

Chair: Dr Jonathan Griffiths

MINUTES

Date/Time	Venue
7 November 2012 1700 hrs	Winsford Lifestyle Centre

REPORTING GROUP TITLE

NHS Vale Royal CCG Governing Body Meeting

REPORTING PERIOD		2012-13		Meeting No: nine	
Present	Name	Present	Name		
✓	Dr Jonathan Griffiths (CHAIR)				
✓	Dr Judi Price				
✓	Dr Jean Jenkins				
✓	Dr Fiona McGregor-Smith				
✓	Simon Whitehouse				
✓	Tracy Parker-Priest				
✓	Lynda Risk		Guests		
✓	Terry Savage	✓	Rebecca Clayton		
		✓	Catherine Mills		
		✓	Sue Cooke		
		✓	Jo Vitta		
			8 members of the public		
Minute Taker					
Sue Nixon					

Ref	Discussion and Action Points	Whom	When
	<p>Chair's Opening Remarks</p> <p>The Chair welcomed members of the public to the meeting.</p> <p>The Chair stated that two additional papers were to be tabled at the meeting:</p> <ul style="list-style-type: none"> • Finance and Contracting Report to 30 September 2012 • Performance Tracker NHS Targets at Mid Cheshire Hospitals Foundation Trust (MCHFT) <p>Members were reminded that papers not received within the stated deadline would not be included in future agendas. LR apologised for the delay of the Finance Report due to illness.</p>		
9.1	<p>Apologies for Absence</p> <p>There were no apologies for absence.</p>		
9.2	<p>Minutes of the last meeting and matters arising</p> <p>The minutes of the NHS Vale Royal CCG Governing Body meeting held on 5 September 2012 were approved as a correct record.</p> <p>Matters arising:</p> <p>8.4.4 Performance Exception Report June 2012</p>		

	<p>JP apologised for tabling the Performance Tracker NHS Targets at MCHFT report. The key points of the report are: MCHFT are currently achieving 97.38% A&E 4 hour quality standard for quarter 3 - 2012/13. MCHFT have sustained delivery of the 4 hour 95% quality standard since July 2012. The target continues to be managed via weekly performance meetings between MCHFT and NHS Vale Royal Clinical Commissioning Group (CCG).</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the data concerning the A&E 4 hour quality standard. • Noted the on going management of the situation with meetings between MCHFT and NHS Vale Royal CCG. 		
9.3	<p>9.3.1 Declaration of Interests</p> <p>Governing Body members were asked to review the Declaration of Interests. JP and JJ declared that both Willow Wood Practice and High Street Surgery were members of Practice +. FMS declared that Danebridge Medical Centre is a training practice and accepts medical students.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Agreed the updated Declaration of Interests form. • Any future additions to be submitted to Sue Nixon. <p>9.3.1 Assurance Framework update</p> <p>There were four items registered on the risk register during October 2012 as follows: Development of Neighbourhood Teams Community Paediatrics Altogether Better Initiative Authorisation Site Visit</p> <p>Concerns regarding the quality and capacity issues within Community Paediatrics at MCHFT were discussed. The Governing Body noted concerns in respect of the management of children and young people with ADHD/Autism/Complex Behavioural diagnoses and issues concerning some structural capacity issues within the service. MCHFT have implemented an action plan to address the identified concerns including short term interim controls to address the immediate risks.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the contents from the Assurance Framework for the period ending October 2012. • Noted the controls in place and the current actions being undertaken to address the risks from escalating. <p>9.3.3 Authorisation Process</p> <p>The Chair formally thanked the Management Team for their hard work regarding the authorisation process. NHS Vale Royal Clinical Commissioning Group (CCG) received a positive outcome with only a small number of sub criteria remaining on red status. The CCG is now liaising with the National Commissioning Board to address the remaining red criteria. The draft site visit</p>		

	<p>report and the final evidence report is to be subject to a moderation process. Authorisation Site Visit Panels are being assessed nationally to ensure a consistent interpretation process. The CCG are confident that the majority of reds are technical and will move to a green status to enable authorisation to move forward. The process has confirmed that NHS Vale Royal CCG will be fit for purpose to take on statutory responsibilities from April 2013.</p> <p>Due to the number of CCGs opting for Wave 2 submission three moderation panels have been established and it is not know which panel will be assigned to NHS Vale Royal CCG. Therefore an exact timescale cannot be given at this stage.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the summary findings following the on-site authorisation visit held on 10 October 2012. • Noted the management responses and proposed action plans to address the points raised during the visit in order to deliver the necessary requirements to attain authorisation status. 		
9.4	<p>9.4.1 Chair/Chief Officer update</p> <p>The Chair and Chief Officer gave a verbal update on the Governing Body appointments as follows: Two Lay Members for Audit and Governance have been appointed – Kathy Cowell and Suzanne Horrill. Interviews were held for the position of Secondary Care Doctor and Nurse representatives but no appointments were made.</p> <p>It was proposed that the CCG formally write to the National Commissioning Board and NHS North of England stating concerns regarding the rigid criteria governing the secondary care doctor and nurse appointments. The criteria states that applicants cannot have their main employment with any provider which has a contract with the CCG. It was not expected that the criteria would be changed for NHS Vale Royal CCG but it was important to raise awareness of the difficulty in recruiting to both posts.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the Chair and Chief Officer Report. • Agreed to the proposal that NHS Vale Royal CCG write formally to the National Commissioning Board and NHS North of England stating concerns regarding the posts of Secondary Care Doctor and Nurse Representative. <p>9.4.2 Finance/Contract Report</p> <p>The key issues of the finance report were reported as follows: Work has been undertaken with NHS Cheshire Warrington and Wirral and the residual PCT Finance function regarding movement of reserves. The reserves may need to be used across the PCT footprint to resolve any over spending issues within other segments of the PCT. A 2% non-recurrent reserve for the CCG has now been allocated to support a number of non-recurrent issues both identified by NHS Cheshire Warrington and Wirral and NHS Vale Royal CCG. The issues are detailed in section 10 of the Finance Report. A number of commitments against the 2% non-recurrent reserve have been identified including redundancy costs, urgent care centre additional hours,</p>		

	<p>dedicated discharge ambulance and transition beds costs. There are on going initiatives being implemented for freed up resources.</p> <p>Due to a review of Public Health and NHS Commissioning Board Allocations there is uncertainty involved and the impact on the baseline exercise. The priority being a consistency in services next year.</p> <p>There is continued overspend on provider services contracts and the CCG continues to meet on a regular basis with MCHFT.</p> <p>The Governing Body discussed in detail the transfer of £2.8m to Cheshire West and Chester Local Authority for the Valuing People Now initiative. The costs from the NHS to the Local Authority were transferred at various stages but the final stage was missed by Central and Eastern Cheshire Primary Care Trust (CECPCT). This resulted in a local negotiated agreement rather than top sliced and taken out of the budget if managed nationally. It is an unexpected legacy cost from CECPCT. A lengthy negotiation process was undertaken and the intention for next year's funding will be a lower figure. Written confirmation has yet to be received. It was asked if the amount would be removed or would negotiations continue? It was confirmed that the amount would reduce each year subject to negotiation. It is yet to be established whether it is taken off baseline funding but the situation will be clearer in December when the allocations are received. The CCG continue to meet with the Local Authority to resolve legacy issues.</p> <p>There has been an overspend over the past two/three months on corporate running costs. The costs reflect certain transitional legacy issues including the closure of CECPCT headquarters at Middlewich. Work continues with the Commissioning Support Unit and the residual PCT to identify the costs of each organisation.</p> <p>An additional risk on the key risk register is Continuing Healthcare. There are a number of applications yet to be assessed and the impact of this could be significant. Funding has been set aside to mitigate said risk.</p> <p>A developing issue regarding primary care funding was highlighted although it has not yet been formally reported. It has been identified within the National Commissioning Board that there is a possible recurrent shortfall on GMC budgets. A formal report would be required if there is financial impact of another legacy issue.</p> <p>The Governing Body noted:</p> <ul style="list-style-type: none"> • NHS Vale Royal CCG remains in a surplus position for the year end of £2.3m. • The CCG provider services agreements continue to over perform (£1.4m forecast outturn as at 30 September 2012). • The CCG reserves have been reviewed for September 2012. • The capital expenditure plan has been agreed by the NHS North of England. • The uncertainty still existing in terms of the transfer of funds to public health and to the NHS Commissioning Board. <p>The Governing Body agreed:</p> <ul style="list-style-type: none"> • The transfer of £2.8m for the Valuing People Now initiative to support people with learning difficulties. 		
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9.4.3 Non Recurrent Financial Pressures at Mid Cheshire Hospital Foundation Trust (MCHFT)

The MCHFT contract is over performing across both NHS Vale Royal CCG and NHS South Cheshire CCG by £2.1m (year to date position). Additional non elective activity above plan represents the main element of the over performance. A number of changes have been implemented over the previous five months to address the situation which have had significant financial impact for MCHFT which are above and beyond the PbR cost to the CCGs. MCHFT have requested an additional level of funding from both NHS South Cheshire and NHS Vale Royal CCGs above the current predicted level of over performance.

The Governing Body discussed the four options in detail with the following comments:

Concern was noted that if funds were not provided and MCHFT has to deliver a balanced financial position they may withdraw initiatives currently in place (for example A&E and Urgent Care).

The Governing Body acknowledged the fundamental problem is reduced activity reduces income. The Governing body felt in the long term the funds should be directed to the community to keep patients out of hospital. The focus is on the hospital rather than community services. In terms of services some funds are allocated to transitional beds and community services. The CCG have made a commitment to support main providers to apply non recurrent transitional support.

Option 1 was confirmed as a very risky option and there would be concerns regarding quality of services if no action was taken.

Option 4 – allow the contract to run as a full PBR contract to year end and provide the non-recurrent resource with requirements around delivery of targets and quality care would be a huge financial risk.

Option 3 – fix the year end position at the current forecast year end position – does not seem an equally shared risk between the CCG and MCHFT.

Option 2 – enter urgent negotiations with MCHFT to ‘fix’ the year end position at a lower level than the current forecast year end position – was discussed in detail as the most appropriate option. It was emphasised that the option should have the caveat that MCHFT do not withdraw services in place to improve patient care during the negotiation period.

It was confirmed that NHS South Vale CCG had also agreed to Option 2 at their Governing Body meeting on 1 November 2012.

The Governing Body expressed disappointment that MCHFT have requested additional funding which will impact on postponing plans and direction of travel for NHS Vale Royal CCG.

The Governing Body:

- **Gave the Leadership Team a mandate to enter into negotiations on their behalf.**
- **Noted there would need to be conditions and requirements if additional funding submitted.**
- **Unanimously agreed Option 2 – enter urgent negotiations with MCHFT to ‘fix’ the year end position at a lower level than the current forecast year end position. Provide the additional non recurrent resource with clear requirements around delivery of targets and continued provision of high quality care.**

- **Agreed to the additional caveat for option 2 – MCHFT should not withdraw services in place to improve patient care during the negotiation process.**
- **Noted that the Governing Body will be informed of progress and an Extra Ordinary meeting may be held prior to the Governing Body meeting in February 2013 if a further decision is required.**

9.4.4 Altogether Better

The Governing Body received information regarding partnership work with Cheshire West and Chester Local Authority including business cases that have been submitted to Whitehall for approval. The Cheshire West and Chester Ageing Well Partnership Agreement (Heads of Terms) reflects NHS Vale Royal CCG's commitment to work in partnership. The five year delivery plan is based on stronger communities, developing self-care and integrated care. The key point around integrated teams is how to align with the development of Neighbourhood Teams. It was hoped that Neighbourhood Teams will be implemented in April 2013. They will be linked to GP practices and have common eligibility criteria. NHS Vale Royal CCG has one Local Authority partner, two providers and community services and two acute services and it was asked if the providers would respond to two separate 'footprints'. It was confirmed that providers were involved in meetings regarding the implementation of Neighbourhood Teams and are fully committed to the project.

LR was fully supportive of the approach but voiced concerns regarding the amount of funds required and emphasised the need for caution on how the project is implemented and funded. There is an additional complexity as mental health and community funds within Cheshire West and Chester LA are not separate.

It was agreed that the financial figures are challenging but there will be potential savings. The business cases give an opportunity for challenge and comments will be fed back to shape the process.

The Governing Body:

- **Endorsed the progress of the Altogether Better – Ageing Well Programme.**
- **Agreed to sign the Cheshire West and Chester Ageing Well Partnership Agreement (Heads of Terms) to demonstrate commitment of partnership working.**

9.4.5 Quality Report

The North of England Quality Dashboard indicates the following red areas for MCHFT:

MRSA

MSSA

Sickness and Absence

Mixed Sex Accommodation

26 week and 52 week waiters

The Quality Report details the monitoring currently being undertaken to address these issues.

It was asked why data was not available from Cheshire and Wirral Partnership Trust. Due to confidentiality issues the CCG has had to rely on the

	<p>Commissioning Support Unit to access the data. The information should be accessible by the beginning of December.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the position update relating to clinical quality and patient safety from the main providers MCHFT, Cheshire and Wirral Partnership Foundation Trust and BMI South Cheshire. • Sanctioned any action plans developed. <p>9.4.6 Performance Tracker.</p> <p>The following issues were highlighted: Mixed sex accommodation – there are a small number of patients affected due to the structures within ITU and HDU and the definition of when accommodation is deemed ‘mixed sex’. Cancer 62 Day Waits – there has been a ‘blip’ in numbers during August due to patients being on holiday. 18 week referral to treatment – there are still four patients waiting over 52 weeks and they are monitored on a patient by patient basis to ensure treated as quickly as possible. They are highly complex cases. Patients waiting over 40 weeks are also being monitored. In the future 26 week waits will also be monitored.</p> <p>The Governing Body were asked for approval to explore options to address the 18 weeks referral to treatment target – this would not involve additional funds as it would be performance management. It was important to have the level of detail to provide assurance to the population of Vale Royal that they are able to exercise what they are entitled to through the NHS Constitution.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the list of national performance measures stemming from the Operating Framework 2012-13 (Appendix 1), relating to the available Quality and Resources metrics for the reporting period ending August 2012. • Noted the exception updates outlining the adverse issues and the agreed mitigating action plans developed jointly between the CCGs and MCHFT leads for MSA and Cancer measures. • Agreed that alternative options may be explored to performance manage the 18 weeks referral to treatment target. 		
9.5	<p>Governance Structures</p> <p>9.5.1 Safeguarding Children Policy The document outlines the responsibilities of the CCG and all staff in regard to safeguarding children.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Ratified the Safeguarding Children Policy <p>8.5.2 Safeguarding Adults Policy The document outlines the responsibilities of the CCG and all staff in regard to safeguarding adults.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Ratified the Safeguarding Adults Policy 		

8.5.3 Complaints Policy

The document details NHS Vale Royal CCG's responsibilities under the complaints legislation from April 2013 when primary care trusts are abolished. An individual will have a choice of where to complain and the CCG has a responsibility to respond.

The Governing Body:

- **Approved the contents of the modified Complaints Policy which has been adapted from Central and Eastern Cheshire PCT for procedural use at the CCGs.**
- **Noted that the Policy will be disseminated to staff, patients, carers and other professionals via the website.**

8.5.5 Major Trauma – Ambulance Funding

Incorrect figures were presented within the report – the correct figures for NHS Vale Royal CCG should read:

PES costs have been apportioned based on CCG population size and equate to an in year cost of £33,454 for 2012/13 with a recurring cost of £37,520.

The North West Ambulance Service contract runs until April 2013. It is a co-ordinated contracted held with Blackpool PCT on behalf of other PCTs. The new contract does not give an option for a co-ordinated contract. A representative from NHS Cheshire Warrington and Wirral attends the NWAS meetings at Blackpool but there is a growing awareness of the increasing risk as the contract expires in March 2013.

Two concerns were raised:

It was important not to forget the additional funding provided for an additional vehicle at MCHFT which has improved services.

It was requested that the issue was added to the Risk Register.

In summary it was important to look at future commissioning arrangements as well as local performance.

The Governing Body:

- **Requested an in depth report for the Governing Body meeting in February 2013 detailing how to manage the NWAS contract from April 2012.**
- **Noted that additional resource (equivalent to two 24/7 emergency vehicles) is required due to extended journey times to maintain PES performance at cluster level. It is proposed that the capital investment for vehicles is met by NWAS.**
- **Agreed to fund the PES costs for additional drugs and equipment and the trauma cell. PES costs have been apportioned based on CCG population size and equate to an in year cost of £33,454 for 2012/13 with a recurring cost of £37,520.**
- **Noted any additional costs associated with the PTS will be picked up through normal PTS negotiations.**
- **Noted the need to review NHS Vale Royal CCG's rehabilitation services to meet the requirements of the North West Major Trauma proposals.**
- **TPP and TS to meet to discuss in more detail.**

8.5.5 Organisational Development Plan

As part of the Governing Body development programme the current meeting is being observed by a representative from Carter Corson. The development programme is designed to equip the Governing Body with individual and collective capabilities and confidence to commission effective, integrated health and social care for Vale Royal.

The Governing Body:

- **Noted the progress against some of the objectives of current Organisational Development (OD) Action Plan.**
- **Agreed that a progress report of the OD Action Plan is presented to the February 2013 governing Body meeting, alongside a revised Action Plan for 2013-14.**
- **Received the Governing Body Development Programme 2012-14.**

8.5.6 Equality and Diversity Plan – Interim Update

The document details work undertaken with equality and diversity working towards compliance. Training sessions have been arranged for all staff within the Shared Management Team of both NHS Vale Royal CCG and NHS South Cheshire CCG. An update on the Action Plan will be provided at the Governing Body meeting in February 2013.

The Governing Body:

- **Accepted the interim report on action taken and will receive a more comprehensive Action Plan in February 2013.**

8.5.7 Expert Patient Programme

The Expert Patient Programme is a self-management programme for people who are living with a long term health condition. Historically the Expert Patient Programme has been part of Central and Eastern Cheshire Primary Care Trust. Cheshire and Wirral Partnership Trust have been approached with a view to hosting the Programme. It was asked why the Programme could not stand alone as an organisation. It was confirmed that the licence for the programme is held within the Department of Health and can only be allocated to an NHS organisation. CCGs cannot host due to a conflict of interest. The Expert Patient Programme was determined to retain its individuality and would not just focus on mental health issues but all long term health conditions.

The Governing Body:

- **Requested a business case with detailed funding be submitted to the Commissioning Advisory Board meeting on 7 December 2012 for approval.**
- **If the business case is approved the request to be brought back to the Governing Body meeting for final approval.**
- **Supported the transfer of the service provision to an NHS provider organisation.**

8.5.8 Commissioning for Sustainable Development

The report demonstrates the CCG commitment to promoting environmental and social sustainability through its actions as a corporate body as well as a

	<p>commissioner. It was highlighted that an Executive Lead has not been appointed to Sustainable Development and it was suggested support be required from the Commissioning Support Unit.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the content of the report and the legal requirements around sustainability for the clinical commissioning group. • Noted the requirement to produce a Sustainable Development management Plan (for completion by March 2013). • Supported the focus on six areas of Sustainable Development. • Agreed to request support from the Commissioning Support Unit. <p>8.5.9 Workforce Performance Management Framework</p> <p>The Governing Body will receive a Workforce Performance Management report on a quarterly basis. At the moment the report contains figures for both NHS Vale Royal CCG and NHS South Cheshire CCG and includes the Medicines Management Team which is a separate hosting agreement. Future reports will become more specific.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the contents of the Workforce Performance management Framework. 		
9.6	<p>9.6.1 Any Other Business</p> <p>There was no any other business.</p> <p>9.6.2 Date of next meeting</p> <p>The next public Governing Body Meeting will be held at 3.00 pm on Wednesday 6 February 2012 at Winnington Recreation Park, Northwich.</p>		