

**Minutes of the NHS North Kirklees CCG Governing Body Meeting held on  
Wednesday 27th March 2013 9.00am – 12.00pm, Dewsbury Town Hall**

**Present:**

David Kelly (DK)  
Chris Dowse (CD)  
Steve Brennan (SB)  
Yasar Mahmood (YM)  
Valerie Aguirregoicoa (VA)

Imran Patel (IP)  
Julie Elliott (JE)

Tony Gerrard (TG)  
Judith Hooper (JH)  
Alison O'Sullivan (AOs)  
Joanne Crewe (JC)

Chair  
Designate Chief Officer  
Designate Chief Finance Officer  
Clinical Member  
Patient and Public Engagement Lay  
Member  
Non-executive Associate  
Quality, Performance and Finance  
Lay Member  
Audit Lay Member  
Public Health Member  
Kirklees Council Member  
Registered Nurse Lay Member

**In-attendance;**

Deborah Turner (DT)  
Jackie Holdich (JH)  
David Boothroyd (DB)

Head of Quality and Safety  
Head of Primary Care  
Senior Manager, Contracting &  
Performance Mgt.

**Minutes:**

Natasha Brown (NB)

Personal Assistant to the Governing  
Body

**NKCCGGB/13/01**

**Introductions**

The Chair opened the meeting by welcoming all those in attendance. DK informed all members present that this is the second Governing Body (GB) meeting in public. Members present were informed that the public can raise any question via paper or verbally as indicated on the agenda.

The Governing Body introduced themselves to the public.

**NKCCGGB/13/01**

**Apologies:**

Ajit Mehrotra (AM)  
Nadeem Ghafoor (NG)  
Khalid Naeem (KN)  
Rachael Kilburn (RK)  
Helen Severns (HS)

Clinical Member  
Clinical Member  
Clinical Member  
Practice Manager Member  
Head of Service Transformation

NKCCGGB/13/02

**Declarations of Interest**

DK informed the GB that the Declaration of Interest Register is updated on a regular basis and is available on NHS North Kirklees Clinical Commissioning Group website. The GB NOTED that from the 1<sup>st</sup> of April, senior staff and member practices' declarations of interest will be collated and included on the register.

No further declarations of interest were voiced.

NKCCGGB/13/03

**Accuracy of minutes from last meeting 27<sup>th</sup> February 2013**

All confirmed that the minutes were accepted as a true and accurate record and DK signed them to confirm.

NKCCGGB/13/04

**Live Action Sheet**

The group reviewed the action log from the previous meeting.

**Agenda Item 4.6, Performance Report**

The GB was advised that the Predictive Risk Tool will be on the agenda for the GB meeting on Wednesday 24<sup>th</sup> April 2013.

**Questions from the public**

*Please refer to appendix 1.*

NKCCGGB/13/06

**Quality and Safety Report**

DT presented the Quality and Safety Report and highlighted the key areas.

**Elimination of Mixed Sex Accommodation (EMSA)**

There were no reported cases of breaches of EMSA at Mid Yorkshire Hospital Trust (MYHT) in December 2012.

**Healthcare Associated Infection (HCAI)**

**Methicillin-resistant Staphylococcus Aureus Bacteraemia (MRSA)**

DT informed the GB that MYHT reported four MRSA cases in December 2012. There is a cumulative eight reported cases to date. Of the four reported cases for December, one case is a resident in North Kirklees.

The GB NOTED that there were no reported MRSA cases reported in January or February 2013.

The GB RECOMMENDED that a root cause analysis (RCA) is carried out for all reported cases of MRSA.

**Clostridium Difficile Infections (CDIFF)**

The GB NOTED that there were seven CDIFF infections reported for NHS Kirklees in January 2013. Three of these cases were allocated to North Kirklees. NHS Kirklees now has a cumulative total of 102 cases against a target of no more than 104 cases.

### **Francis Report**

The GB NOTED that DT is working on how North Kirklees CCG responds to the Francis Report. She noted that the report aligns with the vision of North Kirklees CCG to ensure patients are put first, with an NHS that should be centred on common values in order to increase quality of care.

The GB NOTED that the Government is currently examining the report and its response will be available later this month.

The CCG are asked to respond to the Francis Report. In order to do this, a development session has been organised for the GB to debate the content of the report and agree an implementation plan and this is taking place on Wednesday 17<sup>th</sup> April 2013.

DT stated that within the Francis Report, there are important messages for the CCG around the way in which the CCG engages with patients and the public to ensure improvements are made to patient experience and also the quality of patient care.

The “Your Health, Your Say” register of interested groups and agencies has been used by the CCG to invite members of the public to participate in a discussion group on Wednesday 24<sup>th</sup> April, 1.30pm – 3.30pm at Batley Resource Centre. This session will allow for patients and public of North Kirklees to voice their views on how the CCG could monitor the delivery of quality, in partnership with the public and how we fully involve and engage the public in the CCG’s work.

### **Care Quality Commission (CQC)**

The GB NOTED that a CQC inspection was carried out in December 2012 at Holme Valley Memorial Hospital. Locala were found to be not complaint against the outcome area, *Care and Welfare of people who use the service*. When concerns had been identified relating to peoples’ psychological needs, there was no evidence that those needs had been addressed. Since the inspection, Locala has presented an action plan to CQC and also to the Clinical Quality Board for scrutiny.

DT gave the GB an update on the Dental Care CQC inspections. The GB was reminded that from the 1<sup>st</sup> April 2013, the CQC will begin regulatory activity in relation to General Practice. NHS England will take on responsibility for commissioning Dental Care and monitoring contractors. Action plans relating to the CQC inspections have been requested by NHS England and these will be sent to the Area Team. The CCG will link with NHS England and the CCG will flag any issues to ensure quality is measured.

### **Quality and Risk Profiles (QRP)**

DT informed the GB that QRPs are based on CQC essential standards of quality and safety and are used by the CQC to support registration. MYHT carried out the national staff survey in 2012 and DT informed the GB of the key findings. The least positive key findings related to;

- staff recommendations of the Trust as a place to work or receive treatment

- Motivation at work
- Reporting errors, near misses and incidents
- Having well-structured appraisals

### **Serious incidents**

The GB NOTED that significant work has taken place around encouraging staff to report serious incidents.

DT informed the GB that a report will be included in the next GB Quality and Safety report which will include trend data regarding incidents and complaints.

**ACTION – DT to include a report regarding incidents and complaints within the Quality and Safety Report.**

### **Report Monitoring and Post Infection Review process for MRSA cases from April 2013**

The GB NOTED that a new reporting, monitoring and a Post Infection Review (PIR) process for MRSA infections is to be implemented from April 2013. This is to facilitate the zero tolerance MRSA objective outlined in the NHS England, Everyone Counts: Planning for patients 2013/2014.

DT informed the GB that the PIR will replace the current RCA tool and the process will enable organisations involved to understand the causes of the MRSA blood stream infection, establishing where it happened, why it happened and what went well with the care given and what could have been improved.

The GB was asked to consider the PIR process. The GB AGREED for the Deputy Director of Infection, Prevention and Control/Lead Nurse to facilitate the PIR Process which will include reporting the outcomes on the data capture system and to ensure the CCG GB is informed of the outcomes.

DT informed the GB that Jane O'Donnell, Deputy Director to Infection, Prevention and Control, has yet to attend a Clinical Strategy Group (CSG) meeting to discuss how MRSA cases can be reduced.

**ACTION – NB to ask for Jane O'Donnell to attend the CSG in May 2013.**

### **The Governing Body;**

- **RECEIVED the Quality and Safety Report and NOTED the performance information for HCAI, EMSA and VTE**
- **RECEIVED the update on CQC**
- **RECEIVED an options paper on appraisals for undertaking MRSA RCA from 1<sup>st</sup> April 2013**
- **RECEIVED an update on the recently published NHS Mid Yorkshire Hospitals Trust NHS Staff Survey**

NKCCGGB/13/07

### Chairs Report

DK informed the GB that the *Meeting the Challenge* public consultation has now commenced with a public meeting which was held in Dewsbury Town Hall on 11<sup>th</sup> March 2013.

DK and CD had a meeting with the 38 Degrees North group and a petition was received.

DK highlighted the concerns of 38 Degrees North group and stated that they have concerns about privatisation of the NHS and have requested that the CCG stop local health services being broken up or taken over by *irresponsible* private companies.

Issues regarding privatisation and the CCG Constitution were discussed. VA stated that as commissioners, we need the correct criteria to ensure we commission the correct services. IP stated that as a CCG, we are required to engage with the community to link in with decision making.

DK informed the GB that the timing of GB meetings has been raised as an issue from the public. DK requested ideas and comments from the GB. JH suggested that this can be further discussed at the Extra-Ordinary meeting on 3<sup>rd</sup> April. YM stated that Clinical Board members may find it difficult to attend meetings if rearranged due to clinical commitments and surgeries.

AO stated that webcasting is now available and this is proving positive in Local Authority meetings as a means of increasing those who can access the meeting content.

**ACTION - The GB agreed to discuss this at the CSG or Development session on 3<sup>rd</sup> April and feedback at the GB meeting on Wednesday 24<sup>th</sup> April 2013.**

DK informed the GB that VA is leaving the CCG on 31 March 2013. DK confirmed that Julie Elliott will be the Vice Chair in the interim and until VA's replacement is recruited

NKCCGGB/13/08

### Chief Officer Designate Report

CD informed the GB that this week there was an announcement that Andy Buck has been appointed as Area Team Director.

The PCT (NHS Kirklees) will be coming to a close and abolished as of 31<sup>st</sup> March 2013. The CCG has now been authorised in full as a statutory body without any conditions. A meeting will be held on 3<sup>rd</sup> April to ensure all PCT handover documents are received by the GB. This meeting will be held at Broad Lea House.

### The Governing Body;

- **RECEIVED the Chair and Chief Officer's report**

NKCCGGB/13/09

### Mid Yorkshire Health and Social Care Partnership Programme Highlight Report

CD informed the GB that this report is for information and will be included, with updates, at future GB meetings. This is to provide the GB with regular updates on the progress of the Transformation programme across North Kirklees and Wakefield and, in particular, the current consultation process.

It was AGREED that the outcomes of the Transformational Board are brought back to the GB regularly.

**ACTION – Progress on delivering the Mid Yorkshire Transformation programme, will be brought to the meeting on 24<sup>th</sup> April 2013.**

DK confirmed that there would be further meetings with stakeholders and the public on the content of the mid Yorkshire consultation. There would also be further 'getting to know you' speed dating' events with stakeholders in future months to repeat the very useful exercise in the Autumn last year.

NKCCGGB/13/10

### **Primary Care Incentive Scheme**

JH presented the Primary Care Incentive Scheme (PCIS) and informed the GB that this operates every year for General Practice. There are four areas within the scheme to drive change and improve quality. The GB NOTED that the PCIS links with the transformational programme.

#### Engagement

This scheme is for Practices within North Kirklees to allow them the opportunity to meet with other peers and other health care professionals to discuss issues in general practice to reduce variation in quality and service delivery.

#### Medicines Management

Medicines Management links in with QIPP. This looks at prescribing costs within General Practice.

#### Choose and Book

This is to improve patient access. This scheme is to allow the practices to have further training to ensure all patients are given choice in general practice.

#### Integrated Care

Integrated Care is to influence discussions between health care professionals to give the opportunity to discuss care plans for patients.

JH informed the GB that she is involved in the Community Care Teams (CCT) which are provided by Locala. These teams are set up in North Kirklees, which act as Multidisciplinary Teams. The CCTs consist of Community Matrons, District Nurses, and GPs.

JH informed the GB that the Primary Care Incentive Scheme has been presented to CSG, Quality Performance & Finance Committee and GP forum.

*YM, DK declared an interest in this agenda item.*

YM referred to the dashboard and the prevalence for diabetes. It was confirmed that the CCG are working on reducing the prevalence for patients with diabetes. JHo raised her concerns regarding prevalence targets, and questioned the figures. DK stated that the targets are national targets and acknowledged that the actual data is higher than the targets. It was AGREED that Kath Woodford would be invited to a future GB meeting to explain the dashboard in more detail.

**ACTION – JH to invite Kath Woodford to a future GB meeting to discuss the dashboard in more detail.**

VA raised her concerns regarding Medicines Management payments and questioned if 12p per patient is value for money. SB stated that this point is valid, and it is important that 12p per patient is not a huge amount of money. The effort required to reduce this, will be evaluated.

JH confirmed that she will feed back comments to the Medicines Management Team.

KG congratulated JH on the integrated care scheme as this fits with all the CCG strategies.

**The Governing Body:**

- **Approved the Primary Care Incentive Scheme**

NKCCGGB/13/11

**Contract and Finance Report**

SB presented the Contract and Finance Report and highlighted the key areas.

The GB NOTED that the CCG are forecasting to achieve the financial year end target. Within the report, there was a list that details the grants and non-recurrent funds and SB confirmed that these are being finalised.

QIPP

The GB NOTED that there are plans in place to deliver £4.3m of efficiencies this year. A balanced position has been forecast and work is on-going to deliver these savings and the CCG have mitigations in place should they be required.

Non-recurrent funding

SB informed the GB that a detailed paper within the GB papers highlighted the non-recurrent schemes for single use, voluntary and community & Primary care Schemes. The papers highlight the schemes that have been approved and which have been declined.

YM questioned the practitioner time and what the monitoring mechanisms are. SB stated that during the year, work will continue to ensure that work is delivered as stated,

when the requests were made for equipment from member practices. Impact of the equipment will also be monitored to ensure this money is spent accordingly.

*All GP Members declared an interest in non-recurrent funds.*

#### Financial Risk Analysis

SB stated that given the time of year, the reports for the year end forecast are becoming more certain. The GB NOTED that there is still some degree of uncertainty and highlighted the main areas of financial risks.

- There is a low risk that unexpected variances may occur with acute contracts.
- The forecast position on prescribing has now been relatively stable for a number of months so there is a small risk that this will change materially before the year ends.
- The on-going re-organisation of the PCT has the potential to inadvertently reduce our focus on managing this year's position and the CCG must ensure that does not happen.

#### **The Governing Body:**

- **NOTED the Forecast outturn financial position**
- **NOTED the Position on QIPP**
- **NOTED the financial risk position**

NKCCGGB/13/12

#### **Approve the Budget for 2013/2014**

SB presented the Budget paper for 2013/ 2014 which was produced in line with the Medium Term Financial Plan (MTFP).

The GB NOTED that the budget paper has been presented at Q,P&F Committee, and an in-depth discussion took place.

SB highlighted that within the budget, a provision has been made for spending 2% (4.3m) of the recurrent allocation non-recurrently. The CCG have agreed QIPP plans to deliver the required challenge of £5.3m.

In addition to the revenue budget, a small capital investment programme of £50K has been made which will be spent on IT and other equipment.

An updated budget will be presented to the Q,P & F Committee in April 2013.

TG requested further detail to allow the GB members to be confident of the detail of what budgets have been set and also further information regarding risks. SB stated that this was a fair comment, and AGREED to circulate the paper that went to Q,P&F Committee.



**ACTION - SB to circulate the budget paper for 2013/14 to all GB members, which was presented at the Q,P&F Committee.**

JE stated that a robust conversation took place in the Q,P&F committee and members were content to recommend the budget for 2013/2014 for approval by the GB.

**The Governing Body:**

- **APPROVED the budget subject to comments made by the GB members.**

NKCCGGB/13/13

**Performance Report**

DB presented the Performance Report and highlighted the key areas.

Unplanned Hospitalisation for chronic ambulatory care sensitive conditions (adults)

The GB NOTED that the overall NHS Kirklees position has increased based on the same period in 2011/2012 by 17.28%

Unplanned Hospitalisation for asthma, diabetes and epilepsy in under 19s

In November there were 311 admissions across Kirklees (154 at CHFT and 157 at MYHT).

Patient Access

North Kirklees has increased patient access by 22.3% based on the data from the previous year.

Other referrals for first out-patient appointment

December's data shows the actual performance is 1.9% above plan. There is a 10.8% year to date variance and a forecast outturn variance of 11.4%.

The GB NOTED that the performance data that is brought to the GB meetings will remain to be NHS Kirklees Data until June 2013. After this date, the reports will be specific to NKCCG.

18 weeks

The number of incomplete 18 weeks episodes increased in January 2013 showing 12.1% above the trajectory plan. The GB NOTED that the CCG will build in the activity required to achieve 18 week requirements into the 2013/14 demand planning. It was NOTED that the Q, P&F Committee will discuss funding for 18 weeks in 2013/14 to reduce waiting times to an acceptable level.

Choose and Book

February's unpublished data for NHS Kirklees is showing at 62.5% which is an increase to the January's unpublished data which showed 55.8%. Work is continuing with the

Choose and Book Lead Manager who is actively working with individual practices to improve low usage rates. The GB NOTED that Choose and Book is part of the PCIS for 2013/2014.

**The Governing Body;**

- **NOTED the North Kirklees CCG performance against the key outcomes and measures for 2012/2013**
- **AGREED additional actions require to address areas of under and over performance.**

**NKCCGGB/13/14**

**Election for Practice Governing Body Members from 1<sup>st</sup> July 2013**

CD presented the Election for Practice Governing Body Members paper and highlighted that this approach is being taken to ensure the resilience and stability of the Governing Body membership going forward. This is in line with the CCG Constitution. An appointment process and elections will be held so that not all Practice Governing Body members' tenures will end at the same time in 2015.

The GB NOTED that the Practice Governing Body membership consists of five GPs, one Practice Nurse and one Practice Manager, One Chair and these members were appointed to the shadow board on 1<sup>st</sup> November 2012.

The GB reached a decision last year that in order to stagger the tenure and election processes for membership to maintain corporate knowledge and resilience, all members would be asked to consider their position on the Governing Body in early 2013. The aim is for 3 members to stand down and for those roles to be opened up for other practice members to apply for election/ selection in June 2013. This did not prevent those three current members reapplying for their roles.

It was confirmed that DK has written to all Governing Body practice members asking if they wish to remain as member or stand down. There have been 3 responses back so far. The deadline for responses is 31<sup>st</sup> March.

DK informed the GB that the CCG are looking at alternative HQ accommodation in North Kirklees which will accommodate Board Members and all the CCG team.

DK informed the GB that some GPs from member practices have already expressed an interest in becoming a GB member, and have requested to shadow a GB meeting.

**NKCCGGB/13/15**

**Mid Yorkshire Hospital Trusts Clinical Service Strategy Pre-Consultation Analysis**

This item was within the GB papers for information only.

**NKCCGGB/13/16**

**Mid Yorkshire Health and Social Care Partnership Travel Advisory Group Report and Recommendations**

This item was within the GB papers for information only.

**NKCCGGB/13/17**

**Committee Minutes**

The following minutes were **RECEIVED** and **NOTED**;

- Minutes of the QPF Committee, Held on 20<sup>th</sup> February 2012

8.1\_

**Any Urgent Business**

No Urgent business was raised.

DK formally thanked all those in attendance. An extra-ordinary meeting will be held on 3<sup>rd</sup> April at BLH, Bradley, Huddersfield and 24<sup>th</sup> April, The Main Hall, Batley Town Hall.

**Date and Time of Next Meeting**

**Extra-Ordinary Governing Body Meeting  
Wednesday 3<sup>rd</sup> April 2013  
9.00am – 10.30am  
The Board Room, Broad Lea House**

**Governing Body Meeting  
Wednesday 24<sup>th</sup> April 2013,  
The Main hall, Batley Town Hall  
9:00am -12:00pm**

This concluded the content of the Governing Body meeting and the Chair declared the meeting **CLOSED** at approximately 12.00pm

**Chairman's Signature:**

**Date:**

North Kirklees  
Clinical Commissioning Group

**AGREED ACTIONS**  
**NHS North Kirklees Governing Body**  
**Wednesday 27<sup>th</sup> February 2013**  
**9.00am – 12.00pm**

Agenda Item	Lead Name	Action	Comments
<p><b>NKCCGGB/13/06</b> Quality and Safety Report</p>	<p>DT  NB</p>	<p><b>Serious incidents</b> DT to include a report regarding incidents and complaints within the Quality and Safety Report.</p> <p><b>Report Monitoring and Post Infection Review process for MRSA cases from April 2013</b> NB to ask for Jane O'Donnell to attend the CSG in May 2013.</p>	<p>Complete</p> <p>Sue Ross has been requested to attend the CSG meeting in May as Jane O'Donnell is currently off sick. NB waiting a reply from Sue Ross.</p>
<p><b>NKCCGGB/13/07</b> Chairs Report</p>	<p>DK/CD</p>	<p>The GB agreed to discuss this at the CSG or Development session on 3rd April and feedback at the GB meeting on Wednesday 24th April 2013.</p>	<p>Verbal update to be given at the GB meeting on 24<sup>th</sup> April 2013</p>
<p><b>NKCCGGB/13/09</b> Mid Yorkshire Health and Social Care Partnership Programme Highlight Report</p>	<p>DK/CD</p>	<p>Progress on delivering the Mid Yorkshire Transformation programme, will be brought to the meeting on 24<sup>th</sup> April 2013.</p>	<p>Complete - Included in the Chief Officers report.</p>

North Kirklees  
Clinical Commissioning Group

<p><b>NKCCGGB/13/10</b> Primary Care Incentive Scheme</p>	<p>JH</p>	<p>JH to invite Kath Woodford to a future GB meeting to discuss the dashboard in more detail.</p>	<p>A meeting is arranged for 25<sup>th</sup> May, involving Kath Woodford and Judith Hooper to discuss the Dash Board. The outcome of this discussion will be brought the attention of the Clinical Strategy Group.</p>
<p><b>NKCCGGB/13/12</b> Approve the Budget for 2013/2014</p>	<p>SB</p>	<p>SB to circulate the budget paper for 2013/14 to all GB members, which was presented at the Q,P&amp;F Committee.</p>	<p>Complete</p>

DR

Wednesday 27<sup>th</sup> March 2013  
9.00am – 12.00pm  
Council Chamber, Dewsbury Town Hall

Questions and answers from public

DK informed attendees that all questions and responses from the last meeting are available on the CCG website.

American helicopters

Question

In light of the millions of pounds being expended on American Helicopters (yesterday's news), for an improvement of 4 minutes, how can it be justified that we are transporting patients, especially critically ill patients regarding Aneurysm, Stroke patients, whose first 60 minutes is most important, to hospitals not in the local area?

Answer

This relates to central and specialised services and we have no contracts with American helicopter companies. DK stated that if needed, he would want to be able to see a specialist who deals with aneurism health issues straight away. Therefore it is paramount to get the patient to the right place with the right professional, at the earliest right time. A further issue was raised regarding the travel time to get to Pinderfields or Pontefract Hospitals to deal with patients with such health needs. DK stated that there will be facilities at DDH to ensure patients can be resuscitated by trained staff with appropriate equipment if this is required.

Ambulance Diversions

Question

When ambulances are diverted from Pinderfields to another MYHT site, what will happen then?

Answer

Under the proposed changes to services at MYHT, there would not be any diversions in the near future as all emergency beds would be at Pinderfields.

Training for Paramedics

Question

What is the training programme for Paramedics and junior Paramedics?

Answer

DK **AGREED** to investigate this with Yorkshire Ambulance Service (YAS) and will report this back at next meeting.

*Response from YAS*

*YAS confirmed that they are no junior Paramedics; however, they are a number of Advanced Medical Technicians. Currently there are a number of different ways of becoming a paramedic:*

1. YAS also informed us that they do not have Junior Paramedics. They currently have Technicians and if they want to become Paramedics, they are sent on a 1 year Academic course to Sheffield Hallam University to complete the course.
2. By enrolling on a UCAS Student Paramedic course. These programmes differ by University in level; some are set at Foundation Degree or Diploma level and are run over two years. Some are set at degree level and run over three years. Within the Yorkshire catchment area Sheffield Hallam University runs the only programme which gives eligibility to access the Health and Care Professions Council (HCPC) Paramedic register and this is a two-year Diploma programme.
3. The second way is via a conversion programme. Currently YAS is undertaking a programme to convert its existing Advanced Medical Technicians to Paramedics. This is a one-year conversion programme, which recognises prior learning (RPL) of the first year of the Diploma in Paramedic Science for the technicians and they undertake year two.

#### Pontefract Hospital

A member of the public stated that her GP has told her there should not be a hospital in Pontefract. DK said that he was unclear about the details of that GP's response. If the GP was referring to the fact that Pinderfields Hospital had been built under PFI scheme, there was little that would be done now to change this. PFI had been the preferred approach for new hospitals at the

time. The CCG has made clear that we want a vibrant and thriving DDH in our locality and that we will work with the trust's staff on the basis of arrangements that are currently in place.

#### Consultation document

Members of the public were informed that the consultation document is being sent out to all households within North Kirklees. Public members asked if the CCG was happy that to date only 300 feedback forms have been returned. DK stated that Royal Mail have confirmed that 90% of properties will receive this document and that we are still in the middle of the consultation process with time yet for the public to respond. The reply slip contains a freepost address for returns and acknowledged that there was no envelope included.

CD stated that the GB is attending MYHT consultation public meetings.

DK informed members of the public that the percentage of responses received is a valid point and each and everyone of those responses will be taken into account.

A decision at the end of the consultation period will be made in partnership with Wakefield CCG and will take into account the community's views, the clinical effectiveness of the proposals (judged by external clinicians), and the financial implications. DK confirmed that he will find out the cost of the consultation documents and will feed back at the next GB meeting.

**ACTION – DK to feedback the cost of the Consultation process at the end of the exercise..**

### Contracts

DB stated that the NHS standard contract is developed at national level. He confirmed that legal advice is often sought in developing the content of those contracts at local level. SB stated that legal advice is expensive and it is important to use appropriately.

### Privatisation of NHS

DK stated that we are commissioners, not providers, and will commission services within the legislative framework set out by Government, comply with our own Procurement Policy (currently in draft) from providers such as Locala. We will be transparent in these processes.

DK stated that his definition of privatisation of health care is where patients have to pay for their care. The NHS will remain free at the point of delivery and this CCG is passionate about that position.

### Opticians

DK stated that opticians have schemes in place that where appropriate, the opticians can administer and prescribe antibiotics without the patients needing to see their GP. One of the schemes is to allow patients who cannot access primary care, to be able to see other health care professionals. All opticians are qualified to administer prescribe antibiotic treatments.

### Future Governing Body Meetings

#### Question

A question was raised regarding the timing of future Governing Body meetings as members of the public are finding it difficult with the timings.

#### Answer

DK highlighted that it is important to allow for public to be present and will seek ideas.

**ACTION - DK confirmed that the GB will discuss future meetings dates and times and AGREED to update at the next GB meeting.**

### Commissioning Plans and Prospectus

#### Question

When will the Commissioning Plan be available?

#### Answer

The commissioning plans are in draft format and are due to be taken to the Kirklees Shadow Health and Wellbeing Board for comment and discussion. The GB will be approving the plans at the GB meeting on 3<sup>rd</sup> April. It was confirmed that a prospectus will be available on the website in coming weeks.

### Budget for NKCCG

#### Question

Will the budget for the CCG be available on the CCG Website?

#### Answer

Yes. It was confirmed that the budget report will be included as additional information and this will be picked up in the Finance and Contract reports at future GB meetings.



### Any Qualified Providers (AQP)

#### Question

If under the AQP process there are new private company providers active in North Kirklees area and they are competing for patients with an established public sector provider, as in audiology, will the CCG take steps to secure the continuing viability of the public sector providers thereby ensuring that, in the long term, there is no tendering or shift towards monopoly supply private company provision.

#### Answer

DB requested that the question is written down and DB will respond directly outside the meeting as this question was not available at the start of the GB meeting.

### Equipment in Practices

#### Question

Non recurrent funding for Spirometry payments vary from practice to practice. Is this because the equipment is different?

#### Answer

DK stated practices were given the choice in requesting funding support and practices may have chosen for clinical reasons, different equipment.

### Equality and Diversity

#### Question

A question was raised relating to Equality and Diversity and how the CCG plan to engage with communities.

#### Answer

CD stated that throughout the MYHT process, the CCG has been very mindful that we need to look at the impact of any proposed changes at MYHT. An integrated impact assessment team are working together on this throughout the consultation process and beyond. CD informed attendees that the CCG needs to work closely with communities to hear their views on the proposed changes at MYHT. It was confirmed that an engagement event is taking place at the end of April. The CCG welcomes further comments on how the CCG engage with the public.



**Minutes of the NHS North Kirklees CCG Governing Body Meeting held on  
Wednesday 3<sup>rd</sup> April 2013 9.00am – 12.00pm, Board Room, Broad Lea House**

**Present:**

David Kelly (DK)	Clinical Chair
Chris Dowse (CD)	Chief Officer
Steve Brennan (SB)	Chief Finance Officer
Julie Elliott (JE)	Quality, Performance & Finance Lay Member
Tony Gerrard (TG)	Audit Lay Member
Ajit Mehrotra (AM)	Clinical Member
Nadeem Ghafoor (NG)	Clinical Member
Khalid Naeem (KN)	Clinical Member
Rashid Sohail (RS)	Secondary Care Clinician Member

**In-attendance;**

Jackie Holdich (JH)	Head of Primary Care
Celia Weldon (CW)	Interim Governance Manager
Eric Power (EP)	Head of Medicines Management

**Apologies;**

Rachael Kilburn (RK)	Practice Manager Member
Helen Severns (HS)	Head of Service Transformation
Joanne Crewe (JC)	Nurse Lay member
Yasar Mahmood (YM)	Clinical Member
Judith Hooper (JH)	Public Health Member

**Minutes:**

Natasha Brown (NB)	Personal Assistant to the Governing Body
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NKCCGGB/13/22

**Introductions**

The Chair opened the meeting by welcoming all those in attendance. This is the first meeting in public since the CCG became a full statutory organisation.

Members present were informed that the public can raise any question via paper or verbally as indicated on the agenda.

The Governing Body (GB) welcomed RS to the GB. RS is the Secondary Care Clinician member on the GB.

The GB introduced themselves to members of the public.

### **Question from the Public**

*Please refer to appendix 1.*

**NKCCGGB/13/23**

#### **Declarations of Interest**

DK informed the GB that the declarations of interest register is regularly updated and is available on the website, from the 1<sup>st</sup> of April, senior staff and member practices will be included on the register.

No declarations of interest were voiced.

**NKCCGGB/13/24**

#### **North Kirklees Clinical Commissioning Group Authorisation and Establishment**

CD informed the members that this is an extraordinary meeting, where the GB will be recommended to accept a number of legacy documents based on the history, the policies and procedures which have been handed over from the Primary Care Trust (PCT).

The GB NOTED on the 6<sup>th</sup> March 2013, The NHS Commissioning Board authorised the CCG in full and without conditions.

Additional information has been promised from the commissioning board to document the full range of powers, responsibilities and duties of the CCG.

CD informed the GB, that a further document has been received by Dame Barbara Hakin. This has been emailed to the GB commissioning services on behalf of NHS Commissioning Board. CD requested that the GB work through the document in a CSG meeting to ensure the CCG is on track and complying with the new arrangements. The current conflict of interest register will also be reviewed at the CSG.

The Governing Body:

- NOTED the Authorisation outcome and the establishment of the CCG and the functions

**NKCCGGB/13/25**

#### **Transfer Schemes – HR & Property, Assets and Liabilities**

SB presented the Transfer Scheme report.

The GB NOTED that the Property, Assets and liability schemes require further work. SB stated that as a CCG, we won't own any buildings. Assets and liabilities relate to contracts. We have worked very closely with Greater Huddersfield CCG (GHCCG) and most of the contracts are joint between GHCCG and NKCCG. Negotiations have been done with the main providers. Arrangements are in place with GHCCG to manage the finances and consequences of the contracts to minimise any risks. Business Services are working through the transition process and the GB will be updated on a regular basis.

SB confirmed that the prime lease for Broad Lea House was signed by the PCT for a 10 year period. There are 7 years remaining on the lease. NKCCG is looking for a property the North Kirklees area and work is on-going for the CCG to move out of Broad Lea House later this financial year. Pat Patrice is investigating options for the CCG's accommodation.

A finance allocation has been given to NKCCG to cover property costs and this covers the cost of Broad Lea House. This is separate to the CCG's funding and core allocation.

It was NOTED that the CCG would benefit to have its HQ sited in the boundaries of North Kirklees. CD stated that CSU chose to have offices at Broad Lea House as their customers are in this building. CD stated that our ambition is to provide hot desking facilities in any new premises which will give our key partners the opportunity to work closely with the CCG.

SB informed the GB that it is paramount that the CCG find the right building to accommodate the CCG's needs.

**The Governing Body:**

- **RECEIVED an update on the two transfer schemes setting out property, assets and liabilities and staffing being transferred to NHS North Kirklees CCG as of 1<sup>st</sup> April 2013.**

NKCCGGB/13/26

**Constitution and Terms of Reference**

CD presented the Constitution and Terms of Reference (TOR) and requested that the GB adopt the committees' TOR.

The GB NOTED that within the papers was the CCG Constitution Standing Orders, Code of Conduct, Conflicts of Interest procedures, financial Policies and the scheme of reservation and delegation. It was confirmed that these have been considered formally in other governance groups and have been discussed at the NHS Kirklees Audit and Governance Committee.

It was NOTED that the Constitution cannot be amended other than with the permission of the NHS Commissioning Board.

The Audit Committee TOR was not included in the papers. It was AGREED that these will come to a GB meeting once approved by the NHS NKCCG Audit committee.

**ACTION – TG to ensure that the Audit Committee TOR are brought to the GB meeting once approved at the Audit Committee.**

JE stated that there are some amendments to be made to the Quality, Performance and Finance Committee TOR, and it was confirmed that these will also come back to the GB meeting for ratification

**ACTION – JE to ensure that the Quality, Performance and Finance TOR are brought to the GB for sign off once amended.**

SB stated that it is good practice for the CCG to review the financial policies. The main thing that has come out is PFI schemes, and SB stated that the CCG does not own the building so this does not concern us.

**The Governing Body:**

- APPROVED and ADOPTED the NHS North Kirklees CCG Constitution and approved the committee terms of reference.

**NKCCGGB/13/27**

**NHS Kirklees Quality handover Document**

CD informed the GB that the NHS Kirklees Quality Handover Document is a legacy document which has been handed over from the Calderdale, Kirklees and Wakefield Cluster. This was handed over to CD at the last and final Cluster Board meeting.

The GB NOTED that the CCG is the receiver organisation for this document and DT has worked closely in developing and approving h the handover document. It was confirmed that this has not been to the Quality, Performance and Finance (QP&F) Committee due to tight timescales for sign off, but will be considered at QP&F Committee on 17<sup>th</sup> April 2013.

**ACTION – DT to ensure the Quality Handover Document is on the QP&F Committee agenda for consideration.**

The GB congratulated DT for her hard work in developing and approving the Quality Handover Document.

**The Governing Body:**

- Received and APPROVED the Quality Handover Document

**NKCCGGB/13/28**

**Key Corporate Policies**

The GB NOTED that since NHS North Kirklees CCG (NHS NKCCG) formally established as a legal entity with effect from 1<sup>st</sup> April 2013, NHS NKCCG, Greater Huddersfield CCG along with Wakefield CCG replaced the Calderdale, Kirklees and Wakefield (CKW) Cluster (NHS Kirklees).

The Corporate Policies being presented for approval include:

- Mandatory Training Policy
- Complaints Policy
- Risk Management
- Policy on policies
- Capability policy
- Discipline Policy and procedures
- Grievance Policy
- Attendance Policy

CD informed the GB that the policies have not yet been to any of the structure committees. It was agreed that the Key Corporate Policies will go to the Corporate Affairs Committee for scrutiny.

**The Governing Body:**

- ACCEPTED the Corporate Policies subject to the Corporate Affairs Committee.

**NKCCGGB/13/29**

**NICE Technology Appraisals**

EP presented the NICE Technical Appraisals.

The CCG have a duty to fund NICE Technology Appraisals under directions from the Secretary of State. CCGs will be monitored in the implementation of NICE Technology by the NHS Commissioning Board.

It was NOTED that the NICE Technology Appraisals will be published on the website to demonstrate compliance with the Secretary of State directions.

It was agreed that the NICE Technology Appraisals will be formally approved at the QPF Committee where finances will be discussed in detail.

EP confirmed that the NICE Technology Appraisals will be a live document and will be updated on a bi-monthly basis and will be taken to the Quality, Performance and Finance Committee for approval.

Technology appraisals are mandatory and the NICE appraisal is to ensure cost effectiveness.

**The Governing Body:**

- RECIEVED and formally AGREED the funding for NICE Technology appraisals.. This will now go on the CCG website.

NKCCGGB/13/30

**Any Urgent Business**

**Date and Time of Next Meeting  
Wednesday 24<sup>th</sup> April 2013,  
The Main Hall, Batley Town Hall  
9:00am -12:00pm**

This concluded the content of the Governing Body meeting and the Chair declared the meeting **CLOSED** at approximately 12.00pm

**Chairman's Signature:**

**Date:**

**AGREED ACTIONS**  
**NHS North Kirklees Governing Body**  
**Wednesday 3<sup>rd</sup> April 2013**  
**9.00am – 10.30pm**

Agenda Item	Lead Name	Action	Comments
<b>NKCCGGB/13/26</b> Constitution and Terms of Reference	TG           JE	TG to ensure that the Audit Committee TOR are brought to the GB meeting once approved at the Audit Committee.           JE to ensure that the Quality, Performance and Finance TOR are brought to the GB for sign off once amended.	The QF&P Committee ToR are on the agenda for 17 <sup>th</sup> April 2013
<b>NKCCGGB/13/27</b> NHS Kirklees Quality handover Document	DT	DT to ensure the Quality Handover Document is on the QP&F Committee agenda for consideration.	Complete – On QF&P agenda on 17 <sup>th</sup> April 2013

Wednesday 3<sup>rd</sup> April 2013  
9.00am – 12.00pm  
The Board Room, Broad Lea House

Questions and answers from public

Question

What is the CCG's views on Privatisation?

Answer

DK stated that this CCG is a passionate supporter of NHS services being free to patients at the point of delivery. If it ever came to the point where this was not the case, DK said that he would no longer want to work within the NHS. In commissioning services for patients, the CCG must work within the statutory framework. DK explained that sometimes NHS providers are not in a position to provide services and we must look elsewhere in the market for provision. He said that it is paramount that tax payers' money FK stated that in his view privatisation is where patients pay for their care. This is not the case for NHS services commissioned by NKCCG.

Question

How much has been spent on the distribution of the Consultation documents?

Answer

The consultation exercise is on-going and won't be complete until the end of May. Once the process is complete, the CCG will declare the costs of this.

*The approximate cost for printing was £26,875 (equates to 19 pence per copy) and distribution across both areas was £15,000. For North Kirklees, the cost for printing and distribution is approximately £7,500.*

Question

What training do ambulance technicians have and what is the duration of the training?

Answer

DK stated that the CCG can influence Yorkshire Ambulance Service (YAS) through commissioning and contracting arrangements and the level of quality of training will be monitored. It was confirmed that first responders are first on the scene of an emergency and respond to the patients' need accordingly. If the first responders are unable to provide care for the patient, a fully training paramedic will be called. DK advised that he will investigate the length of training for the Paramedic Technicians and AGREED to feedback at the next GB meeting.

**ACTION – DK to investigate the length of training for the Paramedic Technicians and feed back at the next GB meeting.**