

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

Minutes of the Meeting of the Vale of York Clinical Commissioning Group Governing Body held on 7 March 2013 at Pocklington Arts Centre, 22-24 Market Place, Pocklington

Present

Professor Alan Maynard	Chair
Dr Emma Broughton	GP Member
Dr Mark Hayes	Chief Clinical Officer
Dr Tim Hughes	GP Member and Deputy Chair
Dr Tim Maycock	GP Member
Dr Shaun O'Connell	GP Member
Dr Guy Porter	Consultant Radiologist, Airedale NHS Foundation Trust, Secondary Care Doctor Member
Mrs Rachel Potts	Chief Operating Officer
Mr Keith Ramsay	Lay Member and Audit Committee Chair
Dr Cath Snape	GP Member
Mr Adrian Snarr	Chief Finance Officer
Mrs Carrie Wollerton	Executive Nurse

In Attendance

Dr Paul Edmondson-Jones	Director of Public Health and Well-being, City of York Council
Ms Kersten England	Chief Executive, City of York Council
Mrs Gill Fox (for item 11)	Commissioning Support Unit Policy Implementation and Assurance Manager, Individual Funding Request Lead
Mrs Emma Marshall	Communications Manager, North Yorkshire and Humber Commissioning Support Unit
Dr Brian McGregor	Local Medical Committee Liaison Officer, Selby and York

Apologies

Dr David Hayward	GP Member
Dr Andrew Phillips	GP Member

Approximately forty members of the public were in attendance.

Alan Maynard welcomed everyone to the meeting. He in particular welcomed Guy Porter as the Secondary Care Doctor member of the Governing Body and Kersten England, Chief Executive of City of York Council to their first meetings.

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

1. Ian Anderson

Is it intended to have a Patient Participation Group for the new CCG? If not may I strongly urge that consideration should be given to this in the interests of openness and transparency.

Cath Snape emphasised that consultation with members of the public was a priority for the CCG. She advised that the Public and Patient Involvement Steering Group, which included voluntary sector representatives, acted as a guide for CCG engagement. The CCG engaged with established groups, including Valuing People, Shadow Health and Wellbeing Boards and mental health groups; there was currently no separate Patient Participation Group.

2. Lesley Pratt, Chair of York Local Involvement Network (LINK)

Please can the CCG provide us with an update on local GP Patient Participation Groups? At the November board meeting you told us that the Commissioning Support Unit were undertaking a survey to find out how many practices have groups up and running, and once this had been done it would be decided how to monitor the activity and effectiveness of the groups. What progress has been made on this work?

We understand that practices currently receive funding for these groups, but that this will come to an end at the end of March. After that time, what incentive will there be for practices who currently don't have a participation group?

Cath Snape advised that 26 of the 35 GP practices had a Patient Participation Group. Of the practices that did not three were planning to establish one and three were single handed therefore had capacity issues. The CCG was planning to work with the three remaining practices in this regard.

In relation to funding Brian McGregor noted that practices only received payment if they reached the required standard. The new GP contract would be issued in mid March.

3. Jon Whitelam Pharmacist Manager of Boots Market Place, Pocklington

Does the CCG en-vision continuing the commissioning of the current pharmacy based Local Enhanced Services Minor ailments, Palliative Care and Domiciliary MAR Charts from 1 April?

Shaun O'Connell responded that the NHS Commissioning Board Area Team would commission these services and noted that the CCG would seek confirmation of this.

4. Local Resident

Expressed concern at hand hygiene at York Teaching Hospital NHS Foundation Trust.

Mark Hayes responded that this concern would be passed on to the provider.

1. Apologies

As noted above.

2. Declaration of Members' Interests in Relation to the Business of the Meeting

None.

3. Minutes of the Meeting held on 7 February 2013

The minutes of the meeting held on 7 February 2013 were agreed.

The Governing Body:

Approved the minutes of 7 February 2013.

4. Matters Arising and Action Log

Serious Incidents: Carrie Wollerton advised that a policy for Serious Incident Reporting would be presented at the April meeting and was currently being considered by the Quality and Performance Committee members.

All other matters had been completed or were ongoing.

The Governing Body:

Noted the update.

5. Chief Clinical Officer Report

Mark Hayes presented his report which provided information relating to the CCG's authorisation conditions, progress on the Vale of York CCG staffing, the appointment of Dr Guy Porter, the financial position and the Francis Report. He additionally referred to Productive General Practice noting that confirmation in writing was being sought prior to informing practices.

The Governing Body:

Noted the Chief Clinical Officer report.

6. 2013/14 Plan – Update

Rachel Potts informed members that the CCG was required to submit the 2013/14 Plan to the NHS Commissioning Board on 5 April 2013. Work was ongoing to identify measures which would achieve delivery. Examples of potential areas for consideration included pathology services, community diabetes, community dermatology, ophthalmology in regard to glaucoma and cataracts, pain management, neurology and integrated community services. These included both short terms and also longer term major transformational projects. Work was also ongoing in regard to, frailty services, urgent care and out of hours services. A public and patient engagement event was taking place on 19 March to discuss working together to design services.

Shaun O'Connell described other areas of transformational change including shared decision making and referral support services. Detailed discussion highlighted that, within the context of the financial plan, difficult decisions would be required imminently to address the financial challenge. Adrian Snarr described aspects of the financial plan, noting the requirement for intention to sign off a contract with York Teaching Hospital NHS Foundation Trust by 15 March and many areas of ongoing work, including continuing care and prescribing.

Kersten England highlighted the importance of focusing on prevention and independent living particularly in view of pressures on the social care budget which was losing 25% of the cost base.

Members reiterated that controversial decisions may be required but emphasised that a transparent approach would be implemented with continued engagement with members of the public.

The Governing Body:

Noted the update on the 2013/14 Plan.

7. Performance and Quality Dashboard

Performance and Quality

Carrie Wollerton briefed members on a performance meeting called by the CCG to discuss concerns over performance at York Teaching Hospital NHS Foundation Trust (the Trust). The meeting included the Chief Executive of Yorkshire Ambulance Service, the Chief and Deputy Chief Executive of York Teaching Hospital NHS Foundation Trust and the Finance Director, members of the Vale of York CCG and Scarborough and Ryedale CCG Governing Bodies, members of the NHS Commissioning Board Area Team and Associate Commissioners. The three key areas discussed included ambulance turnaround times, accident and emergency department performance and referral to treatment times (over 52 weeks). During the meeting other matters relating to quality and performance were also discussed and members discussed the whole system solutions that were

needed to address some of the issues. Draft action notes from the meeting were out for comment and amendment. Many of the actions would be overseen by the Collaborative Improvement Board (CIB) and Dave Whiting, Chief Executive of Yorkshire Ambulance Service (YAS), and Kersten England would be invited to join the CIB. A follow up meeting would be held in around six weeks to monitor progress.

Carrie Wollerton then took the Governing Body through the exception report and Dashboard. She advised that three Never Events had now taken place at the Trust in the current financial year. Investigations were underway and outcomes would be discussed at the serious incident review panel in due course. The incidents did not appear to be linked.

Members discussed in detail concerns about ambulance turnaround times noting that accident and emergency performance may have an impact and in turn affect the ambulance trust's ability to meet their response time targets. This was an unacceptable situation which could impact on patient experience and patient safety. The need for whole system change, including stronger community support systems such as Neighbourhood Care Teams, was highlighted; issues with the new Patient Transport Service (PTS) pathway were being raised with Dave Whiting.

Further discussion took place about the ongoing work to develop the format of the Dashboard. Members requested inclusion of information on turnaround times, delayed discharges and infant mortality, and discussed reintroducing the 36 week target into the contract. The need for timeliness of the data presented was highlighted to ensure appropriate decision making.

Clostridium difficile rates were also discussed noting that the Trust had breached the target. The CCG had been looking in more detail at the data and would be discussing this further with the Trust. It was further noted that there would be scrutiny of all clostridium difficile cases, community as well as acute, in 2013/14 and a CCG action plan needed to be developed.

Finance

Adrian Snarr highlighted ongoing concerns about retrospective continuing healthcare claims and noted positive performance in respect of the prescribing budget. He referred to the challenge of a potential C£9M forecast deficit against the £5.2M planned deficit and clarified that this did not include the £4M winter pressures funding.

In regard to the overtrade on the community services contract Adrian Snarr explained that this was due to the impact of continence products, the Minor Injuries Unit which was not a block contract, and the effects of transforming community services. It was noted that the fact that patients chose to be treated at the Nuffield and Ramsay Hospitals due to lower waiting times, did not affect the financial position as payment was on tariff.

QIPP

Rachel Potts focused on 2013/14 QIPP and lessons learnt on delivery in 2012/13. She emphasised the need for 2013/14 QIPP plans to be realistic in terms of capacity and timescales. All schemes would be implemented through a programme management approach which would ensure that each key area of work had a clear plan with objectives, actions and timescales for delivery of improvements; these would be actively monitored on an ongoing basis. The Integrated Operational Plan, to be presented at the April Governing Body meeting, would contain the programme areas.

The Governing Body:

Noted the Performance and Quality Dashboard and the feedback from the performance meeting.

8. Adult Safeguarding Policy

Carrie Wollerton referred to the Adult Safeguarding Policy which set out the CCG's responsibilities as both an employer and a commissioner of services. The Safeguarding Adults Policy had been previously brought to the Governing Body as a draft. Carrie Wollerton explained that this policy was a bespoke CCG policy but that this was a developing area and changes would need to be made in line with any emerging national and local policy. She gave a brief overview of the policy and the Prevent Standards. The policy would be included in provider contracts, however some amendments may be made to this version in the contract to reflect that the Prevent Standards were new and developmental for providers.

The Governing Body:

Approved the Adult Safeguarding Policy.

9. Mental Capacity Act/Deprivation of Liberty Safeguards

1. *Mental Capacity Act (2005) Policy*
2. *Mental Capacity Act/Deprivation of Liberty Safeguards Policy and Procedure*
3. *Mental Capacity Act/Deprivation of Liberty Safeguards: Learning and development strategy*

Carrie Wollerton presented the two policies and training strategy which related to The Mental Capacity Act (MCA) 2005 and The Mental Capacity Act Deprivation of Liberty Safeguards (DOLS). She briefly explained the CCG's responsibilities in respect of directly employed staff, and the organisations from whom services are commissioned, including a strategy for ensuring CCG staff are trained and aware of their duties in relation to the frameworks.

Carrie Wollerton noted that the CCG would inform GP practices about safeguarding adults and MCA DOLS structures and policies and associated training which was organised by the Local Authorities.

The Governing Body:

1. Approved the Mental Capacity Act (2005) Policy, the Mental Capacity Act/Deprivation of Liberty Safeguards Policy and Procedure and the Mental Capacity Act/Deprivation of Liberty Safeguards: Learning and development strategy.
2. Noted that GP practices would be informed of the safeguarding adults arrangements.

10. Robert Francis QC, Public Enquiry Overview, Mid Staffordshire: Briefing Report

Carrie Wollerton presented the overview of the key findings and recommendations arising from the Robert Francis QC, Inquiry into the failings of the Mid Staffordshire Trust. The report sets out the main recommendations under 5 key headings:

- A structure of clearly understood fundamental standards and measures of compliance, accepted and embraced by the public and professionals, with rigorous and clear means of enforcement
- Openness, transparency and candour throughout the system
- Improved Support for Compassionate Caring and Committed Nursing
- Strong and Patient Centred Healthcare Leadership
- Accurate, useful and relevant information

The Governing Body:

1. Accepted the report.
2. Endorsed the recommendations contained in the report and supported the development of a work plan to ensure the CCG was working towards implementation of the relevant recommendations with stakeholder and patient involvement.

11. Individual Funding Request Panels Post 1 April 2013

Gill Fox attended for this item

Rachel Potts presented the paper which outlined the arrangements to be agreed by the CCG for fulfilling its responsibilities for managing Individual Funding Requests (IFRs) post 1 April 2013. An IFR process and decision-making panel would be established as a formal decision making body empowered to make commissioning decisions on grounds of 'exceptionality' in specific circumstances. The NHS Commissioning Board would become responsible for many high cost/low volume procedures and all cancer drugs and related treatments. The IFR Panel would comprise eight or nine GPs and a Public Health Adviser. The North Yorkshire and York CCGs would initially inherit the PCT's clinical thresholds.

Members agreed that consideration was required as to how patients were supported through the IFR process and that co-design for the future would be developed.

The Governing Body:

1. Noted and accepted the Joint Committee arrangements for Panel membership.
2. Noted and accepted delegated authority for Individual Funding Requests.
3. Noted and accepted that the provision for IFRs was a statutory duty and an area of risk.
4. Approved the IFR Panel and Appeal Panel Terms of Reference, including the membership and GP Clinical Decision Maker role.
5. Approved the amendment to the Scheme of Reservation and Delegation which was in line with the CCG Constitution to secure appropriate delegated decision making in relation to the IFR process.
6. Noted that the Governing Body would need to agree reporting mechanisms back in to the CCG governance structure.

12. Strategic Collaborative Commissioning Committee Minutes

The Governing Body:

Received the minutes of the Strategic Collaborative Commissioning Committee held on 8 November and 13 December 2012.

13. Vale of York CCG Quality and Performance Committee Minutes

The Governing Body:

Received the minutes of the Vale of York Quality and Performance Committee held on 29 January 2013.

14. Any Urgent Business

Section 136 Suite: Cath Snape reported on discussions with potential providers for a short term solution whilst consideration was given to developing a North Yorkshire and York service

The Governing Body:

Noted the update on the Section 136 Suite and requested an update at the next meeting of the Governing Body.

15. Next Meeting

The Governing Body:

Noted that the next meeting would be held on 4 April 2013 at Priory Street Centre, 15 Priory Street, York YO1 6ET.

16. Exclusion of Press and Public

In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it is 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.

17. Follow Up Actions

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

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 7 MARCH 2013 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
20 September 2012	Serious Incidents	SI process to be mapped for GP Forum and distributed to Shadow Governing Body members	Carrie Wollerton	7 February 2013 meeting 7 March 2013 meeting 4 April 2013 meeting
7 March 2013	Public Questions: <ul style="list-style-type: none"> Pharmacy based Local Enhanced Services for Minor Ailments, Palliative Care and Domiciliary MAR Charts Hand hygiene at York Teaching Hospital NHS Foundation Trust 	Confirmation to be sought that NHS Commissioning Board would commission these services Concerns to be passed on to provider	Shaun O'Connell Mark Hayes	
7 March 2013	Mental Capacity Act / Deprivation of Liberty Safeguards	GP practices to be informed of safeguarding adults policies and training	Carrie Wollerton	

ACRONYM BUSTER

Acronym	Meaning
4Cs	Clinical Collaboration to Co-ordinate Care
A&E	Accident and Emergency
ACCEA	Advisory Committee on Clinical Excellence Awards
ACRA	Advisory Committee on Resource Allocation
AHP	Allied Health Professional
BMA	British Medical Association
BME	Black and Ethnic Minority
CAA	Comprehensive Area Assessment
CAMHS	Child and Adolescent Mental Health Services
CBLS	Computer Based Learning Solution
CCG	Clinical Commissioning Group
CDO	Chief Dental Officer
CDiff	Clostridium Difficile
CHD	Coronary Heart Disease
CIP	Cost Improvement Programme
CMHS	Community and Mental Health Services
CMHT	Community Mental Health Team
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
CNST	Clinical Negligence Scheme for Trusts
CSU	Commissioning Support Unit
CYC or CoYC	City of York Council
CPA	Care Programme Approach

Acronym	Meaning
CPD	Continuing Professional Development
CPR	Child Protection Register
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CSCI	Commission for Social Care Inspection
DAT	Drug Action Team
DCSF	Department for Children, Schools and Families
DGH	District General Hospital
DH or DoH	Department of Health
DPH	Director of Public Health
DSU	Day Surgery Unit
DTC	Diagnosis and Treatment Centre
DWP	Department of Work and Pensions
E&D	Equality and Diversity
ECHR	European Convention on Human Rights
EHR	Electronic Health Record
ENT	Ear, Nose and Throat
EPP	Expert Patient Programme
EPR	Electronic Patient Record
ETP	Electronic Transmission of Prescriptions
ESR	Electronic Staff Record
EWTD	European Working Time Directive
FHS	Family Health Services
FHSAA	Family Health Services Appeals Authority
GDC	General Dental Council
GMC	General Medical Council

Acronym	Meaning
GMS	General Medical Services
HAD	Health Development Agency
HDFT	Harrogate and District NHS Foundation Trust
HCA	Healthcare Acquired Infection
HPA	Health Protection Agency
HPC	Health Professions Council
HSMR	Hospital Standardised Mortality Ratio
IAPT	Improving Access to Psychological Therapies
ICAS	Independent Complaints Advisory Service
ICP	Integrated Care Pathway
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IMCA	Independent Mental Capacity Advocate
IM&T	Information Management and Technology
IP	In-patient
IRP	Independent Reconfiguration Panel
IWL	Improving Working Lives
JNCC	Joint Negotiating and Consultative Committee
JSNA	Joint Strategic Needs Assessment
KSF	Knowledge and Skills Framework
LDP	Local Delivery Plan
LHP	Local Health Plan
LINK	Local Involvement Network
LMC	Local Medical Committee
LNC	Local Negotiating Committee
LSP	Local Strategic Partnership

Acronym	Meaning
LTC	Long Term Condition
LTHT	Leeds Teaching Hospitals NHS Foundation Trust
LYPT	Leeds and York NHS Partnership Foundation Trust
MHAC	Mental Health Act Commission
MMR	Measles, Mumps, Rubella
MPIG	Minimum Practice Income Guarantee
MRI	Magnetic Resonance Imaging
MRSA	Methicillin Resistant Staphylococcus Aureus
MSK	Musculo-skeletal Service
MSSA	Methicillin Sensitive Staphylococcus Aureus
NAO	National Audit Office
NHSI	National Institute for Innovation and Improvement
NHSLA	NHS Litigation Authority
NICE	National Institute for Health and Clinical Excellence
NIMHE	National Institute for Mental Health in England
NMC	Nursing and Midwifery Council
NpfIT	National Programme for Information Technology
NPSA	National Patient Safety Agency
NRT	Nicotine Replacement Therapy
NSF	National Service Framework
NYCC	North Yorkshire County Council
OP	Out-patient
OSC	(Local Authority) Overview and Scrutiny Committee
OT	Occupational Therapist
PALS	Patient Advice and Liaison Service
PbC	Practice-based Commissioning

Acronym	Meaning
PbR	Payment by Results
PDR	Personal Development Plan
PHO	Public Health Observatory
PMS	Personal Medical Services
PPA	Prescription Pricing Authority
PPE	Public and Patient Engagement
PPP	Public-Private Partnership
PROMS	Patient Reported Outcome Measures
QALY	Quality Adjusted Life Year (used by NICE)
QIPP /QUIPP	Quality, Innovation, Productivity and Prevention
RCM	Royal College of Midwives
RCN	Royal College of Nursing
RCP	Royal College of Physicians
RCS	Royal College of Surgeons
RTA	Road Traffic Accident
RTT	Referral to Treatment
SARS	Severe Acute Respiratory Syndrome
SHA	Strategic Health Authority
SHO	Senior House Officer
SLA	Service Level Agreement
SMR	Standardised Mortality Ratio
SHMI	Summary Hospital Mortality Ratio
SNEY	Scarborough and North East Yorkshire NHS Healthcare Trust
TEWV	Tees, Esk and Wear Valleys Mental Health Foundation Trust
TIA	Transient Ischaemic Attack
TUPE	Transfer of Undertakings (Protection of Employment) Regulations

Acronym	Meaning
UCC	Unscheduled Care Centre
VFM	Value for Money
VTE	Venous Thrombosis Embolism
WCC	World Class Commissioning
WTD	Working Time Directive
YFT	York Teaching Hospital NHS Foundation Trust