

NHS NORTH YORKSHIRE AND YORK CLUSTER

Minutes of the Meeting of NHS North Yorkshire and York Cluster Board held on 25 September 2012 at Priory Street Centre, York

Present

Mr Kevin McAleese CBE	Chairman
Mrs Elizabeth Burnley CBE	Non Executive Director
Mrs Janet Dean (left after item 8)	Associate Non Executive Director
Mr Roy Templeman	Non Executive Director
Mrs Maureen Vevers	Non Executive Director
Mr Christopher Long	Chief Executive
Dr David Geddes	Medical Director and Director of Primary Care
Dr Phil Kirby	Interim Director of Public Health
Mrs Sue Metcalfe	Deputy Chief Executive/Director of Localities
Mr Bill Redlin	Director of Standards
Mr Alan Wittrick	Director of Finance and Contracting

In Attendance

Mr Henry Cronin for item 7	Chairman, Hambleton, Richmondshire and Whitby Clinical Commissioning Group
Mrs Debbie Newton for item 7	Chief Operating and Finance Officer Designate, Hambleton, Richmondshire and Whitby Clinical Commissioning Group
Ms Michèle Saidman	Executive Assistant to the Board and Committees

Apologies

Mrs Julie Bolus	Director of Nursing
Mr Geoffrey Donnelly	Non Executive Director, Vice Chairman
Dr Vicky Pleydell	Chief Clinical Officer, Hambleton, Richmondshire and Whitby Clinical Commissioning Group

33 members of the public were in attendance.

Kevin McAleese welcomed everyone to the meeting and explained the format: public questions relating to items 1 to 7, which would then be discussed by the Board; followed by further public questions relating to the remaining agenda and other matters. He noted that it was a Board meeting in public not a public Board meeting.

Questions and views relating to item 7 'Proposed Reconfiguration of Paediatric and Maternity Services at the Friarage Hospital, Northallerton':

1. Councillor Tony Hall, North Yorkshire County Council Lead for Children's Services

In referring to previous commitment for engagement with the PCT and CCG to search for a "unique solution" expressed the view that there was a mismatch between public expectation and the report presented. Requested that all three options detailed be included in the consultation and that the consultation be undertaken in the wider context of the current financial challenge across North Yorkshire and York.

2. Councillor Jim Clark, Chair of North Yorkshire County Council Health Overview and Scrutiny Committee (OSC):

Also requested full consultation on all three options, requesting full costings, and expressing continuing support from the OSC during the process.

3. Mr David Bentley, Governor, The Friarage

- (i) Expressed concern about the travel options detailed.*
- (ii) In view of the forthcoming disbanding of the PCT why had the decision on The Friarage not been delegated to Hambleton, Richmondshire and Whitby CCG?*
- (iii) Expressed the view that five of the health care drivers, as per the national standards for maternity services identified by the Royal College of Obstetricians and Gynaecologists and quoted in the report, would not be met by options 2 or 3. These drivers were:*
 - To focus around the needs of the women – 'right care, right time, right place'*
 - Provide local service provision*
 - Respect women's informed choices*
 - Increased need for 24/7 consultant present in units*
 - To develop appropriate skills and professionals*

In response to the second point Kevin McAleese explained that CCGs were not yet legal entities and that the PCT was currently the statutory responsible organisation. The timing was due to concerns raised by South Tees NHS Foundation Trust of potential clinical risk in view of retirement of consultants. Kevin McAleese additionally highlighted and commended the engagement work undertaken by the CCG to date. He also reported that Dr Vicky Pleydell had offered to undertake further work with parents of children with profound health needs who were concerned that there would no longer be open access.

4. Mr David Williamson, 'Save The Friarage'

- (i) Requested that overall risk be taken into account when considering the options noting particular concern at increased travel times for children with special needs.*
- (ii) Throughout the engagement process to date assurance had been given that the proposed reconfiguration was not about money but the report presented appeared to place higher weighting on money than care.*

Kevin McAleese noted that the concerns raised would be incorporated in the discussion of the agenda item.

1. Apologies

As detailed above.

2. Declaration of Members' Interests in Relation to the Business of the Meeting

None.

3. Minutes of the Meeting held on 24 July 2012

The minutes of the meeting of 24 July 2012 were agreed.

The Board:

Approved the minutes.

4. Matters Arising from the Minutes

Turnaround Director arrangements: Chris Long confirmed that the costs of the turnaround director were being met out of funds provided by the Strategic Health Authority and would not be a call on PCT resources.

Report on assurance of CCGs' developments: Sue Metcalfe advised that this had related to staff and referred to the information in the Chief Executive's report at item 6.

The Board:

Noted the information.

5. Chairman's Report

Kevin McAleese presented his report which, in addition to congratulating Harrogate and District NHS Foundation Trust on being rated in first place for the second consecutive year in the Macmillan Cancer Support national league table, provided information on the current financial position and the forthcoming demise of the PCT. He advised on receipt of a number of emails welcoming his expression of appreciation to staff in the report and requested that the relevant extract be included in a communication bulletin to all staff.

Members additionally expressed appreciation to staff involved in providing information and support to the Board Committees.

The Board:

1. Noted the Chairman's Report.
2. Expressed appreciation to all staff for their commitment and work.
3. Requested that the extract expressing appreciation to staff be incorporated in a staff bulletin.

6. Chief Executive's Report

Chris Long referred to his report which provided updates on the current transition, the Commissioning Support Unit (CSU), and additional transition information relating to Local Authorities, Public Health England, NHS Property Services, NHS Commissioning Board and Primary Care Support Services. He highlighted tensions through the transition due to the requirement for the PCT to maintain its statutory responsibility until 31 March 2013 whilst the new system and structures were being implemented from 1 October 2012, proposed alignment of the NHS Commissioning Board and PCT structures for the remaining six months of the PCT, and highlighted that CCGs were expected to take the lead in their respective patches for all aspects of commissioned services for which they have future responsibility with effect from the "flip date" of 1 October.

Chris Long noted that the CCGs, which were currently focusing on the authorisation process, would remain committees of the Board.

Sue Metcalfe explained that weekly updates took place between the PCT, CCGs and CSU in regard to staff assignments and vacancies created. Work was also ongoing with staff who had not yet been assigned to a post in the new structures which comprised 12 receiver organisations across North Yorkshire and York and Humber.

The Board:

Noted the Chief Executive's Report.

7. Proposed Reconfiguration of Paediatric and Maternity Services at The Friarage Hospital, Northallerton

Henry Cronin and Debbie Newton attended for this item

In introducing this item Kevin McAleese confirmed that Board members had received the full documentation regarding the proposed reconfiguration of services at The Friarage in addition to the Executive Summary included with the Board papers. He noted the extensive engagement which had been commended by the Department of Health Gateway Review Report and highlighted that the Board was not being asked to make a decision on the proposals but to agree options for public consultation. The proposed options were:

Option 1 - Sustaining a consultant led paediatric service and maternity unit, requiring significant investment to achieve safety standards although this service would remain fragile in terms of sustainability.

Option 2 - Paediatric Short Stay Assessment Unit (PSSAU) and midwifery led maternity service with full outpatient services and enhanced community service provision. This would be delivered within tariff, so therefore would require no additional investment by the CCG. Minor additional transport costs would be incurred but it is hoped that ambulance costs would be met by efficiencies elsewhere in the system locally.

Option 3 - Paediatric outpatient services and enhanced community services and a midwifery led unit. Similar costs to Option 2.

Process

Debbie Newton described the detailed engagement which had been clinically led by GPs and consultants in paediatrics and obstetrics from South Tees NHS Foundation Trust. Members of the public had expressed the wish to maintain the current services at The Friarage. However, as these services had been identified as neither safe nor sustainable Hambleton, Richmondshire and Whitby CCG (CCG) would not continue the current commissioning arrangements. Debbie Newton confirmed consensus of this view by the CCG's GP Council.

Kevin McAleese reported that he had attended a number of the engagement meetings led by Dr Vicky Pleydell and commended the paediatric and obstetric clinicians for their open participation.

Henry Cronin highlighted that the service reconfiguration was required within the existing financial envelope and confirmed that the consultants had described clinical issues of sustainability during the engagement process. Whilst recognising the emotional impact of the proposed reconfiguration, he emphasised the CCG's commitment to maintaining The Friarage.

In response to clarification sought by members, Debbie Newton explained that the main clinical issues related to the fact that the clinicians who were currently running the service were reaching retirement age. Newly qualified doctors had different expectations to those of the existing service.

Kevin McAleese sought and received confirmation that Board members felt assured about the process to date. He additionally commended the CCG on their engagement with the local community and noted that public perception that the proposals related to The Friarage as a hospital would be addressed through the next stage of the process.

Clinical Case for Change

In regard to the clinical case for change, Debbie Newton detailed the National Clinical Advisory Team (NCAT) involvement since December 2011 when concerns about the safety and sustainability of the paediatric services had been raised. Following extensive work it had been agreed to include obstetrics in a pre-consultation exercise as this service would in due course be in a similar position. The NCAT review had supported the case for clinical change on the grounds of safety and sustainability; a further report from NCAT was currently awaited.

David Geddes clarified that the sustainability issue related to clinical sustainability and described requirements relating to quality in terms of patient safety, patient experience and clinical effectiveness. He also noted the European Working Time Directive impact and that the training of health care professionals had changed which meant that doctors had become increasingly specialised therefore had different levels of skills and expertise than those required to provide a comprehensive service. The current approach was for multi-disciplinary management of care and the small number of deliveries at a unit such as The Friarage would impact due to skills not being maintained. Additionally, the number of paediatric patients who required enhanced care was comparatively few and it was important that they should receive care in the appropriate setting.

Debbie Newton described the engagement with GP practices in the CCG. The CCG's option appraisal had been informed by this process. Sue Metcalfe additionally noted historic aspects of the issues.

In response to clarification sought by members regarding travel to trusts other than South Tees NHS Foundation Trust, Debbie Newton noted that the issues highlighted related in the main to travel for children with higher levels of care need who currently had open access to services. She assured members that a clear communications plan would be included in the consultation to address these concerns.

Members agreed that the clinical case for change had been demonstrated.

Delivery by the CCG of the Gateway Review Recommendations

Debbie Newton highlighted that the action plan produced by the CCG to deliver the recommendations of the Gateway Review required support from the PCT in terms of management capacity. The work to date had been undertaken by a small team and due to the ongoing transition staff structures were not yet in place. Additional capacity was required for communications and engagement, and for a project manager with administrative support.

Chris Long confirmed that the requisite support would be provided for the CCG to implement the action plan.

Options and issues for the consultation process

Kevin McAleese noted the requests by members of the public regarding consultation on all three options, the CCG's preference for Option 2 and the fact that legal advice had been sought.

Chris Long reported on preliminary legal advice that consultation should not be on a single option nor on an option that could not be delivered. He detailed associated issues relating to Option 1 referring to a relatively small CCG becoming the sole commissioner, the identified financial and clinical sustainability issues, and the Strategic Health Authority Service Change Assurance Process expressing the view that, based on the preliminary legal advice, consultation should take place on Options 2 and 3. Consideration could be given to articulating why Option 1 was untenable.

Debbie Newton clarified that further work was taking place with South Tees NHS Foundation Trust regarding admission times and information about opening times of the assessment unit would be included in the consultation.

Members emphasised that the process should be a genuine consultation noting the potential for the final outcome to be influenced by the public. Debbie Newton confirmed that the associated communications would be explicit regarding the reasons for Option 1 not being feasible in terms of costs and impact on other services and that potential equality impact issues would be addressed.

Henry Cronin highlighted the continuation of services at The Friarage, provision of services seven days a week in the community in accordance with agreed care packages and assured members that consideration would be given to ensure the small number of patients with enhanced needs were not disadvantaged.

Members agreed that, subject to the Strategic Health Authority Service Change Assurance Process and no further differing legal advice, consultation should take place on Options 2 and 3, noting the CCG's preference for Option 2. They requested an update at the next meeting.

Kevin McAleese expressed appreciation to Henry Cronin and Debbie Newton for their attendance.

The Board

1. Commended the process to date and confirmed their satisfaction with the level of assurance.
2. Agreed that the clinical case for change had been made.
3. Agreed to consult on Options 2 and 3 subject to the NHS North of England Service Change Assurance Process.
4. Endorsed the action plan produced by the CCG to deliver the recommendations of the Gateway Review noting that the additional managerial capacity would be provided by the PCT.
5. Requested an update at the next meeting.
6. Expressed appreciation to Henry Cronin and Debbie Newton.

Public questions raised relating to item 8 and other matters

1. Mr Bob Towner, York Older People's Assembly in regard to item 8:
 - (i) *If the £19M predicted deficit is not addressed what will be the amount inherited by Vale of York Clinical Commissioning Group?*
 - (ii) *What are the radical measures?*
 - (iii) *Will the Chief Executive expand on paragraph 2.5 in his report?*

Kevin McAleese confirmed that points (ii) and (iii) would be discussed in detail. In regard to the first point Chris Long explained that there were a number of issues, including cash flow as with any business, and that he anticipated that the £19M deficit would be deducted from the overall allocation to CCGs at the start of 2013/14.

Vale of York CCG would be expected to inherit in the region of one third of the deficit in line with their proportion of expenditure.

2. North Yorkshire LINK (Local Involvement Network):

North Yorkshire LINK gathers from local press items that nine expressions of interest have been made in respect of the purchase of the Rutson Hospital. The LINK would, therefore, greatly appreciate a detailed update on the progress of the sale of the Rutson Hospital.

Alan Wittrick responded that since Board agreement in 2009 to dispose of the Rutson Hospital and following due process the building had been offered on the open market. A panel had been established which had identified a preferred bidder. However, this was currently commercial in confidence and would be discussed at the Part II Board meeting following the meeting in public.

3. Dr Dougy Lumb, Chief Executive of the Local Medical Committee (LMC):

Declared a conflict of interest in relation to item 8 as a GP in Scarborough, his LMC role, a member of the General Practitioners Committee and the General Medical Council Fitness to Practice Panel. Highlighted support for continued close partnership working, involvement in the North Yorkshire and York Strategic Review and noted the annual historic financial issues. Expressed concern about the content of the report in terms of lack of detail and the potential impact on GPs' clinical engagement, essential for the survival of the CCGs. Sought further discussion with the CCGs regarding the detail behind the paper and noted General Practice as a potential solution through joint working.

4. Councillor Jim Clark, Chair of North Yorkshire County Council Health OSC:

Referred to his attendance at the June Board meeting when he had expressed the view that £19M deficit was unrealistic and now anticipated between £40M and £50M deficit. Did not consider that the proposals put patients at the heart and requested consideration of the way forward in terms of:

- *better allocation of resources in terms of the underspend across the former SHA area*
- *better management via resource allocation to the CCGs*
- *better delivery of health care as identified in the North Yorkshire and York Strategic Review*

Kevin McAleese confirmed that the proposed initiatives would be discussed in detail and Chris Long advised that North Yorkshire and York and subsequently CCG allocations were in accordance with a national formula. He acknowledged concerns about implementing short term measures but highlighted that if such actions were not taken there was a risk that the cash would run out before the end of the year.

5. Councillor Tina Funnell, Chair of City of York Overview and Scrutiny Committee:

Welcomed and endorsed the above comments and expressed concern at history being repeated in respect of the current KPMG work. Supported the co-production approach of service user involvement as an evidence based model to care provision and sought clarification as to involvement of providers in partnership working with the public sector to achieve transformational change.

6. Councillor Tony Hall, North Yorkshire County Council Lead for Children's Services:

Supported the views expressed by Councillor Funnell that the solutions would come from partnership working and noted that maintaining hospitals were required to be included in the discussions.

7. Mr David Smith, Chief Executive, York MIND:

Expressed disappointment at the inclusion of mental health in the proposed turnaround initiatives and sought clarification of the £1.5M.

8. Councillor Tracey Simpson-Laing, Deputy Leader and Cabinet Member for Health, Housing and Adult Social Services, City of York Council

Also expressed concerns about the implications of the proposed turnaround initiatives noting that prevention saves money, demographic issues and the impact on local authorities who would also not be in a position to provide services due to cuts.

9. Professor Alan Maynard, Chair, Vale of York Clinical Commissioning Group:

Welcomed the proposed collaborative approach. Expressed the view that this would not be sufficient and referred to overtrading with acute trusts. In relation to the report how will the measures be distributed across the CCGs, what will be the impact of delaying payment into 2013/14 and what is the probability of success of the £10M worth of initiatives being achieved?

The Board meeting in public resumed

8. **NHS North Yorkshire and York Health and Social Care Economy – Finance Update**

Chris Long referred to the observations above and explained that the current KPMG work had been jointly commissioned by all NHS bodies in the county. He highlighted that its purpose was to identify opportunities for redesign across the health and social care community to provide affordable twenty first century services within the financial envelope at no additional cost to the NHS, local authorities or voluntary sector. The initial recommendations, expected in early November, would include international best practice health care evidence and would have particular reference to rural areas.

Chris Long however advised that more immediate measures were required due to the financial challenge, particularly in view of current overtrading on acute trust contracts, and the proposed turnaround initiatives aimed to address potential legacy effects. Work was ongoing with the CCGs to agree implementation which he noted may vary across the CCGs. Additional GP payments outwith contracts were also being looked at and negotiations were ongoing with the CCGs for consideration of potential areas of reduced funding.

Kevin McAleese reminded members that the agreed £19M deficit financial plan was dependent on delivery of Quality, Innovation, Productivity and Prevention (QIPP) plans and no contract overtrading. Executive Directors provided detailed clarification of the sustainability and safety of services in the proposed £10M turnaround initiatives (attached at Appendix A), potential 2012/13 in year savings as detailed in brackets.

1. *Review of elective activity (£2.8M)*: This initiative had full CCG engagement and related to ensuring consistent application of guidelines and thresholds, which was not currently the case. Payment mechanisms were also being examined and payment would not be made where thresholds had not been met. This did not look to stop services but was a referral management process implemented by the CCGs.
2. *A review of outpatient follow up appointments in line with best practice (£3.1M)*: Implementation in the final quarter of the year of identified best practice of 1:1 outpatient follow up ratio to improve efficiency of routine follow ups. This approach was a new contractual arrangement, required agreement by individual trusts and required CCG support as implementation of care plans was being moved from secondary to primary care.
3. *A review of Minor Injuries Units opening hours with a view to some closures (£0.4M) and 4. A review of community hospital beds with a view to short term closures (£0.4M)*: These initiatives were dependent on agreement of trusts but would facilitate improved integration between acute and community services.
5. *A review of high cost treatments and drugs (£0.6M)*: This in the main related to Lucentis and work with consultants to raise patient awareness of Avastin as an alternative.
6. *Potential cessation of enhanced primary care service payments (£0.6M)*: In addition to services commissioned outside normal contracts from in the main GPs but some pharmacists, temporary suspension of a number of services – for example health checks and minor surgery in primary care – could be suspended or stopped without impact on patients. This would be implemented from January as three months notice was required.
7. *A review of mental health and continuing care placements (£1.5M)*: This related to evidence based repatriating of out of area high cost patients to local provision of care; ensuring appropriate care in terms of both patients' potential changing needs and the costs; and ensuring quality of care packages.

8. *Ceasing expansion of health visitor implementation (£0.2M):* Children with high level needs would not be affected; safeguarding awareness would be maintained.
9. *Redesigning patient transport services (£0.4M):* A new algorithm for selecting patient transport was being introduced on 1 October which would where appropriate free A&E ambulances. Savings would be achieved as this transport was based on a block contract and the emergency contract was activity based.

Further detailed discussion included: recognition of the varying profiles and effects of the proposed turnaround initiatives with requisite engagement of CCGs and acute trusts; the need for longer term strategic change; recognition that some of the proposals related to better management and should therefore be taking place regardless of the current position, other proposals related to service provision – for example community hospitals – or were one off proposals to address the current challenge.

Chris Long noted that the proposals presented related to North Yorkshire and York. He advised that discussions were also taking place in regard to other contracts which were overtrading.

In view of the PCT's statutory responsibility for financial break even and the dependence on the CCGs for achieving the identified savings, it was agreed that the proposed turnaround initiatives be supported, that a meeting be held in October and that the CCG Accountable Officers be requested to attend to report on progress.

The Board

1. Supported the measures attached at Appendix A.
2. Requested a detailed progress report at the October meeting.
3. Requested that the CCG Accountable Officers attend the October meeting to provide CCG updates.

9. NHS North Yorkshire and York Performance Dashboard

Bill Redlin introduced the Performance Dashboard which comprised information as at September 2012 under sections: Summary Assessment, Performance and Quality Indicators, Financial Performance and QIPP.

Performance

In referring to the Summary Performance Bill Redlin advised that the September CCG Business and Delivery Review meetings had been cancelled to allow the CCGs to focus on the financial recovery plans; the information would therefore be updated for the next iteration of the Dashboard. He referred by exception to 'Amber' rated indicators.

Work was ongoing with Yorkshire Ambulance Service in respect of the slightly lower performance. The 62 days wait from date of referral to the first stage of treatment for cancer was an issue at all trusts and would be progressed via the CCGs. Themes identified were patient choice, complex care pathways and tertiary centres.

Patients who had waited 52 weeks or more from referral by their GP or other healthcare professional was in the main an issue in York, Vale of York CCG had implemented an action plan at individual patient level with York Teaching Hospital NHS Foundation Trust. Bill Redlin noted capacity remained an ongoing issue at a number of trusts. Choose and Book also remained an issue but was beginning to be addressed by the CCGs.

In terms of health care acquired infection there had been 23 cases of clostridium difficile against planned performance of no more than 21; these had been in the main community acquired. Work was ongoing via the CCGs to address this.

In response to clarification of the effects of the measures agreed at item 8 above, Bill Redlin advised that health checks were a national indicator and in regard to elective care sign up was required from GPs to reduce demand.

Finance

Further to the detailed discussion at item 8 above, Alan Wittrick confirmed that in his professional judgement the forecast £19M deficit, as agreed with the Strategic Health Authority, remained achievable but still had a high degree of risk attached to it. He advised that, in addition to the turnaround measures negotiations were taking place to bring contracts back into line. In the event of this position changing the forecast would be revised accordingly.

Roy Templeman, as a member of the Audit Committee, sought and received confirmation from Alan Wittrick that discussions were taking place to progress clearance of aged debt.

The Board:

Accepted the NHS North Yorkshire and York Performance Dashboard.

10. Quality Accounts for NHS North Yorkshire and York Hambleton and Richmondshire Specialist Children's Services 2011/2012

David Geddes referred to the Quality Accounts which were presented in accordance with NHS requirements. He noted that the Specialist Children's Service would transfer to South Tees NHS Foundation Trust in October and highlighted the achievement of the small team for maintaining quality services through the extended transfer period.

The Board:

1. Approved the Quality Accounts for NHS North Yorkshire and York Hambleton and Richmondshire Specialist Children's Services 2011/2012.
2. Commended the Specialist Children's Team for their commitment.

11. North Yorkshire and York PCT Charitable Fund Accounts 2011/12

In introducing this item Kevin McAleese noted his membership of the Charitable Fund Committee and that the accounts had been presented at the Audit Committee. Alan Wittrick reported that the latest transfer of funds had been assigned to Leeds and York Partnership NHS Foundation Trust.

Members commended Alison Levin for her work in respect of the accounts.

The Board:

1. Approved the North Yorkshire and York PCT Charitable Fund Accounts for the period to 31 March 2012.
2. Commended Alison Levin for her work in respect of the accounts.

12. Audit Committee Annual Report 2011/12

In Geoffrey Donnelly's absence Roy Templeman presented the Audit Committee Annual Report highlighting the range and quality of work undertaken and noting Audit Committee Workshops to support the CCGs through the transition. He commended the levels of Significant Assurance achieved and the implementation of audit recommendations.

Kevin McAleese on behalf of the Board commended the work of the Non Executive and Executive Director members of the Audit Committee.

The Board:

Noted and commended the work undertaken by the Audit Committee during 2011/12.

13. Minutes of Board Committees

The Board:

Received the following minutes:

- a. Audit Committee held on 8 August 2012.
- b. Governance and Quality Committee held on 11 September 2012.
- c. Hambleton, Richmondshire and Whitby Clinical Commissioning Group held on 28 June and 26 July 2012.
- d. Harrogate and Rural District Clinical Commissioning Group held on 21 June 2012.
- e. Scarborough and Ryedale Clinical Commissioning Group held on 20 June 2012.
- f. Vale of York Clinical Commissioning Group held on 5 July and 2 August 2012.
- g. Executive Leadership Group for the Implementation of the North Yorkshire and York Review held on 30 July 2012.
- h. Yorkshire and The Humber Specialised Commissioning Operational Group held on 27 July 2012.

15. Any Other Business

Kevin McAleese apologised for the extended timing of the meeting which had been due to the nature of the business.

16. Next Meeting

The Board:

Agreed that the next meeting would be at 10am on 23 October 2012 at St Michael's Hospice, Crimple House, Hornbeam Park, Harrogate HG2 8QL.

17. Exclusion of the Public

The Board moved into private session in accordance with Exclusion of Public and Press under Section 1(2) of the Public Bodies Admission to Meetings Act 1960 because of the confidential nature of the business transacted.

18. Follow Up Actions

The actions required as detailed above in these minutes are attached at Appendix B.

NHS NORTH YORKSHIRE AND YORK**Proposed turnaround initiatives**

		Potential Savings 2012/13 £m
		<hr/>
1	A review of elective activity	2.8
2	A review of outpatient follow up appointments in line with best practice	3.1
3	A review of Minor Injuries Units opening hours with a view to some closures	0.4
4	A review of community hospital beds with a view to some short term closures	0.4
5	A review of high cost treatments and drugs	0.6
6	Potential cessation of enhanced primary care service payments	0.6
7	A review of Mental Health and continuing health care placements	1.5
8	Ceasing expansion of health visitor implementation	0.2
9	Redesigning patient transport services.	0.4
	Total potential savings built into financial forecasts	10.0

24 September 2012

NHS NORTH YORKSHIRE AND YORK CLUSTER

ACTION FROM BOARD MEETING ON 25 SEPTEMBER 2012

Meeting Date	Item	Description	Director Responsible	Action completed/ Due to be completed (as applicable)
25 September 2012	Chairman's Report	<ul style="list-style-type: none"> Extract expressing appreciation to staff to be circulated via a staff bulletin 	Lee Squire	
25 September 2012	NHS North Yorkshire and York Health and Social Care Economy – Finance Update	<ul style="list-style-type: none"> CCG accountable officers to attend next meeting to provide detailed update on turnaround actions 	Sue Metcalfe	23 October 2012