



Hambleton, Richmondshire and Whitby
Clinical Commissioning Group

**HAMBLETON, RICHMONDSHIRE AND WHITBY
CLINICAL COMMISSIONING GROUP
SHADOW GOVERNING BODY**

Minutes of the Meeting of Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG) Shadow Governing Body held on Thursday 22 November 2012 in the Conference Room, Innovate, Chartermark Way, Colburn Business Park, Colburn, North Yorkshire DL9 1QS

Present

Henry Cronin	Interim Lay Chairman
Dr Vicky Pleydell	Clinical Chief Officer Designate
Dr George Campbell	Interim Vice Chair / GP Board Member
Dr Charles Parker	Interim GP Board Member
Dr Mark Hodgson	Interim GP Board Member
Debbie Newton	Chief Operating & Finance Officer Designate
Joanne Harding	Senior Delivery Manager/Lead Nurse

Apologies

Dr Sue Proctor	Lay member with responsibility for Governance
Dr Phil Kirby	Interim Director of Public Health

In Attendance

Sukhdev Dosanjh	Assistant Director for Performance & Change Management, North Yorkshire County Council
Jane Budden	Executive Assistant

7 Members of the public were present at the meeting.

Henry Cronin welcomed everyone to the meeting and the Shadow Governing Body introduced themselves.

QUESTIONS

Councillor Tony Hall

Councillor Hall commented on the recently published statement made by Kevin McAleese in relation to the options considered regarding Paediatric and Maternity Services at the Friarage Hospital, Northallerton. He felt the engagement process had been robust and expressed his disappointment and frustration at the statement.

Henry Cronin responded to say that the statement was the personal view of Kevin McAleese. Henry agreed to feedback Councillor Hall's comments to the PCT Board and affirmed that the Clinical Commissioning Group is an Organisation in the process

Unconfirmed

of being formed who wish to move forward with the population we serve, as indicated in our Commissioning Strategy for the next five years. The Organisation will continue to engage with the community in Hambleton, Richmondshire and Whitby to involve them on future plans and proposed service changes.

Vicky Pleydell confirmed that the Clinical Commissioning Group continue to work collaboratively with South Tees Hospitals NHS Foundation Trust (STHFT) and County Durham and Darlington NHS Foundation Trust (CDDFT) to consider the health services required in the area and there will be a consultation process starting shortly. The review of services will also include Whitby and the Clinical Commissioning Group will use groups already in existence to engage and consult with.

Mr David Bolam, LINK member from Leyburn with an interest in the Ambulance Service, in particular, Unscheduled Care

Mr Bolam referred to the Minutes of the meeting held on 25 October 2012 noting the deterioration in the Ambulance service response times and asked what services the CCG intend to commission for the future. He also commented on the benchmarking process and asked how this will be undertaken.

Debbie Newton responded to explain that the current figures are for North Yorkshire as a whole and that Hambleton, Richmondshire and Whitby response times will actually be worse than indicated, due to the rurality of the area. Benchmarking will be undertaken with other similar communities and going forward, discussions will take place with Yorkshire Ambulance Service taking into account both money and investment.

Charles Parker confirmed that work is already underway with Yorkshire Ambulance Service in relation to a new pathway for GP urgent referrals. Patient Transport Services are now used for urgent referrals up until 4pm and appropriate 999 calls referred to Primary Care or the Out of Hours Service. The work will be ongoing to ensure that teams are working together rather than fragmented.

1. Apologies for Absence

As noted above.

STANDARD ITEMS

2. Minutes of the Meeting held on Thursday 25 October 2012.

The minutes of the meeting held on 25 October 2012 were reviewed.

The Shadow Governing Body:

Approved the minutes and Henry Cronin signed them as a true record.

Unconfirmed

3. Action Log update

The Action Log was reviewed:

- (38) Strategic Plan - Debbie Newton confirmed that a meeting of the Senior Management Team will take place to work through the programmes of work and will bring back recommendations to the Shadow Governing Body.
- (40) Quality and Performance Framework – Jo Harding confirmed that a schematic is in preparation dependant on the approval of the Terms of Reference for the Quality and Safety Group.
- (41) Rural Ambulance Services - This will be built into the work programme discussed above.
- (42) Adult Safeguarding – To be reviewed at the next meeting. Sukhdev Dosanjh offered to facilitate a meeting if required and Jo Harding confirmed that she and George Campbell are to meet with the Independent Chair of the North Yorkshire Safeguarding Adults Board in December.

The Shadow Governing Body:

Agreed the Action Log.

4. Declaration of Interest

Vicky Pleydell declared an interest as a salaried GP at Harewood Medical Practice and she is employed by Harrogate and District NHS Foundation Trust (HDFT) as an Out of Hours GP until the end of November 2012. Vicky is a GP Appraiser. Her brother continues to be employed by South Tees Hospitals NHS Foundation Trust (STHFT) although he is on secondment.

George Campbell declared an interest as a GP at Whitby Group Practice and a Practitioner in Dermatology for Scarborough and North East Yorkshire NHS Trust. He is also employed at Whitby Hospital.

Charles Parker declared an interest as a GP at Topcliffe Surgery, Thirsk. His brother provides information to Local Authorities and PCT's in relation to Continuing Care.

Mark Hodgson declared an interest as a GP at Doctor's Lane Surgery, Aldborough St John, and he is employed by South Tees Hospitals NHS Foundation Trust (STHFT) to hold a muscular skeletal clinic. He is employed by Harrogate and District NHS Foundation Trust as an Out of Hours GP and his wife is an Occupational Therapist at the Friary Community Hospital.

Debbie Newton declared an interest as her husband works in the IT department at STHFT.

Unconfirmed

5. Chairman's Report

Henry Cronin reported attending a Development event in Leeds recently and also the North Yorkshire Scrutiny of Health Committee held on 9 November 2012.

Henry Cronin also reported attending a Council of Members' meeting on 19 November 2012 where almost every Practice was present. Council members were given feedback from the Authorisation process and they were also asked to debate and agree whether or not to continue with the Telehealth system as the contract is due for renewal.

George Campbell reported that each Clinical Commissioning Group must make their own decision whether or not to continue using Telehealth and a vote was taken at the Council of Members' meeting resulting in a majority of 19 to 0 against continuing. The system has not delivered the savings anticipated and does not have a good evidence base in relation to quality, safety, viability and value for money. Dr Campbell explained the subtleties of Telehealth and Telecare to the Shadow Governing Body and outlined the evidence considered by the Members prior to the voting. It was noted that the Council of Members are committed to using technology where there is a good evidence base and they are keen to support independent living with the support of District and other Nurses.

Following the decision not to continue using Telehealth, Debbie Newton confirmed that every patient will have a care plan to suit their needs and will also be given all the facts relating to the decision. Consideration is being given as to where the money saved will be utilised.

Henry Cronin informed the Shadow Governing Body that he had recently attended the Tees, Esk, Wear Valley (TEWV) Governor event to promote the Hambleton, Richmondshire and Whitby Clinical Commissioning Group; the Organisation was well received.

The Shadow Governing Body:

Noted the report.

6. Clinical Chief Officer's Report

Vicky Pleydell addressed the Group in relation to the recent Authorisation process and the financial risks going forward.

The Authorisation visit took place on 15 November 2012 and the Clinical Commissioning Group had 47 outstanding Key Lines of Enquiry (KLOE) from a possible 119 to be assessed by the panel. (Key Lines of Enquiry are used to assess the ability of a Clinical Commissioning Group as a Commissioning Organisation and are part of a National process).

Feedback received from the Authorisation Panel noted that the Clinical Commissioning Group work well as a team with a positive and optimistic approach and a high degree of rigor. They also recognised the financial savings made from our Quality, Innovation, Productivity and Prevention Plans (QIPP).

Unconfirmed

Vicky Pleydell reported that only six Key Lines of Enquiry remained outstanding at the end of the day which is to be celebrated when taking into account the challenges faced by the Clinical Commissioning Group. These outstanding KLOE's are noted below:

- Constitution not signed at the present time.
- No Memorandum of Understanding with Public Health in our own right.
- Secondary Care Doctor not appointed – due to vacancy freeze.
- Integration of information around safety and quality not articulated as well as others.
- Two KLOE's in respect of our financial situation.

Vicky Pleydell drew attention to the legacy debt that may be inherited from NHS North Yorkshire and York. This is due to the PCT using non recurrent funds to reach balance in previous years and currently stands at £19M of which Hambleton, Richmondshire and Whitby Clinical Commissioning Group will receive a share of approximately £2.6M.

The Government agreed that Clinical Commissioning Groups would not have any legacy debt and work is currently being undertaken collaboratively with the other CCG's to challenge this whilst at the same time, making plans for a possible £2.6M deficit if the challenge is unsuccessful.

The allocation for next year is not yet known as the Operating Framework has been delayed. There is a proposal that a new allocation formula based more on age and less on deprivation will be put in place which should result in a higher budget allocation for the Clinical Commissioning Group however this may not come to fruition immediately as it will be introduced, if it is agreed, on a phased basis so as not to destabilise other Clinical Commissioning Groups.

Whilst Hambleton, Richmondshire and Whitby Clinical Commissioning Group are on target to live within budget, other Clinical Commissioning Groups are not, and we may also inherit a share of their debt. There is a need to create 2% headroom for next year and also plan for paying providers the full CQUIN amount which has been discounted in 2012/13.

It was noted that the Clinical Commissioning Group have many issues to face going forward and Vicky Pleydell confirmed that the Shadow Governing Body will continue to be kept informed.

A discussion followed in relation to the origin of the NHS North Yorkshire and York debt and George Campbell confirmed that at the recent meeting of the Council of Members, support was expressed for the Clinical Commissioning Group. The Shadow Governing Body discussed the possibility of submitting a letter regarding the financial circumstances, signed by all the GP Practices and supported by the Local Authority, to a body that would have the most influence to support our plea not to inherit any legacy debt incurred in previous financial years.

Henry Cronin summarised the discussion pointing out that the budgets had not been presented appropriately at the recent North Yorkshire Scrutiny of Health meeting and

Unconfirmed

highlighting the fact that support will also be required from members of the public and Politicians.

Henry Cronin thanked everyone for their contribution to the Authorisation process.

Vicky Pleydell informed the Shadow Governing Body that a second Authorisation visit is likely pan North Yorkshire due to the financial situation but an application has been made to the Department of Health for this to take place after the Operating Framework has been issued in order for plans to be formed to deal with the deficit.

Debbie Newton confirmed that if we do not have a legacy debt, the Clinical Commissioning Group stand a real chance of delivering next year but if we inherit debt, the Group will not meet their statutory duty to deliver a balanced budget.

The Shadow Governing Body:

Noted the report.

PERFORMANCE

7. Finance, Contracts and Quality

Debbie Newton presented the report and highlighted an improvement in the forecast out turn position. Work continues in partnership with South Tees Hospitals NHS Foundation Trust (STHFT) and following some technical adjustments around PbR the Trust and the CCG are forecasting a year end position balanced or better. It should be noted that this is a key achievement.

Debbie Newton reported issues around the County Durham and Darlington NHS Foundation Trust (CDDFT) contract, the forecast out turn is £300,000 over budget and work is ongoing with the Trust to understand the reason for the overtrade.

Investigations are underway with Newcastle Hospitals NHS Foundation Trust (NHFT) to understand the over trade but further information is awaited from Business Intelligence. It has been established that this is due to non specialist activity and a report will be available next month to identify mitigating actions to be taken.

Further QIPP schemes are being identified to address the delegated budget forecast overspend of £0.5M but there are no plans in place to mitigate the £2.6M legacy deficit.

The Group discussed the Cancer waiting times and it was agreed to make a request at the next Contract Management Board meeting for the most recent forms to be available on the intranet. The matter will also be raised at the next Target event, to ensure that GP's make patients fully aware of the reason they are being referred.

It was noted that all patient waiting times have now been dealt with, following a rigorous campaign by STHFT.

Unconfirmed

Henry Cronin commented on the lack of up to date information and was informed that this is being addressed and may result in future Shadow Governing Body meetings being rescheduled to ensure the timing of the meeting is in line with information being available.

As detailed in Appendix 2, there are variations in performance against National Quality and Performance Indicators. Of particular concern was the significantly higher emergency admissions that would not usually require hospital admission and may result in poor quality outcomes. Further work will be undertaken to identify an action plan to address this which will be linked to a non elective deep dive and an activity management plan. A report will be available for the Shadow Governing Body next month.

It was noted by the Shadow Governing Body that there are problems in obtaining information from Business Intelligence and Debbie Newton confirmed that work is ongoing with the Commissioning Support Unit (CSU) to ensure that the correct information is received and in a timely manner.

Jo Harding gave an update in relation to specific issues of quality and informed the Shadow Governing Body that it is intended to split the dashboard in future to provide improved information solely in relation to quality issues and work is ongoing to develop the new dashboard. The new NHS Safety Thermometer is currently being progressed well by STHFT.

Henry Cronin raised a query on behalf of Sue Proctor in relation to the exception report for pressure ulcers and if this could be a safeguarding issue and Jo Harding responded to say that following the transfer of community services (TCS), STHFT cohort was larger than anticipated and this is reflected by the rise in the number of pressure ulcers. The data has been analysed to provide assurance that this is not a patient safety quality issue and will continue to be.

Jo Harding confirmed that a falls report will be brought back to the Shadow Governing Body meeting in January 2013.

In terms of quality developments, Jo Harding informed the Shadow Governing Body that this will be discussed in a development session in February 2013 to agree how the Shadow Governing Body wants to assess quality in the future.

The Shadow Governing Body:

Noted the report, associated risks and mitigating actions.

8. Quality Innovation Productivity & Prevention Plans (QIPP) 2012-13

Debbie Newton presented the paper and it was noted that the Clinical Commissioning Group are £617K below the target of £3.2M – a total of 19%. Additional schemes are to be put in place to address the £0.5M forecast out turn in the finance report. These will be incorporated into the report when schemes are in place.

The Shadow Governing Body noted that a piece of work is underway in relation to QIPP plans for next year. Going forward, this will be a rolling programme and work is

Unconfirmed

planned to commence imminently with KPMG to identify new schemes. It was acknowledged that transformational projects are required but implementation will be difficult.

Charles Parker agreed that there is a need to communicate to the GPs that in general, performance is good. He also reported that STHFT have used Avastin for one of his patients and agreed to send details to Abigail Tebbs.

The Shadow Governing Body:

1. Noted the progress with the QIPP programme to date.
2. Noted that there is likely to be a gap in full delivery of the QIPP and that further Turnaround schemes are to be developed.

GOVERNANCE

9. Draft Terms of Reference for the Audit & Integrated Governance Committee and Quality and Safety sub group

Debbie Newton presented the paper, explaining the structures, the reasons for having an integrated Committee structure and the importance of demonstrating good governance and assurance to the Shadow Governing Body.

The following draft Terms of Reference were presented for the approval of the Shadow Governing Body:

- Audit and Integrated Governance Committee
- Remuneration and Terms of Service Committee
- Finance and Performance Group
- Quality and Safety Group

Jo Harding will arrange to meet with the local Care Quality Commission representative to discuss how to work collaboratively and also extend an invitation to join the workshop planned in February to take forward initiatives from the Francis Report.

Sukhdev Dosanjh commented that Health Watch will be able to call an inspection as from April next year. It was also noted that the NHS Mandate has been published and this should be embedded into the Quality and Safety Group meetings so that the group can understand the implications of non compliance.

George Campbell gave a vote of thanks to Jo Harding and Alison Levin for the draft documents.

The Shadow Governing Body:

1. Approved the Terms of Reference for the four Committees.

10. Francis Report Master class - update

Jo Harding recently attended the Francis Report Master class and confirmed that the full report will be published in January 2013. The report looks at the failings at Mid Staffordshire NHS Foundation Trust following three separate rigorous enquiries and the master class was an opportunity to discuss the possible outcomes of the report.

Likely areas for consideration will include:

- Patient experience
- Organisational Culture
- Organisational Leadership and Management
- Nursing and Quality of Care
- Information and use of data
- Commissioning as in the role of the Commissioner
- Regulation and non registered professionals

Recommendations are also expected from the Winterbourne View Investigation.

Jo Harding informed the Shadow Governing Body that a new Nursing Strategy is to be launched on 4 or 5 December 2013 at the Chief Nursing Officer's Conference. This will be an important document sending strong messages around the future of nursing.

The Shadow Governing Body:

1. Noted the update.
2. Agreed to hold a development session in the New Year to coincide with the Francis Report and the launch of the new Nursing Strategy.

ITEMS FOR INFORMATION

11. Review of Outpatients Service Redesign Implementation Plan

Deferred until the Shadow Governing Body meeting on 24 January 2013.

12. Review of Physiotherapy Services

Deferred until the Shadow Governing Body meeting on 24 January 2013.

13. Items for Newsletter

It was agreed that the following items should be included in the next newsletter:

- Quality Dashboard and narrative
- Ophthalmology and using optometrists
- Authorisation
- New Nursing Strategy
- The email contact address for practices to raise concerns to the CCG

Unconfirmed

ANY OTHER BUSINESS

Debbie Newton informed the Shadow Governing Body that a petition had been received by Vicky Pleydell from the local branch of 38 Degrees, led by Helen Greaves, raising concerns about the Constitution. Debbie Newton met with members of the group on Wednesday 21 November 2013 to address their concerns and give assurance in relation to the procurement strategy of the Clinical Commissioning Group. A copy of the Constitution has been sent to the Group and they were made aware that any amendments will need to go through the Council of Members together with the Shadow Governing Body. A further meeting will take place in March 2013 and Debbie Newton is to liaise with Emma Marshall and Alex Trehwitt in relation to areas that the group felt the CCTG could improve on when engaging with the public.

DATE OF NEXT MEETING

The Shadow Governing Body:

Noted that the next meeting will be held on Thursday 20 December in the Court Room, Rural Arts, The Old Courthouse, Westgate, Thirsk YO7 1QS.

FOLLOW UP ACTIONS

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

Minutes Approved on Thursday 20 December 2012

Signed:

Name:

**HAMBLETON, RICHMONDSHIRE AND WHITBY
CLINICAL COMMISSIONING GROUP SHADOW GOVERNING BODY**

ACTION LOG

Ref	Meeting Date	Item	Description	Member Responsible	Action completed/ Due to be completed (as applicable)
36	27 September 2012	NYYPCT Policy Adoption	To be adopted until March 2013 then reviewed and brought back to this meeting in April.	Debbie Newton	25 April 2013
38	27 September 2012	Strategic Plan	To go out to Stakeholders and gather views on the plan	Debbie Newton	TBC
39	27 September 2012	Constitution	Send to Practices for signature	Alison Levin	All the practices have now signed. COMPLETE
40	25 October 2012	Quality and Performance Framework	Schematic to be provided showing accountability	Joanne Harding	24 January 2013

Ref	Meeting Date	Item	Description	Member Responsible	Action completed/ Due to be completed (as applicable)
41	25 October 2012	Finance, Quality and Contracts	Liaise with NHS North of England in relation to benchmarking rural ambulance services.	Debbie Newton	TBC
42	25 October 2012	Safeguarding	Vulnerable Adults Policy to be brought back to a future meeting.	Joanne Harding	28 February 2013
43	25 October 2012	Items for Newsletter	Medicines Management Safeguarding Two week cancer wait / Contracts	All	COMPLETE
44	22 November 2012	Finance, Contracts and Quality	At the next STHFT Contract Management Board meeting, request the most recent referral forms to be available on the intranet.	Debbie Newton	20 December 2012
45	22 November 2012	Finance, Contracts and Quality	Significantly higher emergency admissions for acute conditions that should not usually require hospital admission.	Debbie Newton	20 December 2012

Ref	Meeting Date	Item	Description	Member Responsible	Action completed/ Due to be completed (as applicable)
46	22 November 2012	Finance, Contracts and Quality	Falls Report to be available by January 2013	Jo Harding	24 January 2013
47	22 November 2012	Finance, Contracts and Quality	Quality Developments	Jo Harding	28 February 2013
48	22 November 2012	QIPP	Supply details of the use of Avastin to Abigail Tebbs	Charles Parker	20 December 2012
49	22 November 2012	Governance – draft ToR for the Audit & Integrated Governance Committee	Make contact with CQC representative and invite to workshop planned for February in relation to the Francis Report	Jo Harding	24 January 2013
50	22 November 2012	Francis Report Master class	Plan a workshop following the publication of the Francis Report and the new Nursing Strategy	Jo Harding	24 January 2013

Ref	Meeting Date	Item	Description	Member Responsible	Action completed/ Due to be completed (as applicable)
51	22 November 2012	Items for Information	Review of Outpatients Service Redesign Implementation Plan	Jo Harding	24 January 2013
52	22 November 2012	Items for Information	Review of Physiotherapy Services	Jo Harding	24 January 2013
53	22 November 2012	Items for Newsletter	Quality Dashboard and narrative Ophthalmology and using optometrists Authorisation New Nursing Strategy Email contact address for Practices to raise concerns to CCG	All	20 December 2012
54	22 November 2012	AOB	Liase with Emma Marshall and Alex Trehitt re Patient Engagement	Debbie Newton	20 December 2012