MINUTES
Scarborough and Ryedale Clinical Commissioning Group Shadow Governing Body, held in public
Wednesday 24th April 10am
Cayley Court, Hopper Hill Road, Eastfield, Scarborough YO11 3YT
Chair: Dr Phil Garnett

Present:
Dr Greg Black GP Board Member
Dr Peter Billingsley GP Board Member
Mr Simon Cox Chief Officer
Dr Clive Diggory GP Board Member
Dr Phil Garnett Chair
Dr Kath Halloran GP Board Member
Dr Omnia Hefni GP Board Member
Mr Philip Hewitson Lay Member
Dr Ian Holland Secondary Care Doctor
Mr Andy Hudson Lay Member
Mrs Carolyn Liddle Primary Care Manager to the Board
Mr Adrian Snarr Director of Finance
Mrs Carrie Wollerton Executive Nurse

In Attendance:
Mrs Sally Brown Head of Programme Management
Miss Stacey Mabbott Executive Assistant to the Board

Apologies:
Mrs Anne Marie Lubanski Co-opted Local Authority Representative
Dr Douglas Lumb Co-opted LMC Representative

Minutes
Agenda Item Action
#
1 Welcome and Apologies
Phil Garnett opened the meeting and welcomed members of the public.

2 Minutes of the Previous Meeting
The Governing Body noted the minutes of the previous meeting subject to the following change:

Item 11, AOB: The end of the second to last sentence should say Governing Body not Governing.

The minutes were approved with the above change as a correct record.

3 Matters Arising
There were no matters arising.
4 Declarations of Interest
It was noted that Adrian Snarr (Chief Finance Officer) and Carrie Wollerton (Executive Nurse) hold joint posts between Scarborough and Ryedale CCG and the Vale of York CCG. Ian Holland (Secondary Care Doctor) reported he is a member of Bridlington Hospital league of friends. As Ian Holland is newly appointed his conflicts of interest will be updated on the declarations of interest record on the SRCCG website.

5 Chair’s Report

Neighbourhood Care Team (NCT)
Phil Garnett reported that this was moving on well. There will initially be 2 NCTs; 1 will be in Whitby and the other one will cover Filey, Hunmanby and Eastfield practices. There will be a meeting in the near future with those practices and community teams to develop a way of working around NCT in the future.

Meeting with York Foundation Trust
Phil Garnett reported that earlier this month members of the Governing Body had a meeting with Senior Managers of York Foundation Trust with a view of looking forward and discussing how they can strategically plan and develop services at Scarborough Hospital. Phil Garnett confirmed that it was a positive and useful meeting.

6 Accountable Officer’s Report

6.1 Authorisation
Simon Cox provided a brief update, stating that as of 15th February Scarborough and Ryedale CCG were authorised as a CCG and as of 1st April were running as a statutory organisation. North Yorkshire and York Primary Care Trust (NYYPCT) ceased to exist as an organisation as of the end of March. A small team from the PCT were currently working with the Area Team on the handover and a majority of services now sat with SRCCG.

Simon Cox reported that SRCCG had a number of conditions. Of 119 criteria there remain 7 conditions that were not fully discharged. 1 of these was the appointment of a Secondary Care Doctor to the Governing Body which has now happened. These conditions would be reviewed by NHS England in June, at the end of Quarter 1. There were conditions around capacity and Finance and evidence around these will be provided to the NHS England review meeting in June. It was hoped that these conditions will be discharged in June, or later in the year. The Financial conditions are challenging and it is not anticipated that these conditions would be discharged until later in the year. SRCCG are 1 of 15 CCGs that have level 4 conditions, which means that the CCG will need to provide a greater level of assurance on the conditions.

6.2 Minutes from the Strategic Collaborative Commissioning Committee
Simon Cox reported that the minutes were from the February meeting and not the March meeting as they had not yet been signed off.

Simon Cox reported that a job description was being finalised for a Senior Manager / Director post to manage the Vulnerable Adults and Children’s Commissioning Unit (VACCU). It was hoped that this would be completed
within the week. It was confirmed that this will be done in collaboration with the other CCGs.

Greg Black reiterated item 11 of the minutes where it was proposed that recommendations from the Treatment Advisory Group (TAG) would be agreed through a meeting of all 4 NY CCG prescribing leads.

7 Corporate

7.1 Risk Register

Philip Hewitson reported at the last Governing Body meeting that the risk register is a work in progress and remains a work in progress. The risk register this month contained 2 new financial risks. However, these haven’t been through a formal process, where they would be discussed in the Finance and Contracting Committee, due to the work pressures on the committee.

Risk 5, Taking into account the financial position, the CCG is authorised with conditions: Philip Hewitson confirmed that this risk needs rephrasing to state that we are authorised and that the risk is in the condition that needs to be lifted. Therefore, the implications of this are not as severe as anticipated and would maybe score a 3 rather than a 5.

Risk 3, slippage in the delivery of key milestones in the SRCCG Equality and Diversity Plan: Sally Brown reported that since this has been placed on the risk register things had made significant process and there was now a draft plan to address this which was due to go to the Communication and Engagement Committee in May and subsequently to the next Governing Body meeting.

Risk 2, Bed occupancy running at high levels (leads to increased safety risk for patients e.g. outliers, increased throughput, increased infections, pressure on A&E): Kath Halloran advised there are meetings regarding practicalities around this in place.

Philip Hewitson reported that VACCU remained a major gap where there are a number of risks associated and these will be presented in due course, hopefully at the next meeting.

7.2 Schedule of Policies

Referring to the circulated paper Philip Hewitson advised that there was an array of policies, many of which were transferring across from the Primary Care Trust (PCT). The recommendation was that the CCG adopt the policies, as they stand, and give delegation to approve policies to Senior Management and the CCG sub-committees. The Governing Body would be kept informed at each meeting on what has been approved. Where there would be changes, these policies, which would be brought back in their entirety to the Governing Body.

Sally Brown confirmed that this was the first Governing Body meeting where the CCG is fully authorised and there had been a need to ratify all the policies and adopt some of the policies that were agreed in shadow form, as well as adopt the ones from the PCT.
HR policies transfer with staff from the PCT and remain as NYYPCT policies, until there is a need to review them. Review would take place with HR and union reps, with a slightly different process compared to the others. Sally Brown advised that there will be one or two more policies to add to the schedule once work has been done with VACCU i.e. clinical supervision and infection control and these will be brought back to the Governing Body. With regards to the Continuing care policies, VACCU will have to adopt these and assurance will be provided to the other CCGs that there is a set of policies. Simon Cox confirmed that in terms of operational policies, these will be SRCCG. The approach to commissioning will be across the 4 CCGs.

With regards to Finance, Adrian Snarr confirmed that most of the Financial procedures are covered by the financial documentation they already have.

It was agreed that a communication plan, to ensure Senior Managers are making staff aware of the policies and using them, is required. The policies will be included on the staff internet site.

Recommendations Stated on the paper:

a. Approve the adoption of the policies referred to in the attached Policy Schedule (appendix 1) and note the review dates planned for 2013/14 to ensure that all policies become CCG specific.

b. To delegate responsibility for review of policies to the Senior Management Team and/or subcommittees.

c. To delegate authority to the Senior Management Team or subcommittee to approve minor changes to policies.

d. To agree that all new policies and revised policies where there are significant changes will be presented to the Governing Body for approval.

The governing body approved the recommendations stated above.

7.3 Individual Funding request Panels (IFR) Policies

Simon Cox reported that the IFR policy is common across the CCGs. There was an error in the paper under ‘Report Sponsor’ where it states Rachel Potts is the Chief Operating Officer. This is incorrect and will be amended to say Simon Cox.

The panel is working across multiple statutory bodies, but this doesn’t affect the policy or implementation of the policy. Simon Cox stated that there were issues relating to the clinical representation on the panel and that there is a separate group of GPs employed by the CSU pulled from the 4 CCGs. Most of the policy remains as it was and the area that had changed was commissioning of IVF services. All chemotherapy is commissioned by NHS England. All gastric staple operations will go through specialised services. It was suggested putting a link on the SRCCG website defining the responsibility for each service lies. This should also be circulated to GPs and the Governing Body.
It was noted that the panel included a ‘Senior Commissioner’ as the chair, who had the casting vote, and it was queried whether this needed to be a clinician. Simon Cox agreed to request that the Terms of Reference of the panel clarified this. Simon Cox agreed to bring back to the Governing Body a proposal on what the local appeal panel will be and Andy Hudson and Philip Hewitson will work on this.

Referring to the report Simon Cox confirmed that there was a requirement to develop an appeals panel in the CCG.

The Governing Body accepted the recommendations, with the conditions discussed above.

**7.4 Procurement Policy**

Adrian Snarr advised that this policy had been included in the list of policies.

He went through the paper and reported that procurement was more than just tendering and item 1.2 in the paper provides a list of what procurement covered. He explained that the current tender limit was currently set at £25,000 and it was a limit set by PCT. The CSU were currently doing some benchmarking and Adrian Snarr asked the Governing Body if at the next Audit Committee meeting the benchmarking could be looked at and for them to make recommendations to adjust that limit. The policy doesn’t differ significantly from PCT policy.

Adrian Snarr explained that the EU limit cannot be changed and if it is believed a procurement is going to be entered at a higher level than those limits, it will need to run as an EU process. This policy will need to be referred to when tendering.

Adrian Snarr reported that Tender waivers happen only in exceptional circumstances. It is up to the Audit Committee to decide if they agree with the waiver or not. However, it is only the waiver the Audit Committee would consider; decisions concerning procurement would go through the governing Body.

The Governing Body confirmed that the Audit Committee looks at benchmarking and that they otherwise accepted the policy.

**7.5 Procedure for use of Common Seal**

Sally Brown reported that as an authorised organisation the CCG is required to have a corporate seal. Its use is restricted and recorded. Each time it is used it will be reported to the Governing Body. Designated officers (the Accountable Officer, Chief Finance Officer and Chair of the Governing Body) have to witness the use of the seal, with at least 2 present to witness it.

Sally Brown confirmed that all procedures are now in place and that the Governing Body need to approve the designated officers to use it.

The Governing Body approved this.
### 7.6 Transition

Simon Cox provided the Governing Body with an update on transition, stating that much of this has now happened. Staff had now transferred over from the PCT to Scarborough and Ryedale CCG and HR have confirmed all staff with the new payroll provider, that all the staff are on the list.

Simon Cox reported that there were a few loose ends to tidy up in the next few months. However, the major business has been done with regards to staff assets and contracts.

Simon Cox reported that SRCCG are in the process of moving offices, within the same building, but up a floor. There will be 2 sessions for staff induction once the move has taken place, hopefully in the week commencing 20th May.

### 8 Service Developments

#### 8.1 TAG Recommendations

Greg Black presented the recommendations from the Treatment Advisory group (TAG) advising that this was discussed at the Business Committee earlier in this month and presented for approval.

The TAG recommended that Aclidinium bromide inhalers be used as second line treatment. This is a once daily inhaler. However, TAG recommended that Glyccopyronium bromide inhaler, which is a twice daily inhaler, not be used.

Greg Black stated that it was felt that there isn’t much difference in the 2, however there could be a cost implication in the longer term. The Business Committee had suggested that both are used as second line treatment, accepting TAG’s first proposal and rejecting their 2nd proposal.

The Governing Body agreed this.

The TAG recommended that Racecadotril, for the management of acute diarrhoea in infants and Children was no approved, and the Governing Body agreed with this recommendation.

#### 8.2 Malton MIU

*Clive Diggory declared an interest in this agenda item, as a GP in the MIU and as a GP at Derwent surgery. His patients also use the service.*

*Engagement Report*

Simon Cox confirmed that this followed on from the paper which was discussed at the February Governing Body meeting. The assessment in the paper was based on an assessment of the 1st 2 months. The action seemed to be consistent with the forecast of savings. There has been some feedback from stakeholders and the Governing Body agreed in February to bring back a proposal looking at a slight alteration of the service.

The CCG also committed to do some work around communication and engagement and this is the initial evidence of this. Simon Cox briefly went
through the summary of the engagement report which was felt to be positive. Simon Cox made the Governing Body aware that in the report one of the pie charts on page 12 has had some of the information cut off and the 65+ group isn’t showing on the key. The figure for this group is 43.9%.

Simon Cox summarised that the feedback was really appreciated and that a lot people didn’t want to see any significant reduction in service. The feedback indicated that patients mainly in Ryedale, rather than Malton, used the service mainly when they couldn’t get access to their GP’s. This suggested that more discussions were needed with Ryedale GP’s to be more flexible with access. Simon Cox explained that there were mixed views on the opening hours confirming that the recommendations are consistent with what was recommended at the last meeting. This would include a service on a weekend, although it would be difficult to argue an opening until 10pm with the low usage.

Alex Trewhitt, Communications Manager, will be putting some briefings out to the press and once the opening hours have been determined this will also be publicised along with how the MIU will operate. Public who requested individual feedback and received copies of the report already.

Proposal for Future Configuration

Simon Cox advised that there was an issue raised in terms of information; a number of people didn’t understand what the service was used for i.e. if children could be taken to the MIU. It was also felt consistency was needed on opening times on a weekend and weekday.

Simon Cox went through the proposals on the paper advising that option A is not recommended as it ignores the engagement that has been done. Option B / C is recommended. He discussed the details in options B and C stating that they will provide a reasonable saving, especially over a weekend opening. Option B is similar to what is currently happening.

It was advised that there are only 2 practices based in Ryedale that are in SRCCG (Ampleforth and Derwent). This means that it will be joint commissioning with Vale of York CCG.

It was noted that the MIU activity was charged at the national tariff but there are some patients attending the service who don’t have minor injury issues, even though the MIU tariff is still being paid. It was advised that the contract will need to be checked to ensure that there isn’t double counted.

The Governing body discussed whether the service should be GP or nurse led and felt that greater clarity on the model that is taken forward is required. They also discussed the opening times of the service and whether it should open at 8am or 9am.

Governing Body agreed to reopen the service 7 days a week, but not in the evening. the specifics around the delivery of the service is to be discussed and brought back to the next meeting as well as the final opening hours.
It was suggested that to prevent delaying the decision for another month this should be taken to the Business Committee next week and delegate the responsibility to that meeting to make the final decisions on the opening times and whether the service by GP or Nurse led. Discussions with York Trust will need to take place around the introduction of weekend working. It was suggested that it will need to be clear when the new opening times will take effect from and the information will need to be distributed, along with details on what the unit is used for. It was agreed that this will be distributed publically before it is ratified to the board next month.

It was confirmed that this needs to be quickly distributed to York Trust to enable staff in the service to be updated. Simon Cox will communicate this decision tomorrow and agree timescales for implementation, subject to the outcomes of the Business Committees decision.

It was agreed that the Contracting Team will be asked to look into double payment for treatment

### 8.3 NHS111

Kath Halloran reported that due to various problems over Easter, in other areas, the Department of Health has put blocks on further roll outs. There has been no confirmation of a roll out date for SRCCG, however, this should be by 30th June.

Kath Halloran confirmed that the problems are mainly due to capacity, where there is a third too few staff. Although Yorkshire Ambulance Service (YAS) underestimated the capacity this is nationwide and the worst areas were in the midlands.

Phil Garnett reported that clinical leads for all CCGs in North Yorkshire have written to Barbara Hakin (National Director: Commissioning Development) regarding the viability of NHS111, concerns over clinical governance issues on the proposed model and capacity and the issues it will cause the ambulance service, A&E and Primary Care.

Phil Garnett publically expressed concerns about NHS111 and advised that not to do so would be inappropriate. The Out of Hours Service has been given notice and the call handling is now being done in Cardiff, by the same company.

Carrie Wollerton thanked Kath Halloran and Martin O’Keeffe as NHS111 has taken up a lot of time over the last 6 months. The CCG will have a better roll out when it does go live, due to them.

### 9 Report from Quality and Performance Committee and Service Reviews

#### 9.1 Quality and Performance Report (Dashboard)

Carrie Wollerton confirmed that more analysis has been put into this report to provide more information.

It was confirmed that the Ambulance turnaround is still challenging at Scarborough Hospital, although it is better than it is at York.
Carrie Wollerton confirmed that A&E performance is picking up, but in peaks and troughs rather than consistent improvements. York Foundation Trust has trialled a different way of triaging and may look at introducing this at Scarborough Hospital. A lot of work is going on with Yorkshire Ambulance Service, Scarborough Hospital, York Foundation Trust and both SRCCG and VoYCCG to improve this service. It is hoped that Scarborough Hospital will be back on track with A&E performance by end of Q1.

Carrie Wollerton explained that with the referral to treatment times, the Business Intelligence team are working to separate York and Scarborough data better. However, there are no 52 week breaches at Scarborough Hospital, although there are 6 in York Foundation trust and Carrie Wollerton will double check these aren’t Scarborough Ryedale patients.

Carrie Wollerton reported that Mortality is rag rated green and as a combined Trust this is as expected. Scarborough Hospital has had historical problems in specific areas and there is on-going work by speciality and site.

Peter Billingsley confirmed that Scarborough Hospital has lapses and the cause of these need to be identified. There are 14 hospitals under review for their mortality, none of which are a major provider. Carrie Wollerton confirmed that there are lessons to be learnt, however she feels comfortable that the work done with the Public Health Observatory is on par with the work being done with other trusts.

It was confirmed that June will be the delay in the systems before data in the new financial year can be seen and it will be the end of quarter for the mental health contracts.

### 9.2 Deprivation of Liberty Safeguards

*Mental Capacity Act*

Carrie Wollerton reported that these policies came to the Governing Body in the autumn. These are now a more bespoke CCG document and it should be the same across all 4 CCGs.

Carrie Wollerton confirmed that the North Yorkshire CCGs are not alone in implementing these policies and for people with severe disabilities such as sever autism it makes sure they can receive care in the least restrictive way possible. Both policies apply to the CCG as a corporate commissioner and it would be beneficial for staff in the VACCU to go through the policies in more detail. The policies are a stator requirement and it is imperative that the commissioning services are complying with the act.

The Governing Body accepted the policy.

*Mental Capacity Act Policy and Procedures*

The Governing Body accepted the policy.
9.3 Winterbourne Report
Carrie Wollerton informed the Governing Body that this paper has been brought to the meeting for information. Judith Knapton (Head of Commissioning in VACCU) will be attending the Governing Body workshop to provide detail of the action plan and an up to date account of where this is at.

The Governing Body accepted the report and it was confirmed that the decision of the named person who is to have access to the register in accordance with data protection policy would be deferred until after the Governing Body workshop.

10 Report from Finance and Contracting Committee

10.1 Financial Report
Adrian Snarr reported that at the last governing Body meeting the Governing Body received the January dashboard which was based on December’s close down position. There was no more up to date information on close down as a month 12 report isn’t done. Philip Hewitson said he would have expected that there would be a formal written report rather than simply a verbal report. Adrian Snarr explained that as it was almost May there was not yet an understanding of last year’s out turn and there was no update to January’s position. There was no finance report in the dashboard as 2012/13 accounts were being closed down.

10.2 Contracting Update
Adrian Snarr reported that the main contract position remains as they were last month, and £1.5m contract queries have been launched with York Foundation Trust. They haven’t yet acknowledged this and it will go through dispute resolution process as it sits with the PCT closedown and needs to be resolved.

Adrian Snarr explained that under current rules if a patient is readmitted in 30 days and deemed avoidable, the CCG don’t pay for the treatment for that care. All commissioners made an estimation of readmissions. SRCCG planned for 25%, however, the audit in Scarborough has been completed and their figure is only 6%. It is not believed the figure is only 6%. He confirmed that this is a national contract clause and the national methodology for audit has been applied. In York the audit came back at 17%.

Adrian Snarr reported that for 2013/14 the largest value is the York Foundation Trust contract. This is making good progress and Simon Cox, Adrian Snarr and Phil Garnett are meeting with York Trust again to discuss the Stroke Service, where there is some disagreement about KPIs and it is hoped this can be agreed. Ambulance turnaround is also hoped to be agreed. It is expected that negotiations with York Foundation Trust will conclude within the week.

Adrian Snarr reported that the big variable in the system is specialist commissioning deductions and some local work is being done to understand the position. There will be a written report brought back to the Governing Body next month.
### QIPP

Simon Cox reported that he will provide an update to the Governing Body and Business Committee following the meeting with York Foundation Trust. There is a large piece of work around outpatient follow up and there will also be a few more major schemes that need to come back following discussions with York.  

### Report from Communication and Engagement Committee

#### Exception and Progress Report

Andy Hudson provided a quick overview of the report and confirmed that funding for the patient representatives group would be continued for another year.

Andy Hudson informed the Governing Body that the Communications and Engagement Committee has been working to get some estimated costs together for communication engagement activities SRCCG is likely to undertake in the coming year. This work is almost complete and will be taken to the next Finance and Contracting Committee.

Andy Hudson reported that the Communication and Engagement Committee want to engage as widely as possible with the community. Andy Hudson had a positive meeting with Deputy Chief Executive of Scarborough Borough Council and Chief Executive of Ryedale Council to discuss this and they are open to SRCCG using their consultation process and committees and are happy to work with the CCG to use those mechanisms. This is a positive approach and may solve some problems in equality and diversities as well as getting to the harder to reach groups.

Andy Hudson informed the Governing Body that he would like to run a workshop on the Customer Service Excellence model for the Governing Body and CSU. Andy Hudson asked the Governing Body to agree to fund this, to enable him to set things in motion.

The Governing Body approved to fund the workshop.

### AOB

Philip Hewitson informed the Governing Body that a paper was due to come to this meeting on integrated governance. However, as discussed earlier in the meeting the VACCU risks are being assessed and it is taking longer than anticipated, it is intended that the paper will be brought to the May meeting.

### Date and Time of next meetings:

Wednesday 22nd May (10-12noon)  
Studio 4, The Street, Scarborough