NHS
Vale of York
Clinical Commissioning Group

Item 15

Minutes of the Informal Meeting of the Performance and Finance Committee held on 23 January 2014 at West Offices, York

Present

Mr John McEvoy (JM) - Chair	Practice Manager Governing Body Representative
Mr Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Miss Lucy Botting (LB)	Chief Nurse
Dr Mark Hayes (MH)	Chief Clinical Officer
Dr Shaun O'Connell (SO)	GP Governing Body Member, Lead for Planned Care, Prescribing, and Quality and Performance
Dr Andrew Phillips (AP)	GP Governing Body Member, Lead for Urgent Care
Dr Guy Porter (GP)	Consultant Radiologist, Airedale Hospital NHS Foundation Trust – Secondary Care Doctor Governing Body Member
Mrs Tracey Preece (TP)	Chief Finance Officer

In Attendance

Mr Andrew Bucklee (AB) - part	Senior Innovation and Improvement Manager
Ms Michèle Saidman (MS)	Executive Assistant
Mrs Lynette Smith (LS) – part	Head of Integrated Governance
Mr Andrew Wilson	Interim Head of Finance

Apologies

Mrs Wendy Barker (WB)	Deputy Chief Nurse
Mrs Fiona Bell (FB)	Deputy Chief Operating Officer/Innovation Lead
Mrs Rachel Potts (RP)	Chief Operating Officer

1. Apologies

As noted above.

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

Declarations of Interest were as per the register of interests.

3. Minutes of the meeting held on 18 December 2013

Agreed the minutes of the meeting held on 18 December 2013.

The Committee

Approved the minutes of the meeting held on 18 December 2013.

4. Matters Arising

Quality and Performance Committee Minutes 18 September 2013 – Audit of A&E admissions: AP reported that he had been unable to ascertain what this item related to specifically. However he advised that an urgent care dashboard was currently being developed by the Urgent Care Working Group to provide assurance on the continuing concerns about ambulance response and turnaround times; quality information would be incorporated. AP also reported that there had been discussion of A&E performance at the GP Forum on 16 January including the 10 minute conversion rate for admission or discharge. Additionally work was ongoing in respect of ambulance handover times, patient flow and data disparity. AP noted that paedriatric admissions through A&E currently led to a higher number than the national average of zero bed days. A potential solution would be for a consultant paediatrician or senior clinician to be available in A&E; this was achievable in hours but required negotiation for out of hours. AP agreed to provide an update at the April meeting of the Committee on the Urgent Care Dashboard. This will feed into the core performance dashboard.

Commissioning Medicines Policy and Joint Formulary: SO reported that exceptions, i.e. drugs not to be used, would be available electronically and advised that the Medicines Management Team was working with practices to ensure access. The first meeting of the new Medicines Commissioning Committee had been arranged for 26 February 2014.

In response to a concern raised by AP regarding drugs prescribed by hospital consultants with the expectation of GPs initiating them, SO reported that work was taking place to update shared care protocols which were included on the joint formulary. He had also requested that adherence to shared care protocols be included in future contracts.

Appointment of Vice Chair

MH proposed and SO seconded appointment of GP as Vice Chair.

4.1 Draft Terms of Reference and 4.2 Forward Plan

LS referred to the draft Terms of Reference and Forward Plan for the Committee which had been updated as per discussion at the last meeting. A number of further amendments and clarifications were agreed, including Quality Impact Assessment CIP assurance

Members discussed lay representation and the current GP vacancy on the Committee. Discussion also included patient representation in appropriate forums within the CCG; LS agreed to work with RP to ensure patient engagement aligned with national guidance. She also agreed to look at potential for addressing the GP member and a further lay member to provide challenge.

The Committee:

1. Noted the updates on the ongoing work regarding A&E and the Joint Formulary.
2. Requested that AP provide an update on the Urgent Care Dashboard at the April meeting.
3. Appointed GP as Vice Chair.
4. Agreed further amendments to the Terms of Reference and Forward Plan.
5. Requested the LS undertake work regarding the GP vacancy on the Committee, potential further lay representation and ensuring patient engagement in the CCG aligned with national guidance.

5. Performance Dashboard

LB presented the Core Performance Dashboard advising that the report was being further developed to incorporate triangulation with quality measures. Statutory performance would be reported from a patient pathway perspective from the starting point of primary care quality through to care home and hospice and/or recovery. Triangulation with quality would enable early warning triggers to be identified facilitating a more robust and proactive approach. Phase 2 would include developing this for primary care and practices.

In regard to the information presented in the January Performance Dashboard LB highlighted the ongoing concerns with York Hospital's A&E and ambulance performance noting particularly the delays to the category 1 - 8 minute response rate. An understanding was required as to whether this was due to ambulances being in the wrong place or a lack of capacity in the system. AP reported that he and Becky Case, Senior Innovation and Improvement Manager, were also undertaking work to gain an understanding of the issues. LB noted that the Emergency Care Intensive Support Team (ECIST) would be working with A&E in March 2014.

Members discussed in detail the historical systematic performance issues and the need for innovative ideas including learning from other areas. This included community local responders and pre arrival: paramedic motorbike and car alternatives to increase capacity. This needed to be progressed through to the York Ambulance Service's contract management route.

LB reported that clostridium difficile cases were increasing and that the CCG was working with York Teaching Hospitals NHS Foundation Trust, microbiologists, other CCGs and the Area Team to look at the root cause analyses. WB was also looking to learn from the experience in other areas.

In regard to delayed transfers of care at York Hospital LB advised that numbers had increased from January 2014 and the team were looking into whether the causes were due to health or social care issues. The team will work with the Trust and the Local Council(s) to understand and resolve this issue. The commissioning team were also involved aligned to winter funding monies.

LB planned to request an audit of reasons for the delays from York Hospital. LB also noted that she was looking into the impact of potential capacity issues with nursing and residential care homes.

LB expressed concern that there had been six serious incidents at York Hospital between October and December 2014 with regard to slips, trips and falls that had resulted in limb fractures. She was looking into this and would discuss this with the trust.

The Committee

1. Noted and welcomed the ongoing work to further develop the Core Performance Dashboard.
2. Noted that LB would request an audit of reasons for delayed transfers of care at York Teaching Hospitals NHS Foundation Trust.

6. Financial and QIPP Dashboard

MA-M referred to the QIPP information reporting the requirement for a further £1.1m of schemes before the end of the financial year. The risk adjusted revised target of £5.1m included a number of mitigations.

AB reported on progress of schemes in year and into 2014/15:

- Urgent care – progress was being made with winter pressure projects; Emergency Care Practitioners had a potential for savings and was progressing well.
- Single Point of Access – a trial, working jointly with NHS Scarborough and Ryedale CCG, was due to begin in February 2014.
- Pathway change for zero length of stay for under 5s paediatric unplanned admissions in the second half of 2014/15.
- Long term conditions - Cases for change were being developed for cardiovascular disease and gastroenterology.
- Planned care – In excess of 2000 referrals had been received via the Referral Support Service. Members noted that it was not possible to quantify savings emanating from this but that the Referral Support Service was an enabler for “Stop Before Your Op” and procedures of limited clinical value.
- Neurology – Work on development of the integrated care pathway had commenced with completion expected in July; there was a six month implementation phase thereafter.
- Diabetes – The service, which was expected to be cost neutral, was planned to commence in April 2014. AB confirmed that there had been GP involvement in development of the service specification for GP practices which was being finalised. Other work relating to diabetes was progressing, including the process for glucose monitoring and workforce training and education.

In regard to the deterioration in the QIPP position from the planned £10.8m at the start of the financial year MA-M assured members that the current forecast of £5.4m full year effect would deliver the surplus required as mitigation had been incorporated. He also advised, in response to concerns expressed by JM of robust planning, that future QIPP schemes would be based on a two year, rather than an annual, timeframe. TP additionally reported that support, including an analyst, was being sourced both from the Commissioning Support Unit and the Area Team to ensure robust planning and mitigation with modelling of schemes to gain confidence of deliverability.

TP confirmed that the £1.062m forecast surplus in Appendix A was the correct figure. She advised that the year-end surplus would be non recurrent income for investment in 2015/16 and that the business rules for 2014/15 required identification of 2.5% non recurrent of which 1% was to be invested in pilot schemes for transformation. She emphasised that all funding was within the £364m allocation.

TP assured members that all possible actions were taking place to mitigate risk and finalise the end of year position to include the £2m forecast surplus.

Members welcomed the new format of the report noting that further development was taking place including a balanced scorecard.

The Committee:

Noted the finance and QIPP report and the ongoing work to secure the £2m forecast surplus.

7. Risk Registers

7.1 Finance and Contracting

TP reported that an overall review of financial risk would be undertaken and incorporated in the Risk Register for the next meeting. Further risks, including contingencies and contracts, would be incorporated.

7.2 Quality and Performance

LB referred to the discussion at item 5 and added that WB was working on Improving Access to Psychological Therapies. LB highlighted that her main concern related to Adult and Children's Safeguarding noting that gaining assurance was a priority. (Item 10 was moved up the agenda to follow on from this item).

7.3 Innovation and Improvement

Members noted the Innovation and Improvement Risk Register.

The Committee:

Noted and agreed the Finance and Contracting, Quality and Performance, and Innovation and Improvement Risk Registers.

8. Procurement of the Elective Orthopaedic Service, currently provided at Clifton Park Hospital

AB presented the report which described options for the procurement of elective orthopaedic services currently provided at Clifton Park Hospital. Option 1 was through a Prior Information Notice advertising a supplier event on a proposed service model/requirement, as agreed for the new MSK service which would be running in parallel; Option 2 was through a competitive dialogue process.

Members sought clarification about the current contract which could not be extended and noted that the new contract would be outcomes based. In response to concerns about capacity within the CCG TP reported that procurement support for AB had been arranged.

The Committee

1. Agreed that the CCG should follow the same process as agreed for the MSK process, i.e. a formal market engagement process and competitive tender.
2. Agreed that Alan Maynard or Keith Ramsay, conflicts of interest permitting, be asked to provide assurance during the procurement process.

9. Better Care Fund and Strategic Plan, including Financial Plan

TP referred to the Financial Briefing on 2014/15 – 2018/19 Planning Guidance circulated earlier in the week to the Governing Body. Implications and assumptions for NHS Vale of York CCG specifically would be presented at the Governing Body Workshop on 6 February and a new financial planning model was being developed.

TP advised that the Better Care Fund across the three local authorities totalled £19.3m noting that there would be one system but three funds for governance arrangements. She explained the historic context of reablement and carers' breaks funding and advised that the CCG was required to contribute £13.4m of the £19.3m to the pooled budget for the Better Care Fund.

The first draft submission for the City of York Better Care Fund had been published for the Health and Wellbeing Board meeting on 29 January. Detailed work was taking place on the integration plans for the £19.3m.

Discussion included highlighting the requirement for social care services with a health benefit, establishment of risk share arrangements, and the major reconfiguration across the whole system to eliminate waste and ensure care in appropriate settings. TP advised that the final plans were required in the autumn but noted there were earlier timescales and milestones to be achieved. She also reported that an analyst was being employed for six weeks to progress this work.

MH noted the Better Care Fund plans in the context of the development of a five year strategic shared vision. This would also be discussed at the Council of Representatives later in the day.

Members agreed that the Better Care Fund and Strategic Plan would be a standing agenda item.

The Committee:

1. Noted the information on the Better Care Fund and Strategic Plan.
2. Agreed that this be a standing agenda item.

10. Safeguarding

This item was discussed after item 7.2

LB referred to the Safeguarding Children Report which included the appendix from NHS East Riding CCG following their Care Quality Commission inspection of services for Looked after Children and Safeguarding (CLAS). She noted that there was the potential for a similar inspection in York advising that the Safeguarding Children Team had prepared the CCG as much as possible.

LB clarified that the CCG was the accountable body for Safeguarding Vulnerable Adults and Children; this was a key priority for the team going forward. She noted that the Children's Act was very specific with regard to children and the process was very robust. Adult safeguarding was less so, but following Winterbourne View the Care Act, currently in progress through parliament, would ensure that this was more robust and targets were statutory.

AP proposed that the Adult Care Homes Working Group take the lead on Adult Safeguarding in nursing homes with the quality (safeguarding) team. LB supported this approach noting that she would also be requesting a performance dashboard from both safeguarding teams to promote assurance and identify risk.

The Committee:

Noted the update and ongoing work in respect of Safeguarding Vulnerable Adults and Children.

11. Next Meeting

20 February 2014.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP PERFORMANCE AND FINANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 23 JANUARY 2014 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PF01	18 December 2013 23 January 2014	Quality and Performance Committee Minutes: 18 September 2013	Audit of A&E admissions Update on Urgent Care Dashboard	AP AP	 17 April 2014
PF02	18 December 2013	Business Committee: 21 November 2013	Commissioning Medicines Policy and Joint Formulary update	SO	20 February 2014
PF03	18 December 2013 23 January 2014	Meeting Arrangements	a) Terms of Reference to be amended b) GP and Lay Representation on the Committee to be increased c) Third GP to be appointed to the Committee from the Executive d) Forward plan to be amended Further amendments to be incorporated in to Terms of Reference and Forward Plan.	LS JM/RP RP/LS LS LS	23 January 2014 23 January 2014 23 January 2014

			Further work to be undertaken regarding the GP vacancy on the Committee, potential further lay representation and ensuring patient engagement in the CCG aligned with national guidance	LS	
PF04	18 December 2013	Winterbourne Review	Update to April meeting	LB/WB	17 April 2014
PF05	18 December 2013	Safeguarding Children Report	a) Governing Body to received presentation on CQC inspection b) GPs to be provided with a briefing on confidentiality and information sharing in respect of Child Protection Conferences and 'read codes' for safeguarding. c) Consideration to be given of SR's role and engagement in the CCG	SR SR LB	9 January 2014
PF06	18 December 2013	Contract Management Board Update	CMB minutes to be an agenda item	MA-M	Bi-monthly from 20 February 2014
PF07	18 December 2013	Financial Dashboard and Update	Reporting of information on management of the risks and the £2.3m required mitigation	MA-M	Bi-monthly from 20 February 2014

PF08	18 December 2013	Diabetes Service Redesign	Report to be presented to Part II Governing Body meeting	SO/AB	9 January 2014
PF09	18 December 2013	MSK Procurement Case for Change	Report to be presented to Management Team	AB	7 January 2014
PF10	23 January 2014	Procurement of the Elective Orthopaedic Service, currently provided at Clifton Park Hospital	Alan Maynard or Keith Ramsay, conflicts of interest permitting, to be asked to provide assurance during the procurement process.	AB	
PF11	23 January 2014	Better Care Fund	To be a standing agenda item	MS	Ongoing