus, 14 cases of clostridium difficile since April against a trajectory of 43, and delayed transfers of care which, although reducing, remained a concern. In respect of the clostridium difficile MC reported that there was no evidence of case to case transmission as yet and explained that delayed transfers of care were affected by a number of factors including lack of home care packages due to issues with staffing and patient choice.

In terms of diagnostics MC reported that more up to date information than that in the report indicated improvement in some areas but this was still an area of concern due mainly to staffing and scanner availability. She highlighted the expectation for demand for CT scans to increase by 4% in the next year and a quality issue relating to the use of barium enema testing rather than CT colonography.

Performance against the 18 week referral to treatment waiting time remained a concern although this target had been met for cancer in February 2015. The one patient who had breached the 52 week wait had now been treated; this breach had included an element of patient choice. SOC added that York Teaching Hospital NHS Foundation Trust's trajectory was for return to a sustainable position if performance issues were addressed during the year and all mitigating actions were achieved. He highlighted the need for a whole system approach including GP practices and referred to the CCG's support for their schemes to support this work.

In regard to cancer SOC advised that he had presented a detailed report to the May meeting of the Quality and Finance Committee. He noted that work was taking place in regard to reviewing two week dermatology waits and that ongoing capacity issues in neurology were being addressed through collaborative working with York Teaching Hospital NHS Foundation Trust, including initial development of community models for headaches and epilepsy.

JL commended the improvement in performance of Improving Access to Psychological Therapies (IAPT) and noted in regard to primary care that there were no Cognitive Behavioural Therapy waits. He also noted that the waiting times had reduced for differing reasons and wondered whether there was any potential for replication.

GvD referred to the delayed transfers of care and the associated additional winter funding. He highlighted the partnership approach that included the voluntary sector, notably Age UK, and advised of the continuation of the weekly SITREP meetings for which he was chair. GvD emphasised the need for flexibility of use of beds in terms of step up and step down, as operated through the winter, and noted the work of the integration pilots to contribute to reducing admissions.

In response to SB expressing concern at the public perception of York Teaching Hospital NHS Foundation Trust in view of the high number of areas of performance assessed as 'red', MC confirmed that there was no evidence of people being harmed. MC also assured members that she met regularly with the leads for quality to scrutinise information and would consider how this could be incorporated in the report without breaching confidentiality as part of its ongoing development.

MC confirmed that the CCG was included within the review process as appropriate in respect of serious incidents and the reported never event. She explained that the latter was attributed to Harrogate and District NHS Foundation Trust as it was wrong site surgery carried out by their staff on the York Hospital site on a patient residing in Harrogate.

The Governing Body:

Noted the exceptions detailed in the report.

10. Finance, Activity and QIPP Report

MA-M advised that the CCG was not required to produce a full month 1 expenditure position and the report presented aimed to provide further detail around the 2015/16 financial plan. In regard to the allocation expenditure lines primary care co-commissioning delegated budgets were not yet included and there was a discrepancy between the £38.6m notified allocation and the £40.2m expected expenditure. The latter was due to a Public Health adjustment that had been actioned historically non-recurrently but not yet formally notified in terms of the allocation adjustment. This was expected to be included within the month 3 report.

In respect of the running costs budget MA-M referred to the fact that previous underspends had been used to support other areas of the CCG's budgets. However, this would no longer be possible due to the national requirement for a 10% reduction in running costs. The £354k efficiency requirement in the running costs budget was currently being discussed within the CCG teams. MA-M reported the expectation that this would be removed by month 4 at the latest with no major impact.

MA-M reported that in view of the CCG's challenging financial position, although not in formal special measures, he and TP were meeting regularly with the NHS England Yorkshire and Humber Finance Director together with two other Yorkshire and Humber CCGs that were in a similar position. He noted that this opportunity for support and understanding across the patch was welcomed.

RP referred to the detailed review of QIPP projects. She noted that the Quality and Finance Committee had started to receive a report on key performance indicators relating to the Better Care Fund and had agreed that this would now become a

monthly agenda item. The Innovation and Improvement Team and Finance and Contracting Team were progressing work to link the impact of QIPP on finance and activity to inform the detail of these monthly reports.

KR reiterated the CCG's challenging financial position. DB referred to the fact that the Quality and Finance Committee had agreed the need for transparency in this regard and welcomed the support of NHS England.

In response to PE seeking clarification about the risk mitigation relating to primary care elderly funding, MA-M explained that the £1.7m identified related to the full £5 per head rather than the equivalent to the 2014/15 actual spend.

SB noted that, following a question raised at the Health and Wellbeing Board about the Wheelchair Service, a draft report would be available in the near future.

The Governing Body:

Noted the Finance, Activity and QIPP Report.

11. Annual Report and Accounts 2014/15

In introducing this item KR noted that the reports which comprised this item had been considered and approved by the Audit Committee. He expressed appreciation to all parties involved and highlighted the breadth of the work described in the Annual Report.

DB reported that the documents had been scrutinised in detail and highlighted that both External and Internal Audit, at their pre-meet to the Audit Committee, had provided substantial assurance about the preparation and accuracy of the accounts which had been approved as a true and accurate record.

RP highlighted the progress during the year on audits where assessments had improved from Limited Assurance to Significant Assurance. She commended Sharron Hegarty's work on the Annual Report noting that a public facing summary version was being produced. RP also noted that the CCG's Annual General Meeting would take place on 3 September 2015.

SB offered the services of a readability panel to assist with the Annual Report summary and requested that its text be aligned to the left to aid accessibility.

The Governing Body:

1. Ratified that Annual Report and Accounts 2014/15.
2. Expressed appreciation to those who had contributed.
3. Noted that a summary version of the Annual Report was being produced.

12. Assurance Update: Risk Report

RP noted that many of the areas identified as high risk – delivery of the financial plan, delivery of constitutional and performance targets, delivery of Better Care Fund

plans, management of serious incidents and primary care co-commissioning – had been discussed under previous agenda items. This report was also a standing item on the Quality and Finance Committee agenda.

RP noted additional risks relating to stranded costs associated with Yorkshire and Humber Commissioning Support and the potential to lose staff. A national risk relating to information governance had been identified in the form of cyber attack.

The Governing Body:

Noted the risks that formed the corporate risk register.

13. NICE Technology Appraisal

SOC explained that, unlike NICE clinical guidance which was not mandatory to the NHS, compliance with Technology Appraisals (TAs) was required within 90 days. He reported that all NICE instructions were considered by the Medicines Commissioning Committee and recommendations were reported to Senior Management Team. However, the recommendation for TA 335 Rivaroxaban was presented to the Governing Body as the potential cost exceeded Senior Management Team's delegated authority. SOC also noted that local specialists did not expect the cost to exceed the maximum £0.5m within the report.

In response to clarification sought by members SOC reported that NICE recommendations were based on cost effectiveness, not health benefits, and confirmed that there were existing alternative treatments for acute coronary syndrome patients. He additionally advised that all drugs approved by the Medicines Commissioning Committee were audited at six and 12 months from implementation.

TM suggested that future such reports should include health benefits.

The Governing Body:

Approved the use of NICE Technology Appraisal 335.

14. Delegated Authority for Approval of Clinical Policies

SOC referred to the report which sought delegation of approval of clinical policies and clinical guidelines to the Quality and Finance Committee in line with the detailed scheme of delegation. The terms of reference of the recently established Clinical Research and Effectiveness Committee were appended. SOC noted that both committees met on a monthly basis and confirmed that the Governing Body would be informed via the minutes of the Quality and Finance Committee of significant changes or any changes with a financial impact.

In response to clarification sought, SOC assured members that any significant concerns expressed by the Quality and Finance Committee would be escalated to the Governing Body. He also reported, in response to JL's concern about GP membership of the Clinical Research and Effectiveness Committee increasing the work of primary care, that the CCG would be advertising for the clinical representatives.

The Governing Body:

Approved the delegation for approval of clinical guidelines relating to the Referral Support Service or changes in line with clinical policy to the Quality and Finance Committee where the financial impact would be up to £500k and there was no significant reputational risk or identified impact.

15. Implementation of NICE Guideline CG168 – Varicose Veins in the Legs

SOC reported that the CCG had to date implemented the previous North Yorkshire and York Primary Care Trust restrictive commissioning policy in respect of varicose veins but that this was clinically out of date and did not conform with NICE guidance. He advised that it was complex to assess potential financial impact but the worst case scenario was a cost pressure of c£68k. SOC also referred to previous discussion at Governing Body meetings regarding complications emanating from the restrictive varicose veins policy and that implementing NICE CG168 was an invest to save measure.

Members sought and received clarification on a number of aspects of the treatment of varicose veins. The recommendation was supported for implementation of NICE CG168 with a planned start date of 1 October 2015.

The Governing Body:

Approved the implementation of NICE CG 168 – varicose veins in the legs – and revision of the current CCG threshold for varicose veins.

16. NHS Vale of York CCG Quality and Finance Committee

DB highlighted the key messages for the Governing Body on the minutes of the May meeting.

MA-M reported that NHS England at a national level had signed off the Bootham Park Interim Solution – Phase II Project Initiation Document and the capital would be released to continue this work.

SOC requested that the amendment to the report template include impact on primary care from Initial Viability Assessments, business cases and policies

The Governing Body:

1. Received the minutes of the Quality and Finance Committee of 23 April and 21 May 2015.
2. Noted the update regarding the Bootham Park Interim Solution.
3. Requested that the report template include impact on primary care from Initial Viability Assessments, business cases and policies.

17. Medicines Commissioning Committee

The Governing Body:

Received the recommendations of the Medicines Commissioning Committee of 18 March and 15 April 2015.

18. Next Meeting

The Governing Body:

Noted that the next meeting was on 6 August 2015 at 10am at West Offices, Station Rise, York YO1 6GA.

19. 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.

20. Follow Up Actions

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

A glossary of commonly used terms is available at <http://www.valeofyorkccg.nhs.uk/data/uploads/governing-body-papers/governing-body-glossary.pdf>

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 4 JUNE 2015 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
2 October 2014	Referral Support Service Progress Report	<ul style="list-style-type: none"> Evaluation of Stop Before Your Op to be discussed 	EB/JH	Ongoing
5 February 2015 2 April 2015	Integrated Quality and Performance Report	<ul style="list-style-type: none"> Consideration to be given to the format to include qualitative outcomes 	MC	2 April 2015 Ongoing
5 February 2015 2 April 2015	Referral Support Service	<ul style="list-style-type: none"> Information requested regarding further roll out of the service and associated costs 	SO	2 April 2015 4 June 2015

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
2 April 2015	Review of Remuneration Committee Terms of Reference	<ul style="list-style-type: none"> To be presented at the next Governing Body meeting 	RP	4 June 2015 Deferred to 6 August 2015
4 June 2015	General Practice '£5 per Head' Funding 2014/15	<ul style="list-style-type: none"> Criteria for bidding for the 2015/16 fund to be circulated to GP practices 	MA-M	30 June 2015