

**Minutes of the Meeting of the NHS Vale of York Clinical Commissioning Group  
Governing Body held 5 January 2017 at Selby District Association of Voluntary  
Service, Community House, Portholme Road, Selby YO8 4QQ**

**Present**

Mr Keith Ramsay (KR)	Chairman
Mr David Booker (DB)	Lay Member
Dr Emma Broughton (EB)	GP Member
Dr Stuart Calder (SC)	GP, Council of Representatives Member
Mrs Michelle Carrington (MC)	Chief Nurse
Dr Paula Evans (PE)	GP, Council of Representatives Member
Dr Arasu Kuppuswamy (AK)	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Member
Dr Tim Maycock (TM)	GP Member
Mr Phil Mettam (PM)	Accountable 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)	Director, Healthwatch York
Dr John Lethem (JL)	Local Medical Committee Liaison Officer, Selby and York
Ms Michèle Saidman (MS)	Executive Assistant
Mrs Elaine Wyllie (EW)	Interim Executive Director of Joint Commissioning

**Apologies**

Dr Louise Barker (LB)	GP Member
Mr Jim Hayburn (JH)	Interim Executive Director of System Resources
Dr Andrew Phillips (AP)	GP Member/Interim Deputy Chief Clinical Officer
Mrs Sharon Stoltz (SS)	Director of Public Health, City of York Council

Three members of the public were in attendance. No questions had been submitted within the timescale.

KR welcomed everyone to the meeting. He particularly welcomed EW to her first meeting since appointment as Interim Executive Director of Joint Commissioning. KR additionally expressed appreciation to Louise Johnston for her contribution as Practice Manager Representative following her resignation as reported at item 5.

## 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 Meeting held on 1 December 2016

The minutes of 1 December were agreed subject to amendments on page 12 item 17 and page 18 section C which should read respectively:

'...5 January 2017 at Selby District Association of Voluntary Service, Community House, Portholme Road, Selby YO8 4QQ.'

'...Chronic fatigue – Yorkshire Fatigue Centre...'

#### The Governing Body:

Approved the minutes of the meeting held on 1 December 2016 subject to the above amendments.

### 4. Matters Arising from the Minutes

*Turnaround - Clarification to be sought regarding presentation on the allocation graph of NHS Vale of York CCG moving towards target over the five years but the North Yorkshire and Humber neighbouring CCGs moving away:* TP explained that the Medium Term Financial Strategy, which would include this information, was still being finalised. Subject to confirmation that it aligned with the Operational Plan, discussion was taking place with a view to it being launched at the February Governing Body.

*Quality and Performance Intelligence Report – Establishment of a protected learning forum for GPs:* PM reported that he and PE were working with member Practices to develop a proposal for introduction in April 2016.

*Accountable Officer Report - SOC to work with SS to ensure effective communication regarding weight management and smoking cessation support services:* SOC reported that this work was progressing and agreed to provide an update at the February Governing Body meeting.

*Sustainable Development Management Plan 2016-20 - CCG sign up to One Planet York Strategy to be ascertained and SS to be informed:* RP reported that the CCG supported the Strategy in principle and agreed to discuss this with SS with a view to, if required, bringing back to Governing Body for final sign up.

A number of matters were agenda items, had been completed or were scheduled for a later meeting.

## **The Governing Body:**

1. Noted the updates.
2. Noted that RP would discuss with SS CCG sign up to *One Planet York Strategy*.

## **5. Accountable Officer's Report**

PM presented the report which provided updates on turnaround, Legal Directions and the CCG's 2016-17 financial position; the Operational Plan 2017-19; decision making arrangements; the CCG's quarters 1 and 2 assurance checkpoint meetings with NHS England; proactive health coaching research trial; Council of Representatives; emergency preparedness, resilience and response; co-opted Governing Body Practice Manager Representative; Humber, Coast and Vale Sustainability and Transformation Plan; and national plans and strategic issues.

PM confirmed that the CCG was still under Legal Directions and advised that a public facing version of the Medium Term Financial Plan, which focused on a strategic and tactical approach to closing the financial gap, would be developed. PM referred to the £24.1m forecast deficit and explained that the allocation for health needs of the CCG's 350,000 population was £450m but the forecast spend was currently £474m. The CCG intended to engage with local people in the community to jointly work on addressing the challenge posed by the fact that the allocation no longer met demand for services.

PM referred to the Operational Plan 2017-19, at agenda item 7, which described six priorities. He emphasised that discussion with the community would focus on delivering services at a local level in the financial context and that the CCG was determined to both address the financial challenge and give confidence of being able to deliver its obligations, including Constitutional performance targets. PM noted that he had met all the local MPs who had expressed support for the approach described and explained that the role of the CCG was to ensure that patients had a better understanding of the mismatch between allocation and spend with the aim of co-creation of solutions in an open and transparent way.

Discussion included: assurance sought regarding the CCG's capacity to undertake the work described; the need for choice but in the context of affordability; the importance of a proactive approach to prevention through joint working with Public Health; and the nature of the challenge to ensure access to the right service at the right time to reduce demand. In respect of prevention PM agreed to request that SS provide a report on behalf of the CCG's three local authorities on preventative work to date and planned.

In respect of accountability PM described the CCG's recently implemented governance structure established in response to the Legal Directions. He noted that, once agreed by the respective committees, terms of reference would be presented for ratification by the Governing Body. PE welcomed the new arrangements advising that the Council of Representatives had considered the proposed terms of reference for the Primary Care Commissioning Committee and Clinical Executive. She also noted that the Council of Representatives would escalate concerns to the Governing Body in the same way as the committees currently did and welcomed the attendance by the Lay Members at Council of Representatives meetings. KR added that monthly meetings between PE, PM and himself had begun.

PM referred to the quarters 1 and 2 checkpoint meetings with NHS England advising that they had commended the Operational Plan 2017-19 in initial feedback. In this regard PM expressed particular appreciation to Caroline Alexander, Interim Head of Planning and Assurance, and to all involved in development of the plan. He explained that at the meeting with NHS England the CCG had focused on positive areas of work achieved despite of the financial challenge and differences across the system. This approach would be promoted at every opportunity.

In respect of emergency preparedness, resilience and response PM noted that the Emergency Departments in both York and Scarborough Hospitals were under extreme stress. This would be further discussed at item 9 below.

PM reiterated appreciation of Louise Johnston's contribution to the Governing Body during her time as Practice Manager Representative.

With regard to the Humber, Coast and Vale Sustainability and Transformation Plan (STP) PM emphasised that control of services and decision making would continue at a local level. He described the establishment of a Vale of York Accountable Care System Partnership Board whose first meeting was planned for March. Engagement with local people and stakeholders would inform decisions on where resources should be spent on a population basis. PM noted that other parts of the current STP footprint were not as financially constrained as the Vale of York and reported on initial discussions on the potential for the principle of a single control total.

In respect of primary care representation on the STP PM noted that this was an area that required improvement and emphasised that appropriate General Practice representation would be a focus in the accountable care system. JL added that he had met with Emma Latimer, Chief Officer of NHS Hull CCG and Humber, Coast and Vale STP Lead, to discuss increasing GP representation at an appropriate level.

With regard to national plans and strategic issues in his report PM highlighted the NHS Continuing Healthcare Strategic Improvement Programme. He advised that, following concern expressed by the Executive Committee about management of continuing healthcare for the CCG's patients, consideration was being given to introducing interim arrangements to gain assurance with an option appraisal being developed for a different operating model in the medium term.

In respect of datasets and analysis referred to in relation to the STP and General Practice extended access SOC requested that the information be added to the Yor-Insight button on the Referral Support Service section of the CCG website. Discussion ensued on the need to ensure that data was validated and related to a specific purpose.

### **The Governing Body:**

1. Noted the Accountable Officer Report.
2. Noted that PM would request a report on behalf of the CCG's three local authorities detailing preventative work to date and planned.
3. Expressed appreciation to Caroline Alexander and everyone involved in development of the Operational Plan 2017-19.

4. Expressed appreciation to Louise Johnston for her contribution as Practice Manager Representative.

## **6. Corporate Risk Update Report**

In presenting this report RP referred to PM's description of the new governance structure and explained that each of the new committees received a risk report in accordance with its remit. She noted that PM had made reference above to a number of the risks in the Corporate Risk Report and that later agenda items included other risks identified.

RP advised that four corporate events identified as having "serious" impact were: Failing to achieve an assured position for the 2016-17 plan, Failing to achieve 67% dementia coding target in General Practice, Failing to achieve the Urgent Care Constitution four hour A&E waiting times target, and Failure to manage Partnership Commissioning Unit areas of spend. Additionally risks had been identified relating to the Better Care Fund, CCG financial position and QIPP delivery.

RP noted that the new CCG Executive structure would be confirmed at the January meeting of the Executive Committee and thereafter the named lead responsible officers would be updated accordingly for the risk report.

In response to KR seeking clarification about the urgent care performance target and impact on access to the Sustainability and Transformation Fund, TP advised that this was the subject of discussion between York Teaching Hospital NHS Foundation Trust and NHS Improvement.

### **The Governing Body:**

1. Received the Corporate Risk Update Report as at 14 December 2016.
2. Noted that the named lead responsible officers would be updated following confirmation of the new CCG structure at the January meeting of the Executive Committee.

## **7. Operational Plan 2017-19**

PM advised that the 'Plan on a Page' and six priorities were presented for information as headlines from the Operational Plan submitted to NHS England and awaiting formal feedback. Subject to their approval the full Plan would be presented at the February Governing Body meeting. PM explained that the Plan on a Page would inform development of a system plan in discussion with partners and stakeholders to replace the current iteration; agreement in this regard would be through the Accountable Care System Partnership Board.

The six priority areas – strengthening primary care; reducing demand on the system; fully integrated out of hospital care; sustainable acute hospital and single acute contract; transformed mental health, learning disabilities and complex care services; and system transformation – had been developed with partners. PM emphasised the role of General Practice and engagement with the population in delivering the priorities. The restructure of the CCG, which would be outlined when the full plan was presented, aimed to ensure focus on these areas.

RP explained that the Plan on a Page had been shared at the Accountable Care System Workshop on 8 December and that a subsequent engagement process was now ongoing. She noted that a local STP delivery plan was also being developed.

Discussion ensued regarding joint working between commissioners and providers and the need to align financial and activity projections. PM emphasised the need to ensure that General Practice and the population understood both the priorities and how they could be delivered. SOC requested that the role of managing prescribing costs be highlighted in the plan as there were further opportunities in this regard and DB expressed concern that the CCG currently had a gap in terms of technology capacity and capability noting its requirement across all workstreams.

Members commended the plan and reiterated the importance of a public facing version to enable a clear understanding of the priorities and associated requirements.

### **The Governing Body:**

Noted that the Operational Plan 2017-19 would be presented in full following approval by NHS England.

## **8. Financial Performance Report Month 8**

In presenting this report TP confirmed that the position was as discussed at the Finance and Performance Committee on 22 December: a £24.1m forecast deficit with increased risk that it would be achieved. The main reason for the higher level of risk related to the fact that, contrary to historic activity levels on which contracts had been set, activity had increased, especially at York Teaching Hospital NHS Foundation Trust. TP referred to the reported year to date variance of £22.5m deficit and the forecast outturn of £18.1m deficit explaining that, in agreement with NHS England, the actual forecast would be shown in the month 9 report.

TP explained that the CCG was working closely with partner organisations to address the system gap and that support was being sought to achieve the £24.1m forecast deficit position. She welcomed the fact that members of NHS England were working with the CCG on financial planning, reporting and decision making.

In response to members seeking information as to reasons for the increased activity at York Teaching Hospital NHS Foundation Trust, TP advised that no extra capacity had been contracted. The Trust was trying to manage the pressure both from increased non elective activity and also planned referral to treatment activity.

In respect of continuing healthcare MC explained that this comprised a spend, not a budget, and that there were multi factorial reasons for the high number of referrals and increasing number of appeals. The latter was impacted by patients who disagreed with the outcome of the previously unassessed periods of care (PUPOC) cases. These assessments had been required by September 2016. MC noted the potential for a further PUPOC requirement. She also referred to the NHS Continuing Healthcare Strategic Improvement Programme, as per PM's report, and RightCare information which would be used to inform the CCG's work in this regard. MC also noted the potential for savings through review of joint packages of care and funded nursing care in terms of analysis of the health associated spend.

In response to clarification sought regarding QIPP savings and the GP Innovation Fund TP explained in respect of the former that overall there was slippage but a number of schemes, particularly for prescribing, had a degree of underspend; for the latter, which had been capped in May 2015, a commitment had been made from the previous year in to 2016-17.

TP reported on a York system meeting in late December attended by PM and herself with representatives from NHS England, NHS Improvement, York Teaching Hospital NHS Foundation Trust, NHS East Riding and NHS Scarborough and Ryedale CCGs; further such meetings were planned. TP noted that the respective Chief Finance Officers had also attended a pre-meet.

TP explained in respect of the 2016-17 outturn that NHS England and NHS Improvement had required the CCG and York Teaching Hospital NHS Foundation Trust to work to resolve outstanding issues. However, contract challenges relating to ambulatory care and sepsis, valued at c£2m to £2.5m, had been escalated to the first stage of mediation. TP reported on a 2017-18 planning meeting with NHS Scarborough and Ryedale CCG on 4 January at which the two CCGs had agreed to adopt a single view of the challenges and the aim of a joint resolution. TP noted that initial results from the findings of the independent review of detailed contract management processes and resource utilisation at York Teaching Hospital NHS Foundation Trust had been received; more detailed feedback would help inform 2017-18 planning together with national benchmarking. Members noted the previous experience of working in a CCG of Cathy Kennedy who had been appointed to NHS Improvement.

TP described the focus on financial planning for 2017-18, 2018-19 and QIPP plans in addition to trying to close the 2016-17 QIPP gap. Each programme area had been subject to a robust confirm and challenge session at which NHS England had been present. The schemes in the month 8 report had been approved by the Executive Committee in terms of 2016-17 and 2017-18.

In response to SP referring to the CCG's historic issue of performance in delivery of QIPP schemes TP explained that the current QIPP schemes had been confirmed, in discussion with NHS England, as challenging but achievable. She noted that £11m of the c£14m schemes identified were included in the plan and advised that at 2.5% this was in line with CCGs nationally. TP added that each QIPP scheme and each budget line would have an executive lead; this would triangulate responsibility and accountability to the Executive Committee. KR emphasised the role of the Governing Body in adding value to processes to ensure delivery.

With regard to the CCG's contract with York Teaching Hospital NHS Foundation Trust, TP reported that the 23 December requirement for signing had not been met. However, terms of agreement accompanied by a joint letter from PM and the Chief Executive of York Teaching Hospital NHS Foundation Trust, had been submitted with a commitment to achieve a resolution by 13 January. Work was taking place on agreeing a "cap and floor" contract with a minimum level of guaranteed income, joint programmes of work, and resolution of outstanding challenges.

Members supported PM's proposal for a review by the Finance and Performance Committee of the 2016-17 contract position with a summary report to the February

meeting of the Governing Body. PM also explained that, in view of the overall deteriorating financial position and the need to stabilise urgent care activity, he had requested the CCG Deputy Chief Operating Officer/Innovation Lead, work with colleagues focusing exclusively on this area for the last quarter of 2016-17; this would include discussion with JH and the GP clinical leads as to realistic action. PM additionally requested that the Finance and Performance Committee be asked to make a realistic assessment of an end of year financial position for the CCG which would form a fixed position to be delivered.

### **The Governing Body:**

1. Noted the Financial Performance Report as at 30 November 2016 and the ongoing work to address the associated challenges.
2. Requested that the Finance and Performance Committee at its January meeting:
  - a. Review the 2016-17 contract position with York Teaching Hospital NHS Foundation Trust and provide a summary report to the February Governing Body.
  - b. Agree a final end of year financial position for 2016-17 for the CCG.

### **9. Performance Report**

PM referred to the report proposing discussion on an exception basis: Yorkshire Ambulance Service handover times and A and E. He reiterated that A and E was under extreme stress at both the York and Scarborough Hospital sites and that this was reflected in the performance figures. PM noted the monitoring role of the A and E Delivery Board but emphasised that this was a system issue. He also advised that ambulance handover times were under significant pressure across the region.

PM reported on discussion with York Teaching Hospital NHS Foundation Trust and NHS Scarborough and Ryedale CCG regarding the system pressures and advised that trend analysis was being prepared on a daily basis. The volume did not appear greater in terms of A and E attendances and York Teaching Hospital NHS Foundation Trust had introduced a range of new measures. In principle national good practice was in place but still required embedding. PM advised that a review of A and E was taking place.

MC highlighted that A and E performance had deteriorated since the report had been written. As of 4 January there had been 32 12 hour trolley waits, two of which related to Vale of York patients, and the 15 minute handover target had for some patients been up to five hours. MC advised that she was expecting a position statement from York Teaching Hospital NHS Foundation Trust imminently. Additionally public awareness was being raised of the pressures in A and E.

PM noted that the other areas where performance was a concern were as previously reported: Improving Access to Psychological Therapies, dementia diagnosis and cancer 62 days to first definitive treatment. He proposed that the January Finance and Performance Committee be asked to set realistic end of year targets for these areas, to be reported verbally at the February Governing Body meeting. PM requested that the CCG's clinicians and managers reprioritise their work and that all possible support be provided to deliver a realistic position.



SP expressed concern at the potential impact of these performance issues on York Teaching Hospital NHS Foundation Trust's access to the Sustainability and Transformation Fund. KR emphasised the need for cultural change and noted that he was meeting with the Chair of the Trust. MC added that a representative from Yorkshire Ambulance Service was attending the January Council of Representatives meeting to enhance the understanding of criteria and performance issues.

### **The Governing Body:**

1. Noted the performance report and associated challenges.
2. Noted that the CCG would focus on addressing the performance issues and delivering a realistic position.
3. Requested that the January meeting of the Finance and Performance Committee set realistic end of year targets for Improving Access to Psychological Therapies, dementia diagnosis and cancer 62 days to first definitive treatment; to be reported to the February Governing Body.

## **10. Quality and Patient Experience Report**

MC reported that the information presented was based on the report to the first meeting of the Quality and Patient Experience Committee whose agenda had also included the Committee terms of reference, continuing healthcare, an update on the City of York Council 0-19 Healthy Child Service, and safeguarding adults and children. Key messages for the Governing Body would be highlighted as with the other committees.

In terms of infection prevention and control MC highlighted the main risk as the expectation for requirement of a 50% reduction in e-coli cases over the next three years. She noted a reduction in cases of clostridium difficile at York Teaching Hospital NHS Foundation Trust but that there had been five cases of MRSA. No systemic themes or trends had been identified.

MC explained that collaborative work with York Teaching Hospital NHS Foundation Trust was taking place in respect of review and processes relating to Serious Incidents. Detailed investigation was enabling serious incidents to be closed more quickly however York Teaching Hospital NHS Foundation Trust did not appear to be reporting in line with the NHS Serious Incidents Framework 2015. Over reporting of pressure ulcers and falls was a concern and generated excess work for the shared serious incidents resource.

MC noted that learning from the 12 hour trolley waits would be reported in due course and advised that improvements were being made regarding Duty of Candour, however culture change was required in this regard.

MC referred to the overview of patient experience and noted an increase in responses required relating to Optimising Outcomes from All Elective Surgery (BMI and smoking thresholds) and adult attention deficit hyperactivity disorder (ADHD) waiting times. MC noted that Victoria Hirst, Senior Engagement Manager, would be working with GP Practice patient participation groups to develop an understanding of concerns raised with primary care as a provider.

Discussion ensued on the ADHD waiting times which related to treatment following assessment. MC explained that the CCG did not currently routinely commission treatment following diagnosis of ADHD but had done so on an ad hoc basis, including a medication review. She emphasised that a resolution was required to this service gap. EW explained that this was a multi factorial issue but advised that Tees, Esk and Wear Valleys NHS Foundation Trust was developing an interim solution for consideration by the Executive Committee.

MC highlighted that all the CCG Practices had received a rating of 'Good' from Care Quality Commission inspections; these were usually carried out every five years and provided benchmarking. MC noted that further primary care indicators would be discussed with the Council of Representatives.

MC explained that performance issues at care homes usually related to infection control or safeguarding. The CCG was working with care homes and the local authorities in this regard. In response to clarification sought about non elective activity from care homes MC explained that this mainly related to urinary tract infections and falls; reporting was mainly through Business Intelligence. MC noted that good practice guidelines were available for providing support to care homes, including from community services.

MC reported that the React to Red pressure ulcer prevention training scheme for care homes had been delayed due to withdrawal of the secondments for the Nurse Specialist and Assistant Practitioner.

In respect of the Learning Disabilities Mortality programme MC referred to a death at York Teaching Hospital NHS Foundation Trust advising that the required processes had been successfully implemented. She noted that a national mortality review was taking place.

MC referred to maternity services noting an improved position for the CCG in the provisional quarter 2 figures for the number of women smoking at time of delivery. She also advised that work was taking place with Tees, Esk and Wear Valleys NHS Foundation Trust to address an identified gap in perinatal mental health provision. MC additionally noted that discussions were taking place with a view to developing an STP approach to maternity services.

MC reported on discussion at the Council of Representatives regarding end of life fast track packages of care noting that the definition in this regard was the last two weeks of life. She referred to the perception that this care was not available but explained that at the present time provision was good. There were currently only two patients in Vale of York awaiting this care. In response to concerns expressed about end of life care MC advised that these services were being reviewed as a matter of urgency to ensure appropriate provision.

In respect of children and young people MC referred to the recent SEND (Special Educational Needs and Disabilities) and Care Quality Commission inspections. She noted that the latter, led by the CCG, was not regulatory therefore would make recommendations which would be reported to the Governing Body. Initial feedback on the findings was that the CCG understood the issues.

MC highlighted that school health and school nursing services had been brought in house by the local authorities and were now unregulated. KR referred to the proposed new service model for 0-19 year olds and the withdrawal of some services by City of York Council seeking assurance about the CCG's capacity and capability for commissioning special schools. MC responded that the current contract had been rolled over to enable review of the service requirements, noting that paediatric nursing was being included. She additionally noted that national guidance on special schools was expected.

In response to clarification sought about serious incidents at Tees, Esk and Wear Valleys NHS Foundation Trust, MC advised that the position had improved. Previous issues had related to staffing and historic incidents from Leeds and York Teaching Hospital NHS Foundation Trust. MC also noted the nature of the services provided by Tees, Esk and Wear Valleys NHS Foundation Trust in this regard.

PM referred to the discussion on care homes and noted the requirement, via MC and RP, for work relating to the frail elderly and quality of care in care homes to be aligned with the Operational Plan and the restructuring of the CCG team. SOC requested that pharmacist support in care homes be increased and EW highlighted the need for improved communications with local authorities and sharing of information.

PM requested that the Quality and Patient Experience Committee be asked to provide assurance to the Governing Body in respect of ADHD and end of life care. He also requested that the 'Good' results of the Primary Care Quality Commission inspection be reported to the Council of Representatives.

Discussion ensued on the Summary Hospital-level Mortality Indicator by site information with concern noted regarding Scarborough Hospital. MC explained that York Teaching Hospital NHS Foundation Trust as a whole was within the 'as expected' range.

In response to DB referring to clinical pharmacists within GP surgeries and associated funding, members noted that work was taking place in this regard including national NHS England support and discussion of changes to the CCG's Medicines Management Team. KR additionally noted that the January York Health and Wellbeing Board included a presentation on Community Pharmacy.

### **The Governing Body:**

1. Received the Quality and Patient Experience Report.
2. Requested that the Quality and Patient Experience Committee provide assurance in respect of ADHD and end of life care.
3. Requested that the results of the Primary Care Quality Commission inspection be reported to the Council of Representatives.

### **11. Annual Public Sector Equalities Duty Report 2016-17**

In presenting this report RP referred to the CCG's Equality Objectives: to provide accessible and appropriate information to meet a wide range of communication styles and needs; to improve the reporting and use of equality data to inform equality analyses; to strengthen stakeholder engagement and partnership working; to be a great employer

with a diverse, engaged and well supported workforce; and to ensure our leadership is inclusive and effective at promoting equality. RP highlighted the CCG's intention to continue to improve active engagement with local groups.

**The Governing Body:**

Noted and approved the Equality Act Public Sector Equality Duty Report 2016-17.

**12. Whistleblowing Policy**

RP noted that approval of the Whistleblowing Policy was recommended by the Audit Committee where it had previously been considered. Members emphasised that assurance of confidentiality was required in respect of whistleblowing.

**The Governing Body:**

Approved the Whistleblowing Policy

**13. Finance and Performance Committee Minutes**

**The Governing Body:**

Received the minutes of the first meeting of the Finance and Performance Committee held on 22 December 2016.

**14. Audit Committee Minutes**

**The Governing Body:**

Received the minutes of the 5 December 2016 Audit Committee.

**15. Next Meeting**

**The Governing Body:**

Noted that the next meeting would be held at 10am on 2 February 2017 in the George Hudson Boardroom, West Offices, York YO1 6GA.

**16. Close of Meeting and 17. 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.

**18. 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 5 JANUARY 2017 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
4 February 2016	Turnaround	<ul style="list-style-type: none"> <li>Clarification regarding the CCG's presentation on the allocation graph to be sought</li> <li>Response to be circulated electronically</li> <li>Information to be included in Medium Term Financial Strategy</li> </ul>	TP	Ongoing
7 April 2016				
2 June 2016 and 1 September 2016			MA-M/ TP	
3 November 2016			TP	5 January 2017 Governing Body
1 December 2016				
5 January 2017				Deferred to 2 February 2017

Meeting Date	Item	Description	Director/ Person Responsible	Action completed due to be completed (as applicable)
3 November 2016	Accountable Officer Report	<ul style="list-style-type: none"> <li>Feedback to be provided to attendees of consultation on new mental health facility for the Vale of York</li> <li>Report to be presented at February meeting</li> </ul>	LB	Ongoing
5 January 2017			EW	2 February 2017
1 December 2016	Accountable Officer Report	<ul style="list-style-type: none"> <li>SOC to work with SS to ensure effective communication regarding weight management and smoking cessation support services</li> <li>Update to be provided at next meeting</li> </ul>	SOC/SS	
5 January 2017			SOC	2 February 2017
1 December 2016	Draft Operational Plan 2017-19	<ul style="list-style-type: none"> <li>CA to provide a summary of the Digital Roadmap for the Council of Representatives</li> </ul>	CA	Completed 18 January 2017

Meeting Date	Item	Description	Director/ Person Responsible	Action completed due to be completed (as applicable)
1 December 2016	Sustainable Development Management Plan 2016-20	<ul style="list-style-type: none"> <li>• CCG sign up to One Planet York Strategy to be ascertained and SS to be informed</li> <li>• Proposal for CCG sign up to One Planet York Strategy to be followed up with SS</li> </ul>	RP	2 February 2017
5 January 2017			RP	
5 January 2017	Accountable Officer Report	<ul style="list-style-type: none"> <li>• Report on behalf of the CCG's three local authorities on preventative work to date and planned</li> </ul>	SS	2 February 2017
5 January 2017	Financial Performance Report	<ul style="list-style-type: none"> <li>• Finance and Performance Committee to review the 2016-17 contract position with York Teaching Hospital NHS Foundation Trust and provide a summary report</li> <li>• Finance and Performance Committee to agree a final end of year financial position for 2016-17 for the CCG.</li> </ul>	JH	26 January 2017
			TP	26 January 2017

Meeting Date	Item	Description	Director/ Person Responsible	Action completed due to be completed (as applicable)
	Performance Report	<ul style="list-style-type: none"> <li>Finance and Performance Committee to set realistic end of year targets for Improving Access to Psychological Therapies, dementia diagnosis and cancer 62 days to first definitive treatment.</li> </ul>	MC	26 January 2017
5 January 2017	Quality and Patient Experience Report	<ul style="list-style-type: none"> <li>Quality and Patient Experience Committee to provide assurance in respect of ADHD and end of life care.</li> <li>Results of the Primary Care Quality Commission inspection to be reported to the Council of Representatives.</li> </ul>	MC  MC	8 February 2017