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 2 April 2015 at West Offices, Station Rise, York YO1 6GA

Present

Mr Keith Ramsay (KR)	Chairman
Mr Michael Ash-McMahon (MA-M)	Interim Chief Finance Officer
Dr Louise Barker (LB)	GP Member
Dr Emma Broughton (EB)	GP Member
Mrs Michelle Carrington (MC)	Chief Nurse
Dr Paula Evans(PE)	GP, Council of Representatives Member
Dr Andrew Phillips (AP)	Interim Deputy Chief Clinical Officer
Dr Guy Porter (GPo)	Consultant Radiologist, Airedale Hospital NHS Foundation Trust – Secondary Care Doctor Member
Mrs Rachel Potts (RP)	Chief Operating Officer

In Attendance (Non Voting)

Mrs Laura Angus (LA) - for item16	Lead Pharmacist
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 Janet Probert (JP) – for item 10	Director of Partnership Commissioning, Partnership Commissioning Unit
Ms Michèle Saidman (MS)	Executive Assistant

Apologies

Mr David Booker (DB)	Lay Member
Ms Kersten England (KE)	Chief Executive, City of York Council
Dr Mark Hayes (MH)	Chief Clinical Officer
Dr Tim Maycock (TM)	GP Member
Dr Shaun O'Connell (SO)	GP Member
Mr Richard Webb (RW)	Corporate Director of Health and Adult Services, North Yorkshire County Council

Three members of the public were in attendance.

KR welcomed everyone to the meeting. He particularly welcomed LJ to her first meeting and noted that PE was Interim Chair of the Council of Representatives following Tim Hughes's resignation.

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

There were no declarations of members' interests in relation to the business of the meeting. Members' interests were as per the Register of Interests.

3. Minutes of the Meetings held on 5 February 2015

The minutes of the meeting held on 5 February were agreed.

The Governing Body:

Approved the minutes of the meeting held on 5 February 2015.

4. Matters Arising from the Minutes

Integrated Quality and Performance Report: MC reported that work was continuing on developing the report to ensure a balance was presented between information relating to national targets and qualitative outcomes.

Referral Support Service: Further information was awaited regarding roll out of the service and associated costs.

A number of matters were noted as ongoing or completed.

The Governing Body:

Noted the updates.

5. Chief Clinical Officer Report

AP presented the report which included updates on system resilience, primary care co-commissioning, pioneering through partnerships, changes to membership of the Governing Body, public and patient engagement, the Care Act, the Council of Representatives, and Information Governance.

In regard to system resilience AP highlighted the ongoing partnership working to deliver the Operational Resilience and Capacity Plan. He noted that information on the impact of a number of schemes identified through the Unplanned Care Working Group was presented at agenda item 8, including ambulatory care in the Emergency Department at York Teaching Hospital NHS Foundation Trust and extension of the Rapid Response Access Team.

The CCG had been successful in the submission for full delegation of primary care co-commissioning (level 3); planning was continuing for development of patient centred integrated health and social care. RP referred to previous concerns expressed by members relating to due diligence in terms of capacity and finance implications of primary care co-commissioning. RP advised that, although work was still taking place on the detail, she could assure members in terms of the CCG's capacity following further information on the associated expectations.

AP reported that the integration work was also progressing via Pioneering through partnerships. The CCG had been awarded phase 2 Pioneer status and would be working with a national partner. Additionally, following acceptance on to the International Support Programme, the CCG had been paired with the South Central Foundation in Alaska.

In regard to changes to membership of the Governing Body, members noted that a role outline and advertisement for the Audit Committee Chair was currently being drawn up.

AP commended the patient and public engagement activities relating to gluten free products prescribing and mental health engagement with young people about services.

The introduction of the Care Act on 1 April 2015 was legislation that related to work between local authorities, the CCG and primary care. KR highlighted that the CCG worked with three local authorities noting that the Better Care Fund was crucial to delivery of services close to patients.

Following Tim Hughes's (TH) resignation as Chair of the Council of Representatives, AP expressed appreciation for his contribution to the CCG since its inception in terms of vision and leadership. He highlighted that TH had resigned in order to become more involved in the One Team Integrated System (OTIS) project. KR reiterated appreciation of TH's continuing contribution to the CCG and encouraged involvement in OTIS by other GPs.

AP welcomed the CCG's achievement, supported by Yorkshire and Humber Commissioning Support, of Level 2 compliance for version 12 (2014/15) of the Information Governance Toolkit, the level of compliance mandated by the Department of Health. He also noted Department of Health promotion of awareness of cyber security.

In concluding this item AP referred to discussion in the national media earlier in the day as a result of an article in the British Medical Journal about use of Lucentis instead of the cheaper but equally safe and effective alternative, Avastin, for Age Related Macular Degeneration. He also noted discussion in this regard at the CCG's December 2014 Governing Body meeting.

The Governing Body:

Noted the Chief Clinical Officer Report.

6. Assurance Framework Report

RP presented the report which comprised two aspects: a summary of the Area Team Assessment of the CCG Assurance Framework for quarter 2 and the corporate risk register. The former was under six domains relating to: patients receiving clinically commissioned, high quality services (Assured with Support), patients and the public being actively engaged and involved (Assured), CCG plans delivering better outcomes for patients (Assured with Support), robust governance arrangements (Assured), working in partnership with others (Assured), and strong and robust leadership (Assured). RP noted that the report on the quarter 3 assurance meeting with the Area Team, which was taking place on 15 April, would be presented at a future Governing Body meeting. In regard to the corporate risk register RP noted that this was an item each month on the Quality and Finance Committee agenda from where risks would be escalated to the Governing Body as appropriate. She highlighted that the same risks were identified on the corporate risk register as on the quarter 2 summary. RP proposed that a Governing Body Assurance Framework Workshop be arranged early in 2015/16.

Members noted that the quarter 2 summary related to a particular point in time and that there had been a number of changes in the interim. In respect of further action being required in regard to the CCG's relationship with practices, improved engagement was noted albeit with recognition that further work was still required. RP highlighted that the CCG would be engaging with the Council of Representatives and practices as both commissioners and providers with particular reference to development of outcomes based services.

In regard to parity of esteem, identified as requiring further action under domain 3, LB noted the recent mental health tender in terms of improved access.

KR highlighted that, although four of the six domains were assessed as assured, continued improvement was required on all areas.

The Governing Body:

1. Noted the Assurance Update Report.
2. Agreed that an Assurance Framework Workshop be held early in 2015/16.

7. NHS Vale of York CCG Operational Plan 2015/16

RP advised that the electronic version of the draft Plan circulated to members included NHS England feedback on a previous draft and noted that comments from the Council of Representatives had been incorporated in the Plan on a Page. If members approved the draft, subject to a number of clarifications including reference to the three local authorities with which the CCG worked, the Operational Plan would be submitted to NHS England by the 7 April deadline.

RP reported that she and MA-M had taken part in a conference call earlier in the week with NHS England. This related to their lack of assurance about delivery of the Constitutional targets, in particular 18 week referral to treatment and A and E performance, with a request for a clear plan as to when these targets would be met.

The CCG was in discussion with York Teaching Hospital NHS Foundation Trust to identify options for commissioning additional activity to address these issues but did not have sufficient detail to provide assurance. MA-M added that a detailed capacity and demand report was expected before the 7 April deadline. This would quantify the requirements to address the backlog which would be identified on a specialty basis. MA-M highlighted that the financial implications would be identified soon after receipt of the information noting that additional cost would be a pressure/risk to the already tight financial plan.

EB welcomed the joint working with York Teaching Hospital NHS Foundation Trust advising that work was also taking place with primary care for potential improvements.

In response to KR's concerns RP advised that, although submission of the Operational Plan was required by 7 April, there was opportunity for further refinement before final submission on 14 May. She also advised that NHS England had requested a meeting on 14 April with representatives from NHS Vale of York and NHS Scarborough and Ryedale CCGs and York Teaching Hospital NHS Foundation Trust from a system perspective.

SB sought assurance about patients being treated locally. RP responded that historically patient choice was not to go out of area and that local solutions were being sought. MC added that there had been no increase in patient complaints highlighting that patient choice was the reason for York Teaching Hospital NHS Foundation Trust missing a target.

KR emphasised the importance of the integration work and the Better Care Fund plans.

The Governing Body:

Approved the Operational Plan 2015/16 submission subject to clarification of a number of areas.

8. Integrated Quality and Performance Governing Body Assurance Report

MC presented the report which provided information as at March 2015 in respect of unplanned and planned care, mental health, patient safety incidents and complaints and concerns. She referred to the earlier discussion relating to York Teaching Hospital NHS Foundation Trust challenges in achieving national targets and highlighted that this report aimed to include a balanced view of outcomes.

In respect of York Ambulance Service performance MC welcomed achievement of the 75% Category A 8 minute response time for the CCG noting that this was in the context of an approximate one fifth increase in demand. Other indicators, such as survival to discharge, were also performing well. Performance against the 15 minute handover target, reported at 77.5% for York and impacted by staffing issues and winter demand, had improved to 87% week ending 29 March. The A and E 4 hour target, reported as 89.3%, had improved to 91.5% week ending 22 March; the 95% target for quarter 4 was not expected to be achieved. However, MC noted that

patients were reporting positive experiences in the A and E Department and that the ambulatory care model was beginning to have an impact for a small number of conditions previously seen in A and E.

MC highlighted that recruitment was a national issue and that in A and E they had recently recruited to 17 staff nurse vacancies. She noted that York Teaching Hospital NHS Foundation Trust was carrying out a six month review of staffing as required by the NICE guidance in May (previously undertaken in November 2014 and published in February 2015). They had a detailed staffing action plan.

AP observed that A and E did not operate in isolation but was a dynamic system noting that the ambulatory care area was using an area of A and E that was occasionally used to house patients awaiting handover from Yorkshire Ambulance Service crews to A and E staff at times of high ambulance attendance at A and E. Work was progressing to understand unplanned care overall.

In response to GPo commenting about potential impact of inappropriate use of emergency transport, MC agreed that there were some such instances but it was not the majority of patients. She also noted the work of the Emergency Care Practitioners in preventing admissions.

In terms of planned care MC highlighted the impact on diagnostics from the delay to work to replace CT scanners for which completion was delayed until July. Non obstetric ultrasound and CT colonoscopy performance had been affected by staff sickness. Improvement was expected as the radiologist had now returned to work but a national radiologist recruitment issue was acknowledged as detailed in the recent Royal College of Radiographers publication.

MC referred to the earlier discussion on referral to treatment timescales and added that specialties failing the 90% target were ENT, ophthalmology, dermatology, cardiothoracic surgery and gynaecology.

In response to JL referring to DNA (Did Not Attend) rates, MC noted that this on occasion was due to a process issue, namely a national template, with Choose and Book. The CCG was working with York Teaching Hospital NHS Foundation Trust to reduce DNAs. KR highlighted that education and culture change were needed to address this issue.

MC reported that performance in skin cancer, reported at 30.2%, had improved to 80% following recruitment of a new consultant.

In respect of delayed transfers of care the recent requirement to achieve a 50% increase in discharges had been exceeded through collaborative working with York Teaching Hospital NHS Foundation Trust and the City of York Council. Although the additional reporting had ceased the organisations planned to continue this collaborative work.

In response to PE noting that patients waiting for a referral were having an impact on general practice, MC noted that outpatient extra waiting list initiatives to improve working practice were taking place, illustrating that current staff were working over to address the issue.

MC referred to progress by Leeds and York Partnership NHS Foundation Trust against Improving Access to Psychological Therapies targets noting this had been achieved through introducing sustainable processes. Performance by Tees, Esk and Wear Valleys NHS Foundation Trust related to a small number of patients over a large geographical area and was improving.

MC referred to the overview of patient safety incidents and noted in respect of the healthcare associated infections that, in addition to the reported case of MRSA bacteraemia attributed to the CCG, there had been two further cases in March in York Hospital. York Teaching Hospital NHS Foundation Trust were, however, commended on the fact that there had been almost 600 days prior to this without incident. The investigation timescale for such cases was three weeks.

In regard to feedback from patients MC noted that the information reported related to the CCG only and as such did not take account of feedback to providers. She also noted that the CCG was working with Healthwatch in respect of the Falls Service concerns.

AP referred to discussion at the previous Governing Body meeting about workforce issues at York Teaching Hospital NHS Foundation Trust, particularly in regard to day theatre posts. MC advised that recruitment had taken place but all appointees were not yet in post.

KR welcomed the comprehensive report noting the intention of providing a balanced report in terms of the challenges and achievements.

The Governing Body:

Noted the exceptions detailed in the report.

9. Finance, Activity and QIPP Report

In introducing this item KR advised that this was MA-M's last meeting in the role of Interim Chief Finance Officer and expressed appreciation of his contribution during Tracey Preece's maternity leave.

MA-M reported that the major change was the national requirement for commissioners to increase their surplus where possible and that the CCG had been able to move to a 1% at month 11 with a guarantee that this would be returned in 2015/16. The CCG could achieve this through three key areas: further agreement with the Area Team regarding funding to York Teaching Hospital NHS Foundation Trust, the IVF backlog anticipated to be lower than previously forecast and handling of equipment at Ramsay Hospital, a legacy from the former NHS North Yorkshire and York. In regard to IVF MA-M explained that provision had originally been made for up to 300 cases but latest indications, based on completed cycles and referral information, were that this could potentially be revised to around 100 cases.

MA-M reported that the CCG had inherited the medical and office equipment at Ramsay Hospital on 31 March 2014. An assessment had since been carried out but it had not been possible to identify equipment up to that value. External Audit's

opinion was that this was not a material issue but advised writing off the value of the unidentified kit, currently c£650k. MA-M noted that in view of the affordability of this and the fact that so much equipment had not been identified he had proposed accelerating depreciation so that by the end of the new contract with Ramsay Hospital the value would be zero. MA-M also noted that if the correct opening asset value and useful economic life of the equipment identified and currently in use had been used this would now be valued at c£100k. He advised that assurance had been received from Ramsay Hospital that there was no patient risk associated with use of the equipment but this was an accounting anomaly. Members sought further clarification on this equipment. KR advised that the Audit Committee had discussed the matter in detail and accepted that the solution described was the best option for this inherited issue.

MA-M apologised for a £284k pressure emanating from an error in closure of the year end position with Leeds and York Teaching Hospital NHS Foundation Trust. He confirmed that this had been factored into the revised 1% surplus, £3.8m.

In respect of cash held at the end of the financial year MA-M advised that the CCG held c£140k which was within the strict end of year allowance.

MA-M reported that negotiations were taking place to finalise the end of year position with York Teaching Hospital NHS Foundation Trust noting the significant year to date undertrade and that the Trust were trying to replace some of the lost activity in part due to the referral to treatment issues.

A year end position had been reached with Yorkshire Ambulance Trust across the 23 Yorkshire and Humber CCGs. There was a £4.7m overall risk to Yorkshire Ambulance Service as a result of potential penalties. Following negotiation it had been agreed that £3.7m of penalties would not be applied; the remaining £1m would be applied but automatically invested in additional schemes to support delivery of targets through increased vehicle availability, equivalent to 1% of capacity, and a hub and spoke model that would equate to 2% capacity in 2015/16. This was over and above the Yorkshire Ambulance Service's own investment plans. MA-M additionally noted that £1.3m CQUIN was being withheld from Yorkshire Ambulance Service.

In response to KR's reference to low numbers utilising the Section 136 facility, MA-M noted that payment for this reflected the fact that the CCG was required to pay for the facility to be available 24/7 and that the low numbers actually suggested that a number of other schemes such as Street Triage were working effectively. He advised that the staff were utilised flexibly across a number of other initiatives, such as Psychiatric Liaison, when they were not required for Section 136 purposes, but that they were prioritised to the Section 136 facility as required.

Members reiterated their gratitude to MA-M for his contribution as Interim Chief Finance Officer, especially commending his clarity of presentation.

The Governing Body:

Noted the Finance, Activity and QIPP Report.

10. Update from the Partnership Commissioning Unit

JP referred to the report provided and updated on progress overall since she had taken up post 18 months ago highlighting challenges in the areas covered by the Partnership Commissioning Unit: mental health, commissioning for children, maternity and paediatrics, adult safeguarding, and continuing care. She commended the work of the staff and noted progress achieved in a time of significant change. JP highlighted that the Partnership Commissioning Unit reported to four CCG Governing Bodies, four Audit Committee and four Executive teams. KR reiterated the progress and commended the culture change achieved.

In response to JL referring to the fact that adult autism and attention deficit hyperactivity disorder had not been included in the mental health procurement, JP advised that an option appraisal had been undertaken but that more work would have been required to fulfil the preferred option of one service across the four North Yorkshire CCGs. LB added that, in view of the practice of spot purchasing, a joint approach across the North Yorkshire CCGs was the best financial option. SB agreed to provide feedback to JP on discussions with older people with autism.

In response to PE seeking clarification about target setting for continuing healthcare fast track, JP advised that the targets were set by the Partnership Commissioning Unit and described the work undertaken by three administrative staff to ensure that people who required significant support at short notice were placed as quickly as possible. JP noted that hospital discharges and fast track cases were always prioritised. Work was taking place to improve performance with the aim that by October 2015 no-one would wait more than six months and by the end of the year no-one would wait more than three months, with the ambition that by the next financial year no-one would wait more than 28 days.

MA-M referred to the retrospective continuing healthcare cases being progressed by UKIM. JP responded that for each patient UKIM was required to contact all service providers to inform the assessment and was therefore dependent in terms of timescale. She advised that monthly meetings were held with UKIM to monitor progress. JP noted that the UKIM contract was for 18 months and expressed confidence that they were doing everything possible to obtain the patient records.

JP advised that when she had taken up post there had been just over 1000 retrospective continuing healthcare cases; this had reduced to the current 683. Robust, pragmatic processes had been introduced to address record keeping challenges and the systems were now consistent and standardised. The team was performance managed and this year the spend on continuing healthcare had reduced by £5m from last year's outturn.

The Governing Body:

Noted the update and ongoing work by the Partnership Commissioning Unit to further improve performance.

11. Individual Funding Request Policy and Procedure

In presenting this item MC noted that the Individual Funding Request Policy and Procedure had been considered by the Quality and Finance Committee and highlighted the summary of key policy amendments. The refresh was based on good practice and the principle of transparency.

Members discussed the complexity of the Individual Funding Request process and the need for education for GPs. MC agreed to discuss with SB her request that other professionals, such as advocacy groups, be included in education events. EB additionally noted that work was taking place on the Referral Support Service website to further develop threshold information.

The Governing Body:

1. Approved the Funding Request Policy and Procedure.
2. Noted that MC would discuss with SB the potential for professionals, other than GPs to be included in education events.

12. NHS Vale of York CCG Governance Arrangements

RP presented the report which included a summary of Constitutional changes, draft terms of reference for the Quality and Finance Committee, and Detailed Scheme of Delegation and Detailed Financial Policies changes. She noted that this was part of approval process relating to delegated authority for primary care co-commissioning. Following consultation with the Council of Representatives and the Local Medical Committee the amended Constitution would be presented for approval in June by NHS England.

The Governing Body:

1. Approved the constitutional changes, as outlined in Appendix A, to progress to the Council of Representatives and Local Medical Committee as part of the consultation process.
2. Approved the Terms of Reference for the Quality and Finance Committee.
3. Approved the amendments to the Detailed Scheme of Delegation.
4. Approved the amendments to the detailed financial policies.

13. Review of Remuneration Committee Terms of Reference

KR referred to the report which included the Remuneration Committee Terms of Reference, presented following discussion at the Committee's March meeting, NHS Commissioning Board Example Terms of Reference for Remuneration Committees and membership of Remuneration Committees in other CCGs.

RP highlighted that consideration was required of the Committee's membership, currently Lay Members only, with a view to two GPs joining the Committee with consideration of good practice regarding income from the CCG. Consideration was also required as to whether the Committee had delegated decision making powers or offered advice to the Governing Body.

KR proposed that this item be presented again at the June Governing Body meeting following discussion at the May meeting of the Remuneration Committee, which had not yet had the opportunity to consider the information.

The Governing Body:

Agreed that the Remuneration Committee terms of reference be presented again at the June meeting following consideration by the Committee at its meeting on 7 May.

14. NHS Vale of York CCG Audit Committee

KR referred to the key messages to the Governing Body and highlighted the request for delegation for preparation and approval of the year end accounts. He explained that this was due to the timescale for submission. KR noted that he would be attending the Annual Accounts meeting of the Audit Committee on 27 May, as would the Chief Clinical Officer, and requested that all Chief Officers also attend. MA-M added that as a minimum the Chair and Chief Clinical Officer should be present.

The Governing Body:

1. Received the unconfirmed minutes of the Audit Committee of 11 March 2015.
2. Approved the Audit Committee's request for delegation for preparation and approval of year end accounts.

15. NHS Vale of York CCG Quality and Finance Committee

The Governing Body:

Received the minutes of the Quality and Finance Committee of 19 February and 19 March 2015.

16. Medicines Commissioning Committee

EB requested a number of areas of clarification. In regard to gluten free products prescribing LA reported that a full review was taking place with patients and GPs to inform the Medicines Commissioning Committee. She confirmed that most GP practices had already responded.

Coaguchek anticoagulation monitoring strips, whilst not approved for general practice prescribing for patients' self monitoring, practices offering the level 4 anticoagulation service could continue to access the strips.

Nuvaring, approved as amber with specialist initiation, referred to family planning clinics and GPs with a Special Interest.

In response to LB seeking clarification about dementia drugs for which there were currently no shared care guidelines, LA advised that discussion would take place with Leeds and York Partnership NHS Foundation Trust in this regard.

KR referred to three melatonin drugs that were not approved. LA reported that they had never been approved for the indication described and the recommendation was formal clarification of the fact that there was no evidence to support this use.

LB agreed to pass on to the Medicines Commissioning Committee SB's request for the addition of a column to the recommendations as to whether non approval decisions were due purely to evidence or due to cost.

The Governing Body:

1. Received the recommendations of the Medicines Commissioning Committee of 21 January and 18 February 2015.
2. Requested inclusion of information as to whether decisions were purely evidence based or cost based.

17. Next Meeting

The Governing Body:

Noted that the next meeting was on 4 June 2015 at 10am at West Offices, Station Rise, York YO1 6GA.

18. 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.

19. 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

Appendix A

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 2 APRIL 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	• Evaluation of Stop Before Your Op to be discussed	EB/JH	Ongoing
5 February 2015 2 April 2015	Integrated Quality and Performance Report	• 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	• Information requested regarding further roll out of the service and associated costs	SO	2 April 2015 4 June 2015
2 April 2015	Assurance Framework Report	• Assurance Framework Workshop to be held early in 2015/16	RP	7 May or 4 June 2015

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
2 April 2015	Individual Funding Request Policy and Procedure	• Potential for professionals, other than GPs to be included in education events to be discussed	MC/SB	
2 April 2015	Review of Remuneration Committee Terms of Reference	• To be presented at the next Governing Body meeting	RP	4 June 2015