

NHS NORTH YORKSHIRE AND YORK CLUSTER

Minutes of the Meeting of NHS North Yorkshire and York Cluster Board held on 22 May 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
Mrs Rachel Mann	Non Executive Director
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 Adrian Snarr	Director of Finance and Contracting

In Attendance

Ms Michèle Saidman	Executive Assistant to the Board and Committees
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Apologies

Mr Geoffrey Donnelly	Non Executive Director, Vice Chairman
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Eight members of the public were in attendance.

Kevin McAleese welcomed everyone to the meeting.

Questions relating to the following matters had been submitted by members of the public:

1. Lesley Pratt, York Local Involvement Network (LINK) Chair, on behalf of York and North Yorkshire LINKs:
 - *Please can you confirm that the PCT will continue to hold monthly public board meetings until the end of March 2013*

Kevin McAleese confirmed that meetings in public would take place in June and July. In view of the transition and the commencement of Clinical Commissioning Groups (CCGs) meeting in public the Board would give consideration at the July meeting as to the appropriate frequency of holding meetings in public from September to March; the website would be updated accordingly.

2. Mrs Dee Bush, Trustee of Older Citizen's Advocacy, York:

- *Does the Board agree that one of the key principles of Public Law, that of 'Fairness', is best served by concise, 'Clear English' information regarding the existence and workings of the Individual Funding Request (IFR) panel being made available to all GPs, Consultants and patients?*

If the information on the operation of the IFR panel is easily available and easy to understand, patients and their families can be fully aware that there are treatments that are no longer routinely commissioned by the PCT but that there is funding available for those patients with clinically exceptional morbidities.

The information currently available is not satisfactory.

NHSNYY booklet, 'Referral Guidelines and Individual Funding Requests', page 7, says, 'To be an exception, there must be unusual or unique clinical factors about the patient...'

Unique is an impossible threshold and it may legally constitute a blanket ban.

NHSNYY document, 'Medicines & Technologies Commissioning Policy', pages 13 – 20 + Appendix 3 + Appendix A, is I suggest too prolix for many patients to grasp the points essential to them and is unnecessarily lengthy to be helpful to busy doctors.

Does the Board agree that simple, clear, easily available information regarding which treatments are no longer routinely commissioned and the operational procedures and processes of the IFR panel is in the best interests of patients?

David Geddes offered to discuss Mrs Bush's concerns outwith the meeting. He referred to the leaflet 'Information for Patients Seeking funding from NHS North Yorkshire and York (North Yorkshire and York Primary Care Trust) for a medicine or other type of treatment' which had been developed in conjunction with the Local Medical Committee. He advised that the form which GPs are required to complete for applications to the IFR panel requests Information on: a patient's diagnosis; details of relevant treatment / management and investigations carried out in primary or secondary care (in accordance with NHS North Yorkshire and York clinical pathways and referral guide; clinical need for the intervention; an explanation as to why this patient is likely to have exceptional benefit from this intervention, i.e significantly more benefit from this intervention than might be expected for the average patient with that particular condition; and the estimated impact of denying access to the intervention.

David Geddes refuted the assertion in Mrs Bush's introductory remarks that GPs were fulfilling a role of 'form filling clerks' emphasising that the form

enables GPs to ensure patients have a clear understanding of the process and that they can act as a patient's advocate. He noted that the procedures in the Referral Guidelines were those procedures whose evidence suggests low clinical value and highlighted that a blanket ban on any procedures is not permitted. The IFR panel in the main considers high cost procedures and the Medicines and Technologies Policy provides detailed working requirements.

Kevin McAleese added that the CCGs would require a similarly robust appeals process to that of the IFR panels.

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 April 2012

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

The Board:

Approved the minutes.

4. Matters Arising from the Minutes

Section 136 Suite: Julie Bolus reported on discussion at the Executive Directors' meeting and advised that a development option was being negotiated with providers, noting that there would be both capital and revenue costs. She confirmed that a business case would be progressed via the CCGs, with the Board being updated, and noted the risk of the timetable detailed in the report to the April Board meeting not being met.

Audit of Yorkshire Ambulance Service (YAS) percentage of "urgent" calls to out of hours services that are identified as "urgent" and triaged within 20 minutes: Bill Redlin again apologised that this report was not available but advised that it would be presented at the June Board meeting. He had ascertained that the concerns were more complex than the carrying out of an audit as they related to different interpretations by YAS and Harrogate and District NHS Foundation Trust of algorithms and clock start and stop times. These issues were being addressed via the Contract Management Board.

The Board:

Noted the updates.

5. Chairman's Report

Kevin McAleese presented his report which included an update on the transition highlighting the ongoing staff processes to move into the new commissioning local and regional structures. In regard to assigning staff he noted that 40 staff had now been assigned to roles in the CCGs or Commissioning Support Service and that by the end of June the majority of staff should know their next position in time for the 1 July 'flip' to the new structures.

Sue Metcalfe provided additional information on the process for applications to vacant posts in the CCGs.

The Board:

Noted the Chairman's Report.

6. Chief Executive's Report

Chris Long referred to his report which provided updates on the Health and Social Care Act (2012), Commissioning Support Service, Clinical Commissioning Groups (CCGs), the North Yorkshire Review, and recent publications. He highlighted the ongoing work in regard to delivering safe and sustainable children's and paediatric services at the Friarage Hospital, Northallerton, and noted that the four North Yorkshire and York CCGs would all be in wave 3 of the authorisation process.

Members discussed in detail a number of aspects of taking forward the North Yorkshire Review including partnership working in development of integrated health and social care. They noted utilisation of reablement monies and significant progress in development of health and social care infrastructure during the last year.

Kevin McAleese highlighted the utilisation of telemedicine at Airedale NHS Foundation Trust and commended their 'Innovation Workshop' which three of the CCGs had attended.

The Board:

Noted the Chief Executive's Report.

7. Transforming Community Services – From Transfer to Transform

In presenting this report Sue Metcalfe confirmed that services and staff had been safely and successfully transferred to the new providers commending the HR team for their work in this regard. In the first year since the transfer the longer term work to transform services and achieve system change from hospital to community based services had been ongoing through the Integrated Partnership Board. The £64M contracted community services for NHS North Yorkshire and York by provider was:

- Harrogate and District NHS Foundation Trust - £36.5M
- York Teaching Hospital NHS Foundation Trust - £15M
- South Tees Hospitals NHS Foundation Trust - £9.1M
- Airedale NHS Foundation Trust - £3.4M

All the provider trusts had been asked to assess progress against the key objectives outlined in their Strategic Outline Case submitted as part of the transfer process. Detailed information was provided in the report with the exception of that relating to York Teaching Hospital NHS Foundation Trust. Members expressed concern at this omission and requested that information be reported at the next Board meeting.

Sue Metcalfe described the key objectives detailed for 2012/13 for transforming community services, namely: Clinical transformation programme and innovation; Comprehensive information and development of community services dataset; Evidence based practice through improving patient experience and health outcomes; and Move from bundled to unbundled services through the introduction of currencies and pricing frameworks for community services. A number of actions with associated anticipated outcomes and timescales were detailed to support the transfer of community services during 2012.

Members welcomed the comprehensive report. In response to points raised Sue Metcalfe advised that the work described was brought together through the Integrated Partnership Board which included locality arrangements. She noted that the providers had had different starting points and advised that reablement funding was being utilised to both start to address differential provision and enhance the community infrastructure. A performance framework would enable mapping of services and aid developments to achieve system change for provision of more cost effective care closer to home.

Sue Metcalfe additionally reported that work was ongoing with North Yorkshire County Council and City of York Council in regard to inclusion of their services within the NHS 111 local Directory of Services currently being developed.

The Board

1. Noted the progress made with each trust with regard to 'transforming' community services.
2. Noted with concern the inability to obtain information from York Teaching Hospital NHS Foundation Trust on progress against the key objectives outlined in their Strategic Outline Case; this information was requested for the June Board meeting.
3. Supported the proposed actions to ensure pace of change.
4. Supported future monitoring progress via Integrated Contract Monitoring Boards.

8. Emergency Preparedness Report 2011/12

Phil Kirby referred to the report which was presented in accordance with the requirement for the Board to receive an annual Emergency Preparedness Report. Information was provided regarding the arrangements relating to emergency preparedness, resilience and response including business continuity, exercises, training and testing for NHS North Yorkshire and York Cluster. The key activities undertaken in regard to risk assessment, partnership working, co-ordination of local NHS arrangements, communications, major incident planning, training and exercising were summarised and the main major incident risks for NHS North Yorkshire and York were identified.

Phil Kirby reported that further guidance was expected in June regarding NHS emergency preparedness but that in the meantime the current arrangements remained in place to ensure appropriate response in the event of an emergency. He advised that clarification of CCG and NHS Commissioning Board responsibilities in respect of emergency preparedness was also awaited.

In response to assurance sought by members Phil Kirby advised that the North Yorkshire Local Resilience Forum would maintain the current whole system approach through the transition; the Director of Public Health role would change in accordance with the guidance once issued. However Chris Long noted concerns regarding future arrangements for senior management on call rotas in view of CCGs not being Category One Responders.

Phil Kirby also assured members that there was a requirement to test the new emergency preparedness arrangements by 31 March 2013.

The Board

1. Received the report and noted its contents.
2. Supported the ongoing maintenance of emergency preparedness arrangements within the local health economy, taking into account recent and forthcoming organisational changes.

9. Quality, Innovation, Productivity and Prevention (QIPP)

Sue Metcalfe reported that £14.7M of the £20M 2011/12 QIPP plan had been delivered, as reported at the last meeting. QIPP delivery for 2012/13 would be incorporated in the CCG Dashboards and achievement would be even more challenging than in 2011/12. She noted that the continuation of some schemes which were in place and advised that there were risks associated with organisations being required to work together to deliver the plans; progress would be monitored via milestones.

Sue Metcalfe highlighted the need for greater system change and noted that additional opportunities for efficiencies had been identified through Public Health Observatory evidence; these included Quality and Outcomes

Framework indicators in respect of outpatients and follow-up patient pathways. Further savings to be achieved through national efficiency requirements increased the challenging position.

The Board:

Noted the update.

10. Commissioner Performance Dashboard

a) Dashboard

Bill Redlin referred to the 2011/12 Year End Commissioner Performance Dashboard which comprised information under sections: Summary of Performance, Quality Outcomes and Provider Profiles, noting that this was a shortened version of the usual Performance Dashboard completing the annual reporting cycle for the majority of the Quality Outcome indicators. The annual cycle for the other regular items had been reported in the April Performance Dashboard. A new version of the Performance Dashboard was currently being developed to reflect the Operating Framework for 2012/13 and would be issued for the June 2012 Board meeting.

Members discussed the information in detail and Bill Redlin provided clarification on each section of the Dashboard:

Patient Safety:

- Clostridium difficile and MRSA performance targets had been achieved by Scarborough and Northeast Yorkshire NHS Healthcare Trust and Harrogate and District NHS Foundation Trust but had not been achieved by York Teaching Hospital NHS Foundation Trust. The outcome was therefore an overall failure for the PCT on this standard. Bill Redlin advised that this was an exacting standard which would become more challenging as thresholds were being lowered further for next year. He reported on ongoing work between primary and secondary care to reduce levels of infection. David Geddes additionally reported on work regarding measures to identify patients at risk noting that root cause analysis had shown appropriate antibiotic prescribing.
- Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Mortality Indicators (SHMI): Bill Redlin referred to the 'lower than expected' HSMR performance against which all providers were 'as expected' or 'lower than expected' and the SHMI data indicator of 'higher than expected' performance at Scarborough and Northeast Yorkshire NHS Healthcare Trust. He confirmed that investigations demonstrated appropriate actions to address the issues and that work was ongoing to understand the figures.

Clinical Effectiveness:

- Percentage of stroke patients that spend at least 90% of their time in hospital on a dedicated stroke ward: Most providers had achieved the 80% standard with the exception of York Teaching Hospital NHS

Foundation Trust which had achieved 77%. The overall performance was therefore 'amber'.

- Cancer standards had been delivered. Monitoring was moving from quarterly to monthly.
- Bill Redlin additionally clarified the assessment methodology in response to concerns raised by members that of the 40 standards in this section there were only two failures and 10 under achievements yet the overall outcome was 'weak'. Public perception of this outcome within the context of recognition of high quality service provision was also discussed.
- Smoking quitters and chlamydia were both assessed as 'red'; the challenge to effect behavioural change in matters of public health was highlighted
- Concern was expressed at potential impact on health inequalities strategies resulting from the changing NHS architecture. Phil Kirby advised that the North Yorkshire County Council and City of York Council Joint Strategic Needs Assessments would inform the strategy of the Health and Wellbeing Board which would maintain oversight of CCG strategies.
- Commissioner A&E standards had been achieved against an exacting target; two of the three providers had also delivered this target.

Patient Experience

- Performance was in the main 'green' with good overall performance against the key national targets.
- Under achievement was noted on NHS dental access.
- Satisfaction with GP practice opening hours and implementation of Choose and Book were respectively 'amber' and 'red'.
- 18 weeks referral to treatment had been achieved and the backlog at York Teaching Hospital NHS Foundation Trust had also been addressed as previously reported to the Board.
- Work would continue with the CCGs to maintain improvements achieved and in view of the financial challenge further improvements were required and expected.
- David Geddes noted that most practices offer extended opening hours and highlighted the new focus on patient participation groups working with practices.

Health Outcomes:

Bill Redlin advised that this section was in the main based on annual figures which reflected a general high standard in North Yorkshire and York. He clarified the assessment methodology.

b) 2012/13 Financial Plan Update

Adrian Snarr referred to the report which provided an update on the financial plan, as presented to the Board in March, and on the current contract negotiations. He explained in detail the financial information in the Appendix describing the approach to date with the four major providers - York Teaching

Hospital NHS Foundation Trust, Scarborough and Northeast Yorkshire NHS Healthcare Trust, Harrogate and District NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust - to achieve system change. The trusts were supportive of the QIPP plans in principle but, in view of their perceived requirements of the growing ageing population, were not prepared to agree to reduce outturn activity to the levels proposed by NHS North Yorkshire and York. Adrian Snarr additionally noted that in terms of their three year contracts South Tees Hospitals NHS Foundation Trust and Scarborough and Northeast Yorkshire Healthcare NHS Trust were out of contract but that the negotiations were taking place jointly with all four trusts. He emphasised that meetings were continuing to try to reach agreement and signing of contracts.

In response to concerns raised by members about the trusts' understanding of the requirement for efficiencies to be made across the entire health economy and the fact that there was no further money available, unlike historically, Adrian Snarr advised that Alan Wittrick was now involved with a further re-examination of the current position which was a net gap of £22M.

Additionally, Adrian Snarr explained that the planning assumption regarding the £15M Strategic Health Authority support was that this would be written off. This approach had been indicated by the SHA but not yet confirmed.

Chris Long advised that Adrian Snarr was meeting with the Directors of Finance of the four trusts on 24 May. Following this he would write to the trusts with a final offer.

The Board:

1. Accepted the Commissioner Performance Dashboard.
2. In regard to the 2012/13 Financial Plan:
 - a) Noted the update on revenue and capital budgets for 2012/13
 - b) Noted the high risk to statutory break even.

11. Commissioning for Quality and Outcomes

In presenting the report which complemented the Commissioner Performance Dashboard at the previous item Julie Bolus apologised for an error in the Serious Incident Summary regarding the Never Events between April 2011 and March 2012, namely that the figure relating to Tees, Esk and Wear Valleys NHS Foundation Trust should read '0' not '12' as reported.

Julie Bolus highlighted the summary of draft Quality Accounts which had been received from York Teaching Hospital NHS Foundation Trust, Harrogate and District NHS Foundation Trust and Scarborough and Northeast Yorkshire NHS Healthcare Trust noting that future reporting arrangements would be via the CCGs. The response to the 2011/12 Quality Accounts had been jointly developed with the CCG leads but signed off by the PCT. She additionally advised that the Cost Improvement Plans within each provider were required to be signed off by the trust Medical and Nursing Directors to provide assurance that any measures implemented would not impact on quality.

In regard to previous reports referring to the Care Quality Commission (CQC) “mortality outlier alerts” issued to Scarborough and North East Yorkshire NHS Healthcare Trust, Julie Bolus reported that the CQC had accepted the trust’s action plan. She expressed confidence in the actions being taken and advised that Scarborough and Ryedale CCG were overseeing the work.

In regard to the Harrogate and District NHS Foundation Trust stroke accreditation peer review, David Geddes detailed concerns regarding sustainability of a service which was dependent on a single clinician to work within and lead a multi disciplinary team approach for patients suffering with stroke. Work was ongoing, including the CCGs, to address these concerns and seek assurance about the stroke service. It was highlighted that the Strategic Health Authority visit in May to consider stroke accreditation was unsuccessful and many actions would be required to ensure safe stroke services for the future.

In respect of Eliminating Mixed Sex Accommodation Julie Bolus advised that clarification was currently being sought regarding the breach of the standard at Harrogate and District NHS Foundation Trust, namely 20 cases reported for 2011/12. She agreed to update the Board at the next meeting as to whether a financial penalty had been imposed. Scarborough and North East Yorkshire NHS Healthcare Trust was commended for no breaches of this standard particularly in view of their experience of cases of norovirus.

Julie Bolus advised noted that the Quarter Four Commissioning for Quality and Innovation report for 2011/12 would be taken through the Executive Directors meeting, not the Governance and Quality Committee as per the report.

Members discussed the NHS In-Patient Survey 2011 results. Julie Bolus agreed to send the detailed report to Kevin McAleese.

The Board:

1. Noted the contents of the paper.
2. Requested an update at the next meeting as to whether a financial penalty had been imposed on Harrogate and District NHS Foundation Trust as a result of breaching the standard for Eliminating Mixed Sex Accommodation.
3. Noted that Julie Bolus would provide the In-Patient Survey report to Kevin McAleese.

12. Board Assurance Framework 2012/13

In presenting the Board Assurance Framework for 2012/13 which had been updated to reflect the changing NHS architecture Bill Redlin highlighted the revised corporate objectives which reflected the delegation of responsibilities to the CCGs. The main issues moving forward were financial challenge, quality, performance, and transition to the new organizations; these were reflected in the revised framework. The controls and assurance would be

developed through the year and reported via the Governance and Quality Committee; CCG assurance would be through the Business and System Delivery meetings. A number of the lead personnel identified in the Framework required amending due to the ongoing transition.

Rachel Mann, as Chair of the Governance and Quality Committee, confirmed that the Committee would consider any implications to receipt of assurance in view of the proposed change to the Board meeting schedule.

The Board:

1. Approved the revised Board Assurance Framework 2012/13 and the proposed next steps.
2. Noted that amendments were required to the identified lead personnel.

13. Minutes of Board Committees

The Board:

Received the following minutes, noting that the clash of Governance and Quality Committee meeting dates with the Business and System Delivery meetings was being resolved and that NHS North Yorkshire and York Cluster would be represented at future meetings of the Yorkshire and the Humber Specialised Commissioning Operational Group:

- a. Governance and Quality Committee held on 8 May 2012.
- b. Executive Leadership Group for the Implementation of the North Yorkshire and York Review held on 30 April 2012.
- c. Yorkshire and The Humber Specialised Commissioning Operational Group held on 23 March 2012.
- d. North of England Specialised Commissioning Group held on 15 March 2012.
- e. Yorkshire and The Humber Specialised Commissioning Operational Group held on 27 April 2012.

14. Any Other Business

Future Board Meetings: Kevin McAleese reiterated the response to the question raised at the beginning of the meeting that the Board would take a view at its July meeting about the frequency of meetings in public thereafter.

Director of Finance and Contracting: Kevin McAleese reported that this was Adrian Snarr's last meeting prior to taking up the role as Interim Director of Finance and Vale of York and Scarborough and Ryedale CCGs on 1 June. He expressed the Board's appreciation to Adrian Snarr and commended the assurance provided to the Board.

Alan Wittrick, Project Director for the North Yorkshire Review, would take on the role of Director of Finance from 1 June 2012 until 31 March 2013.

The Board:

1. Agreed that a decision on the frequency of Board meetings in public from September to March be taken at the July meeting.
2. Expressed appreciation to Adrian Snarr for his work as Director of Finance and Contracting at NHS North Yorkshire and York Cluster.
3. Noted that Alan Wittrick would take on the role of NHS North Yorkshire and York Cluster Director of Finance.

15. Next Meeting

The Board:

Noted that the next meeting would be at 10am on 26 June 2012 at Priory Street Centre, 15 Priory Street, York YO1 6ET.

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 22 MAY 2012 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director Responsible	Action completed/ Due to be completed (as applicable)
25 October 2011	Public Questions	<ul style="list-style-type: none"> Audit the Yorkshire Ambulance Service percentage of "urgent" calls to out of hours services that are identified as "urgent" and triaged within 20 minutes rated as 'red' in the Performance Dashboard to ascertain reasons for response time standards not being achieved. 	Bill Redlin	24 April 2012 Deferred to 22 May 2012 Deferred to 26 June 2012
24 April 2012	Public Questions	<ul style="list-style-type: none"> Confirmation of timescale for the report on the Vision for Whitby, as per the Hambleton Richmondshire and Whitby CCG minutes of 29 March, to be provided to Cllr Jim Preson 	Sue Metcalfe	Amanda Brown contacting Councillor Preston
24 April 2012	Section 136 Suite	<ul style="list-style-type: none"> Implementation to be progressed by Executive Directors 	Julie Bolus	To be progressed via CCGs; Board to be updated
22 May 2012	Transforming Community Services	<ul style="list-style-type: none"> Information from York Teaching Hospital NHS Foundation Trust on progress against the key objectives outlined in their Strategic Outline Case 	Sue Metcalfe	26 June meeting

Meeting Date	Item	Description	Director Responsible	Action completed/ Due to be completed (as applicable)
22 May 2012	Commissioning for Quality and Outcomes	<ul style="list-style-type: none"> <li data-bbox="815 384 1554 571">• Update on whether a financial penalty had been imposed on Harrogate and District NHS Foundation Trust as a result of breaching the standard for Eliminating Mixed Sex Accommodation <li data-bbox="815 608 1554 683">• Kevin McAleese to receive the In-Patient Survey report 	<p data-bbox="1554 384 1809 603">Julie Bolus</p> <p data-bbox="1554 608 1809 683">Julie Bolus</p>	26 June meeting