

NHS NORTH YORKSHIRE AND YORK CLUSTER

Minutes of the Meeting of NHS North Yorkshire and York Cluster Board held on 26 June 2012 at Priory Street Centre, York

Present

Mr Kevin McAleese CBE	Chairman
Mrs Janet Dean (left after item 7)	Associate Non Executive Director
Mr Geoffrey Donnelly	Non Executive Director, Vice Chairman
Ms Rachel Mann	Non Executive Director
Mr Roy Templeman	Non Executive Director
Mrs Maureen Vevers	Non Executive Director
Mr Christopher Long	Chief Executive
Mrs Julie Bolus	Director of Nursing
Mrs Rachel Johns (for Dr Phil Kirby)	Associate Director – 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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Apologies

Mrs Elizabeth Burnley CBE	Non Executive Director
Dr David Geddes	Medical Director and Director of Primary Care
Dr Phil Kirby	Interim Director of Public Health

Seventeen members of the public were in attendance.

Kevin McAleese welcomed everyone to the meeting.

Questions relating to the following matters were raised by members of the public:

1. Councillor Jim Clark, Chair of North Yorkshire County Council Health Overview and Scrutiny Committee (OSC):
 - *Referring to the agenda item on North Yorkshire and York Health and Social Care Economy finances, we welcome the opportunity for open discussion. The figure of £19m for the deficit is unrealistic and a deficit of over £30m+ is foreseeable. The OSC is already involved in a number of local issues including The Friarage paediatric configuration, the Craven mental health consultation and the closure of beds at Airedale, and the proposed closure by Tees, Esk and Wear Valleys NHS Foundation Trust of dementia beds at*

Alexander House in Knaresborough. How will the financial challenges affect them? If services are moved from District General Hospitals (DGH) to the community will any of the DGHs become unviable and how are they responding to the need of the commissioner to achieve financial balance this year? What will be the impact of the Scarborough and York Hospitals merger?

In summary, what is the robustness of the estimates, and what will be the impact of the deficit on the CCGs and Foundation Trusts? We look forward to working with the PCT to address the position.

Kevin McAleese welcomed Councillor Clark's approach and the regular contact with the OSC.

Chris Long responded that the £19M was the planned deficit agreed with the Department of Health and noted associated potential risks to efficiency programmes and hospital activity. In regard to moving care into the community he advised that the CCGs were working with their local providers, highlighted the complexities of paediatrics at The Friarage, requisite work for services for the elderly population. He also noted that the decision on the merger of York and Scarborough hospitals was expected in the near future.

2. Ms Angela Portz, Chief Executive of York Council for Voluntary Service (CVS), on behalf of North Yorkshire and York Forum and York CVS:
 - *We welcome the fact that the PCT is taking a planned approach to managing its deficit. We also welcome the commitment to provision of high quality care in the communities where people live. The PCT currently funds a number of voluntary organisations to provide services to vulnerable people in our communities. Can the Board reassure voluntary organisations that any changes in commissioning plans will be undertaken in a way that ensures the future sustainability of those organisations – organisations which are crucial to achieving the future ambition of fully integrated local care provision, and which the new Clinical Commissioning Group may well wish to commission services from? Reassurance of a smooth transition would be welcome.*

In responding, Sue Metcalfe referred to the review of commissioning of voluntary sector services in 2011 and offered assurance that the robust process would continue. She additionally advised that the Clinical Commissioning Groups (CCGs) were looking to commission services from both statutory and non statutory organisations.

Kevin McAleese also noted lessons learnt of the value of health and social care provision by the third sector.

3. Mr David Bolam, North Yorkshire Local Involvement Network:

Referred to the report at item 10 and expressed concern at the different interpretations of the algorithm which was interpreted by Yorkshire Ambulance Service in other areas according to the national standard. Mr Bolam also expressed the view that 999 demand was rising faster in North Yorkshire than elsewhere and referred to the implementation of NHS 111.

Bill Redlin advised that Harrogate and District NHS Foundation Trust wished to ensure that the out of hours service was delivered in line with the national standard and that this would be aided by the report to be published at the end of the month. He noted that the CCGs would be working on out of hours service developments.

4. Ms Jennifer Kelly, Boroughbridge Town Councillor:

- *How much input will the PCT have to CCGs?*

Kevin McAleese responded that the CCGs were currently in shadow form and the PCT remained the statutory body until 31 March 2013. The CCGs were starting to hold meetings in public from July 2012 and the PCT's meetings in public would become fewer towards the end of the transition.

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 22 May 2012

The minutes of the meeting of 22 May 2012 were agreed.

The Board:

Approved the minutes.

4. Matters Arising from the Minutes

Commissioning for Quality and Outcomes: Julie Bolus confirmed that the appropriate financial penalties had been imposed on Harrogate and District NHS Foundation Trust as a result of breaching the standard for Eliminating Mixed Sex Accommodation and Kevin McAleese confirmed that he had received the In-Patient Survey.

Other scheduled matters arising were covered by agenda items.

5. Chairman's Report

Kevin McAleese presented his report which included a number of changes to Board membership and sought members' views on the process for consideration of recommendations by Hambleton, Richmondshire and Whitby CCG regarding the future reconfiguration of paediatric services at The Friarage Hospital in Northallerton. In regard to the latter he advised that further work, including the National Clinical Advisory Team and obtaining legal advice, was being progressed in preparation for the recommendations to the Board. The report would not therefore be available until

the September Board meeting, which was scheduled for the Priory Street Centre in York. Kevin McAleese advised that the Main Hall was available for this meeting to accommodate expected higher numbers of public attendance. Members supported this proposal and agreed that the Galtres Centre, Easingwold be cancelled for the July meeting which would be held, as originally planned, at St Michael's Hospice, Harrogate.

The Board:

1. Noted the Chairman's Report.
2. Agreed that the original venue for the July meeting in public, St Michael's Hospice, Harrogate, be reinstated and the Galtres Centre be cancelled.

6. Chief Executive's Report

Chris Long referred to his report which provided updates on the current transition, the Commissioning Support Service (CSS), appointment of the Interim Director of Finance, the formal consultation on mental health services at Alexander House, Knaresborough, and recent publications. He highlighted the CSS achievement of a high rating in their assessment and welcomed the appointment of Attain. In regard to the Alexander House, Knaresborough, consultation the case had been approved and Harrogate and Rural District CCG would lead the consultation on behalf of the PCT.

Rachel Mann referred to the key messages for the Board in the Governance and Quality Committee minutes at item 13b. In response to her request for assurance in respect of the CSS governance arrangements, Chris Long described the next stage of the process: submission of a full business case for approval to the Department of Health Business Unit and subsequent transfer of responsibility to the Department of Health. Sue Metcalfe additionally reported on the comprehensive agendas of the CSS Programme Board which met every two months. She reiterated the view that the Board could be fully assured on this matter.

The Board:

Noted the Chief Executive's Report.

7. North Yorkshire and York Health and Social Care Economy - Finances

In introducing this item Kevin McAleese highlighted that it was the first occasion that a deficit position had been publicly declared by the organisation and also noted the associated concern for stakeholders.

Chris Long described both the national and local contexts referring to the ongoing work to deliver efficiencies and noting that the £19M deficit, agreed with the Department of Health, was dependent on delivery of a further £22M of other productivity measures, planned hospital activity levels and a number of other factors. He explained that any overspend in year would be removed from the following year's allocation, thus having an accumulated compound effect, and that, although North Yorkshire and York funding was relatively low, no additional money would be made available as the Department of Health would not wish to set a precedent. The CCG allocations were not yet known but it could be anticipated that any deficit would have a significant impact.

Chris Long emphasised that the only way to address the challenging financial position was by radical system change and reconfiguration to the provision of health and social care. To this end work was ongoing with the CCGs, providers, the voluntary sector, and via the North Yorkshire and York Review.

Members reiterated appreciation to Councillor Clark for describing his concerns earlier in the meeting. Detailed discussion included: risks associated with the £19M; timescales required to deliver major system change; high levels of capacity in both primary and secondary care;; issues of demand, expectation of services and associated political management; and the need for innovative use of estates. The importance of strong contract management and timely, accurate reporting to the Board, Finance and Performance Committee, and CCGs was highlighted. Sue Metcalfe additionally advised that a strategic commissioning forum, attended by all the CCGs, had been established.

Chris Long advised that plans for the £19M would be presented at the Finance and Performance Committee. He recognised the concerns expressed by members and noted the importance of CCG engagement with the public in facing the challenge to deliver services within allocated resources.

Alan Wittrick reported that a national exercise had taken place whereby all PCTs had been required to further breakdown both 2011/12 expenditure and the 2012/13 plan including surpluses and deficits; this had been shared with the CCGs. He also noted the complexities due to the composition of North Yorkshire and York and the ongoing work associated with the emerging organisations expressing concern at staff capacity to undertake all the requirements through the transition.

In terms of contracts with the main providers Alan Wittrick confirmed that the current position was of signed contracts with York Teaching Hospital NHS Foundation Trust, Scarborough and North East Yorkshire NHS Healthcare Trust and Airedale NHS Foundation Trust. The contracts with Harrogate and District NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust remained outstanding.

In view of the challenges and risks discussed it was agreed to add a second sentence to the first resolution described in the report, as detailed below.

The Board

1. Noted that the NHS North of England Strategic Health Authority had been notified of a deficit forecast of £19 million and supported the ongoing work to address the financial challenge. The Board recognised the very significant risk to achievement of that figure and agreed arrangements for close and ongoing monitoring of the position.
2. In noting the deficit forecast understood the implications of the statutory breach of duty with regard to operating within allocated resources.
3. Noted that in order to deliver recurrent balance within the North Yorkshire health economy significant actions would be needed that may require Board approval and subsequent public consultation.

8. Transforming Community Services – From Transfer to Transform

Further to her report to the May meeting, Sue Metcalfe expressed appreciation to York Teaching Hospital NHS Foundation Trust for the progress report which completed the provider information. She highlighted associated work taking place with Vale of York CCG, local authorities and the voluntary sector noting the importance of the Neighbourhood Care Teams to enhance community based services. There was a focus to reduce hospital admissions and improve management of patients in nursing homes.

Members welcomed the roll out of telehealth units as a key project in the management of long term conditions. They sought and received clarification on development of key performance indicators and noted ongoing discussions in regard to development of community based metrics.

The Board

1. Noted the progress made with York Teaching Hospital NHS Foundation Trust with regard to 'transforming' community services, following the transfer of staff.
2. Supported the proposed actions to ensure pace of change.
3. Supported future monitoring of progress via Integrated Contract Monitoring Boards.

9. NHS North Yorkshire and York Performance Dashboard

Bill Redlin presented the Performance Dashboard which comprised information as at June 2012 under sections: Summary Assessment, Performance and Quality Indicators, Financial Performance, Corporate Performance, and Business and Delivery Reviews. The domain format was aligned with the key elements of the NHS Outcomes Framework and information would be further developed in future iterations.

Bill Redlin noted an error in Domain 1: Preventing people from dying prematurely in respect of PCT coverage Category A calls responded to within 8 minutes which should read 71.5% to May and 72.7% year to date. He noted that overall Yorkshire Ambulance Service was performing well and advised that the Dashboard would be further developed to include Category A 'red 1' and 'red 2' reporting.

In respect of the CCG Business and Delivery Reviews, Bill Redlin advised that assessments had been made according to an agreed formula and that any areas of concern were moderated through discussion with the CCG.

Julie Bolus noted, in respect of Domain 3: Helping people recover from episodes of ill health or injury, that the Stroke Service at Harrogate Hospital had not been accredited; work was ongoing in this regard.

In response to concerns at the continuing low implementation of the Choose and Book system Bill Redlin advised that work was continuing with the CCGs to try and achieve the 70% target. Julie Bolus additionally highlighted concerns raised at Business and Delivery Review meetings about this system.

Members discussed in detail each Business and Delivery Review summary including implications for authorisation particularly in view of the financial position. It was noted that the PCT and CCGs were required to both address this challenge and at the same time maintain performance and quality standards.

Alan Wittrick referred to the finance section of the Dashboard and reported that he was in the process of reviewing all budgets and reserves. He advised that the next iteration of the Dashboard would additionally illustrate some financial information at CCG level.

In regard to the contract information presented, this was in the main a 'holding' position; other budgets reflected the first two months of the year. Alan Wittrick clarified that the £19M deficit was not phased in twelfths but through a planned phasing approach.

Members additionally noted ongoing work to address aged debtor provision and commended the report in the corporate information of no breaches of Freedom of Information timescales.

The Board:

Accepted the NHS North Yorkshire and York Performance Dashboard.

10. Out of Hours Service: Clinical Assessment Performance

In presenting this report Bill Redlin referred to the discussion during public questions at the start of the meeting. He highlighted the issues: the different interpretations by Harrogate and District NHS Foundation Trust and Yorkshire Ambulance Service of the measurement of the clinical assessment time and potential issues with the clinical algorithm. The report detailing the findings and recommendations, due for publication at the end of June, would be presented at the July Board meeting.

The Board:

1. Noted the report.
2. Agreed to review the findings and recommendations of the Yorkshire Ambulance Service Report at the July Board meeting.

11.1 Annual Governance Report 2011/12

Bill Redlin noted that the Annual Governance Report from External Audit, which aligned with the Annual Governance Statement, was one of a suite of documents presented to the Audit Committee as part of the annual accounts process. He highlighted, and Geoffrey Donnelly reiterated, that in view of the financial position this was a positive report. Geoffrey Donnelly additionally commended the Finance Team for the quality of the accounts.

11.2 Annual Governance Statement 2011/12

This item was considered before item 11.1.

Chris Long referred to the Annual Governance Statement which had been approved by the Audit Committee. Geoffrey Donnelly additionally reported that the Head of Internal Audit Opinion had been of Significant Assurance.

11.3 Annual Accounts 2011/12

In referring to the annual accounts Alan Wittrick noted that the Board was being asked to ratify the Audit Committee's approval, through delegated authority, of the accounts, not to approve as per the template. Geoffrey Donnelly advised that the accounts were in a formulaic presentation but highlighted the Appendix 'Comparison of 2010/11 (restated) and 2011/12 Annual Accounts'.

Kevin McAleese noted the Related Party Transactions information advising that CCGs may wish to take a view in this regard.

The Board:

1. Noted the Audit Commission's Annual Governance Report 2011/12.
2. Received the Annual Governance Statement 2011/12.
3. Ratified the Annual Accounts 2011/12 as approved by the Audit Committee.
4. Commended the Finance Team on the quality of the accounts.

12. Annual Report 2011/12 – *The Annual Reporter*

Members commended the Communications Team on the presentation and content of *The Annual Reporter 2011/12*.

The Board:

1. Adopted the Annual Report for 2011/12.
2. Noted that a copy of the Annual Report would be published which included the Annual Accounts 2011/12.
3. Commended the Communications Team on the *Annual Reporter*.

13. Minutes of Board Committees

The Board:

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

- a. Audit Committee held on 1 June 2012, noting the key messages for the Board.
- b. Governance and Quality Committee held on 12 June 2012. Julie Bolus reported that the legacy document had been submitted to the Strategic Health Authority in accordance with the requisite timescales and it would be presented at the July Committee meeting.

- c. Hambleton, Richmondshire and Whitby Clinical Commissioning Group held on 26 April 2012.
- d. Harrogate and Rural District Clinical Commissioning Group held on 19 April 2012. Julie Bolus reported that the data issue relating to the percentage of women who see a midwife by 12 weeks of pregnancy had been resolved.
- e. Scarborough and Ryedale Clinical Commissioning Group held on 18 April 2012. Sue Metcalfe agreed to discuss with Simon Cox repeated concerns about the format of the minutes.
- f. Vale of York Clinical Commissioning Group held on 3 May 2012. Chris Long agreed to discuss with the Executive Team concerns expressed about the request for CCG representation on the York Teaching Hospital NHS Foundation Trust Executive Board. Julie Bolus reported that she would discuss the Safeguarding Children model with the CCG.
- g. Executive Leadership Group for the Implementation of the North Yorkshire and York Review held on 28 May 2012.
- h. Yorkshire and The Humber Specialised Commissioning Operational Group held on 25 May 2012. Sue Metcalfe highlighted the neurosurgery activity at Leeds Teaching Hospitals NHS Trust advising that work was ongoing with the SCG; she would keep the Board updated.

14. Any Other Business

Kevin McAleese expressed the Board's appreciation to Rachel Mann for her contribution, particularly in respect of governance, to the PCT. Members wished her well in her new role as Lay Member of Harrogate and Rural District CCG.

The Board:

Expressed appreciation to Rachel Mann for her contribution to NHS North Yorkshire and York.

15. Next Meeting

The Board:

Noted that the next meeting would be at 10am on 24 July 2012 at St Michael's Hospice, Crimple House, Hornbeam Park, Harrogate HG2 8QL.

16. 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.

17. 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 26 JUNE 2012 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director Responsible	Action completed/ Due to be completed (as applicable)
26 June 2012	Out of Hours Service: Clinical Assessment Performance	<ul style="list-style-type: none"> Report on findings to be presented at next meeting 	Bill Redlin	24 July 2012
26 June 2012	Scarborough and Ryedale CCG Minutes	<ul style="list-style-type: none"> Format of minutes 	Sue Metcalfe	
26 June 2012	Vale of York CCG Minutes	<ul style="list-style-type: none"> Request for CCG representation on the York Teaching Hospital NHS Foundation Trust Executive Board Safeguarding Children model 	Chris Long Julie Bolus	