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 7 April 2016 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
Mrs Michelle Carrington (MC)	Chief Nurse
Dr Arasu Kuppuswamy (AK)	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Member
Dr Tim Maycock (TM)	GP Member
Dr Shaun O'Connell (SOC)	GP Member
Dr Andrew Phillips (AP)	GP Member/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
Mr Paul Henry (PH) – for item 9	Innovation and Improvement Manager
Dr John Lethem (JL)	Local Medical Committee Liaison Officer, Selby and York
Ms Michèle Saidman	Executive Assistant
Mrs Lynette Smith (LS) – for item 8	Head of Corporate Assurance and Strategy
Mrs Sharon Stoltz (SS)	Interim Director of Public Health, City of York Council

Apologies

Dr Emma Broughton (EB)	GP Member
Dr Paula Evans (PE)	GP, Council of Representatives Member
Dr Mark Hayes (MH)	Chief Clinical Officer
Mrs Louise Johnston (LJ)	Practice Manager Representative

Eight members of the public were in attendance.

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

KR read out a submission from Virginia Hatton, Maternity Services User:

The NICE Guidelines for Intrapartum care for healthy women and babies published in December 2014 lists 'place of birth' at the top of its 'Key priorities for implementation'. These guidelines highlight the current lack of choice of place of birth for women in York due to the lack of a Midwife Led Unit (MLU) in the York area. Scarborough Hospital's MLU is not a realistic option for women living in the York area due to distance.

The NICE guidelines state that low-risk multiparous and nulliparous women should be advised that planning to give birth in a midwifery-led unit is particularly suitable for them because the rate of interventions is lower and the outcome for the baby is no different compared with an obstetric unit. The NICE guidelines also state that commissioners and providers should ensure that all birth settings, including MLUs, are available to all women.

I am writing to you to ask the following questions:

- *Are there plans for a Midwife Led Unit (MLU) in York?*
- *If there are not plans already, what is the procedure for ensuring that an MLU is included as part of York's forward development of maternity services?*
- *Who is responsible for the implementation of these plans?*

Reasons for including a MLU as part of York's maternity services:

Costs Benefits

- *The cost is £1461 for a planned birth in an alongside midwifery unit (AMU) and £1435 for a planned birth in a freestanding midwifery unit (FMU), compared to £1631 for a planned birth in an obstetric unit.*

Health Benefits

- *Planned births in MLUs show no significant difference in adverse perinatal outcomes compared with planned birth in an obstetric unit. Women who plan to give birth at a MLU have significantly fewer interventions, including a substantial reduction having an intrapartum caesarean section, instrumental delivery or episiotomy.*

Government Policy

- *Government policy supports women's choice in place of birth. Women who would prefer to give birth at a MLU do not have this choice in York and therefore the current maternity services do not support their choice.*

MC responded on behalf of EB, GP Lead for Women and Children.

- **Are there plans for a Midwife Led Unit (MLU) in York?**
  The CCG will consider the findings of the National Maternity Review, alongside the insights gathered by the recent *Discover!* maternity engagement work which was undertaken by the Partnership Commissioning Unit on behalf of the CCG, and receive the planned response to the review from service user members on the Vale of York CCG Maternity Services Liaison Committee (MSLC). The CCG will be expected to consider the findings and recommendations, including that of maternity choice. At this stage the CCG would not wish to pre-empt the outcome of this work. With specific reference to the development of an MLU in York, potentially this would incur additional costs and this would need to be considered as part of a wider cost benefit analysis. However, as previously mentioned, the CCG does not wish to pre-empt the outcomes.

- **If there are not plans already, what is the procedure for ensuring that an MLU is included as part of York's forward development of maternity services?**
  This was covered in the above response. The CCG cannot ensure that this will be in any plan. Whilst the evidence base for care and safety for certain groups of women in MLUs is recognised, this has to be balanced within the overall sustainability of the health economy for the Vale of York population. There of course may be other opportunities to improve the experience for women, and York Hospital has already renovated a number of delivery rooms to improve the birthing environment for women. A culture of normalisation can also be promoted.

- **Who is responsible for the implementation of these plans?**
  NHS Vale of York CCG is responsible for commissioning maternity services. As with any service it commissions, the CCG would require oversight and assurances but generally it would be the responsibility of the relevant service provider to implement any service redesign or improvement. The CCG would envisage that the MSLC would have an active role in any significant suggestions, or actual changes to maternity services, and are sighted on some recent helpful contributions from service user representatives to the development of the *Discover!* maternity survey

KR welcomed everyone to the meeting. He especially welcomed AK to his first meeting.

KR reported that Part II meetings had been held on 4 February and 3 March 2016 in accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 as 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.

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. KR noted that declarations of interest required renewal by 13 April.

3. Minutes of the Meetings held on 4 February 2016

The minutes of the meeting held on 4 February were agreed.

The Governing Body:

Approved the minutes of the meeting held on 4 February 2016.

4. Matters Arising from the Minutes

Chief Clinical Officer Report - Compact arrangements to be established with York and East Riding of Yorkshire: RP reported that the principles of the Compact with the voluntary sector in North Yorkshire had been adopted with City of York Council and East Riding of Yorkshire Council.

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 reported that as NHS England locally had not been able to provide an immediate answer they had escalated the query to the central allocations team; publication of national technical guidance on allocations was also imminent. TP additionally noted that analysis of local CCGs was taking place alongside this.

The Governing Body:

Noted the updates.

5. Chief Clinical Officer Report

AP presented the report which provided updates on the CCG's forecast financial position for 2015/16, system resilience, emergency preparedness, resilience and response, the Council of Representatives, System Leaders Board, North Yorkshire Syrian Refugee Resettlement Scheme and, in terms of national plans and strategic issues, planning for 2016/17 to 2020/21, the Care Quality Commission Older People's campaign and Public Health England's One You campaign.

AP highlighted the continuing challenge of the CCG's financial position, the ongoing support of the three experienced NHS colleagues and the work across health and social care to transform the system. He noted that the NHS in general was under significant pressure.

In respect of the Syrian refugees LB reported that the first family would be arriving during the next few weeks. *Post meeting note: Notification had been received that a second family would also be arriving.*

JL referred to the One You campaign expressing concern at lack of local access for York residents to stop smoking services. SS responded that although a number of contracts held by City of York Council for these services had ended on 31 March the respective staff had transferred to City of York Council as part of her team. However, in response to the Department of Health's cuts to Public Health budgets a review of services had taken place. GPs and other partners had been informed that City of York stop smoking services, previously universally accessible, were now subject to criteria, unlike those available in North Yorkshire. Stop smoking services were also part of the development of an integrated service that included eating well and being more active. In respect of availability of information for the public SOC reported that he was working with SS for publication on the CCG's website as a matter of urgency. SS further highlighted the need for a system approach to the principles of prevention and public health noting that currently the only local authority commissioned stop smoking pathway was with the hospital for maternity services. She confirmed that she was liaising with SOC to reach a position of working with the CCG.

In respect of the Sustainability and Transformation Plan RP reported that footprints and the Senior Responsible Officers had been published. The CCG was part of Humber, Coast and Vale for which the Senior Responsible Officer had not yet been confirmed but Emma Latimer, the NHS Hull CCG Accountable Officer, was currently co-ordinating work. RP advised that meetings were taking place across the footprint both with the CCGs and a range of stakeholders. KR noted that an understanding was also needed about the Sustainability and Transformation Plans of CCGs neighbouring NHS Vale of York CCG.

Discussion also included potential circulation to members of the minutes of the System Leaders Board; KR would seek clarification in this regard.

The Governing Body:

1. Noted the Chief Clinical Officer Report.
2. KR to seek clarification about circulation of System Leaders Board minutes.

6. Turnaround Action Plan

In presenting this item RP noted that progress would be reported on a regular basis; a number of actions would be discussed within agenda item 8. RP reported implementation of the programme management office arrangements and advised that an external review was being commissioned to seek assurance on systems, processes and capacity. An Artist Groups meeting of the Council of Representatives had taken place with a further scheduled for 21 April. RP was working with Helen Hirst, Chief Officer of NHS Bradford and NHS Bradford District CCGs, in respect of organisational development.

KR requested that the Turnaround Communications Strategy be recirculated to members.

DB reported that the Quality and Finance Committee agenda had been realigned to focus on progress of the turnaround plan and provide independent analysis.

The Governing Body:

1. Noted the progress on the Turnaround Action Plan.
2. Requested that the Turnaround Communication Strategy be recirculated.

7. Corporate Risk Update Report

RP referred to the report that comprised four annexes: List of Events, Team Risk Matrix, “Red” Risk Summary and Full Details of “Red” Risks with Details of Mitigating Controls, Mitigating Actions and Progress Update. She noted that Corporate Risk was also reported to the Quality and Finance Committee and the Audit Committee.

RP reported that six additional risks had materialised, primarily relating to financial and financial governance risks, the subject of discussion under later agenda items. She also noted that the CCG’s overall risk system was being reviewed and would be aligned with the new CCG assessment approach as per agenda item 15.

RP highlighted the significant risks continued to be financial performance, performance on urgent care and Business Intelligence capacity. In regard to the latter SS reported that work was taking place with a view to developing a collaborative approach between the CCG, City of York Council and North Yorkshire County Council to increase Business Intelligence capacity and capability.

In response to KR seeking assurance on behalf of the Governing Body about capacity and capability for the CCG to achieve turnaround and transformation, RP referred to the recommendations in the Turnaround Action Plan and implementation of programme management office arrangements. She also noted the need for an overall capacity review. JL additionally noted the need for Primary Care to receive key messages about actions required.

The Governing Body:

1. Noted the corporate risks identified that may impact delivery of corporate objectives.
2. Agreed the current corporate risk appetite in these areas.
3. Noted that the controls would be strengthened through realignment of the systems and processes with the new CCG Assurance Framework.

8. Delivering the Five Year Forward View for the Vale of York: Strategic Planning and Financial Plan

Financial Plan

In introducing this item KR explained that the recommendation had been changed from that initially published due to a number of factors, including a one week extension, to 18 April, for submission of plans to NHS England.

TP presented the 2016/17 Financial Plan which was the first year of a proposed four year financial recovery. Submission of a five year plan to deliver the Five Year Forward View was required in June 2016.

TP reported that work on the final 2015/16 financial position was currently being finalised but the forecast remained a year end deficit of £6.3m which was £10.3m below plan. A number of non recurrent actions had been taken to minimise the deficit as far as possible but the underlying recurrent deficit position was £12.3m. TP reported that work was continuing with NHS England on the financial plan but that due to the level of risk their lack of assurance was expected to continue.

TP referred to the national context, allocations and business rules and provided explanation on a number of aspects. In regard to the business rules the fact that the CCG was in deficit meant that the requirement for a cumulative surplus equal to or greater than 1% of allocation was not being met; the current plan was for this to be achieved in 2019/20.

TP advised that the growth and tariff assumptions were in line with guidance and local intelligence. Expenditure detailed by category related to acute services, mental health, community services, continuing healthcare, prescribing, primary care commissioning,

other primary care, other programme services, reserves and running costs. TP explained that contracts with providers had not yet been signed. This was reflected in the national position and was part of the reason for the extension to the submission date to 18 April. Work was ongoing with York Teaching Hospital NHS Foundation Trust, the CCG's main provider, to ensure agreement of an affordable contract and to establish a system approach for a sustainable future. TP noted that York Teaching Hospital NHS Foundation Trust was ending 2015/16 with a greater than planned deficit emphasising the need for a system approach across health and social care to manage resources. She also highlighted that Commissioning for Quality and Innovation (CQUIN) guidance, issued in March 2016, allowed CCGs to replace national and local indicators with incentives to radically transform services. Discussion was taking place in this regard across the wider footprint.

TP explained the requirement to increase mental health spend in line with allocation growth to demonstrate parity of esteem in the context of the change of provider from Leeds and York Partnership NHS Foundation Trust to Tees, Esk and Wear Valleys NHS Foundation Trust in October 2015. She highlighted that, although this business rule had not been met, the underlying recurrent contracted resource had been increased and efficiencies had also been achieved through bringing all mental health and learning disability services contracts together in to one outcomes based contract. TP had explained this to NHS England as required in the case of a business rule not being met.

TP highlighted inclusion in the plan financial pressure relating to continuing healthcare packages; decision by the Council of Representatives in respect of reinvestment of funds released from Personal Medical Services contracts for 2016/17; the reserve requirement; and, in respect of running costs, approval being sought for budget holders to commit expenditure in line with the CCG's Scheme of Delegation and departmental budgets. TP also referred to the £4.4m cost pressures and investments included in the financial plan that required Governing Body approval noting that these were all subject to the CCG's robust approval process.

TP described development of the £13.8m QIPP schemes required for 2016/17 highlighting their 'Red Amber Green' rated in terms of confidence of delivery. She noted that 3% to 4% per annum savings was considered challenging but reasonable and explained that currently the estimated risk in the QIPP programme was £6.8m plus further risks of £1.6m with unmitigated risk of £4.3m remaining, equivalent to 1% of the CCG's allocation. TP emphasised that the assessment presented was realistic at the current time but highlighted potential for levels of confidence in delivery to improve through the ongoing work.

In respect of the Better Care Fund TP reported that the CCG was currently providing the minimum level of social care protection for each of the three local authorities in the Vale of York noting that this was less than in 2015/16. Discussions were taking place with local authorities to ensure the principle was maintained that any investment from the Better Care Fund met the requirement to deliver savings in order to allow the fund to be created.

TP referred to the risks and mitigations noting that the CCG was continuing to develop further QIPP plans of an estimated value of £4.4m but which were currently 'red' rated for confidence until scoping was complete. The CCG also planned to formally request

flexibility on the 1% non-recurrent contingency business rule from NHS England and HM Treasury to enable this unmitigated risk to be reduced.

TP reported that the 12 Financial Recovery Principles and Parameters had been refined and had informed development of the Financial Recovery Strategy and Long Term Financial Plan. She noted inclusion of the draft four year financial recovery plan but advised that this was subject to change prior to submission in June 2016. In conclusion TP emphasised that if, as described in the four year plan, the financial position worsened in 2016/17 the intention was for that position to be held and for there to be no further deterioration.

Operational Plan 2016/17; LS attended for this item

RP advised that the Operational Plan set out the CCG's proposals against the nine national "must do" requirements in the 2016/17 planning guidelines, detailed the alignment to the Humber, Coast and Vale Sustainability and Transformation Plan footprint and priorities, and delivery of year one of the financial plan through the QIPP schemes. The performance trajectories against the NHS Constitution, included as an appendix to the Operating Plan, proposed achievement of, or return to, NHS Constitution Standards for all measures during 2016/17 with the exception of A&E performance which was profiled to 90% achievement across the York Teaching Hospital NHS Foundation Trust footprint by March 2017.

RP highlighted the sections in the Operating Plan that described the CCG's strategic programmes linked to the new CCG Assessment Framework domains with clarity in terms of responsibility and accountability across the CCG's teams. She also reported on discussion with York Teaching Hospital NHS Foundation Trust to align programme management arrangements for QIPP and their Cost Improvement Programme. A similar approach would be progressed with other partners as appropriate. LS added that the Operating Plan detailed responsibilities against all the NHS Constitution areas with a focus on achieving year 1 but in the context of all the CCG's statutory responsibilities.

KR, on behalf of the Governing Body, expressed appreciation to all colleagues involved in developing the plan.

Detailed discussion ensued in terms of ensuring that the financial plan was realistic with clear indication of inherent risk; the ongoing discussion to agree affordable contracts; clarification sought against the planning evidence; the need to understand demographics regarding student population and out of area registration; and emphasis of the financial challenge faced by the CCG. Aspects of the prescribing budget were discussed both in terms of QIPP and the need to progress discussion with the Council of Representatives.

TP advised that, although the financial plan in the form presented had not been shared with colleagues across the system, the CCG had been undertaking a consistent approach to discussion with partners. There was therefore an understanding by stakeholders of the challenging financial position.

In conclusion KR reiterated the major challenge faced by the health and social care system emphasising the need for both transformational and transactional measures. He noted that NHS Vale of York CCG was not the only CCG currently forecasting a deficit, a

position recognised by NHS England. KR also highlighted the significant work that was still required to present a plan that was assured by both the Governing Body and NHS England requesting that members be kept informed of progress.

The Governing Body:

1. Reviewed the draft Operating Plan and approved the planned work for 2016/17 subject to any changes/recommendations made by the Governing Body.
2. Considered the proposals within the Financial Plan 2016/17 and:
   a) Approved the plan in relation to running costs budgets to allow continued spending effective 1 April 2016
   b) Approved submission of the financial plan on 18 April which would be based on the principles, underlying financial and planning assumptions and information contained in the paper, subject to any changes and recommendations made by the Governing Body or subsequently, particularly in relation to improving the current high level of risk.
3. Provided delegated authority for amendments to the Operating Plan and Financial Plan to be approved by the Chief Clinical Officer, Chief Finance Officer and Chair prior to submission on 18 April to enable any required changes to be made.
4. Noted that TP would communicate progress on the Financial Plan.

Post meeting note: Submission of the Financial Plan was delayed beyond 18 April to enable further work to take place, including detailed analysis by NHS England.

9. Involving Local Communities 2016/19: An Engagement Strategy

PH attended for this item

In introducing this item RP noted that PH had been working with Fiona Bell, Deputy Chief Operating Officer/Innovation Lead, on its development. PH had also discussed the strategy with KR as the CCG's lay member lead for engagement. RP noted that, although this was the CCG's proposed Engagement Strategy she had requested that PH focus on the plan for its delivery.

The Engagement Strategy included sections on the CCG's engagement journey, engagement objectives and how engagement took place. Four appendices related respectively to legal obligations surrounding engagement, definitions of reconfiguration proposals and stages of engagement/consultation, definitions of marginalised groups and Equality Act 2010 protected characteristics, and strengths, weaknesses, opportunities and potential threats. PH highlighted the information in the strategy which described the CCG's plans for engagement activities and how these would be undertaken. He referred to previous good practice in terms of engagement, notably the *Discover!* Programme, and noted that this would be built on, emphasising the importance of a consistent approach.

Plans included recruitment of a dedicated Engagement Manager and a more proactive approach to gain involvement of local people in such areas as prioritisation and commissioning intentions. The Patient and Public Engagement Steering Group would be replaced by a new Practice Group Network which would initially meet quarterly to enable the CCG to have regular discussion with the community.

PH advised that a new scoring mechanism was planned which would ensure a minimum standard for patient engagement in service change. There would also be a mechanism for escalation of patient engagement if required.

Consideration was being given to establishing an implementation plan to allow the CCG to respond to changing need. The intention would be for this to be published on the CCG's website with a link to the engagement calendar. Overall a more open and transparent approach to engagement was being implemented.

KR expressed appreciation to all those involved in developing the Engagement Strategy. He emphasised the need to recognise and utilise existing engagement mechanisms across the system.

Members welcomed the Engagement Strategy. Further detailed discussion included seeking and receiving assurance that the approach would be adopted across the whole CCG footprint; incorporating the patient experience potentially with an 'Esther Presence' to provide understanding of recent experience; the need for informal opportunities for discussion in addition to the formal forums; utilisation of social media and opportunities through partnership working in local communities; awareness of language and abvoiding use of "jargon"; and the importance of investing in engagement.

The Governing Body:

1. Approved the Engagement Strategy.
2. Noted the update on progress.

10. Integrated Quality and Performance Governing Body Assurance Report

10.1 Quality and Performance Assurance Data: Quarter 3 2015/16

MC advised that the quarterly report, presented for information, provided a full data update for quarter 3 of 2015/16 against key quality and performance measures. It included a detailed six month review with benchmarking where applicable and a two year trend overview.

10.2 Quality and Performance Governing Body Report

MC highlighted that the validated data in the quality and performance report related to January and February when there had been significant pressures across the system, including the national planned stopping of elective activity, significant bed closures due to infection, and very sick patients. She noted that this situation had not resolved and the continuing pressure had resulted in 29 beds remaining shut at Scarborough Hospital where the number of 12 hour trolley breaches had been significant; two of these had recently been NHS Vale of York CCG patients. In this context of deteriorating Emergency Department and Yorkshire Ambulance Service performance MC advised that achievement of the 90% target for York Teaching Hospital NHS Foundation Trust by March, and therefore access to the Sustainability and Transformation Fund, was at risk.
With regard to diagnostics and cancer performance MC noted that there were occasions when positive performance had financial impact on the CCG.

MC reported that clostridium difficile infections at York Teaching Hospital NHS Foundation Trust were currently at 60 against a full year trajectory of 48. Further detail would be provided in the next report to the Governing Body. New trajectories would be agreed as part of the current planning round.

MC also reported that as of week ending 21 February there had been a further case of MRSA bacteraemia at York Teaching Hospital NHS Foundation Trust, the total for the year being seven against a zero trajectory. Five of the cases had been at Scarborough Hospital and two at York.

A Never Event in February had been due to over administration of insulin. The outcome of the investigation was awaited.

MC highlighted first publication of the Maternity Dashboard. The quarter 2 information showed York as an outlier (positive or negative) in 10 of the 33 indicators. MC noted in respect of smoking that York had a higher percentage than the threshold both for women who smoke at booking and at time of delivery. Positive performance was noted for percentages of normal births and still births.

In regard to Improving Access to Psychological Therapies (IAPT) MC referred to the change of provider from Leeds and York Partnership NHS Foundation Trust to Tees, Esk and Wear Valleys NHS Foundation Trust from October 2015. She noted the forecast of delivery of target for quarter 3 of 2016/17.

MC reported that the decision about the Bootham Park Hospital Judicial Review was awaited; the CCG was an Interested Party. The lessons learnt had been signed off.

Members sought and received clarification on a number of aspects of the report. In respect of the definition of IAPT recovery LB explained there was a system of measurement and noted that the detail was located at http://www.iapt.nhs.uk/silo/files/measuring-recovery-2014.pdf.

The Governing Body:

1. Noted the quarter 3 2015/16 quality and performance assurance data report.
2. Noted the quality and performance exceptions.

11. Financial Performance Report

TP presented the report which described the CCG's financial performance as at the end of February 2016, month 11, noting that work was currently taking place on establishing the month 12 position for the final accounts. She advised that early indications were for the forecast year end deficit of £6.3m, £10.2m below plan, to be maintained and referred to discussion at agenda item 8 for the associated impact on the 2016/17 financial position.

The Governing Body:

Noted the Financial Performance Report.

12. Delegation of Annual Accounts Approval to Audit Committee

TP presented the request for delegation to the Audit Committee for approval of the CCG's third Annual Report and Accounts which required submission to NHS England by 27 May. She advised that the Audit Committee was meeting on 28 April to consider the draft accounts and 24 May for any final technical amendments prior to submission. KR confirmed his attendance at the latter.

The Governing Body:

Approved delegation to the Audit Committee of sign off of the Annual Report and Accounts during May 2016, in accordance with the Department of Health Manual of Accounts timescales.

13. Consideration of 'Going Concern Status' 2015/16 Accounts and Director Declarations

TP presented the report which included Annex A Request for Director Declarations - questions asked by the CCG's external auditors, Mazars, about arrangements to prevent and detect fraud and comply with applicable law and regulations – and Annex B Consideration of 'Going Concern Status' 2015/16 Accounts. She highlighted in the former that no new claims had been declared as the CCG was currently only an Interested Party in respect of the potential Bootham Park Judicial Review. In regard to the latter, the Audit Committee had considered the information and supported preparation of the 2015/16 accounts on a 'going concern' assumption due to the CCG's status as a statutory organisation with a requirement to undertake its Constitutional duties.

The Governing Body:

1. Approved the preparation of the annual accounts for 2015/16 on a going concern basis.
2. Agreed the Director Declarations presented in response to the questions put by Mazars.

14. NHS Vale of York CCG Serious Incidents Policy

MC presented the Serious Incidents Policy, updated and in line with the national framework, which had been agreed by the Clinical Research and Effective Committee. She highlighted the Duty of Candour and Serious Incident processes both for the CCG and in respect of holding providers to account of their processes.

In respect of Serious Incidents in Primary Care MC reported that, although the CCG had responsibility for Serious Incidents under Primary Care Commissioning, doctors' performance continued to be managed by NHS England. She explained that the CCG should receive an automatic alert in the event of a provider incident but that currently a process was being developed for Primary Care in this regard. There was also a need to understand legacy Serious Incidents.

Further discussion included the management of Serious Incidents, termed 'Significant Events', in Primary Care and the need for establishment of a system that included reporting to commissioners. The lessons learnt culture was welcomed.

The Governing Body:

Approved the Serious Incidents Policy.

15. NHS Vale of York CCG Assurance Framework

RP referred to the report that noted draft guidance indicating a change of approach to CCG assurance in 2016/17 to one of 'Improvement and Assessment'. The CCG had begun to align risk processes to the new domains.

RP noted that the key changes related to NHS England regional teams having a stronger role in an 'Ofsted Style' approach and a supportive role. There would be four indicator domains – Better Health, Better Care, Sustainability and Leadership – and six clinical priorities – Mental Health, Dementia, Learning Disabilities, Cancer, Diabetes and Maternity. An independent assessor would lead the process and categorisation would be 'Outstanding, Good, Requires Improvement or Inadequate'.

The Governing Body:

Noted the report and proposed revision of the CCG Assurance Framework to and 'Improvement and Assessment' regime.

16. Quality and Finance Committee Minutes

The Governing Body:

Received the minutes of the Quality and Finance Committee of 18 February and 17 March 2016.

17. Audit Committee Minutes

SP highlighted two limited assurance audit reports. The first related to Management of After Care under Section 117 of the Mental Health Act, managed by the Partnership Commissioning Unit, and the second to Quality Improvement for which MC had attended the meeting. SP advised that attendance was being requested by the Partnership Commissioning Unit to discuss the report, a practice that would be adopted for all limited assurance reports. She also noted that the Committee had requested early notification of any report with limited assurance and that any concerns would be escalated to the Governing Body.

The Governing Body:

Received the minutes of the Audit Committee of 8 March 2016.

18. Medicines Commissioning Committee

The Governing Body:

Received the recommendations of the Medicines Commissioning Committee of 20 January and 17 February 2016.

19. Next Meeting

The Governing Body:

Noted that the next meeting was on 2 June 2016 at 10am at West Offices, Station Rise, York YO1 6GA.

20. 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 7 APRIL 2016 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director/Person Responsible	Action completed due to be completed (as applicable)
4 February 2016 7 April 2016	Turnaround	• Clarification regarding the CCG's presentation on the allocation graph to be sought	TP	Ongoing
7 April 2016	Chief Clinical Officers Report	• Clarification to be sought about circulation of System Leaders Board minutes	KR	
7 April 2016	Turnaround Action Plan	• Communication Strategy to be recirculated	RP	