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 1 October 2015 at West Offices, Station Rise, York YO1 6GA

Present

Mr Keith Ramsay (KR)	Chairman
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 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
Mrs Sheenagh Powell (SP)	Lay Member and Audit Committee Chair
Mrs Tracey Preece (TP)	Chief Finance Officer

In Attendance (Non Voting)

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 11	Director of Partnership Commissioning
Ms Michèle Saidman	Executive Assistant

Apologies

Dr Mark Hayes (MH)	Chief Clinical Officer
Mrs Sharon Stoltz (SS)	Interim Director of Public Health, City of York Council

Twelve members of the public were in attendance.

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

Kevin Sell, Co-chair, York Lesbian, Gay, Bisexual and Transgender Forum

I ask the Vale of York CCG to insist (particularly when awarding contracts) that providers of services monitor the sexual orientation of service users (just as other characteristics, such as ethnic group, are monitored) and to provide the necessary training to staff, so that staff are better equipped to deal with issues relating to sexuality and sexual orientation.

The avoidance of sexual orientation and sexuality issues by providers has a negative effect on the ability of patients and service users to obtain the advice, services and treatments that they need. This applies in particular to LGBT (Lesbian, Gay, Bisexual and Transgender services users). For example, there is a significant problem with the late diagnosis of HIV.

The failure of service providers to ensure that services are fully accessible to LGBT patients and to fully understand their needs, is in direct conflict with the vision, mission and values of the CCG, which aims 'to achieve the best health and wellbeing for everyone in our community'.

The Equality and Human Rights Commission in its document 'Improving Sexual Orientation Monitoring' sets out the value and desirability of sexual orientation monitoring with regard to the planning and delivering of effective services.

It's shocking when you think nearly one in four young LGBT people attempt to commit suicide and service providers still avoid issues relating to sexual orientation and sexuality.

TP responded from a finance and contracting perspective. She advised that the CCG was mandated to use the NHS Standard Contract with all service providers. This contract included clauses and service conditions that required providers to ask patients certain questions, collect certain information and to not discriminate. If these conditions were not complied with the CCG was required to ask for an action plan detailing how these obligations would be met; this plan would be monitored.

Providers must implement the Equality Delivery System for the NHS – EDS2, a tool designed to help NHS organisations, in discussion with local stakeholders, to review and improve their equality performance for people with characteristics protected by the Equality Act 2010, and to support them in meeting their duties under section 1 of the Equality Act 2010. This was the contract route to ensure providers met their obligations.

In terms of the CCG's main acute provider an action plan was in place as the EDS2 self-assessment was currently rated 'red'. Assurance of compliance would be sought from Tees, Esk and Wear Valleys NHS Foundation Trust, the new provider for mental health and learning disability services; an action plan would be requested if required.

TP emphasised the requirement for the CCG to ensure obligations were met and action plans in place with monitoring arrangements where necessary. She also confirmed that the CCG and providers had the document referenced noting that the CCG's challenge was to ensure that all patients were asked the questions and were treated equally and fairly. The formal contract route was the means of holding providers to account.

KR added that the Governing Body was scheduled to have a workshop on this in November 2015

Bob Towner, Chair of York Older People's Assembly

Following the recent headlines I am seeking information and assurance. Correspondence from Chris Butler, Chief Executive of Leeds and York Partnership NHS Trust has been widely circulated. It suggests that shortcomings of this CCG concerning improvements at Bootham Park have contributed to the closure.

When was the original inspection carried out which led to the need for the improvements?

TP responded that the inspection by the Care Quality Commission (CQC) at Bootham Park Hospital had taken place in January 2014. Following this a Quality Summit had been held in July 2014 with all key stakeholders - including Leeds and York Partnership NHS Foundation Trust, NHS England, the CQC, the CCG and other organisations - to agree a preferred solution. The agreed programme of works had two key phases: Phase I was relocation of Ward 6 at Bootham to Cherry Tree House and Phase II was completion of sequential improvement works to refurbish both Wards 1 and 6 on the ground floor at Bootham Park Hospital.

When were the improvements commissioned and a contract let?

TP reported that Tenders for Phase I (Cherry Tree House) had been returned in August 2014 and let in September 2014 with a planned start in October 2014. This had been delayed for a number of reasons, including a number of design changes made by the provider, with liaison taking place between NHS Property Services and Leeds and York Partnership NHS Foundation Trust. The mobilisation and start on site was in February 2015 and had been completed as required before Phase II. Patients were now in the facility.

Tenders for Phase II (Bootham Park Hospital) had been returned in June 2015 and were ready to be let in July 2015. However, execution of these was paused pending the new tender award and outcome of the subsequent CQC review that was being undertaken as part of moving to the contract with the new provider.

What was the value of the contract and when should it have been completed?

TP advised that the contract for Phase I (Cherry Tree House) was £1.3m with planned completion in March/ April 2015. This had slipped to August/September due to issues with contractors.

The contract for Phase II (Bootham Park Hospital) was £1.6m of which £0.6m was Landlord Capital (NHS Property Services) and £1m Customer Capital (NHS England). Completion had originally been planned for September 2015, revised to February 2016, but had now been paused in light of recent developments.

How much has been expended to date?

TP reported that Phase I (Cherry Tree House) had been completed in September 2015 and that £1.3m had been expended. There had been no overspend and patients were now in this facility.

Additionally, in this initial period, a further £466k has been spent by NHS Property Services on a range of immediate and essential works at Bootham Park Hospital relating for example to water hygiene works and tank replacement, replacement of main ducts, anti-ligature removal work and the conversion of Ward 8 for outpatient services. The total spent to date was £1.76m. The remainder of the work for Phase II (Bootham Park Hospital) had been paused.

Bob Towner expressed the view that the pause had contributed to the work not being completed on time for the CQC visit and, in addition to the questions submitted in advance below, asked who has overall accountability and responsibility, who currently holds the contract and has it been signed?

How many in-patients on Wards 1 and 2 are affected?
What alternative accommodation has or is to be provided?
Where are out-patients to be seen in the immediate future?

RP referred to Bob Towner's statement that the well-being of individuals affected was paramount. She emphasised that the CCG's priority was ensuring patient safety and quality and safety of services with minimum disruption.

A number of staff had been redeployed to the Intensive Home Treatment Service to support patients discharged to home treatment.

Following full assessment of the 27 patients on Wards 1 and 2 by the clinical teams at Leeds and York Partnership NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust alternative inpatient accommodation had been arranged including at Roseberry Park, Middlesborough. A number of patients had been discharged to the Home Treatment Scheme and would be supported by additional staff being redeployed to the Intensive Home Treatment Service.

With effect from Monday 5 October the majority of outpatients and those receiving Improving Access to Psychological Therapies would be seen at Lime Trees, Shipton Road, York and psychology services would be at Cherry Tree House, Heworth, York.

Transport would be provided for any outpatients previously attending Bootham Park Hospital who were unable to transport themselves to a new location.

Where is the Section 136 Place of Safety to be relocated?

RP advised that additional staff were being redeployed to enhance the Street Triage service in York and, following agreement between the CCG, Tees, Esk and Wear Valleys NHS Foundation Trust and North Yorkshire Police, members of the public detained under Section 136 would be taken to a new Place of Safety located at Harrogate Hospital.

How has this information been shared with relatives/carers/other partner organisations?

The CCG had been and continued to work closely with providers to coordinate both the development and communication of protocols. Leeds and York Partnership NHS Foundation Trust had assured the CCG about communication with patients and the CCG had put in place a contact telephone line which included updated information about the transfer of services.

In terms of the additional questions RP confirmed that the contract with Tees, Esk and Wear Valleys NHS Foundation Trust had been signed on 30 September and as commissioners the CCG had responsibility working in conjunction with providers and NHS Property Services.

KR added that the CCG would be working with NHS England to consider the issues that had arisen and that service user involvement would be welcomed in this.

Anne Leonard on behalf of Defend our NHS York

Last Friday's announcement of the closure of Bootham Park Hospital came as a shock to staff and patients alike. Leeds and York Partnership Foundation Trust were obviously aware that actions from the January CQC inspection had not been carried out and that the CQC might take the action it has done at any time. What had the CCG done to ensure preparations for the CQC report were being carried out, what is being done by the Leeds and York Partnership NHS Foundation Trust, and their replacement Tees, Esk and Wear Valleys NHS Foundation Trust, to assist local mental health patients who are now more likely than ever to receive less care or be transferred out-of-area? Will the CCG be supervising closely and investing to ensure the health York patients receives is the best care possible?

MC reiterated the CCG's commitment to ensure quality and safe patient care and expressed disappointment at the timeline implemented by the CQC. She advised that since the Quality Summit in July 2014 the CCG had held monthly meetings regarding the programme of works at Bootham Park Hospital attended by senior representatives from Leeds and York Partnership NHS Foundation Trust, NHS Property Services, York Teaching Hospital NHS Foundation Trust and more recently Tees, Esk and Wear Valleys NHS Foundation Trust. Weekly conference calls had also taken place between project leads from Leeds and York Partnership NHS Foundation Trust, NHS Property Services and the CCG to provide more detailed and timely updates since the approval and mobilisation period started in November 2014. There were contracting mechanisms to ensure monitoring and regular visits to check progress.

MC also advised that there were monthly quality and performance meetings with the provider where the CQC action plan was monitored.

Tees, Esk and Wear Valleys NHS Foundation Trust would communicate their plans and ambitions imminently to provide assurance.

MC reported the intention of holding a partnership meeting to hear the views of service users and the public and to explain the series of events leading up to the closure by the CQC.. An invitation would be issued to partner organisations, service users and carers.

Post meeting note: Written responses were provided to the questioners as requested.

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 the business of the meeting. Members' interests were as per the Register of Interests. However, during discussion of item 5 SB declared an interest in respect of wheelchair services.

3. Minutes of the Meetings held on 6 August 2015

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

The Governing Body:

Approved the minutes of the meeting held on 6 August 2015.

4. Matters Arising from the Minutes

Integrated Quality and Performance Report: MC referred to the revised report format at agenda item 8.

Governing Body Assurance Report: MC confirmed that the performance figures relating to MRI scans had included those at Ramsay Hospital.

A number of items were noted as completed, on the agenda or outstanding.

The Governing Body:

Noted the updates.

5. Chief Clinical Officer Report

AP presented the report which provided updates on system leadership, the CCG's sign up to the North Yorkshire Tobacco Control Strategy 2015/25, Community Wheelchair Services, and public and patient engagement.

In regard to system leadership AP described the establishment of the System Leaders Board to provide joint leadership across health and social care in the Vale of York and Scarborough and Ryedale in view of current and future challenges. The System Leaders Board comprised Chief Executives and Chief Officers from NHS Vale of York and NHS Scarborough and Ryedale CCGs, City of York Council, North Yorkshire County Council, Tees, Esk and Wear Valleys NHS Foundation Trust, York Teaching Hospital NHS Foundation Trust and Yorkshire Ambulance Service; discussion was taking place in respect of primary care representation. Priority work areas had been identified and were being progressed through a number of system wide forums; the System Leaders Board would monitor progress. Existing governance arrangements would not be altered.

AP noted that the North Yorkshire Tobacco Control Strategy had been presented at the North Yorkshire Health and Wellbeing Board on 30 September. He highlighted the continuing challenge associated with tobacco noting that in the CCG area smoking in pregnancy was 12.9% against a national average of 11% and that 5% of 13 to 15 year olds in the area smoked at least once a week. The Tobacco Control Strategy described five pillars: prevention of smoking in children and young people; normalisation of a smoke-free lifestyle; reducing use of illegal tobacco; support for smokers to quit; and strategies to eliminate marketing and communications from tobacco companies.

In respect of Community Wheelchair Services AP highlighted the significant work described emanating from a service review by the CCG and a recent Healthwatch report. A Commissioners Forum for Community Equipment and Wheelchair Services had been formed and two 'North Yorkshire Wheelchair Services Rapid Improvement Events' had been arranged. The National Wheelchair Leadership Alliance, established in January 2015, had launched a Charter requiring delivery of 10 core principles which were detailed in the report.

The second in a series of public and patient engagement events about local health and care services was taking place on 19 October at The Galtres Centre in Easingwold. The CCG was hosting this in partnership with Healthwatch North Yorkshire, North Yorkshire County Council and York Teaching Hospital NHS Foundation Trust.

TP referred to the discussion under questions from members of the public regarding the new mental health and learning disability services contract. She advised that, due to the timing of the Governing Body meeting and the requirement for the contract to be signed on 30 September, in accordance with the CCG's Constitution and Scheme of Delegation the Chair and, in the absence of the Chief Clinical Officer, the Chief Operating Officer, had signed the contract with Tees, Esk and Wear Valleys NHS Foundation Trust who had taken over as service provider from midnight. TP sought ratification from the Governing Body.

KR expressed appreciation to members of the CCG and the former and current providers of mental health and learning disability services for their work to achieve the signing of contract.

EB expressed concern that the Tobacco Control Strategy related specifically to North Yorkshire when there had previously been a contract that also covered City of York. AP confirmed that services would be aligned to cover the entire CCG footprint.

In response to SB seeking clarification about the wheelchair services, AP confirmed that the ongoing work took account of the recommendations in both the CCG and Healthwatch reports.

Discussion emanated relating to the System Leaders Board. AP clarified that current structures of the statutory organisations would not be altered therefore at the present time there would be no consideration of patient representation and that no further information was yet available on representation of primary care. RP added that the System Leaders Board would underpin engagement with other partner organisations.

KR requested that the public and patient engagement event on 19 October be widely publicised and advised that the CCG's Engagement Strategy would be an agenda item at the December Governing Body meeting.

The Governing Body:

1. Noted the Chief Clinical Officer Report.
2. Ratified the contract with Tees, Esk and Wear Valleys NHS Foundation Trust for Mental Health and Learning Disability Services.

6. CCG Assurance Update

RP referred to the report that presented the corporate risk registers as at 22 September identifying risks and management control mechanisms. Three annexes provided a list of events and profile report of significant ("red") risks, red risk profile summary and list of all corporate risks. RP noted that, as identified on previous occasions, the Governing Body meeting agenda was structured to ensure discussion of the "red" risks. Significant risks that had materialised were ongoing failure to achieve constitutional targets and delivery of an Integrated Operational Plan for Year 2 of the CCG's Five Year Strategic Plan.

RP referred to the "red" risks detailed: the delivery and achievement of planned financial savings associated with QIPP schemes for the CCG; financial impact of providers overtrading; financial and delivery impact of the Better Care Fund, including increases in non-elective admissions; performance against constitutional requirements, namely the four hour target for A&E waits; support to the CCG during the transition of Commissioning Support Services and associated impact of a reduced Business Intelligence service; and assurance on the reporting of Serious Incidents from York Teaching Hospital NHS Foundation Trust and monitoring arrangements of quality within the primary care.

RP additionally reported escalation of risks internally in respect of the transfer of mental health and learning disability services and financial risk associated with the new ambulatory care service at York Teaching Hospital NHS Foundation Trust. These had been discussed in detail by the Quality and Finance Committee. Additionally, the Assurance Framework, which had been considered at the Audit Committee, was currently being updated.

In terms of the national CCG assurance process RP referred to the July Governing Body Workshop. She noted that the formal notification from NHS England of the CCG's quarter 4 assessment had not yet been received and that the 2015/16 quarter 1 assessment was on 7 October.

RP provided clarification as requested. In respect of delivery of the Better Care Fund targets being outwith the CCG's control due to dependency on partners, she advised that this was a system wide concern and work was ongoing across organisations; overall responsibility was with the CCG's Accountable Officer.

In regard to the transition of Yorkshire and Humber Commissioning Support a procurement process was taking place which was being managed across the 23 CCGs. Following receipt of final bids, due mid October, from organisations to provide services

from 2016 an evaluation procedure would be implemented. Risk was being managed collectively through a Transition Board comprising the CCGs, Yorkshire and Humber Commissioning Support and NHS England. In respect of associated capacity constraints RP reported that the CCG was working with Yorkshire and Humber Commissioning Support. Workload was being prioritised and in the event of the need for additional staff related costs were being discussed as appropriate. This was a common experience across the CCGs.

In respect of Serious Incidents at York Teaching Hospital NHS Foundation Trust MC advised that part of the issue related to management of risk and assurance. The Serious Incidents related mainly to falls with fractures. The risk was due to the fact that the incidents remained open on the system until the recommendations were implemented and the implication that lessons were not being learnt. MC reported that the responsibility for Serious Incidents had recently been transferred to the Chief Nurse at York Teaching Hospital NHS Foundation Trust who was also the Director with responsibility for Infection Prevention.

With regard to the CCG having taken on primary care co-commissioning RP advised that risks would be captured within the Covalent system. SP noted that a report to the Audit Committee had provided an assessment of Significant Assurance. However, the Committee had queried areas that were outwith the direct control of the CCG as there was currently lack of clarity in respect of handover from NHS England. DB added that the Quality and Finance Committee had expressed similar concerns and work was taking place in this regard. He also noted the need to look at opportunities as well as risks.

The Governing Body:

Noted the corporate risks identified and the update in respect of the national CCG assurance process.

7. Sign Up to Multi-Agency Information Sharing Protocol

RP referred to the overarching protocol that had been developed jointly by North Yorkshire County Council, City of York Council, York Teaching Hospital NHS Foundation Trust, North Yorkshire Fire and Rescue and North Yorkshire Police. Its aim was to enable sharing of sensitive information within individual and corporate protection. Sign up to the protocol established common information sharing standards for all signatory organisations and a commitment to participating in a countywide Information Governance Monitoring Group.

TM highlighted the omission of East Riding of Yorkshire and sought clarification of expectations of the provider role of primary care in respect of health data. In response RP advised that CCG sign up would be as a commissioner; clarification was required regarding primary care as providers. She would follow up the omission of East Riding of Yorkshire to complete the CCG footprint. RP also confirmed the intention for further partner organisations to sign up to the protocol.

The Governing Body:

1. Approved sign off of the Multi-Agency Overarching Information Sharing Protocol.
2. Noted that RP would seek clarification regarding expectations of primary care as a provider and would follow up the omission of East Riding of Yorkshire.

8. Integrated Quality and Performance Governing Body Assurance Report

8.1 Quality and Performance Assurance Data: Quarter 1 2015/16

In introducing this item MC highlighted that the quarter 1 data report comprised validated public information against key quality and performance measures. A detailed six month view with benchmarking where applicable and a two year trend overview were included.

8.2 Quality and Performance Governing Body Report

This report provided narrative against key quality and performance measures comprising both validated and unvalidated data. It highlighted exceptions, both positive and negative, which may present clinical risk or challenge for patient care and safety. MC noted that staffing difficulties were affecting the whole system and were impacting on performance.

In respect of Yorkshire Ambulance Service there had been a decrease in performance due to paramedic recruitment issues. The 75% performance target for the Red Combined eight minute response time had been met at nine minutes and the 95% target for the 19 minute response time had been met at 22 minutes. The CQC inspection report published in August 2015 had rated Yorkshire Ambulance Service overall as 'Requires Improvement' but rated care as 'Good'. There were also a number of outstanding areas of practice including the 'Restart a Heart' campaign.

Handovers performance was a system issue for acute patients and was being impacted in A and E by clinical staff availability to facilitate clinical handovers and patient flow. MC noted that 70 nurses had been appointed, most newly qualified and awaiting their pin numbers. In the meantime they were operating at healthcare assistant level. Mitigating actions in A and E included the ongoing work to reconfigure the 'front door' and the ambulatory care unit for a number of short term conditions to be treated and discharged the same day.

In respect of the out of hours service MC noted that, following a difficult first month of the contract, performance on quality indicators had been good.

Unvalidated August data for diagnostics indicated an improvement at 98.8% against the 99% target of tests taking place within six weeks. Cystoscopy was the main concern with around 20% of breaches and mainly due to staffing. There was a finance and contracting implication due to issues in diagnostics and the need to outsource some scans.

In regard to cancer performance 62 day treatment following urgent GP referral was at risk due to a slight decrease. MC explained that this risk was due to the fact that it related to a small number of patients. Dermatology was the main issue due to staffing shortages. These referrals were expected to reduce when the dermatology programme through the Referral Support Service commenced during October.

MC highlighted in respect of healthcare associated infections that clostridium difficile cases continued to rise. As at 6 September there were 34 cases from April 2015 against the full year trajectory of no more than 43; a breach was therefore forecast. MC

confirmed that this performance related to York Teaching Hospital NHS Foundation Trust as a whole. She advised that each case was reviewed in detail and that the majority of cases were at the Scarborough Hospital site. MC noted that an external review report would be presented at the forthcoming quality meeting. She also noted that there had been a national rise in clostridium difficile due to failure of the flu vaccination; work was taking place to understand the reasons.

MC advised that the report from the external review requested by Leeds and York Partnership NHS Trust of all suicides of patients known to mental health services between 2002 and 2011 was due at the end of October. She highlighted that an overview of the findings had indicated they were not an outlier in terms of numbers of suicides. An action plan was being developed to implement recommendations from the report. MC noted that she would present more detailed information when the report was publicly available.

Data issues continued in respect of performance in Improving Access to Psychological Therapies due to the delay to availability of the national data set. MC noted that work was taking place to fully understand the position.

AP provided an update on non elective activity noting previous reference to increased admissions from GP referrals. He highlighted that the data required clarification as on investigation source information indicated comparatively static GP referrals.

In response to clarification sought regarding delayed transfers of care MC and AP explained that these were evenly split between health and social care. There were a number of reasons including staffing and availability of complex care packages; patient choice was also a significant issue. Regular meetings with partner organisations took place to identify reasons and seek resolution to the issues.

Further discussion related to increased admissions from A and E, the need to understand the reasons for the non elective activity overtrade with York Teaching Hospital NHS Foundation Trust, the potential for over reliance on recently qualified junior doctors at the current time of year, and clarification about investment in the ambulatory care scheme. In respect of the latter TP explained that both York Teaching Hospital NHS Foundation Trust and the CCG would provide investment in the new model of care for a number of conditions that did not require admission and also in work to improve patient flow in respect of falls and trauma services through advanced practitioners.

KR highlighted concern about the impact of increased demand. He referred to the 'Board to Board' meeting with York Teaching Hospital NHS Foundation Trust on 5 November when the CCG would seek assurance.

The Governing Body:

Noted the exceptions in the two reports.

9. Finance, Activity and QIPP Report

TP referred to the report which provided information on the financial position and activity performance as at month 5, 31 August 2015, and achievement of the key financial duties,

noting that this had been discussed in detail at the Quality and Finance Committee. She highlighted the reporting of full delivery of plan both for year to date and forecast outturn and that no unmitigated risk was shown. This was consistent with reporting to NHS England as part of the draft financial recovery plan at the following agenda item. TP described how work on the risks and mitigations ensured the forecast outturn position now reflected the overall remaining level of risk and a more accurate underlying position. NHS England supported this approach and focus would be on taking the necessary actions to achieve the financial position.

In respect of the CCG's programme allocation TP highlighted an initial allocation of £166k in August of *Future in Mind* funding for eating disorders in young people. Plans had been developed for this to be spent in year.

The forecast outturn position of £3.3m surplus against programme costs was accurate in overall terms with the exception of the York Teaching Hospital NHS Foundation Trust budget line which was included in the risk section of the report and related primarily to the non delivery of the planned Better Care Fund savings and increase in activity.

TP explained that the £2.6m year to date overspend related mainly to the position with York Teaching Hospital NHS Foundation Trust and primarily to A and E and non elective activity as discussed at the previous agenda item. She also noted that percentage variances were reported in a number of ways and advised of the intention for these to be clarified.

With regard to the section on QIPP and procurements TP referred to the earlier discussion on the new mental health and learning disability services contract and also noted that the news about the closure of Bootham Park Hospital had not been known at the time of writing the report. The MSK contract was proceeding with mobilisation; risks were being managed with both the current and new providers. The full Covalent update on projects and programmes had been discussed in detail at the Quality and Finance Committee.

TP provided detailed explanation of the risks and mitigation described both in the Finance, Activity and QIPP Report and at section 1.1.3 in the draft financial recovery plan. The £5.88m remaining risk related to the overtrade position with York Teaching Hospital NHS Foundation Trust, the non delivery of the Better Care Fund savings, the overtrade on non elective and A and E activity, and a proportion of unidentified QIPP. TP emphasised that no risk was being adjusted down without an action plan for delivery.

In respect of the remaining contingencies to mitigate the £5.88m TP referred in particular to the c£4m that the CCG was unable at the present time to invest in the Better Care Funds primarily with City of York Council. She explained that the premise of the Better Care Fund had been integrated, pooled health and social care budgets with the overall aim of reducing non elective activity in the hospital; this had not been achieved. TP further explained that the health and social care system was currently trying to spend the same money three times: system transformation to deliver savings, requirement for the Better Care Fund to underpin social care services, and payment by results for patient activity in the hospital. Additionally the CCG currently carried the full risk associated with the Better Care Fund schemes as no Section 75 agreement or formal risk share framework had been signed. This required addressing moving forward.

TP reported that discussions had begun with City of York Council, North Yorkshire County Council and East Riding of Yorkshire Council to assess and review the current Better Care Fund schemes, including the integration pilots and urgent care practitioners. Previously committed funding would be honoured but no further commitment would be made in the current year without evidence of impact of reduced activity levels. TP expressed confidence in £540k from external funding and noted contract management actions planned by the CCG and reduction in running costs. In terms of progressing future Better Care Fund plans a joint review would be undertaken with the local authorities and Health and Wellbeing Boards.

In response to SP enquiring whether any analysis of the increase in A and E activity had been undertaken and whether successful schemes were highlighted, TP advised that a Better Care Fund Dashboard had been developed which provided information to evidence stopping admissions and avoiding A and E attendances. Reporting of monthly and trend information was being further developed. TP additionally confirmed that this information was available at GP Practice level and had been shared with the integration pilots but not on a routine basis and that this was being considered for wider roll out.

LJ sought clarification on future commissioning of pilot schemes. TP advised that a number of the pilots were demonstrating outcomes in terms of the CCG's requirements but that all schemes would be considered within the prioritisation planning to ensure fair and equitable investment. RP additionally reported on recent discussion of the role of the Provider Alliance Board noting that the CCG's Commissioning Intentions would be presented at its October meeting to inform development of models within the available pooled resources.

JL referred to the statement on the report template that *'Bids and the corresponding investment through the GP Innovation Fund require a return at least equivalent to the amount invested to be financially viable. The CCG is committed to primary care but recognises the parallel requirement to achieve the financial plan.'* He expressed the view that progress of primary care to look after patients would be affected by the fact that the GP Innovation Fund had been released into the financial position and by a number of other factors, including the impact from the Better Care Fund issues and the closure of Bootham Park Hospital. AP responded that the position relating to the Better Care Fund position and non elective activity was not unique to the CCG highlighting that schemes took time to become embedded. He also noted that the CCG had provided Practices with information on variation but had not to date worked to address this.

In respect of potential to implement measures to limit prescribing SOC advised of the need to consider the context of the national trend. He noted that work was ongoing to analyse additional spend and to implement the ambitious prescribing QIPP programme which was not universally accepted by Practices.

PE echoed JL's concerns about impact on primary care and sought clarification as to whether the Better Care Fund planned 11.7% reduction in non elective admissions had been realistic and about the future planning prioritisation. TP acknowledged that the Better Care Fund plan would have been assessed at a lower rate if it was being developed at the current time and that recent modelling and reporting had reflected this. In respect of planning TP referred to existing frameworks and the requirement for the CCG to respond to the unexpected. She also noted that some areas were mandated.

The CCG required data to inform and support decision making.

The Governing Body:

Noted the Finance, Activity and QIPP Report.

10. Draft Financial Recovery Plan 2015/16

TP presented the draft financial recovery plan which was structured in the format 'Where are we now?', 'Where do we want to be?' and How do we get there?' Four appendices related respectively to Summary Financial Recovery Plan Action Plan, Additional Financial Controls and Temporary Suspension of Scheme of Delegation, Stakeholder Map and 2015/16 Performance Recovery Plan.

TP noted that, although this was the second submission to NHS England in their required format, it was the first occasion that this format of the draft financial recovery plan had been presented to the Governing Body due to the tight timescale of its development. Previous early drafts had been discussed at meetings of the Senior Management Team, the Quality and Finance Committee and a private session of the Governing Body.

TP referred to the submission of the original 2015/16 financial plan approved by the Governing Body which had identified a £19.1m gap in order to deliver the 1% surplus and the remaining business rules. She described the risks and pressures that had subsequently emerged and detailed associated actions and mitigations confirming that all uncommitted investment had been ceased. As a result the net risk at the current time was £5.88m.

In response to clarification sought TP advised that, although the CCG did not plan for penalties, the CCG would impose penalties in full on York Teaching Hospital NHS Foundation Trust in response to overtrade of activity. She noted that they accepted this position but that the recovery plan was a "live" document which would be monitored continually. TP also explained that activity to remedy the referral to treatment trajectory backlog would be paid through payment by results as this was based on a joint plan to achieve the 18 week referral to treatment target.

TP then explained the underlying position for 2016/17 which was a recurrent deficit of £8.25m. The focus was now to achieve a recurrent, sustainable position of financial balance which would be discussed at a meeting with NHS England on 4 October. TP noted that across CCGs in Yorkshire and Humber and the North of England NHS Vale of York CCG was not alone in terms of the financial challenge. She also noted there was currently no expectation of increase for the Better Care Fund in future years and referred to CCGs in the national context of receiving more growth than other areas of the public sector.

TP referred to the objectives and key principles of the financial recovery plan. She highlighted 2015/16 as a year of both transition and transformation to achieve a sustainable future. The System Leaders Board, discussed at item 5 above, would have a critical role in breaking down barriers between organisations to achieve patient flow and efficiencies. TP described the system approach, governance and assurance, and reporting and control arrangements. The CCG intended to implement a number of further wide ranging actions, including in respect of financial planning.

Whilst expressing a level of confidence of delivery in the recovery plan, which she reported was shared by NHS England, TP noted there was a significant level of risk, including the need for early information, levels of activity at York Teaching Hospital NHS Foundation Trust and prescribing activity.

TP additionally reported the intention of seeking external assurance on the recovery plan and its delivery. Potential options were currently being sought.

Further discussion ensued including the CCG's statutory duty not to overspend on allocation to avoid being placed in turnaround, the need for behavioural change to take place across the system, for the external assurance to be wider than a financial focus with areas such as impact on partner organisations and their sign up to be included, and for issues with partners to be addressed through the System Leaders Group.

KR emphasised the need for the recovery plan to be embedded, delivered and monitored.

The Governing Body:

Approved the draft financial recovery plan 2015/16.

11. Update from the Partnership Commissioning Unit

JP attended for this item

JP noted that her report provided a summary update of key areas of work and that there was regular engagement with the CCG in various forums. She commended the collaborative work between the CCG and the Partnership Commissioning Unit for the procurement process, award and mobilisation of the new contract for Mental Health and Learning Disability Services.

JP highlighted implementation of strategic work with North Yorkshire County Council and noted the ambition for a similar approach with City of York Council. She referred in particular to the Transformation Plan for Children and Adolescent Mental Health Services developed in response to the *Future in Mind* report and associated funding. A gap analysis had been undertaken and the resulting schemes included the aim of a single point of access into services to ensure quick and timely support; support for General Practice and schools; and embedding of skills in schools to improve capability and capacity to assist children at times of emotional episodes. JP advised that the Transformation Plan required sign off by the Health and Wellbeing Boards.

In respect of Continuing Healthcare JP referred to her ambition that no-one should be waiting more than six months for assessment by 1 October 2015. She reported that this had been achieved in other parts of North Yorkshire but two NHS Vale of York CCG patients were currently awaiting assessment; one of these was scheduled for 2 October. Compliance with the national framework was expected to be achieved by March 2016.

KR commended the progress of the Partnership Commissioning Unit in respect of Continuing Healthcare and the working relationship with the CCG since JP's appointment. LB additionally expressed appreciation to JP and her team for their work

during the Mental Health and Learning Disability Services procurement and to Jayne Hill in respect of the *Future in Mind* work.

JP highlighted the commitment of the staff in the Partnership Commissioning Unit and the joint working with partner organisations in respect of children with special education needs. She also noted that the Crisis Concordat work had been commended regionally.

The Governing Body:

Noted and welcomed the update from the Partnership Commissioning Unit.

JP left the meeting

12. Remuneration Committee Terms of Reference

RP noted that the Remuneration Committee had reviewed the revised terms of reference.

The Governing Body:

Approved the Remuneration Committee Terms of Reference.

13. Audit Committee Terms of Reference

SP reported that the changes to the Audit Committee Terms of Reference related to the inclusion of Security, Information Governance, quoracy and membership. In respect of the latter TM had joined the Committee in the role of Governing Body clinician.

The Governing Body:

Approved the Audit Committee Terms of Reference.

14. Referral Support Service Update

In introducing this report SOC apologised for the delay in its presentation and expressed appreciation for the support of Polly Masson, Innovation and Improvement Manager, Andrew Bucklee, Senior Innovation and Improvement Manager, EB, his former secretary Maisie Pearson, and current secretary Isobel Winterson.

SOC highlighted the overall service performance for 2014/15, detailed in Appendix 1, noting that the cost of £335k was estimated currently at c£0.5m. He confirmed that all practices were now using the Referral Support Service, commended the organisation of eight independent educational meetings based on topics identified through Referral Support Service clinical triage, noted that new reviewers had joined the team and that there were plans for further reviewers in the future. SOC also noted forthcoming changes to the software of the service which would enhance performance.

The report detailed progress in contributing to the reduction in outpatient first appointments, achieving 80% electronic referrals, increasing the range of specialties clinically triaged, improving referral quality, and development of long term plans for the

service. In addition to the appendix describing overall service performance for 2014/15 further appendices provided comparison of 2013/14 activity plus 1% demographic growth to 2014/15; trends in GP initiated first appointments; trends in GP referrals to York Hospital and the format of submission; reduction in paper referrals; return rate for clinical triage; and return reasons and rate of resubmission.

JL expressed appreciation of the comprehensive report and in reference to start up costs enquired as to whether there was a potential reduction as the scale of the service increased. SOC advised that there were no additional costs for the new software. However there was the potential for a number of efficiencies as the other North Yorkshire CCGs were joining the service. There was also the potential for a reduction in staff costs as the service was currently maintained by temporary staff and there would be opportunities for efficiencies within Practices following the roll out of the new software which included voice recognition.

TP referred to the increase in cardiology referrals and noted that this had also been identified through contracting data as internal activity.

The Governing Body:

Noted the progress of the Referral Support Service.

15. Designated Professionals Safeguarding Children Annual Report

MC welcomed the assurance provided in regard to the statutory responsibilities through the expertise of the Designated Professionals for Safeguarding Children.

The Governing Body:

1. Noted the progress made by the CCG, particularly in respect of arrangements for children who are looked after.
2. Noted that the CCG was compliant with requirements set out in revised statutory guidance.
3. Agreed the Designated Professionals Strategic Plan 2015/16.

16. Audit Committee Minutes

The Governing Body:

Received the minutes of the Audit Committee of 8 September 2015.

17. Quality and Finance Committee Minutes

The Governing Body:

Received the minutes of the Quality and Finance Committee of 20 August and 17 September 2015

18. Primary Care Co-Commissioning Committee Minutes

The Governing Body:

Received the minutes of the Primary Care Co-Commissioning Committee of 17 September 2015.

19. Medicines Commissioning Committee

The Governing Body:

Received the recommendations of the Medicines Commissioning Committee of 19 August 2015

20. Next Meeting

The Governing Body:

Noted that the next meeting was on 3 December 2015 at 10am at West Offices, Station Rise, York YO1 6GA.

21. Exclusion of Press and Public

There was no private meeting.

22. 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 1 OCTOBER 2015 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
6 August 2015	Chief Clinical Officers Report	• Compact arrangements to be established with York and East Riding of Yorkshire	SB/RP	3 December 2015
1 October 2015	Sign Up to Multi-Agency Information Sharing Protocol	• Clarification to be sought regarding expectations of primary care as a provider • Omission of East Riding of Yorkshire to be followed up	RP RP	