

NHS NORTH YORKSHIRE AND YORK CLUSTER

Minutes of the Meeting of NHS North Yorkshire and York Cluster Board held on 22 January 2013 at Priory Street Centre, York

Present

Mr Kevin McAleese CBE (Chair)	Chairman
Mrs Elizabeth Burnley CBE	Non Executive Director
Mr Geoffrey Donnelly	Non Executive Director, Vice Chairman
Mr Roy Templeman	Non Executive Director
Mrs Maureen Vevers	Non Executive Director
Mr Christopher Long	Chief Executive
Mr Bill Redlin	Director of Standards
Dr Lincoln Sargeant	Director of Public Health, North Yorkshire
Mr Alan Wittrick	Director of Finance and Contracting

In Attendance

Mrs Amanda Bloor (for item 7)	Chief Officer (Designate), Harrogate and Rural District Clinical Commissioning Group
Mrs Janis Bottomley (for item 11)	Mental Capacity Act and Deprivation of Liberty Lead and Interim Safeguarding Adults Operational Lead
Mr Simon Cox (for item 7)	Chief Officer (Designate), Scarborough and Ryedale Clinical Commissioning Group
Ms Michèle Saidman	Executive Assistant to the Board and Committees
Mrs Carrie Wollerton (for item 10)	Executive Nurse, Scarborough and Ryedale and Vale of York Clinical Commissioning Groups

Apologies

Mrs Janet Dean	Associate Non Executive Director
Dr Paul Edmondson-Jones	Director of Public Health and Wellbeing, City of York Council

Forty members of the public were in attendance.

Kevin McAleese welcomed everyone to the meeting. He advised that, although there was a large media presence, no recording would take place during the meeting and assured members of the public that the Part II meeting, as per agenda item 16, related solely to commercial decisions about premises.

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

1. Councillor Jim Clark, Chair of the North Yorkshire County Council Health Overview and Scrutiny Committee (NYCC OSC):

- (i) *Advised of a number of issues relating to the Chairman's Report at item 5 but in the interest of moving forward would not raise these matters.*
- (ii) *Referred to a resolution at an NYCC meeting on 19 December 2012 that there should be no reduction in planned spending in North Yorkshire. At that time it had been anticipated that cuts to services would be implemented but now noted and welcomed the strategic themes in the North Yorkshire and York Clinical Services Review. The challenge was for all providers, commissioners and local authorities to work together to take forward the proposals with a request that the points raised by NYCC be taken into account.*

Chris Long welcomed the commitment to work in partnership and emphasised the requirement for radical changes to service delivery. He noted that one of the biggest changes required was in the way community services and GPs worked with social care but emphasised that change should not equate to cuts.

2. Mr Rex Negus, Patient:

Fully endorsed the Chairman's Report in terms of concerns about the £19M forecast deficit and legacy debt and expressed appreciation to the local NHS. He also welcomed the presence of local politicians at the meeting and urged them to continue to put pressure on parliament about the deficit position.

Kevin McAleese expressed appreciation of this support.

3. County Councillor John McCartney

In relation to the North Yorkshire and York Clinical Services Review report:

- (i) *How much was KPMG being paid by the NHS?*

Chris Long responded that KPMG had not produced the report. They had worked with the NHS organisations in North Yorkshire and York to facilitate its development and provided financial analysis. The total cost was C£320K, half of which was being paid by the PCT and half by providers.

- (ii) *In view of the lack of detail in the report when would information of the proposals be published?*

Chris Long deferred response to this question to discussion at the agenda item.

4. Councillor John Blackie, North Yorkshire County Councillor, Vice Chair of the OSC and Leader of Richmondshire District Council:

- (i) Regretted the issues between the OSC and the local NHS emphasising that the common aim was for a fairer funding formula that recognised North Yorkshire issues, in particular rurality and the ageing population. In respect of the item in the Chairman's Report relating to The Friarage Hospital, Northallerton, NYCC had always wanted a unique solution.*
- (ii) The removal of 'Option 1 Sustaining a consultant-led paediatric service and maternity unit' from the consultation on The Friarage gave the impression of a "done deal". Additionally, the purpose of the meeting on 22 November 2012 had been to hear the views of members of the public to enable councillors to fulfil their role of representing the local population; NHS views had been heard in other forums.*
- (iii) In regard to "compelling evidence", the Overview and Scrutiny Committee had gathered evidence from services in other parts of the country which supported the continuation of the service. Also, the link in the Chairman's previous report to the timing of the local elections was considered a disservice to colleagues with a long history of involvement in representing local views.*
- (iv) In respect of the timing of the referral to the Secretary of State, the nine months of engagement by the CCG was compared with the four weeks to pull together the evidence for submission by the OSC. Additionally, the impending retirement of the consultants at The Friarage had been known and therefore provided opportunity for succession planning.*
- (v) Commended the excellent services provided at The Friarage and noted the suspicion of the local community that the change was money driven.*

Kevin McAleese responded that the "compelling evidence" in his report referred to the National Clinical Advisory Team reports and the views of local clinicians. He also noted that the OSC were actually making alternative proposals instead of endorsing or not the unanimous clinical review which had emerged from the extensive public information gathering.

5. Councillor Tina Funnell, Chair of City of York OSC

- (i) Referred to item 7 North Yorkshire and York Clinical Services Review report and welcomed the vision described but noted concern that the voluntary sector and patients were not specifically mentioned as key players. She also expressed the view that the local voluntary sector organisations could have undertaken this review at far less cost and expressed concern at the potential impact of the whole system changes on the frail elderly and vulnerable people.*

- (ii) *How and when will patients and voluntary sector organisations be significantly involved in shaping services?*

Chris Long advised that local clinicians and stakeholders, including voluntary sector and Local Authority representatives, had been involved during the engagement phase of developing the report. This work would be taken forward by the CCGs and a wider level of engagement with local communities would be part of the process.

1. Apologies

As noted above.

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

None.

3. Minutes of the Meeting held on 27 November 2012

The minutes of the meeting of 27 November were agreed.

The Board:

Approved the minutes.

4. Matters Arising from the Minutes

Report on assurance meeting with Craven locality: Bill Redlin reported that he had circulated a briefing to members the previous evening. It was agreed that this be carried forward to the next meeting.

Safeguarding report emanating from the Jimmy Savile allegations: In the event of confirmation not being provided at agenda items 10 and 11 Chris Long agreed to follow this up.

The other two matters arising had been completed.

The Board:

1. Noted that Bill Redlin had circulated a briefing which would be discussed at the March meeting.
2. Agreed to assess whether further information was required in respect of safeguarding and the Jimmy Savile allegations at items 10 and 11.

5. Chairman's Report

Kevin McAleese referred to his report which included information pertaining to the proposed paediatric reconfiguration of The Friarage Hospital, Northallerton, the health funding postcode lottery, the corporate memory and continuing capacity issues. He congratulated York Council for Voluntary Service on being awarded the contract for HealthWatch and expressed appreciation for their hospitality at Board meetings over the years.

The Board:

1. Noted the Chairman's report.
2. Expressed congratulations and appreciation to York Council for Voluntary Service.

6. Chief Executive's Report

Chris Long referred to his report which provided updates on the transition, Caldicott Guardian and Responsible Officer requirements, and reported on the release of 'Everyone Counts – Planning for Patients 2013/14'. He noted that there were 47 working days remaining in the life of the PCT and highlighted the amount of work to be completed in this time.

Chris Long provided an update on CCG authorisation reporting that the authorisation panels had made their recommendations in respect of levels of support required by each CCG, notably in terms of planning and finance. The CCGs had 10 days to respond with additional evidence and would thereafter receive their final reports, which would be circulated to Board members.

In regard to the appointment of Dr Paul Twomey, who was not present, Chris Long requested that the start date be 22 January 2013.

In view of 1 April being over the extended Easter weekend, Lincoln Sargeant sought clarity as to when the operational arrangements following the demise of the PCT would come into effect. Chris Long advised that statutory accountability would transfer to the new organisations at midnight on 31 March 2013.

The Board:

1. Noted the Chief Executive's Report.
2. Agreed the appointment of Dr Paul Twomey as Caldicott Guardian and Responsible Officer.
3. Noted that statutory accountability would transfer to the new organisations at midnight on 31 March 2013.

7. North Yorkshire and York Clinical Services Review

Amanda Bloor and Simon Cox attended for this item

In introducing this item Kevin McAleese explained the decision to delay publication of the North Yorkshire and York Clinical Services Review until the day of the meeting, with only a report on the process of its development being published in advance in accordance with established practice, and noted that Board members had received a copy for consideration ahead of the meeting. He reiterated the views expressed during public questions in terms of the lack of detail in the report and expressed concern in respect of governance and public perception. Members reiterated their disappointment with the lack of detail during the ensuing discussion.

Chris Long explained that because of speculation about the report he had thought it more appropriate to delay publication and clarified that the report had been developed by all NHS organisations in North Yorkshire and York; KPMG had facilitated this and provided analytical support. For the first time there had been full engagement of all local NHS stakeholders in an attempt to agree common themes on delivery of health care services within existing resources and in the challenging financial environment, both local and national, with acknowledgement of the need for radical reconfiguration. Chris Long emphasised that neither the challenge to gain consensus between commissioners and providers nor the work underpinning the report should be underestimated. During the discussions it had become evident that many services could not be delivered on a North Yorkshire and York footprint and would require local solutions. The emerging CCGs wished to consult at a local level before making commitments to the proposals.

Chris Long referred to the CCG allocations for 2013/14 and noted that the first year of the CCGs' establishment as authorised bodies would be challenging. Vale of York CCG and Scarborough and Ryedale CCGs were respectively in the lowest and highest allocation ranges in the North of England

Chris Long highlighted work in the localities required to address levels of urgent and emergency care though noted that this may be influenced by national requirements. In order to deliver the level of service reconfiguration needed, there was a requirement for partnership between the NHS, Local Authorities, the voluntary sector, patients and the public at locality levels.

Simon Cox concurred with Chris Long's views about the level of detail in the report and noted the view that it was appropriate for the proposals to be strategic so that implementation of change was at CCG level, with issues addressed locally and with local consultation where this was required. He reported that each CCG had produced a draft financial plan for 2013/14 which had been shared with the Local Area Team and noted that actions were being implemented through contracts. An example of significant savings in Scarborough and Ryedale CCG was sited as a reduction in outpatient routine follow-ups. Simon Cox additionally highlighted that this was the first occasion when the major employers had all been engaged to such a degree to work to address challenges in the system..

Amanda Bloor advised that Harrogate and Rural District CCG had received the second lowest allocation in the area. She reported that the first draft financial plan detailed break-even with a small surplus and advised of the intention to invest in community services. Emergency admissions from residential care homes had been reduced, work was ongoing in regard to prescribing, and joint working with Yorkshire Ambulance Service was reviewing patient transport. An integrated model of health and social care was being developed through partnership working with the Local Authority, voluntary sector, clinicians and managers. Collaborative work with Tees, Esk and Wear Valleys NHS Foundation Trust was taking place on dementia and efficiencies were being implemented which would improve quality but did not require consultation.

Members discussed the future shape of the NHS in North Yorkshire and York in terms of dispersal across the four CCGs as opposed to the total footprint; the CCG allocations and the deficit which would be shared across the CCGs; the need for urgent innovative solutions to service delivery; and the NHS Constitution. In regard to the latter, Chris Long noted the requirement for minimum standards, not equity.

Amanda Bloor and Simon Cox recognised historical issues across the patch but emphasised that the difference on this occasion was that there was local clinical leadership. The CCGs would work with the Health and Wellbeing Boards to identify and deliver local solutions to key issues. Additionally, the CCGs recognised the need for more ambitious savings programmes than in previous years. The key element would be collaborative working with alignment of the savings plans of commissioners and providers.

In response to clarification requested by the Chairman about the contract with Harrogate and District NHS Foundation Trust, Amanda Bloor reported that negotiations were ongoing and she anticipated that the contract would be signed by 31 March 2013. She agreed to provide an update to the March Board meeting.

Lincoln Sargeant expressed the wish to move towards an outcomes approach to patient care highlighting the need for a shared strategy to guide local practice. His view was that there should be a North Yorkshire and York footprint for mental health, the frail elderly and social care. Chris Long responded that from 1 April 2013 the CCGs would be responsible for identifying the vision and strategy for health in their areas.

In terms of the emerging strategic themes – primary care, community care, frail elderly, social care, planned care, maternity and paediatrics, urgent care and mental health – the CCGs would be required to identify their local priorities and establish appropriate workstreams and processes. Chris Long advised that the CCGs would receive support from the NHS Commissioning Board and the Commissioning Support Unit (CSU) in response to members' concerns about the work required by the newly established organisations.

Members commended Amanda Bloor and Simon Cox for their confident approach to the forthcoming challenges and expressed disappointment that they were unable to ask similar questions at the meeting of the Vale of York CCG's response to the report. They did not feel able to, as requested, 'approve' the report in view of the absence of specific recommendations and agreed to 'accept' it in support of the ongoing work.

The Board:

1. Noted the processes outlined in the report to deliver this phase of the North Yorkshire and York Clinical Services Review.
2. Accept the North Yorkshire and York Clinical Services Review report which they did not feel able to approve in view of the concerns detailed above.

8. Commissioner Core Performance Dashboard

Finance

Alan Wittrick reported a significant improvement in the financial position: the forecast deficit had reduced from £19M at Month 8 to £15M at Month 9. There were a number of reasons for this, including performance of contracts with acute providers, with the exception of York Teaching Hospital NHS Foundation Trust; receipt of winter resources from the Centre to ensure safety and quality targets were met; and a comprehensive review of local trusts which had provided confidence to revise the forecast down. Additionally, primary care dental contracts, which were on a cost basis, had been revised and the prescribing performance had improved, partly due to actions by the CCGs and partly to the QIPP (Quality, Innovation, Productivity and Prevention) turnaround process. The cumulative variance had reduced from £21M to £18.5M as at 31 December 2012.

Alan Wittrick additionally reported that since publication of the Performance Dashboard a return had been submitted to the Department of Health declaring further improvement in the financial position. The forecast deficit was reduced to £12M and it was hoped to be able to further reduce this debt, which would be passed on to the CCGs.

In response to clarification sought by members regarding reductions in the commissioned services from trusts, Alan Wittrick explained that the reasons varied. The improvement at Leeds Teaching Hospitals NHS Foundation Trust was due to receipt of winter pressure resources; the Airedale Hospital NHS Foundation Trust contract had been reviewed; and the Leeds and York Partnership NHS Foundation Trust was due to specific arrangements as part of the transfer of provider services. Alan Wittrick also noted that a number of the QIPP/turnaround initiatives did not start until late in the year and that one off in year benefits included the Leeds and York Partnership NHS Foundation Trust arrangement and the winter pressures funding.

Members welcomed the improved working relationships with most providers but expressed concern at the ongoing position with York Teaching Hospital NHS Foundation Trust, particularly in view of the funding allocation to Vale of York CCG. They emphasised the need for joint working with particular reference to integrated community services.

In regard to prescribing, Alan Wittrick explained the reason for reporting a cost reduction but/ also showing this as an accounts risk on the summary of turnaround initiatives: an adjustment may be possible with prescribing creditors which had not been factored in as clarification was required.

Alan Wittrick explained that the reason for the increase in aged debtors, mainly in community services, was partly due to lack of capacity and partly due to the processes associated with the PCT being the statutory body owning 200 premises. Any unresolved issues at 31 March 2013 would be passed on to the new organisations. Aged debtors on the PCT balance sheet at year end would transfer initially to the Department of Health.

In regard to CCGs receiving real time information, Alan Wittrick assured members that the Chief Finance Officers were being kept informed. However, the allocation of deficit to each CCG would not be known until the final year end position of the PCT had been established.

Members sought and received clarification on the CCG contract negotiations expressing concern in respect of Vale of York both in respect of the deterioration in the contract with York Teaching Hospital NHS Foundation Trust and QIPP delivery. Harrogate and Rural District CCG and Scarborough and Ryedale CCG were commended for their QIPP performance.

Members requested graphic illustration for the next meeting of the QIPP programme as it extended from one financial year into the next to show whether delivery was in year or delayed. They also expressed concern at the total of 31 Serious Incidents which had exceeded the report deadline timeframe. Chris Long advised that the responsibility for monitoring Serious Incidents had transferred to the CCGs and agreed to progress any issues outwith the meeting. Bill Redlin advised that this position was not due to the transition and that there was a plan in place to reduce the numbers. He also noted that Serious Incidents would be included in the Quality Handover Document.

Concern was also noted in respect of sickness levels and 'reds' against statutory and mandatory training. This was identified largely as due to the transition.

Performance

Bill Redlin presented the Commissioner Core Performance Dashboard as at January 2013 which comprised information under sections: Summary Assessment, Performance and Quality Indicators, Financial Performance, QIPP and Corporate Performance. He noted:

- The continuing challenge in respect of Yorkshire Ambulance Service performance, with particular reference to winter pressures.
- The 'amber' - 92.9% against a 93% target - for patients referred by a primary care professional for treatment/investigation of breast symptoms (excluding those where cancer is suspected) who are seen by a specialist within 14 days related to South Tees Hospitals NHS Foundation Trust.
- The 'red' against the number of episodes of crisis resolution/home treatment care provided would be reduced in the final Dashboard.

There were ongoing concerns, particularly at York Teaching Hospital NHS Foundation Trust, regarding patients who had waited 52 weeks or more from referral by their GP or other healthcare professional. Vale of York CCG continued to work on these backlog issues which were of particular concern in general surgery. Implementation of Choose and Book also continued to pose issues to varying degrees.

Bill Redlin noted challenges posed by winter pressures for providers, in particular A&E targets which were an issue nationally. There were also concerns in respect of Clostridium Difficile at Harrogate District NHS Foundation Trust and York Teaching Hospital NHS Foundation Trust; Scarborough and North East Yorkshire NHS Healthcare Trust was within its ceiling in this regard. Ambulance turnaround times were a significant challenge below PCT level, particularly in York. The CCGs were taking appropriate to address these issues.

In response to concerns about health inequalities, particularly in the context of CCG allocations, Lincoln Sargeant advised that this area of strategic planning was within the Public Health Outcomes Framework and the Health and Wellbeing Strategies. He hoped to work closely with the CCGs as a "critical friend" and advised that each CCG had a link with a Public Health Consultant who would provide advice and expertise.

The Board:

1. Accepted the Commissioner Core Performance Dashboard.
 2. Noted the revised forecast deficit position for 2012/13 of £12M.
 3. Requested graphic information on QIPP delivery.
- 9. Transforming Community Services: Transfer of Hambleton and Richmondshire Specialist Children's Service and Community Paediatric Service to a Provider Organisation**

Bill Redlin referred to the report which informed the Board that the transfer of Hambleton and Richmondshire Specialist Children's Service and Community Paediatric Service to Harrogate and District NHS Foundation Trust was on schedule for 1 March 2013. It was agreed that the Chief Executive be granted delegated responsibility for the formal sign off of the transfer and noted that this completed the transforming community services transfers.

The Board:

1. Noted the update on the transfer of Hambleton and Richmondshire Specialist Children's Service and Community Paediatric Service to Harrogate District NHS Foundation Trust on 1 March 2013.
2. Delegated responsibility for the formal sign off of the transfer of the service on 1 March 2013 to the Chief Executive.

10. Arrangements for the Safeguarding of Children and Vulnerable Adults in the Emerging Clinical Commissioning Groups

Carrie Wollerton attended for this item

Further to the discussion at item 4 above, Carrie Wollerton advised that the letter regarding safeguarding emanating from the Jimmy Savile allegations had been to providers, copied to commissioners. These requirements were being addressed through contract management boards where assurance was being sought.

In terms of Serious Incidents, as discussed at item 8 above, Carrie Wollerton reported that each CCG was buying an end to end service from the CSU and that she was confident of the associated processes. In addition to each CCG monitoring Serious Incidents, collaborative work was ongoing across the four CCGs.

Carrie Wollerton noted that York Teaching Hospital NHS Foundation Trust was a good reporter of Serious Incidents which in turn meant that investigations took time to complete. She assured members that work was taking place to reduce the backlog and that information on Serious Incidents would be detailed in the Quality Handover Document, referred to at item 13 below.

Carrie Wollerton referred to the report which described arrangements for the safeguarding of children and vulnerable adults in the emerging CCGs. She advised that there were four key areas in terms of assurance: training, governance, co-operation across borders and the expertise of the Designated Professionals.

Children's safeguarding arrangements were more embedded and had therefore provided a greater level of confidence from the start of the transition process, while for adult safeguarding the system itself had been in development in line with the Strategic Health Authority guidance. Assurance from providers however had been built into the existing contracts through a policy and competency framework and each CCG had taken an interim policy to their Governing Body some months ago. This policy was now being developed as a bespoke CCG, as opposed to PCT policy, and would return to CCG Governing bodies before April 2013.

Carrie Wollerton noted that the Vale of York CCG 'reds' in the authorisation process relating to safeguarding were due to the cross boundary with Leeds and the East Riding and to Mental Capacity Act and Deprivation of Liberty Safeguards training. She assured members that the CCGs were implementing rigorous processes to ensure appropriate arrangements were in place for safeguarding both adults and children and clarified the CCG representation on the Local Safeguarding Children Boards. Carrie Wollerton advised that the current funding was expected to transfer to the CCGs.

Carrie Wollerton expressed confidence in the arrangement of one CCG hosting safeguarding advising that the Local Authorities now supported this approach and that the work of the safeguarding team was continuing as previously. Areas of risk had been mitigated as far as possible and the arrangements for safeguarding children were being monitored via the Local Safeguarding Children Boards. It was agreed that the Board would receive minutes of the Local Safeguarding Children Boards at the March meeting to provide assurance.

Carrie Wollerton clarified that the new arrangements in respect of combining the roles of the Designated Doctors for Child Protection and Looked After Children would establish working to the same footprint as the Designated Nurses and would therefore strengthen systems and practice.

Safeguarding adult requirements had not been in place as long as those for children. Although the model of Harrogate and Rural District CCG representing all four CCGs on both City of York and North Yorkshire Adult Safeguarding Boards had been established, as with children, each CCG remained accountable for safeguarding in their area. Carrie Wollerton referred to a diagram illustrating the process and governance framework. It was agreed that this be uploaded on the website alongside the Board report.

In respect of safeguarding arrangements in the Craven locality, Carrie Wollerton reported that assurance was received through the Health Partnership Groups which she chaired.

The Board:

1. Welcomed the assurance regarding the safeguarding requirements emanating from the Jimmy Savile allegations.
2. Noted the update and ongoing work in respect of Serious Incidents.
3. Noted the arrangements for the Safeguarding of Children and Vulnerable Adults in the emerging Clinical Commissioning Groups.
4. Requested that the diagram describing the process and governance framework for safeguarding adults be added to the website alongside the Board report.

11. Safeguarding Adults Annual Report

Janis Bottomley attended for this item

Janis Bottomley highlighted a correction to section 1.11 which should read ‘... “The Francis Report into the events at Mid Staffordshire NHS Foundation Trust “ She explained that a new team in Continuing Health Care/Funded Nursing Care had been established in 2011 but had not routinely been involved in inspections of Care Homes/Residential Homes/Care Providers. The reason for the increase in suspensions, particularly since September 2012, was due to the fact that the team was now routinely invited to be involved in inspections. Visiting more homes had subsequently resulted in greater awareness and scrutiny with the outcome of increased suspensions. It was noted that this assurance was expected to be provided to the Local Area Team from April. The North Yorkshire and York Health Partnership Group would continue to meet with input from the CCGs who would manage contracts via the contract management boards.

Members sought and received clarification on future budget arrangements re Deprivation of Liberty Safeguards (DOLS): The DOLS Supervisory Body responsibility would transfer to the Local Authorities on 1 April 2013. DOLS funding to health will cease at that time and Local Authorities will receive increased funding. The Board noted that statutory and mandatory training in this area was reported as an issue in the Performance Dashboard. Janis Bottomley confirmed that health retained a responsibility for training and monitoring and a Training Strategy for the Mental Capacity Act (MCA) and DOLS was in place. Monitoring of MCA & DOLS had been incorporated into Commissioning Policies which would be monitored by the contract management system. She finally commended the PCT on partnership working with the Local Authorities.

The Board:

Noted and accepted the initiatives that have taken place and supported the plans to meet the outstanding issues.

12. Medical Revalidation Update – Actions to Ensure Delivery of the Responsible Officer Functions within the Transition

Chris Long referred to the report which described work being undertaken by the Local Area Team during the interim period to 31 March 2013 to ensure fulfillment of revalidation requirements. He clarified that appraisers were currently employees of the PCT, rather than contracted as in other parts of the country, and reported that Vale of York CCG would become their future employer. Chris Long additionally advised that future recruitment of appraisers to supplement the current arrangements would be dependent on funding from the NHS Commissioning Board.

Members noted that an update on the revalidation process would be included in the Handover Document.

The Board:

1. Noted the medical revalidation Update Actions.
2. Adopted the updated arrangements for the Responsible Officer and Deputy Responsible Officer within the period of transition until 31 March 2013.
3. Noted that an update on the revalidation process would be included in the Handover Document.

13. Handover and Closedown

Bill Redlin referred to the report which provided a brief overview of the NHS North Yorkshire and York Handover and Closedown Programme and the appropriate transfer of staff, land, buildings, clinical and non clinical contracts, assets and liabilities via designated Transfer Schemes. The Quality Handover Document and Corporate Handover Document would be presented at the March Board meeting.

Bill Redlin provided clarification on the submissions and advised that Robyn Carter, who had experience in this area of work, was assisting him with the considerable requirements. He also confirmed that contracting timetables were, where applicable, accounted for; some would transfer to the new organisations and others were subject to Department of Health criteria. Additionally, the receiving organisations, in the main the CCGs, were being kept informed of requirements to sign off legal documents prior to sign off by the Department of Health.

The Board:

Noted the contents of the report.

14. Minutes of Board Committees

The Board:

Received the following minutes, noting in particular the summary of risks in the key messages to the Board from the Audit Committee:

- a. Audit Committee held on 5 December 2012.
- b. Hambleton, Richmondshire and Whitby Clinical Commissioning Group held on 25 October and 22 November 2012.
- c. Harrogate and Rural District Clinical Commissioning Group held on 18 October and 15 November 2012.
- d. Scarborough and Ryedale Clinical Commissioning Group held on 24 October and 28 November 2012.
- e. Vale of York Clinical Commissioning Group held on 1 November 2012.
- f. Yorkshire and The Humber Specialised Commissioning Operational Group held on 26 October 2012.

15. Next Meeting

The Board:

Noted that the final meeting of the PCT Board would be at 10am on 26 March 2013 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 22 JANUARY 2013 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Meeting Date	Item	Description	Director Responsible	Action completed/ Due to be completed (as applicable)
23 October 2012	Core Performance Dashboard	<ul style="list-style-type: none"> Report on assurance meeting with Craven locality to be circulated to members 	Bill Redlin	Report provided to be discussed at 26 March meeting
22 January 2013	Chief Executive's Report	<ul style="list-style-type: none"> CCGs' final authorisation reports, detailing levels of support, needed to be circulated to Board members 	Chris Long	Before 26 March meeting
22 January 2013	North Yorkshire and York Clinical Services Review	<ul style="list-style-type: none"> Update on contract between Harrogate and District CCG and Harrogate and District NHS Foudation Trust 	Amanda Bloor	26 March meeting
22 January 2013	Performance Dashboard	<ul style="list-style-type: none"> Graphic information of QIPP delivery 	Alan Wittrick	26 March meeting

Meeting Date	Item	Description	Director Responsible	Action completed/ Due to be completed (as applicable)
22 January 2013	Arrangements for the Safeguarding of Children and Vulnerable Adults in the Emerging Clinical Commissioning Groups	<ul style="list-style-type: none"> • Minutes of the Local Safeguarding Children Boards • Diagram describing the process and governance framework for safeguarding adults be added to the website alongside the Board report. 	Carrie Wollerton Carrie Wollerton	26 March meeting 23 January 2013