

## **NHS NORTH YORKSHIRE AND YORK CLUSTER**

### **Minutes of the Meeting of NHS North Yorkshire and York Cluster Board held on 24 July 2012 at St Michael's Hospice, Harrogate**

#### **Present**

Mr Kevin McAleese CBE (Chair)	Chairman
Mrs Elizabeth Burnley CBE	Non Executive Director
Mrs Janet Dean	Associate Non Executive Director
Mr Geoffrey Donnelly	Non Executive Director, Vice Chairman
Mrs Maureen Vevers	Non Executive Director
Mr Roy Templeman	Non Executive Director
Mr Christopher Long	Chief Executive
Mrs Julie Bolus	Director of Nursing
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**

Ms Michèle Saidman	Executive Assistant to the Board and Committees
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Two members of the public were in attendance.

Kevin McAleese welcomed everyone to the meeting.

There were no questions from members of the public.

#### **1. Apologies**

None.

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

None.

#### **3. Minutes of the Meeting held on 26 June 2012**

The minutes of the meeting of 26 June 2012 were agreed.

#### **The Board:**

Approved the minutes.

#### **4. Matters Arising from the Minutes**

*Out of Hours Service - Clinical Assessment Performance:* In addition to the update in the Chief Executive's report at item 6, Bill Redlin advised that the report from the Yorkshire Ambulance Service provided complex technical information about the Adastra system. Work was ongoing via Harrogate and Rural District Clinical Commissioning Group (CCG) to resolve the clock stop and start time issues. He referred to the proposal in the Chief Executive's report, and members agreed, that the process be completed via the Harrogate and District NHS Foundation Trust Contract Management Board. Bill Redlin additionally noted that he had written to David Bolam, who had raised the original question, providing further information.

*Format of Scarborough and Ryedale CCG Minutes:* Sue Metcalfe agreed to follow this matter up again.

*Vale of York CCG Minutes:* Chris Long reported that the request for representation on the York Teaching Hospital NHS Foundation Trust Executive Board was in order to gain mutual understanding; there were no associated governance issues. In respect of the Safeguarding Children model Julie Bolus advised that a new model, by which Scarborough and Ryedale CCG would host Safeguarding Children, had subsequently been accepted.

#### **The Board:**

1. Noted the updates.
2. Agreed that issues relating to Yorkshire Ambulance Service clock start and stop times be resolved via the Harrogate and District NHS Foundation Trust Contract Management Board.

#### **5. Chairman's Report**

Kevin McAleese referred to his report. He proposed, and members agreed, that the number of meetings to be held from September 2012 to March 2013 be considered at the September Board meeting.

#### **The Board:**

1. Noted the Chairman's Report.
2. Agreed that the schedule for future Board meetings be considered at the September Board meeting.

#### **6. Chief Executive's Report**

Chris Long referred to his report which provided updates on the financial position, Children's Cardiac Surgery Review, Commissioning Support Service, City of York - Inspection of Safeguarding and Looked After Children's Services, Out of Hours Service - Clinical Assessment Performance, and recent publications. He highlighted the decision by the Joint Committee of

PCTs to remove children's heart surgery from Leeds Teaching Hospitals NHS Trust noting that the decision, which had been based on robust evidence, had been referred for further consideration.

Members commended the City of York Safeguarding and Looked After Children's Services for achievement of grades of 'Good' for overall effectiveness and 'Outstanding' for capacity for improvement. Julie Bolus advised that this had been the final announced inspection and work was ongoing in preparation for future visits.

Further to the contract negotiations with the acute trusts and following the recent meeting of the Finance and Performance Group, members discussed concerns about in year delivery by the acute trusts of the Quality, Innovation, Productivity and Prevention (QIPP) plans and associated implications for CCGs. Chris Long advised that ongoing work, expected to report by Christmas and commissioned jointly by the PCT and acute trusts, would inform strategic planning for 2013 to 2015.

Members sought and received clarification that the turnaround director was externally funded and noted that Chris Long would report to the Board at the September meeting whether this arrangement would continue.

#### **The Board:**

1. Noted the Chief Executive's Report.
2. Noted that arrangements regarding the turnaround director would be reported at the September meeting.

#### **7. Note of Friarage Hospital Petition**

In referring to this report, presented in accordance with the PCT's Standing Orders, Kevin McAleese noted that Dr Vicky Pleydell, Interim Accountable Officer of Hambleton, Richmondshire and Whitby CCG, would provide an update at the Board Workshop later in the day on the ongoing work on the future configuration of paediatric services at The Friarage Hospital, Northallerton.

#### **The Board**

Noted the petition and acknowledged that it would be considered as part of the formal engagement process.

#### **8. Commissioner Core Performance Dashboard**

Kevin McAleese introduced the Commissioner Core Performance Dashboard. It comprised information as at July 2012 under sections: Summary Assessment, Performance and Quality Indicators, Financial Performance, QIPP and Corporate Performance. Appendix A described outcomes of Business Delivery Review meetings for Harrogate and Rural District CCG, Scarborough and Ryedale CCG and Vale of York CCG; Appendix B provided

the Quarter Four end of year Commissioning for Quality and Innovation (CQUIN) position and summarised whether the requirements of the scheme had been met.

### *Performance*

Bill Redlin noted that the Summary of Performance included CCG analysis and referred to the Performance and Quality Indicators. He highlighted the maintenance of improved ambulance performance noting that Category A responses were now categorised as Red 1 and Red 2, the former denoting immediately life threatening.

In regard to the cancer performance indicators, there were issues at Harrogate and District NHS Foundation Trust and York Teaching Hospital NHS Foundation Trust in respect of 31 days and at York Teaching Hospital NHS Foundation Trust, Scarborough and North East Yorkshire NHS Healthcare Trust and South Tees Hospitals NHS Foundation Trust for 62 days. Work was ongoing via the CCGs to identify and address the issues which were known to include complex care pathways and patient choice.

Bill Redlin noted that the remaining indicators were in the main 'Green' with the exception of Choose and Book which the CCGs were working to address. He also reported on work by Vale of York CCG in regard to patients who had waited longer than 52 weeks for treatment at York Teaching Hospital NHS Foundation Trust. An action plan had been agreed for individual patients to be admitted before the end of August.

Bill Redlin corrected the planned performance for the number of patients with MRSA for whom the PCT is responsible, which should have read 12. He additionally advised that there had been two further cases since publication of the report; the year to date figure was now four of which two cases were acute based and two community based.

### *Finance*

Alan Wittrick advised that the year to date contract position was based on only two months' data (one of which was still provisional). He highlighted that the £19M declared forecast deficit was phased due to differing timescales for implementation of schemes and expressed concern at the current variance of around £3M which was largely due to overtrading with major NHS contracts: £1.8M with York Teaching Hospital NHS Foundation Trust, £653K at Scarborough and North East Yorkshire NHS Healthcare Trust and £443K at Airedale NHS Foundation Trust in particular. The key issues, which included GP referral levels and non elective activity, had been discussed at the Finance and Performance Group the previous week.

Alan Wittrick confirmed that acute trust contracts had been signed with the exception of South Tees Hospitals NHS Foundation Trust, where the contract had been agreed but not yet signed, and Harrogate and District NHS Foundation Trust where a number of issues remained in dispute; community

contracts with both these trusts were also outstanding. He noted however that this would not significantly alter the current position.

Overspending was also discussed in regard to partnership and pharmacy contracts. Alan Wittrick advised that he was looking in detail at the corporate services, public health and general reserve budgets but in presenting the current position was assuming that contract variances would be addressed and QIPP schemes delivered.

Members discussed the forecast deficit in the context of historic debt, risk to delivery of the QIPP schemes and other emerging cost pressures. They expressed concern as to whether the health economy as a whole fully understood the need for dramatic system change to address the current position and the potential implications for CCGs if this was not achieved. External influences on activity, such as national screening awareness programmes, were also noted.

Members expressed particular concern at the position in York. Discussion included the Walk-in Centre integration with A&E at York Teaching Hospital NHS Foundation Trust, which was not performing as had been forecast, and the musculo-skeletal service, which had not achieved the expected impact.

In response to the Non Executive Directors' concerns about the CCGs' budgetary control, Sue Metcalfe referred to the monthly Business and Delivery Review meetings with the CCGs highlighting the added value of clinical expertise in negotiations with the acute providers. She also advised that, in addition to the meetings to hold the CCGs to account, the PCT had regular contact with them to provide support noting that they were required to have a financial plan for 2013/14 as part of the authorisation process.

Assurance was sought at the monthly Business and Delivery Review meetings via a standard agenda in regard to QIPP, finance, performance, quality, and authorisation requirements. The estimated outcomes were then modified by agreement. Sue Metcalfe noted that the next round of meetings would include a request for actions with consideration being given to appropriate reporting to the Board.

Members noted in the summaries of the Business and Delivery Review meetings that all the CCGs had identified staff capacity as an issue. This was discussed in the context of the responsibilities of both the PCT Cluster and the emerging organisations with recognition of the associated pressures through the transition and the historic position of NHS North Yorkshire and York being under resourced in terms of management capacity. Additional support for the CCGs was currently being arranged.

In respect of the Business and Delivery Review summaries, the Executive Directors reported the following views:

- Whilst there remained issues to be resolved, Harrogate and Rural District CCG did have an understanding of their position.

- Scarborough and Ryedale CCG had good clinical engagement and, despite some remaining quality issues, QIPP work was progressing well. Roy Templeman, who attended their Shadow Governing Body meetings, added that there was a need for clarity about available resources and key priorities; support was also needed in view of the newly established management arrangements with York Teaching Hospital NHS Foundation Trust.
- Following discussion with Vale of York CCG, their RAG rating had been moderated from 'Red' to 'Amber'. It was noted that Vale of York had the largest clinical management resource of the four CCGs but was also the largest and most complex. In respect of the Lucentis QIPP, David Geddes reported that, although discussions were ongoing to address this issue, he did not envisage any change to the current position in the foreseeable future. In response to Non Executive Directors' concern that no actions in the Vale of York Shadow Governing Body minutes were identified relating to the financial pressures, it was noted that this would be addressed through the next round of Business and Delivery Review meetings.
- A summary from the Hambleton, Richmondshire and Whitby CCG meeting had not been available at the time of publication. However, the enormity of their agenda was highlighted; significant improvement in QIPP understanding and ongoing work was noted.

Kevin McAleese noted the complexities of the local health economy in terms of the financial position and associated risks and historic relationships in the system, seeking assurance that the issues were being addressed. In response Chris Long described the tensions resulting from the transition, staff capacity issues and pressures on CCGs emanating from the authorisation process; lack of strategy to deliver financial stability on which CCG authorisation would depend but also noting the PCT's responsibility and accountability; and the need for the emerging organisations to have appropriate clinical and non clinical leadership and capacity.

It was agreed that a report be presented to the September meeting providing evidence on the issues raised – capacity, financial understanding and leadership – to enable the Board to assess their assurance about the CCGs. The need for a consistent and robust approach to the monthly assessments was emphasised.

### *CQUIN*

Julie Bolus referred to the final quarter 2011/12 CQUIN report, which was presented for sign off, and noted that the 2012/13 CQUIN scheme was being led by the CCGs. Maureen Vevers, Chair of the Governance and Quality Committee, commended the clarity of the report.

### **The Board:**

1. Accepted the Commissioner Performance Dashboard.
2. Requested a report at the September meeting to provide assurance on concerns raised about the CCG assessments.
3. Noted and commended the Quarter Four year end Commissioning for Quality and Innovation position.

### **9-15. Minutes of Board Committees**

#### **The Board:**

Received the following minutes, noting the additional information detailed below:

9. Governance and Quality Committee held on 10 July 2012, noting the key messages and the forthcoming simplification of the agenda format.
10. Hambleton, Richmondshire and Whitby Clinical Commissioning Group held on 24 May 2012, noting that the Friarage Hospital report would be presented to the Board in September, not July as stated.
11. Harrogate and Rural District Clinical Commissioning Group held on 17 May 2012; the first meeting in public had since been held.
12. Scarborough and Ryedale Clinical Commissioning Group held on 16 May 2012; concerns remained about the format.
13. Vale of York Clinical Commissioning Group held on 7 June 2012.
14. Executive Leadership Group for the Implementation of the North Yorkshire and York Review held on 25 June 2012. Alan Wittrick detailed ongoing work in the localities and advised that costed visions had been requested by the end of September. Chris Long additionally highlighted the requirement for radical restructuring in the local health economy.
15. North of England Specialised Commissioning Group held on 11 May 2012 noting the Delivering Today/Developing Tomorrow section with particular reference to implications for staff.

### **16. Any Other Business**

Members congratulated Chris Long on his appointment as the NHS Commissioning Board Local Area Director for North Yorkshire and Humber region and Geoffrey Donnelly on his appointment as Chair of Governors at Oxford Brookes University.

#### **The Board:**

Congratulated Chris Long and Geoffrey Donnelly on their recent additional appointments.

## **17. Next Meeting**

### **The Board:**

Noted that the next meeting would be at 10am on 25 September 2012 at Priory Street Centre, 15 Priory Street, York YO1 6ET.

## **18. Exclusion of the Public**

There was no business which required consideration in private session. Kevin McAleese signed the minutes of the previous meeting which had been circulated to members.

## **19 Follow Up Actions**

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



**NHS NORTH YORKSHIRE AND YORK CLUSTER****ACTION FROM BOARD MEETING ON 24 JULY 2012 AND CARRIED FORWARD FROM PREVIOUS MEETINGS**

<b>Meeting Date</b>	<b>Item</b>	<b>Description</b>	<b>Director Responsible</b>	<b>Action completed/ Due to be completed (as applicable)</b>
24 July 2012	Chief Executive's Report	<ul style="list-style-type: none"><li>• Turnaround director arrangements</li></ul>	Chris Long	25 September 2012 meeting
24 July 2012	Performance Dashboard	<ul style="list-style-type: none"><li>• Report on assurance of CCGs' development</li></ul>	Sue Metcalfe	25 September 2012 meeting