

**Minutes of the Informal Quality and Finance Committee held on
18 September 2014 at West Offices, York**

Present

Mr John McEvoy (JM) - Chair	Practice Manager Governing Body Representative
Miss Lucy Botting (LB)	Chief Nurse
Dr Mark Hayes (MH) - part	Chief Clinical Officer
Dr Tim Maycock (TM) - part	GP Governing Body Member, Joint Lead for Primary Care
Dr Shaun O'Connell (SOC)	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
Mrs Rachel Potts (RP) - part	Chief Operating Officer
Mrs Tracey Preece (TP) – part	Chief Finance Officer

In Attendance

Miss Siân Balsom (SB) – for item 9	Manager, Healthwatch York
Mrs Michelle Carrington (MC)	Head of Quality Assurance
Mrs Natalie Elliot (NE)	Head of Finance Designate
Ms Michèle Saidman (MS)	Executive Assistant

Apologies

Mr Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Mrs Fiona Bell (FB)	Deputy Chief Operating Officer/Innovation Lead
Mr David Booker (DB)	Lay Member
Dr Guy Porter (GP)	Consultant Radiologist, Airedale Hospital NHS Foundation Trust – Secondary Care Doctor

JM advised that the agenda would be re-ordered as below in view of MH, RP, TP and TM being required to leave the meeting at 10.30am.

1. Apologies

As noted above.

2. Declarations of Interest

Declarations of interest were as per the Register of Interests. There were no declarations of members' interests in relation to the business of the meeting but JM and TM noted a potential requirement to declare an interest in the event of detailed discussion of the community contract procurement.

3. Minutes of the meeting held on 21 August 2014

The minutes of the meeting held on 21 August were agreed subject to amendment at paragraph 6 on page 12 of item 11 *Utilisation of GP IT Funding* to read ‘... JM proposed that there should be a CCG strategy...’

The Committee:

Approved the minutes of the meeting held on 21 August 2104 subject to the above amendment.

4. Matters Arising

Utilisation of GP IT Funding: TP reported that following a meeting with Angela Wood, Head of IM&T at the Commissioning Support Unit (CSU), a small group was being established to develop an IM&T Strategy. A Practice Manager was being sought to participate in this work with recognition of the need for declaration of interests.

PF10 Procurement of the Elective Orthopaedic Service: RP reported that Andrew Bucklee, Senior Innovation and Improvement Manager, was progressing assurance from Alan Maynard or Keith Ramsay in regard to procurements. She also noted that a full update on all procurements would be provided at the Part II Governing Body meeting on 2 October 2014.

QF6 Quality and Performance Dashboard – Referral Support Service (RSS): SOC reported that an update report would be presented at the Governing Body meeting on 2 October. He advised that one further surgical reviewer had been recruited and there was a potential for an ophthalmology reviewer. Further GP recruitment would progress when assurance, currently being sought, had been received that all GP referrals were being sent via the RSS. SOC noted that roll out of the RSS to further specialties was planned and that discussions were taking place with York Teaching Hospital NHS Foundation Trust regarding areas of engagement in this work. TP clarified that the ‘amber’ rating in the current QIPP report, at item 6, was due to the planned roll out to further specialties and the full year effect.

Other matters were noted as completed, agenda items or had not yet reached their scheduled date.

The Committee:

Noted the updates.

6. Finance, Activity and QIPP

TP presented the report which described financial activity and performance as at 31 August 2014, Month 5, noting that there had been no change in allocations. Confirmation had been received that the non recurrent funding for referral to treatment and GP IT allocations would be received in full in Month 6 however the

timescale for the c£2m system resilience funding was still awaited. TP highlighted the requirement to monitor and demonstrate progress with the 18 week referral to treatment backlog against the funding.

In respect of Programme Costs TP advised that a £328k deterioration had been offset by an equivalent underspend in Running Costs in line with the CCG's plan to only commit 90% of this area on a recurrent basis. She confirmed that the forecast achievement of £2.1m surplus remained.

TP reported that work was taking place to understand overtrading on acute activity at Leeds Teaching Hospitals NHS Trust, South Tees Hospitals NHS Foundation Trust and Nuffield Hospital. She noted that the referral to treatment funding was expected to assist addressing the £108k undertrade in activity at York Teaching Hospital NHS Foundation Trust, particularly in planned care where theatre staff and capacity had been an issue, and advised that contract queries relating to Quarter 1, that may further impact on this position, were currently being validated. This included the penalty relating to ambulance handover performance for which reinvestment had been provisionally agreed by the CCG subject to further consultant and clinical engagement from the Trust with the CCG. TP confirmed that an element of the penalties had been included in the mitigation of risk section.

TP referred to the overtrade in non elective activity advising that this was also a pressure nationally.

TP reported that the deterioration of c£240k in the Mental Health Out of Contract position was due to data quality issues that were currently being addressed. The full impact would not be known until completion of the transfer of the data to SystemOne and the QA database, expected by the end of the month. Janet Probert, Director of the Partnership Commissioning Unit (PCU), was providing a formal briefing for the CCGs on this. TP additionally noted that she had sought assurance that on completion of the data validation there were no further potential issues that would impact on continuing care, the highest area of risk in the QIPP schedule.

In regard to Primary Care Prescribing TP reported that the profile had been updated in accordance with the national requirement noting that despite a slight deterioration there was still an underspend which was forecast to continue. In response to SOC seeking clarification of this information TP agreed to confirm alignment of the reporting timescales and detail in terms of practice and CCG positions. *(Post meeting note: This had been done and provided to SOC).*

TP noted that the 0.5% contingency had now been incorporated in full to the forecast outturn to offset the expected shortfall in unidentified QIPP. In regard to the £4.9m identified QIPP, members sought and received clarification on a number of the schemes including the Single Point of Access, which would be evaluated at the end of the seven month extension of the initial pilot, the Hospice at Home, which was funded through system resilience but savings were under the Better Care Fund, and the 'red' 'amber' 'green' rating. RP emphasised the requirement to deliver the £4.9m reiterating the risk relating to potential impact

from PCU services, and TP advised that NE would be undertaking a full review of the QIPP position when she joined the CCG.

AP reported that Yorkshire Ambulance Service had received 47 applications to its recent advertisement for Urgent Care Practitioners (UCPs). It had been agreed to initially recruit four UCPs with a rolling plan for an increase to eight and then 12 through the system resilience and Better Care Fund monies. Members agreed that AP discuss with the Urgent Care Working Group later in the day the immediate recruitment of 12 UCPs.

In referring to the risk section TP noted the reduction from £14.5m to £12.7m of the gap between the best and worst case forecast positions and confirmed that the submission to NHS England reflected this. She advised that discussion was taking place with the Area Team regarding potential support for the specialist adjustment negotiation with Hull and East Yorkshire Hospitals NHS Trust. Whilst recognising the potential to apply contract penalties the CCG would work constructively to address performance issues as far as possible.

TP highlighted the improved performance in respect of the Code of Better Payment Practice following changes and improvements to internal processes and procedures. Payment within the target 30 days of the invoice date for both NHS and non NHS invoice payment targets was being delivered cumulatively.

The Committee:

Noted the Finance, Activity and QIPP report.

7. NHS Vale of York CCG Assurance, Review of “Red” Risks

RP referred to the report which highlighted the most significant risks to the delivery of programmes of work and which may impact on delivery of the CCG's objectives. She noted the reduction to 19 and advised that Pennie Furneaux, Policy and Assurance Manager, was working with the teams to eliminate duplication and ensure consistency of risk rating.

The Committee:

Noted the risks identified in the report and the ongoing work to ensure consistency.

8. Better Care Fund

MH reported that submission of the revised Better Care Fund (BCF) plans was required by noon on 19 September. He advised that the East Riding of Yorkshire Council and North Yorkshire County Council plans had been agreed; discussions were taking place to finalise the City of York plan within the timescale.

MH described discussions between the four North Yorkshire CCGs to resolve issues relating to the Continuing Healthcare Risk Share Agreement which had been formally signed for 2013/14 with verbal agreement for continuation in

2014/15. NHS Harrogate and Rural District CCG wished to withdraw from the agreement which would result in £400k pressure for each of the other three CCGs; this was being discussed at the forthcoming Governing Body meetings. MH highlighted this issue in the context of the CCG's decision not to fund IVF in the current financial year.

The Committee:

Noted that the Better Care Fund update.

MH, RP, TP and TM left the meeting.

5. Integrated Quality and Performance Exception Report

LB introduced the new style report providing information on unplanned care, planned care and mental health. She advised that AP and SOC would provide supporting information in their respective roles as Unplanned and Planned Care Leads in terms of implementation of the System Resilience Groups.

AP reported that milestones, trajectories and timescales of schemes to address the performance targets assessed as 'red' would be finalised at the Unplanned Care Working Group later in the day for submission to the Area Team. Subject to their agreement by 23 September the Area Team would release the c£1.9m funding.

In respect of Yorkshire Ambulance Service (YAS) AP noted that the operational recovery plan related to performance issues wider than the NHS Vale of York CCG footprint. Category A Red 1 and Red 2 for NHS Vale of York CCG was forecast to achieve 77% by December 2014. Although NHS East Riding CCG was the lead commissioner, NHS Vale of York CCG had considerably increased engagement, including regular attendance at the YAS Contract Management Board. LB noted that the YAS recovery plans were being closely monitored.

AP referred to the 95% A and E four hour wait performance target and noted that York Teaching Hospital NHS Foundation Trust was forecasting failure for the end of Quarter 2 despite having improved performance in the past two weeks. He referred to the discussion relating to a GP presence in A and E as part of the Emergency Duty Team advising that consideration was being given as to the process for progressing this proposal. AP also noted that ambulance handover times had improved since the opening of the new ambulance assessment area at York Hospital in June 2014.

SOC reported that the Planned Care Working Group had met the previous day, 17 September, but he had been unable to attend due to a clash with the Medicines Management Committee; CA had attended the meeting. SOC clarified the impact of the interim integration of the Scarborough and York breast cancer services on the York Hospital site from 1 August due to consultant capacity and patient attendance issues in Scarborough. He also described activity from GPs emanating from the national requirement to deliver a two week timescale for breast services which could result in inappropriate secondary care activity and

noted that consideration was being given to non-cancer referrals to the breast clinic being made via the Referral Support Service. Further discussion included consideration of skin cancer and dermatology referrals which SOC noted may also be referred through the Referral Support Service if further consultant engagement was secured as anticipated.

SOC referred to recruitment issues at York Teaching Hospital NHS Foundation Trust in a number of areas that were impacting on diagnostics. He also noted that their agreed activity plan to recover the admitted referral to treatment performance by December 2014 (Quarter 3) would be monitored by the Planned Care Working Group. In this regard LB reported that recent weekly specialty data from 1 September indicated an improved performance against the 90% target.

In respect of the 10 breaches reported against 52 week wait performance, six had been due to data coding error and four due to transfers from other hospitals, one of which related to patient choice. In regard to the latter members expressed the view that patient choice should not impact on reported metrics.

LB highlighted that NHS delayed transfers of care in York were lower than the England average. She noted that the CCG was working with City of York Council in regard to step down facilities and that a review of social care capacity and capability was taking place. There were also domiciliary recruitment issues. AP additionally noted consideration of purchasing capacity via the system resilience funding and the need for a coherent approach to bed provision in the community. LB agreed to provide an update on progress with delayed transfers of care and associated issues to the next meeting of the Committee.

In regard to Health Care Acquired Infections LB reported that the root cause analysis of the two MRSA bacteraemia cases in the community had concluded that one was avoidable; this related to a recurrent infection and two to three courses of antibiotics before the discovery that the patient had MRSA. Clostridium difficile cases at the end of Quarter 1 were below plan at 17 against a target of 90 for NHS Vale of York CCG and 12 against a target of 59 for York Teaching Hospital NHS Foundation Trust as a provider organisation. LB noted that, although there were no national targets, work was taking place to mitigate the higher than expected levels of MSSA bacteraemia and E.Coli bacteraemia at York Teaching Hospital NHS Foundation Trust.

In respect of Improving Access to Psychological Therapies (IAPT) LB reported that the CCG's Senior Management Team had earlier in the week approved a business case for additional funding. This would, through services provided by the voluntary and third sectors, supplement the 8% agreed with Leeds and York Teaching Partnership NHS Foundation Trust and aid progress of achievement of the 15% national target by Quarter 4. £250k would be provided non recurrently in both the current financial year and the first half of 2015/16 until the new service and target levels were expected to be established.

LB additionally reported that:

- Monitor was currently undertaking a formal investigation, expected to last six to eight weeks, at York Teaching Hospital NHS Foundation Trust into quality, performance and improvement trajectories. LB and MH were meeting with Monitor on 2 October as part of their engagement with partner organisations.
- The Care Quality Commission would be inspecting Leeds and York NHS Partnership Foundation Trust week commencing 29 September. The 97 inspectors would be split into a York team and a Leeds team. A focus group including the CCG was provisionally arranged for 1 October.
- The business case for the interim solution for provision of mental health services at Bootham Park Hospital had been submitted to NHS England for agreement on 22 September. If approved it would be returned to NHS Property Services Limited for approval on 2 October. As the tender had been let building work should commence immediately with a 20 week timescale for completion. The long term options would be progressed via the Mental Health Strategy Board.
- MC had attended a presentation of a report into a serious incident at Bootham Park Hospital in March 2014. This case was still under investigation
- LB had attended a lessons learnt (serious case follow up) in respect of a serious incident at York Teaching Hospital NHS Foundation Trust. This concerned the death of a patient with mental health needs and a lessons learnt review (acute and mental health provision) would follow.

The Committee:

1. Noted the report.
2. Noted that LB would provide an update on delayed transfers of care and associated issues to the next meeting.

9. Healthwatch Reports

SB attended for this item

9.1 Discrimination Against Disabled People in York and 9.2 Access to Services for Deaf People

SB referred to the reports which emanated from service users' experiences of health services highlighting attitudes perceived by disabled people and issues of access to services. In regard to employment of an interpreter for deaf patients JM described British Medical Association (BMA) and Royal College of General Practitioners (RCGP) guidance which provided a pathway of measures to be implemented prior to consideration of employing an interpreter. In discussing interpreters and associated costs members noted that a distinction was required between the needs of deaf patients and patients whose first language was not English.

SB detailed a number of specific issues identified by disabled service users and their carers. She cited examples of providing an alternative for children waiting in A and E, such as the Children's Centre, and a system to address children with autism being required to wait in GP surgeries. Members recognised the need for creative solutions.

SB advised that the *Discrimination Against Disabled People in York and Access to Services for Deaf People* reports had been widely circulated, including to the Local Medical Committee and City of York Council. The Health and Wellbeing Board would be asked to present recommendations to Partnership Boards. SOC expressed the view that the CCG as a commissioner should take a lead role with the local authorities to ensure issues with providers were resolved and that parity and esteem requirements were met. LB additionally noted the role in this regard of Daniel Blagdon, newly appointed Patient Experience Lead.

The Committee:

Welcomed the reports and noted that recommendations would be progressed via the Health and Wellbeing Partnership Boards.

10. The Francis Report: One Year On

MC presented the report on the progress of the CCG's main providers in terms of the recommendations of the Francis Report and other relevant quality reports. Assurance in place one year on, gaps and concerns were described under the five themes identified by Robert Francis QC: Fundamental Standards; Openness, Transparency and Candour; Nursing Standards; Patient-Centred Leadership; and Information. MC highlighted the complexity of measuring qualitative information and the need for culture change. She assured members that as far as possible the Francis recommendations were implemented through contracts and Commissioning for Quality and Innovation.

LB noted that a review of implementation of the 290 recommendations of the Francis Report and other quality reports was required in terms of national and local targets against contractual measures. A quality assurance framework would be developed by the team which would provide a high level checklist for the commissioning and decommissioning of any future contracts, including the tender process.

AP described a recent issue relating to patient transport which was being reported as a serious incident by a member of the City of York Council Social Care team. LB assured members that this would be followed up.

The Committee:

Noted the update on the Francis Report recommendations.

11. Safeguarding Children Update

LB referred to the report which described key findings and progress on the recommendations of the recently published independent enquiry into Child Sexual Exploitation in Rotherham and provided briefings from the North Yorkshire and City of York Safeguarding Children Boards. She advised that the Safeguarding team would be co-ordinating training sessions for GPs and primary care and confirmed that actions were being progressed within the limitations of data sharing governance which remained an issue. Whilst recognising progress in awareness raising JM emphasised concerns regarding lack of joint working across agencies particularly in respect of raising alerts. LB advised that interviews were taking place later in the month for Deputy Designated Safeguarding Nurses for Adults and Children who would have a more active role in this work.

From a quality perspective LB reported on the ongoing progressing work with care homes to develop an on-line quality assurance self assessment tool. This formed part of pilot work with NHS England Directors of Nursing and already had received national recognition. This on line tool would provide information on quality, safety and patient experience and if successful would be rolled out across the region.

The Committee:

1. Noted the findings of the Rotherham Inquiry and the current progress against the Child Sexual Exploitation agenda across North Yorkshire and York.
2. Noted that future Child Sexual Exploitation would be rolled out to GP practices across the CCG footprint in the autumn of 2014.
3. Agreed to support any future commissioning of services to help those children and young people affected by Child Sexual Exploitation and other forms of sexual abuse.

12. Next meeting

9am on 23 October 2014.

**NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND FINANCE COMMITTEE
(PREVIOUSLY FINANCE AND PERFORMANCE COMMITTEE)**

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 18 SEPTEMBER 2014 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
QF13	21 August 2014	York Local Safeguarding Children Board Update	<ul style="list-style-type: none"> • Regular updates from the Local Safeguarding Children Board to be provided. • Quarterly Safeguarding Report to be provided 	LB LB	
QF14	18 September 2014	Integrated Quality and Performance Exception Report	<ul style="list-style-type: none"> • Delayed Transfers of Care Update 	LB	23 October 2014