

Chair: Dr Jonathan Griffiths

MINUTES

Date/Time	Venue
6 February 2013 1500hrs	Winnington Recreation Park

REPORTING GROUP TITLE

NHS Vale Royal CCG Governing Body Meeting

REPORTING PERIOD		2012-13		Meeting No: ten	
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	✓	Sharon Yates		
✓	Kathy Cowell	✓	Phil Meakin		
✓	Suzanne Horrill				
			3 members of the public		
Minute Taker					
Sue Nixon					

Ref	Discussion and Action Points	Whom	When
10.1	<p>Apologies for Absence</p> <p>There were no apologies for absence.</p>		
10.2	<p>Minutes of the last meeting and matters arising</p> <p>The minutes of the NHS Vale Royal CCG Governing Body meeting held on 7 November 2012 were approved as a correct record.</p> <p>Matters arising:</p> <p>9.5.4 Major Trauma – Ambulance Funding</p> <p>Due to the complexity of the situation a report detailing how to manage the NWS contract from April 2012 will be presented at the next Governing Body Meeting.</p>		
10.3	<p>10.3.1 Declaration of Interests</p> <p>Dr Jonathan Griffiths, Dr Jean Jenkins and Dr Fiona McGregor-Smith declared an interest as their practices have been involved in discussions with a new company called 'From Your Practice Ltd'.</p> <p>At the NHS Vale Royal CCG Governance and Audit Committee there was a proposal to extend the declaration of interest to family members. A detailed discussion followed to clarify what would be deemed as a conflict of interest. Due to the complex nature of the legislation it was agreed to review the current</p>		

	<p>policy.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Agreed to a review of the Conflict of Interest policy to ensure it is fit for purpose. • The reviewed policy to be presented to the Governance and Audit Committee prior to the Governing Body. • The additional declaration of interest from Dr Jonathan Griffiths, Dr Jean Jenkins and Dr Fiona McGregor-Smith to be added to the Declaration of Interest statement. <p>10.3.2 Conflict of Interest</p> <p>Dr Jonathan Griffiths declared a conflict of interest and requested Kathy Cowell chair the agenda item. Dr Jean Jenkins and Dr Fiona McGregor-Smith also declared an interest.</p> <p>Three options were presented to the Governing Body with a recommendation of option three be adopted. It was stated that the GP in question has access to information which may assist with the newly formed company but the CCG would also benefit from his unique set of skills. There is a need for transparency and clarity with each case being assessed with a consistent approach rather than a reactive decision.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Endorsed Option One: the GP is asked to step down such that he holds no position with the CCG other than being a partner in a member practice. • Agreed that the GP could continue to provide specialist services back to the CCG if employed by another company, and services were obtained through normal procurement procedures. • Agreed the revised Conflict of Interest policy should include guidance regarding GPs with specialist skills. <p>10.3.3 Assurance Framework Update</p> <p>The CCG are currently in the process of updating and improving the risk assurance process in partnership with Mersey Internal Audit Agency.</p> <p>A summary of the report was given as follows:</p> <p>New Risks:</p> <p>Bespoke Care. There are issues regarding how the Bespoke Care service will be provided on a Cheshire-wide basis and work is currently being undertaken to address these concerns. The backlog of invoices has now been resolved.</p> <p>Payroll services for the CCG payroll. Previously the payroll was provided by SBS and the contract ceased at the beginning of December. An extension has been agreed and discussions are being held with Whiston Hospital with a view to transferring the payroll to the hospital. The transfer date has yet to be confirmed and this change of payroll service will not incur an increased cost.</p> <p>North West Ambulance Service (NWAS) Vascular Services Changes. NWAS</p>		
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	<p>had previously agreed to transfer patients to the nearest vascular centre at University of North Staffordshire Trust (UHNS). The service should have commenced at the beginning of December, but NWAS are now saying they will not do this without negotiating a new tariff for this work. Urgent discussions have been held to aim to resolve the issue as quickly as possible. It was asked if a GP representative was involved in the discussions. Clarification was required. The Governing Body requested that the Chair write to NWAS expressing significant concern about this issue which appears to be placing financial considerations before patient care.</p> <p>Three reviewed risks: Expert Patient Programme. The programme has been relocated to Cheshire and Wirral Partnership Trust. Learning Disability Services. NHS Vale Royal CCG is working closely with Western Cheshire CCG to ensure that links are in place. Alcohol Service Recommissioning. The procurement process has been deferred for one year.</p> <p>Risks Grade 12 or above: Financial reporting. Financial data and performance support from the Commissioning Support Unit not yet defined. Intermediate Care Bed Capacity. Eight additional beds have been purchased at Leftwich Green until the end of April 2013 to address winter pressures. Elmhurst has reopened. A commission intention for next year will review intermediate services. Ophthalmology follow up review service at Mid Cheshire Hospitals Trust (MCHfT). MCHfT have confirmed that a robust plan is now in place to address the backlog. Each record has been triaged by a senior clinician. MCHfT have indicated that the backlog should be cleared by June 2013. The Governing Body voiced concerns at the size of the backlog and the need to have robust plans in all services to avoid a similar situation happening again. Local implementation of 111. A Project Manager has been appointed and the alternative number should go live on 1 April 2013. Initially there will be no publicity to patients to enable the system to have a 'live test'. 999 calls will be transferred to 111. A national campaign to publicise the number will be held in May 2013.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the Assurance Framework Update. • Agreed to a formal response from the Governing Body to NWAS concerning the delay to the Vascular Service Changes and the need to improve services to patients. • Requested clarity if a GP was involved in the NWAS discussion. • Requested the Governing Body Chair write to NWAS 		
10.4	<p>10.4.1 Chief Officer Business Report</p> <p>The Chief Officer began with a comment on the Francis Report which was published today. The report published into the events that happened at Mid Staffordshire Hospital has highlighted serious failings in the NHS. NHS Vale Royal Clinical Commissioning Group (CCG) is committed to working with all our local hospitals and organisations providing healthcare in our area to ensure that every single person has a positive experience of healthcare. Our focus is on the quality of the care provided and on ensuring that no one comes to harm as a result of accessing local NHS services. The CCG is striving to continually improve health care services by both listening, and acting on, the views of our</p>		

	<p>patients and their families. We need to review the report in detail and work with our partners to ensure that the situation that occurred at Mid Staffordshire NHS Trust does not happen again.</p> <p>The key points of the Chief Officer Business Report: Authorisation update. NHS Vale Royal CCG has been conditionally authorised by the NHS Commissioning Board. There are two remaining conditions to be addressed – the appointment of a secondary care doctor and nurse to the Governing Body and the final sign of the Strategic Plan. The Chief Officer thanked all employed staff, Governing Body and GP members for contributing to the success of authorisation. The Chair also thanked the Chief Officer for his hard work.</p> <p>KC, as Chair of NHS Cheshire Warrington and Wirral, formally congratulated NHS Vale Royal CCG for the professional way in which the organisation dealt with the authorisation process and continued with day to day business.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the Chief Officer’s Business Report. <p>10.4.2 Chair update</p> <p>A verbal update was given with the following two key points: The Membership Assembly met in December to engage GPs in discussion regarding Governing Body posts and portfolio posts. Currently, GP Governing Body members have also always held a portfolio of work. Going forward we are planning to elect GPs to the Governing Body, and then independently advertise for the portfolio posts. There are no rules to prevent Governing Body members also having a portfolio. The January Membership Assembly meeting discussed the Terms and Conditions of the Assembly and it was very heartening to see engagement from GPs wanting to be part of shaping the assembly and the CCG as a whole. The Chair was pleased to announce that a nurse has been appointed to the Governing Body and will be in post by April 2013. Unfortunately the post of Secondary Care Doctor was still vacant. The CCG did formally write to the National Commissioning Board (NCB) stating the problems with appointing a doctor. The NCB re affirmed the strict criteria to be followed.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the Chair’s verbal update. <p>10.4.2 Finance/Contract Report</p> <p>The key issues of the finance report were reported as follows: Allocations for 2013/14 include a 2% non-recurrent allocation from Central and Eastern Cheshire PCT (CECPCT) which has resulted in an increase in resource for the CCG. On a per capita basis, compared to CCGS across England, the CCG has an above average allocation. There has been a significant increase in the social fund of 38% which gives an overall uplift of 2.8% for commissioning budgets. Providers have an uplift of 2.7% offset by a requirement for 4% efficiency which results in a net reduction of prices of 1.3%.</p> <p>The following key risks were discussed: A list of providers has been supplied by the Specialist Commissioning Team</p>		
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<p>and has been reviewed. In certain cases funding for each provider cannot be traced back to actual expenditure. Further information will be available mid February. The analysis provided is at PCT level and shared across three CCGs within the PCT footprint based on a capitation basis. Initially this appears to be beneficial for Vale Royal CCG but the lack of funding due to anomalies in allocation may cause services to be unsustainable in the longer term.</p> <p>Errors in the baseline. There is a significant error in the baseline calculation due to a change in definition within oral surgery. It was asked if Maxillofacial is included in the oral surgery pathway. It was not known but would be investigated.</p> <p>Key pressures include continuing healthcare due to the increasing numbers of cases being eligible and historic restitution cases. There are also increasing costs of patient care for Learning Disabilities.</p> <p>Methods have been put in place to support the increase in non elective activity. There is a particular issue with MCHT and East Cheshire Trust (ECT) concerning provision of physiotherapy. The Trust has proposed a change of method of coding which needs to be investigated.</p> <p>Mental Health Services reconfiguration consultation presents an element of risk. The BDO report on Community Services has an impact on the cost of services and where the funding has been placed historically.</p> <p>Contract Update: Guidance has now been received together with e-contracts and negotiations are in the early stages. Currently the CCG is reviewing the functions of the joint management team to ensure alignment to the delivery of the planning guidance outcomes. The process will improve the efficiency and effectiveness of the team.</p> <p>It was stated that providers need to understand that from April 2013 there will be separate budgets for each CCG rather than one budget from the PCT.</p> <p>MCHFT were given £1.8m non recurrent funding from both NHS Vale Royal CCG and NHS South Cheshire CCG to support additional staffing within A&E and agreed to give £3.4m for over performance.</p> <p>The Governing Body were informed of an issue regarding a Dermatology Clinic within NHS Vale Royal CCG. MCHFT have one less consultant and cannot cover the clinic. The CCG have a meeting with MCHFT to query why a locum consultant has not been appointed to cover the clinic.</p> <p>The Governing Body noted:</p> <p>2013/14</p> <ul style="list-style-type: none"> • The 2013/14 allocation for NHS Vale Royal CCG, the total resource is £120.26m. • The risk associated with the allocation including baseline errors. <p>2012/13</p> <ul style="list-style-type: none"> • The current financial surplus of £2.40m. • The on going work to clarify the cross corporate segment charging including the costs of the CSU and ICT. • The balanced position of CECPCT is supported by the CCG surplus. <p>The Governing Body:</p>		
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<ul style="list-style-type: none"> • Requested clarification regarding the baseline error and if Maxillofacial is included in the dental pathway. • Requested an update on the issues concerning lack of cover for a Dermatology Clinic. <p>10.4.4 Quality Report</p> <p>A summary of the Quality Report was given. No trends have been identified in the five complaints received in December 2012. The Friends and Family Test is a national mandatory initiative and will be launched in April 2013. There is a requirement to have a 15% response rate and the CCG are working with MCHfT to gain assurance that this response rate will be achieved. It is important for the Governing Body as it is one quality premium measure for next year. Healthcare acquired infection rate has a red status due to one case of MRSA in April 2012. Clostridium Difficile is currently under trajectory. Mixed sex accommodation (MSA) numbers have decreased significantly due to the relocation of the stroke unit.</p> <p>It was asked whether the concerns that GPs submit on an electronic template are included in the Quality Report. It was not clear where the concerns were recorded and the situation will be clarified.</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 of Mid Cheshire Hospitals Foundation Trust, Cheshire and Wirral Partnership Foundation Trust, East Cheshire Trust Community Services and BMI South Cheshire Hospital. • Requested future reports incorporate GP concerns. <p>10.4.5 Performance Tracker</p> <p>The Stroke: TIA assessed and treated within 24 hours target is a red status. The situation is being addressed and discussions had with GP practices. The indicator was almost achieved and it is assumed practices have not changed their behaviour so the result was unexpected. It was questioned whether the commentary was correct. The Quality Team, led by Dr Teresa Strefford, have focussed on stroke and targets and implemented measures to improve pathways and the stroke rehabilitation service.</p> <p>Diagnostic – 6 weeks waits. There have been breaches in both Audiology and Cystoscopy. Within Audiology there was a data collection issue and vacancies have now been filled within Cystoscopy.</p> <p>In the future the CCG will focus and examine the workforce situation on a regular basis. MCHfT will be asked to provide more detailed workforce information.</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 relating to the available Quality metrics for the reporting period ending November 2012. • Noted the exception reports outlining the adverse issues and agreed mitigating action. • Requested that a paper detailing stroke pathways changes implemented and progress made to enable comparison with target 		
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	changes.		
10.5	<p>10.5.1 Commissioning Intentions</p> <p>NHS Vale Royal CCG local quality measures have been agreed as:</p> <ul style="list-style-type: none"> • Under 75 mortality rate from cancer. • Proportion of people feeling supported to manage their condition. • Emergency admissions within 30 days of discharge from hospital. <p>The Commissioning Advisory Board met on 17 January 2013 to prioritise proposed commissioning intentions for 2013/14.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Agreed the three local quality measures as stated above. • Ratified the proposed 2013/14 Commissioning Intentions. • Approved the NHS Vale Royal CCG Draft Annual Plan on a Page 2013-14. <p>10.5.2 Safeguarding Children Responsibilities and Future Inspection of Frameworks</p> <p>The Safeguarding Children Report is split into two parts. Part one provides the Governing Body with details of the CCG's responsibilities for safeguarding children. Part two of the report details the care service inspection process.</p> <p>A number of CCG requirements are partial or non complaint and the aim was to be fully compliant on all requirements by 31 March 2013. If compliance is not achieved a report will be submitted to the Governing Body.</p> <p>In order to be compliant the CCG has offered support to GP practices using an audit tool. It had been noted that a number of GP practices had concerns regarding using the audit tool as it was not general practice 'friendly'. The audit tool is recommended by the North West Safeguarding Board as a best practice option but is not mandatory. It was added that a presentation was given to NHS Vale Royal CCG Membership Assembly on the importance of attending child protection case conferences and whilst attendance figures had improved significantly, performance was noted as 26%.</p> <p>It was stressed that there will be two rounds of inspections. Child Protection and Children in Care and the CCG is keen to assist and support GP practices in order to prepare for the possible inspections.</p> <p>Safeguarding adults is equally as important as safeguarding children. TPP represents the CCG on the Adult Safeguarding Board and the Chair of the Board will be attending an NHS Vale Royal CCG informal meeting in March. A Designated Nurse for Safeguarding Adults for NHS Vale Royal CCG has recently been appointed.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the current level of compliance with regard to Safeguarding Children. • Ratified the Safeguarding Adults Policy • Requested the audit tool be looked at again to ensure it is relevant for General Practice. 		

10.5.3 Standards for Members of CCG Governing Bodies in England

In May 2012 the Council for the Regulatory Excellence published advice to the Secretary of State for Health regarding Standards for members of CCG Governing Bodies in England. A statement has been presented for endorsement by NHS Vale Royal CCG Governing Body members.

After discussion it was decided to seek legal advice prior to signing the standards for members statement.

The Governing Body:

- Requested legal advice prior to signing the Standards for Members statement.

10.5.4 111 Project Update

The report details the progress to date of the 111 Project.

The Governing Body:

- Noted the progress of the 111 Project.

10.5.5 Public Health MOU and Workplan

The Public Health Department within Local Authorities is to provide specialist health care public advice to CCGs from April 2013. Public health will have 30% dedicated CCG time. The report includes an annual work plan which may change as there will be flexibility to meet the CCG's needs.

After discussion it was thought beneficial to invite the Director of Public Health to attend NHS Governing Body meetings.

The Governing Body:

- Approved the Memorandum of Understanding and proposed work plan between Cheshire West and Chester Public Health Department and NHS Vale Royal CCG.
- Agreed to formally invite the Director of Public Health to NHS Vale Royal CCG Governing Body meetings.

10.5.6 Learning Disability Update

The report details the current situation relation to the provision of the learning disability services. It was a challenging situation with complex funding issues and it was important to have a fair and equitable share of costs.

The Governing Body:

- Noted the outcomes of the 2012 Health Self Assessment process.
- Noted the recommendations contained in the national response to the Winterbourne View and the implications for CCGs and colleagues in Cheshire West and Chester Council.
- Noted the relevance of the NHS Outcomes Framework and Everyone Counts to people with a learning disability and implications for delivery.

10.5.7 Commissioning Support Unit (CSU) Service Level Agreement

	<p>The Governing Body expressed a number of concerns about the CSU and the SLA.</p> <p>The Governing Body expressed concerns at Value for Money situation. It is difficult to assess due to the lack of comparison as a new organisation. It was stated that individual budgets for GP practices were requested six months ago and have not been provided despite assurance they would be. There are also seventy three vacancies within the CSU which is of concern. The Governing Body need to be assured that for the level of investment the CSU would be able to provide assurance to meet Statutory responsibilities.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Agreed to a number of areas to be progressed through negotiations and deemed as ‘in transition’. • Required clarification regarding termination clauses. • Requested the Governance and Audit Committee add CSU to annual work plan and review progress and delivery against the KPIs on a monthly basis, holding the CSU to account as required. • Delegated responsibility to the Chair and Chief Officer to sign the SLA with the CSU subject to final SLA discussions reaching an acceptable conclusion and on the basis of discussions at today’s Governing Body meeting. • Requested the action notes of SLA meetings. <p>10.5.8 Organisational Development Review</p> <p>The report provided a summary of the Organisational Development Review undertaken between November 2012 and January 2013.</p> <p>The Governing Body:</p> <ul style="list-style-type: none"> • Noted the Organisational Development Review. 		
10.6	<p>10.6 Minutes of Statutory Meetings</p> <p>The Governing Body noted the following minutes:</p> <ul style="list-style-type: none"> • Cheshire West and Chester Shadow Health and Wellbeing Board – 17 October 2012. • NHS South Cheshire CCG and NHS Vale Royal CCG Quality and Performance Committee Minutes – 20 December 2012. 		
9.6	<p>9.6.1 Any Other Business</p> <p>A question from a member of the public was submitted to the Governing Body as follows:</p> <p>A portion of my time is involvement and responsibilities in health research. Two such areas, Primary Care Research School, Manchester University and also Mental Health Research Network.</p> <p>What in more recent years appears more recurrent is research projects into developing knowledge and expertise in the area of sometimes described, ‘talking therapies; psycho-intervention; psychological support or assistance. For specific groupings of people with challenging health</p>		

	<p>difficulties or disability.</p> <p>Often many health difficulties cause anxiety/stress, depression, generally mental distress.</p> <p>Nominally around 2008 IAPT services in Primary Care Started to be established, for shorter term intervention for anxiety and depression.</p> <p>In terms of the Vale Royal CCG, please could plans in place, or policy concepts be discussed as regards funding commissioning of not just IAPT, but similar ilk of support for patients under Vale Royal.</p> <p>In response the CCG are already commissioning improving access to psychological therapies (IAPT) and aiming to extend the service for patients who can access without visiting a GP or health professional first. IAPT services have been extended to Child and Adolescents Mental Health Services (CAMHS) and Military Veterans and Families. Psychological therapies are also being discussed within Neighbourhood Teams. Other psychological therapy services have been researched but IAPT is the only model which is evidence based. A more detailed response will be emailed to the member of public who submitted the question.</p> <p>10.6.2 Date of next meeting</p> <p>The next Extra-Ordinary Governing Body meeting will be held at 1.30 pm on 27 March 2013 in the Boardroom, Bevan House, Barony Road, Nantwich, CW5 5QU.</p>		
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