

Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group Governing Body held 3 December 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 M Hayes (MH)	Chief Clinical Officer
Dr Tim Maycock (TM)	GP Member
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
Ms Michèle Saidman	Executive Assistant

Observers

Mrs Liz Smith	PwC
Mr Mark Wood	PwC

Apologies

Dr Shaun O'Connell (SOC)	GP Member
Dr Andrew Phillips (AP)	GP Member/Interim Deputy Chief Clinical Officer
Mrs Sharon Stoltz (SS)	Interim Director of Public Health, City of York Council

Eight members of the public were in attendance.

There were no questions from members of the public.

AGENDA ITEMS

1. Apologies

As noted above.

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

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

3. Minutes of the Meetings held on 1 October 2015

The minutes of the meeting held on 1 October were agreed subject to amendment on page 13 paragraph 4 to:

'...by a number of other factors, including the impact from the Better Care Fund issues and the closure of Bootham Park Hospital.

AP stated that the position...'

The Governing Body:

Approved the minutes of the meeting held on 1 October 2015, subject to the above amendment.

4. Matters Arising from the Minutes

Sign up to multi agency Information Sharing Protocol – expectations of primary care as a provider and omission of East Riding of Yorkshire: In regard to the former RP reported discussion had taken place at a recent York Health and Wellbeing Board Development session when it had been agreed that SS would liaise with the Local Medical Committee and Practice Managers Group. In respect of the latter a multi agency group had been established with overarching responsibility.

A number of items were noted as ongoing or completed.

The Governing Body:

Noted the updates.

5. Chief Clinical Officer Report

MH presented the report which provided updates on system resilience, primary care co-commissioning, integrated health and social care in the Vale of York, musculoskeletal services (MSK), 2015/16 forecast financial position, Council of Representatives, system leaders work, and emergency preparedness, response and resilience. He highlighted the extended System Resilience Group through the national Emergency Care Improvement Programme and the good response from General Practice for additional sessions over the Christmas and New Year period.

Following a review of primary care co-commissioning arrangements the Primary Care Co-Commissioning Committee had been established as a separate committee, chaired by KR, and a Primary Care Delivery Group, chaired by TM, had been established that would report to the Committee.

In referring to the update on MSK MH sought formal ratification of the CCG's decision not to proceed to contract signature. He noted that, following discussion with York Teaching Hospital NHS Foundation Trust, new GP referrals had re-started from 1 December.

In regard to the 2015/16 forecast financial position MH reported that formal notification had been received from NHS England of the CCG being classed as an organisation in turnaround. He also noted that a capacity and capability review was currently being undertaken by PwC with the potential for additional support following recommendations to the CCG and NHS England.

The Council of Representatives had almost unanimously supported submission of a bid to the National Association for Primary Care for a Primary Care Home. The outcome was awaited.

MH noted that at the System Leaders Board meeting on 19 November it had been agreed to work collaboratively and develop a single financial view across the health and social care system.

MH reported that the CCG had undertaken a self- assessment against required areas of the NHS England Core Standards for Emergency Preparedness, Response and Resilience. The Governing Body had agreed the CCG was fully compliant at its Part II meeting on 5 November 2015.

MH additionally reported that, subject to registration by the Care Quality Commission, Tees, Esk and Wear Valleys NHS Foundation Trust planned to re-open the Section 136 Suite at Bootham Park Hospital before Christmas. He also noted the Police had reported at the recent York Health and Wellbeing Board that no-one had been transported to a Place of Safety during November. This was testament to preventative work undertaken by Tees, Esk and Wear Valleys NHS Foundation Trust and to new ways of working across the whole system.

In response to clarification sought by KR regarding the review of flow at the York Hospital Emergency Department, MH explained that a contract variation had been agreed to the out of hours contract for additional GP hours from Friday night to Monday morning for patients for whom this was more appropriate. It was hoped that this service would assist towards achievement of the 95% A and E performance.

The Governing Body:

1. Noted the Chief Clinical Officer Report.
2. Ratified the decision not to proceed to contract signature for the MSK service.

6. Corporate Risk Update Report

RP referred to the report that presented the corporate risk, previously considered by the Quality and Finance Committee, that described potential and significant risks and risks that had materialised. In terms of the latter the risks related to: delivery of the CCG operational plan; the closure of Bootham Park Hospital which continued to impact on local delivery of mental health services; ongoing failure to meet the constitutional 4 hour A&E target; and delivery of MSK services due to not proceeding to contract signature. RP additionally highlighted significant risk associated with the current Commissioning Support procurement through the Lead Provider Framework in terms of both capacity and confidence in quality of service from a new provider.

In respect of corporate risk RP referred to media interest, Freedom of Information requests, Communications Team capacity and organisational reputation management.

TP reported that a full review of risk was being undertaken in regard to Finance and Contracting. A proposed new structure would be presented to the Audit Committee on 8 December. Risks and how they materialised would be reported to the Quality and Finance Committee.

In response to DB seeking further information about communication with staff, RP reported that regular briefings were provided and that to date two staff workshops had taken place; a further workshop was planned to focus on prioritisation of transformation schemes and a cross team approach. A further programme of staff workshops was also being developed. Additionally the Staff Engagement Group was progressing work on the action plans and staff survey outcomes.

The Governing Body:

Noted the corporate risks identified and mitigating actions.

7. Integrated Quality and Performance Governing Body Assurance Report

7.1 Quality and Performance Assurance Data: Quarter 2 2015/16

KR referred to the four hour A and E performance at York Teaching Hospital NHS Foundation Trust which, despite investment across the system to increase capacity and improve performance, continued to be an issue. MC responded that patient basis breach analysis was not currently provided to the CCG but explained that the performance issues were multi factorial and included waits to see a doctor especially in the early hours, the fact that while there had been capital investment in the handover bay it was not always fully staffed, senior doctor and nurse staffing issues, and a need for improved discharge planning.

KR recognised that four hour A and E performance was a national issue but emphasised the need for breach information to enable an understanding. MH referred to a recent meeting between York Teaching Hospital NHS Foundation Trust, Monitor, NHS England, and NHS Scarborough and Ryedale and NHS Vale of York CCGs. He noted there had been recognition that this was a multi factorial issue and that Monitor was expecting an improvement in performance compared to quarter 4 last year. MH emphasised that this

was a system issue and that close working was taking place with partner organisations. TM added that from a clinical perspective there was a need to understand the system and ensure appropriate attendance and timescales for patients.

JL referred to the urgent care dashboard being developed across the system of which York Teaching Hospital NHS Foundation Trust played a part. He noted that this information informed the integrated care pilots on patient progress to discharge and requested that development of the dashboard be expedited. MC reported that an urgent care dashboard had been launched but noted that there was a national definition of delayed transfer of care which although important for reporting did not capture all delays. She advised that a detailed action plan for all delays had been agreed with the Emergency Care Improvement Programme and that regular meetings were held to discuss delayed transfers of care with partners.

In response to PE referring to the GP in the Emergency Department and the fact that the longest waits and highest attendances were during school holidays, MC explained that the backlog was created due to increased acute admission demand. There was a need for services to wrap round demand and expectation. All local authorities across the CCG footprint were involved but the greatest concern related to City of York. MC also highlighted the lack of home care packages due to recruitment issues as the main reason for delayed transfers of care.

7.2 Quality and Performance Governing Body Report

MC reported that the latest unvalidated data for Yorkshire Ambulance response times, as at week ending 15 November 2015, showed Red Combined eight minute and 19 minute performance of 71.2% and 90.7% respectively against the 75% and 95% targets. In October the 75% eight minute target had been met at nine minutes and the 95% 19 minute target at 24 minutes. MC highlighted the extreme pressure on York Teaching Hospital NHS Foundation Trust during September and October which had impacted on the handover times noting that five wards, i.e. 124 beds, had been closed due to norovirus. There were currently no beds closed for this reason.

MC noted that the referral to treatment admitted backlog for patients waiting more than 18 weeks continued to be on a downward trend and the diagnostic target had been achieved for both the CCG and York Teaching Hospital NHS Foundation Trust in September 2015.

Performance against cancer targets was good but the 62 day treatment following urgent GP referral was 84% against the 85% target; this related to small numbers and was often impacted by patient choice. Dermatology had experienced capacity shortfall due consultant sickness which had impacted on delivery of the 14 day fast track target.

The external review of the new stroke pathway between York and Scarborough had resulted in endorsement as a potential Beacon Site.

MC reported that the updated position in respect of clostridium difficile was 42 cases against the trajectory of no more than 43 at York Teaching Hospital NHS Foundation Trust in 2015/16. She assured members that close working and regular meetings took place, no lapses in care had been identified in those cases with completed root cause analysis and all cases had been unpreventable.

In respect of Serious Incidents MC explained that the 12 hour trolley waits reported had taken place when the five wards had been closed, as highlighted above. Assurance had been received that no adverse clinical impact had resulted. The issue relating to evidence pertaining to detention under the Mental Health Act had been resolved but investigation was taking place.

MC noted that the national data relating to Improving Access to Psychological Therapies (IAPT) was three months in arrears but Tees, Esk and Wear Valleys NHS Foundation Trust was working on a system to provide improved data. In respect of GP referrals to IAPT discussion included communications and the need for more detailed information to be provided about waits for treatment and which services were currently able to provide such a service.

With regard to patient experience MC highlighted the work that had taken place by York Teaching Hospital NHS Foundation Trust to improve the quality of information the CCG received for assurance. She also reported on the contractual requirement for GP Practices to submit Friends and Families data noting that support would be offered to those that had not yet done so. MC noted that she would discuss with PE sharing this information with Practices.

In respect of the new requirements for nurse and midwife revalidation MC reported that training and support was being provided for Practice Nurses and Registered Nurses in care homes to mitigate the potential risk of adverse effect on recruitment.

MC reported that plans had been in place in preparation for the strike by junior doctors that had been called off. These would remain in case the strike took place in the New Year.

In response to clarification sought by PE about the impact of bed closures at York Hospital and patients being taken elsewhere, MC reported that decisions to divert were taken by the Yorkshire Ambulance Service and only one patient had been diverted, to Harrogate Hospital. In respect of financial and contracting implications MC explained that this was due to there having been more activity in the NHS Vale of York CCG area than was in the Yorkshire Ambulance Service contract noting that the 999 aspect was managed by NHS Wakefield CCG. TP added that the Yorkshire Ambulance Service contract had been established across the 23 Yorkshire and Humber CCGs and that only 75% support was required for any vote on the contract. Negotiations were taking place to bring the contract back in line with budget however this was a multi faceted contract with a collar and cap risk share. NHS East Riding CCG was the local lead on behalf of the North Yorkshire and Humber CCGs and NHS Calderdale and NHS Huddersfield CCGs were the lead for 111 performance.

In respect of the urgent care dashboard MC reported that this was in the early stages of enabling an understanding of system pressures. She noted that the CCG co-ordinated the presentation of data for the Urgent Care Working Group and System Resilience Group.

MC reported that a strategy for patient experience was being incorporated in the Engagement Strategy which would be presented at the January 2016 Governing Body Workshop. She also noted that planning processes would demonstrate patient

engagement and proposed that the Governing Body receive assurance through periodic more detailed reporting in this regard. SB additionally reported that Healthwatch England had recently published a survey indicating that people were willing to provide feedback but did not know how to do so. Joint work was taking place across the CCG footprint to provide assistance.

The Governing Body:

1. Noted the exceptions in the two reports.
2. Noted that MC would discuss with PE sharing GP Practice Friends and Families information with Practices.

8. Financial Performance Report

TP noted that she would provide an update on three areas.

Financial position as at month 7, 31 October 2015

TP reported that there had been a further deterioration in the financial position by £1.4m resulting in a year end forecast of £1.1m deficit, which was £5m below plan. This was due in total to an unknown cost pressure in mental health out of area placements. Other aspects of the forecast position remained unchanged and early indications for month 8 were that the York Teaching Hospital NHS Foundation Trust position still remained unchanged.

TP detailed the two aspects of the pressure relating to mental health out of area placements:

- The c£750k expenditure for 2015/16 had not been accrued during the first half of the current year. A detailed report was awaited from the Partnership Commissioning Unit in response to the CCG's request for how this had occurred and seeking assurance that there would be no repetition.
- Early information on mental health out of area placement expenditure had informed a decision to reduce this budget to aid addressing the £19m gap in the plan in June 2015. There was therefore now an overspend in this area as a result.

TP advised that the payments and accrual had now been incorporated in the financial position. She also reported that all mental health payments had been realigned within the new contract with Tees, Esk and Wear Valleys NHS Foundation Trust and that the issue identified had been incorporated in the underlying financial position.

TP referred to the key actions detailed in section 2 including the prescribing expenditure focus report at Appendix 2. She also noted that engagement was taking place both with GP Practices and the Council of Representatives and that a revised Finance and Contracting Risk Register would be presented for approval by the Audit Committee. It would then be included in the regular item at the Quality and Finance Committee.

TP reported that the implications for the deterioration in the financial position were detailed within the letter from NHS England notifying that the CCG was classed as an organisation in turnaround. She explained the difference between declaring a variance

to plan and formal deficit noting that the latter was a statutory breach. Discussion was taking place to understand the meaning of being in turnaround and work was taking place across the system to prevent the CCG being put in special measures. The required financial recovery plan was being developed; this would inform the financial plan for 2016/17 and focus on achieving recurrent balance.

TP referred to the prescribing expenditure appendix, noting the two month lag in availability of prescribing data. She highlighted the annual spend on anti diabetic drugs, for which the key driver was a price increase over which the CCG did not have control, and the increase in oral anti-coagulants, mainly as a result of patient choice. Discussion included the need for prevention programmes through joint working with Public Health and the fact that some antidepressants were inappropriately used for pain management.

TP reported that an event was being arranged in January for GP Prescribing Leads and Practice Managers with a view to agreeing a joint action plan to address the budget overspend. She explained that the prescribing QIPP was profiled for impact later in the financial year and that an agreement at the prescribing workshop would be used to inform 2016/17 planning. Further discussion took place in the context of the integration pilots and potential for achieving reduced waste in prescribing.

In respect of the QIPP aspect of the Financial Performance Report RP highlighted the Better Care Fund information with particular reference to the review relating to the City of York Council schemes. She noted the need for further information on their impact and advised that detailed consideration took place regularly at the Quality and Finance Committee. The East Riding of Yorkshire schemes were progressing and TM provided updates on these.

Turnaround Requirements

TP reported that submission of the next draft of the financial recovery plan to NHS England was required by 12 December; this would be an update on the month 8 position for in year recovery. A draft of the plan for the recurrent position was required by 31 December. In view of the timing of Governing Body meetings TP agreed to circulate the plans to members electronically. She also noted that discussion would take place at the Quality and Finance Committee and Council of Representatives on 17 December.

TP advised that she had discussed with NHS England the reality of being able to address the £5m gap by 12 December. She also noted further risk in respect of potential overtrade with York Teaching Hospital NHS Foundation Trust and a potential further £3m risk adjusted position.

TP emphasised that the CCG's approach was not to take any short term action that would adversely affect services, quality or the financial position in 2016/17 and beyond. The focus was on addressing the recurrent problem as a system.

TP reported that one of the requirements of being in turnaround was increased reporting to NHS England. All reports, press releases and media enquiries relating to the financial position were being shared with them. Additionally the action plan relating to the Financial Control Environment Assessment submitted at the end of August was being monitored and would be presented at the Audit Committee on 8 December. TP noted that a number of these actions had been completed.

TP additionally reported that she had weekly calls with Jon Swift, NHS England Finance Director, and monthly finance meetings.

Comprehensive Spending Review

In referring to the Comprehensive Spending Review on 25 November TP reported that the £8bn for the NHS appeared to be frontloaded to a degree with £3.8bn (3.6%) growth in 2016/17, decreasing in the following years with the £22b efficiency requirement by 2021 remaining. It was therefore critical that all investment was given careful consideration from both the CCG and provider perspectives.

Local planning was required to focus on seven day services across the system, mental health, and the Better Care Fund return which would be at a flat rate for 2016/17 with full health and social care integration by 2020. The focus of significant capital funding on care closer to home and technology was an opportunity for the integration agenda. TP advised that the January Governing Body Workshop would include information on planning requirements.

In response to SB seeking further assurance on the commitment to improving and not compromising patient care in the short term KR emphasised that, whilst this was the CCG's vision, the Governing Body was accountable for the financial reality. MH added that in his view both were possible but achievement would be through transformation which took time, as indicated through international evidence. He noted that the discussions with NHS England included transformation and emphasised the intention that any action taken to achieve the in year position must not adversely impact on 2016/17 and beyond.

SP supported the approach of not taking measures that would impact on the future but expressed concern that the in year financial recovery plan would not fulfil the statutory requirement to be in financial balance. In response TP explained that NHS England had requested closing of the £5m gap to achieve the financial plan but that the immediate requirement was to address the £1.1m deficit. She detailed ongoing work which, although transactional, would assist the latter and also noted discussion with York Teaching Hospital NHS Foundation Trust to reach an early year end agreement. TP hoped that the plan to be submitted by 12 December would address the deficit and that the subsequent plan for submission by 31 December would start to close the underlying gap. She emphasised that the latter would form the basis for the long term 2016/17 financial plan and would continue to evolve accordingly.

TP further explained that the business rule relating to the requirement for a 1% surplus would still be required and would be carried forward in to 2016/17. She noted that the underlying gap, originally £19m, now appeared to be c£17m to £18m which included reinstating the Business Rules and 1% surplus. Clarification was being sought of associated implications on the annual accounts.

In response to DB seeking assurance that all possible measures had been considered, including both contractual and running cost opportunities, without impacting on the longer term plans, TP agreed to provide detailed information at the Quality and Finance Committee. She also referred to the additional financial controls and temporary suspension of the CCG's Scheme of Delegation implemented in late August 2015 and

noted that all temporary staff posts were currently being reviewed. TP also reported that Tees, Esk and Wear Valleys NHS Foundation Trust were undertaking a full baseline review of invoicing for mental health out of area placements and that there was indication of potential recouping of charges made in error. The Partnership Commissioning Unit had been asked to undertake a complete review of continuing healthcare to ensure correct levels of spend, efficient and effective ledger, and that patients were receiving the right care in the right place for the right cost.

JL expressed concern at pressures experienced by City of York Council that were affecting patients and impacting on GPs, including planned decommissioning of the stop smoking service, LARCs (long-acting reversible contraceptives), health checks and substance misuse shared care. He noted that similar discussion had taken place at the York Health and Wellbeing Board on 2 December.

In conclusion KR referred to the fact that the CCG had achieved financial balance in its first two years and emphasised the need for transformation to be expedited.

The Governing Body:

1. Noted the Financial Performance Report and associated updates.
2. Noted that the two draft financial plans would be circulated to members electronically prior to submission by 12 and 31 December.

9. Procurement Policy

In referring to this item TP reported that the Procurement Policy was part of the CCG's Detailed Financial Policies which were being reviewed by the Audit Committee on 8 December. The Procurement Policy was in a new format which incorporated lessons learnt from recent procurements. It would be presented to the Governing Body following approval by the Audit Committee.

The Governing Body:

Noted that approval would be sought for the new Procurement Policy following its review and approval by the Audit Committee.

10. Equality, Diversity and Human Rights Strategy Update

RP referred to the report which was presented in light of recent changes to NHS equalities practice, noting that the changes were highlighted. An updated action plan would be presented in March or April 2016.

The Governing Body:

Noted the changes made to the Equality, Diversity and Human Rights Strategy to ensure plans were aligned to current legislation and NHS practice.

11. Quality and Finance Committee Minutes

The Governing Body:

Received the minutes of the Quality and Finance Committee of 22 October and 19 November 2015.

12. Medicines Commissioning Committee

The Governing Body:

Received the recommendations of the Medicines Commissioning Committee of 16 September and 21 October 2015.

13. Next Meeting

The Governing Body:

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

14. 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. KR additionally reported that a similar meeting had taken place on 5 November 2015.

15. Follow Up Actions

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

A glossary of commonly used terms is available at

<http://www.valeofyorkccg.nhs.uk/data/uploads/governing-body-papers/governing-body-glossary.pdf>

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP

ACTION FROM THE GOVERNING BODY MEETING ON 3 DECEMBER 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 3 December 2015	Chief Clinical Officers Report	<ul style="list-style-type: none"> • Compact arrangements to be established with York and East Riding of Yorkshire 	SB/RP	3 December 2015 Ongoing
1 October 2015 3 December 2015	Sign Up to Multi-Agency Information Sharing Protocol	<ul style="list-style-type: none"> • Clarification to be sought regarding expectations of primary care as a provider • To be progressed through liaison with Local Medical Committee and Practice Managers Group • Omission of East Riding of Yorkshire to be followed up 	RP RP	Completed

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
3 December 2015	Quality and Performance Governing Body Report	<ul style="list-style-type: none"> Discussion to take place regarding sharing GP Practice Friends and Families information with Practices 	MC/PE	
3 December 2015	Financial Performance Report	<ul style="list-style-type: none"> Draft financial plans to be circulated electronically prior to submission by 12 and 31 December 	TP	