

**Minutes of the Quality and Finance Committee held on
23 October 2014 at West Offices, York**

Present

Mr John McEvoy (JM) - Chair	Practice Manager Governing Body Representative
Mr Michael Ash-McMahon (MA-M)	Interim Chief Finance Officer
Mr David Booker (DB)	Lay Member
Miss Lucy Botting (LB)	Chief Nurse
Dr Mark Hayes (MH)	Chief Clinical Officer
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
Mrs Kathryn Shaw-Wright (KS-W)	Interim Deputy Chief Finance Officer

In Attendance

Mrs Fiona Bell (FB)	Deputy Chief Operating Officer/Innovation Lead
Mrs Michelle Carrington (MC)	Head of Quality Assurance
Mr Owen Southgate (OS)	Assurance and Delivery Manager, NHS England Area Team
Ms Michèle Saidman (MS)	Executive Assistant

Apologies

Dr Tim Maycock (TM)	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
Mrs Rachel Potts (RP)	Chief Operating Officer

1. Apologies

As noted above.

2. Declarations of Interest

There were no declarations of members' interests in relation to the business of the meeting.

3. Minutes of the meeting held on 18 September 2014

The minutes of the meeting held on 18 September were agreed.

The Committee:

Approved the minutes of the meeting held on 18 September 2104.

4. Matters Arising

Utilisation of GP IT Funding: MA-M confirmed that work was progressing on development of the IM&T Strategy. A draft would be presented for discussion at the next Practice Managers meeting.

Finance, Activity and QIPP: AP reported that the Urgent Care Working Group had agreed the immediate appointment of 12 Urgent Care Practitioners (UCPs) with a November 2014 implementation date. He noted that an audit during the six months since appointment of the original four UCPs had shown that they had attended c800 calls of which 450 had been non conveyance. This had achieved a total saving of c£355k during the period with a net saving after investment of c£215k. AP confirmed that one UCP was attached to a Pickering GP practice and the remainder worked across the patch; they attended 999 calls. Training for the UCPs was provided by the Yorkshire Ambulance Service (YAS) and included a minor injuries module.

Integrated Quality and Performance Exception Report: AP noted that the c£1.9m funding to address performance areas assessed as 'red' would be released in the CCG's month 7 allocation.

Safeguarding Children Update: In response to DB seeking clarification regarding the lessons learnt from Rotherham, LB advised that she had attended a workshop and confirmed that plans were in place to progress this.

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

The Committee:

Noted the updates.

5. Integrated Quality and Performance Exception Report

LB introduced the report which included information relating to unplanned and planned care and mental health; appendices were provided in respect of System Resilience Group Monies Trackers and a York Teaching Hospital NHS Foundation Trust report on additional referral to treatment activity plans for October and November 2014.

In regard to unplanned care LB noted that a serious investigation was taking place in relation to poor advice given by the NHS 111 service to the mother of a five day old baby. Recommendations included NHS pathways (algorithms) being amended so that children under four months would be seen in A and E.

LB referred to the YAS performance and highlighted that as a result of system resilience work Red 1 performance was improving slowly. She provided updated information reporting 75.4% Red 1 and 2 combined performance for NHS Vale of York CCG area against the 75% target. AP noted the work of the Urgent Care Practitioners in this regard.

AP reported that A and E four hour wait performance was variable. Projects being implemented were expected to improve the position reported at 92.5% against the 95% target. LB noted that a 12 hour trolley wait in York in July 2014 had been due to there being no mental health bed available. Work was taking place to address this, including the potential for an area in Bootham Park Hospital to be utilised.

LB noted that on 6 October 2014 there had been 831 patients on the referral to treatment (RTT) waiting list. York Teaching Hospital NHS Foundation Trust planned through the RTT work to clear this by the end of November 2014. There was a particular issue with ophthalmology which was being addressed through a proposal for consultants to undertake five lists on a Saturdays and Sundays at both the York and Scarborough sites. LB advised that York Teaching Hospital NHS Foundation Trust was undertaking IMAS (Interim Management and Support) modeling to understand demand and capacity both for the current year and the longer term.

There had been 88 breaches for MRI scans. This position was being addressed through sub contracting with Nuffield Hospital. Discussion ensued both on the criteria for this performance measurement, which members felt should relate to receipt by the referrer of the scan report not the patient's wait for the scan, and continuing concerns about capacity to meet the increase in diagnostic numbers. LB and MA-M agreed to discuss this at the York Contract Management Board on 28 October 2014.

LB advised that work was progressing on cancer non urgent breast symptom referrals being processed through the Referral Support Service. Dr Joan Meakins was undertaking work on increased activity.

LB noted that the slight increase in clostridium difficile had been discussed with the Medical Director at York Teaching Hospital NHS Foundation Trust and measures were in place to address this. There had been six cases in August, four cases in Scarborough and two cases in York, with no correlation between the cases. Root cause analysis and lessons learnt were being undertaken.

LB referred to the continuing concerns about falls with fractures, mainly in the geriatric and elderly wards. She noted that these had also been discussed with the Medical Director and that plans were being implemented. However there was also delay related to the development of a falls strategy which would ensure next steps to include implementation, training and development. MH additionally noted that these concerns had been included in the recent discussions with Monitor.

LB reported that the CCG's Senior Management Team had considered a business case for step up/step down beds to address delayed transfers of care due to the shortage of beds in the community. The potential for opening seven additional funded nursing beds was being considered through partnership working with City of York Council. FB explained that these beds at Fulford Nursing Home would be ringenced for health with strict occupancy criteria and rehabilitation and reablement support packages. A task and finish group was working to establish whether this was affordable. FB also noted the plan through

the Better Care Fund to decommission 12 social care beds from April 2015 and reopen them elsewhere. Members additionally noted the impact of the York Teaching Hospital NHS Foundation Trust policy on patient choice in regard to delayed transfers of care.

In relation to mental health LB reported that Worsley Court, currently closed for refurbishment and staff training following a serious incident, was scheduled to reopen in December 2014; a serious investigation was currently taking place. The patients had been moved to Peppermill Court, Bootham Park Hospital and Meadowfields.

LB referred to the information relating to care homes and domiciliary care noting that there were 15 care homes where there were minor to moderate adult safeguarding concerns. Members sought and received clarification of the CCG accountability and contractual arrangements with care homes. LB advised that a quality assessment framework in care homes was currently being rolled out to 11 pilot sites with the aim of extending this further. She also noted that a more proactive approach to quality and standards would be implemented when the Deputy Designated Safeguarding Nurse took up post in January 2015. MC and KS-W added that work was being undertaken in a number of areas to further progress standards in care homes.

The Committee:

1. Noted the Integrated Quality and Performance Exception Report as at October 2014.
2. Requested that LB and MA-M discuss reporting timescales for MRI scans at the York Contract Management Board on 28 October 2014.

6. Finance, Activity and QIPP

MA-M presented the report which described financial activity and performance as at 30 September 2014, month 6, noting the introduction of diagrammatic illustration of trend of spend. Overall the year to date position was marginally ahead of the £1.1m planned surplus. As previously reported running costs were being used to offset the overspend on programme costs; the forecast delivery of £2.1m surplus was being maintained.

MA-M described movement in allocations. Confirmation had been received of the £823k referral to treatment funding - £800k for York Teaching Hospital NHS Foundation Trust and £23k for Hull and East Yorkshire Hospitals NHS Trust. There was a £235k cost pressure due to a reduction in allocation for the charges for exempt and overseas visitors; the CCG had in 2013/14 spent £75k of its £310k base line allocation for this. Specialist services adjustments had been agreed with Hull and East Yorkshire Hospitals NHS Trust, actioned in month 6, and with York Teaching Hospital NHS Foundation Trust, to be actioned in month 7 with a further adjustment in 2015/16. MA-M noted there would be no further specialist services adjustment beyond these.

MA-M additionally advised that formal confirmation was awaited from the Area Team that the CCG would receive a further £4.8m allocation increase for the current year of which £4m would be recurrent. This was in recognition of historic baseline issues, in particular with regards to the risk share agreement with the North Yorkshire CCGs and mitigating the impact associated with the cessation of the continuing care element and in recognition of the CCG's development of a clear and credible plan against historic financial pressures.

Members discussed the impact of a potential change to the decision to commission IVF which was not accounted for in the reported position. MA-M noted that this should not be seen wholly as a "benefit" to the CCG, but mitigated the known risks as previously reported to the Committee. MH additionally noted discussion with the North Yorkshire CCGs regarding commonality of services and risk share.

In respect of expenditure MA-M noted that the position was as previously reported with the exception of the YAS year to date 10.7% over trade in activity. The current position was £370k over the forecast outturn. MA-M advised that the Yorkshire and Humber Chief Finance Officers had the previous day discussed the YAS position in terms of implementing penalties and associated priorities for reinvestment.

MA-M noted that the under spend at York, primarily on planned care, was offset by the over trade in orthopaedics at Ramsay and Nuffield Hospitals. The Contracting Team was undertaking work to examine whether there is a need to re-profile the planned activity.

In presenting the QIPP information FB reported that the CCG had received 'Significant Assurance' following an audit on patient engagement and involvement of the public and stakeholders. She noted that communications were being arranged to publicise this outcome.

FB advised that the Better Care Fund continued to be the key focus of work and noted that early feedback on the refreshed iteration of the plan had been positive. The CCG would have 14 days to respond to formal feedback which was expected by the end of the month. In regard to areas of work FB referred to the UCP scheme, as discussed earlier, and reported that street triage was having a significant impact with three calls a day being received from the police for mental health support. She detailed meetings with the integration pilots and highlighted progress of the Priory Medical Group confirming that by January 2015 this would be extended to include Haxby Group Practice, Unity Health and MyHealth covering 100,000 practice population. Further schemes would be informed by lessons learnt from the early pilots.

FB reported that the CCG was receiving New Models of Care support, previously NHS Accelerate. An Account Director was working with the CCG two days per week. Additionally, an Organisational Development Consultant had met with key partners on 22 October to discuss proposals to unblock the system.

The Partnership Commissioning Unit was delivering on two QIPP schemes but the out of area placements scheme was 'red' due to running costs. Work was ongoing to address this for 2015/16.

FB reported that all procurements were on schedule and noted that the Governing Body had agreed to a competitive process for community services. Work was ongoing to agree the formal procurement at its December meeting. The elective orthopaedic procurement would close at the end of the week and there had been considerable interest in the MSK procurement which would commence in six to eight weeks.

In regard to the out of hours procurement FB reported that lessons had been learnt from previous experience. The identity of the preferred bidder, to be recommended to the Governing Body on 6 November, was known by only one person in the CCG. The service had a 1 April 2015 start date; formal sign off process required agreement.

Service specifications for the mental health procurement were being signed off. Engagement and bidder events were being arranged and mobilisation would be in four months.

In response to DB seeking clarification about contingency measures due to unforeseen pressures, i.e. winter, MA-M referred to the c£2m system resilience monies to mitigate this and the list of contingencies identified in the report if required. Bids were also being developed for mental health funding and there was the expectation of a second tranche of system resilience funding. OS advised that the latter was likely to go to acute trusts; clarification was awaited as to the associated expectations.

In regard to risks and mitigation MA-M advised that most areas were as previously reported. He noted that prescribing was a national issue and highlighted a potential £350k pressure from a price change to Category M drugs.

Members commended the Financial Accounting Team on implementing systems and processes which had emanated in achievement of the Code of Better Practice Payment target of 95%: 99.97% and 99.59% respectively for the value and volume of invoices paid within 30 days of the invoice date. FB additionally noted that Internal Audit were undertaking a re-audit of QIPP finance and contracting systems in November.

The Committee:

1. Noted the Finance, Activity and QIPP report.
2. Commended the Financial Accounting Team on achievement of the Code of Better Payment Practice.

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

MA-M noted that the Better Care Fund was the only financial risk.

LB highlighted that the risk relating to YAS had changed from ‘red’ to ‘amber’ in view of the improved trajectory; Leeds and York Partnership NHS Foundation Trust, delayed transfers of care, and business intelligence (BI) were ‘red’. In regard to the latter LB reported that the service level agreement had been finalised, RADAR (Results, Approach, Deployment Assessment and Review) would be implemented November to February, and discussions were ongoing with BI colleagues.

The Committee:

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

8. Better Care Fund

This was discussed within item 6 above and would no longer be a separate agenda item.

9. Clinical Effectiveness: Research Related Activities in the Context of the CCG’s Statutory Duty

LB presented the report which described the relevance of research in the context of the CCG’s statutory duties and provided an update on the current and planned actions to fulfil these duties focusing on five core aspects of research: policy, regulation and legislation; research governance; research knowledge; excess treatment costs; and research promotion and networks. LB noted the need for research proposals across the health economy to be brought together and approved prior to commencement.

Whilst acknowledging the statutory requirements of the Health and Social Care Act, members detailed concerns about the CCG’s role in research both in terms of capacity and definition highlighting the difference between innovation and research. Whilst it may be helpful to have a forum that provided a synopsis of published research, members did not feel that approval of projects by the CCG was appropriate and emphasised that commissioning intentions could not be aligned with research.

The Committee:

1. Acknowledged that the report provided full information of the current legal, regulatory and policy positions in relation to research.
2. Acknowledged that a scoping exercise was taking place, to be completed by the end of November 2014, on the final model for the Clinical Effectiveness Group to enable it to consider how it discharged its responsibilities in relation to research and associated areas such as

- effectiveness and innovation, including the finalisation of the group's terms of reference.
3. Acknowledged current work on developing NHS Vale of York CCG's Research Strategy and related policy documents by the end of December 2014.
 4. Noted future work by the end of February 2015 on considering a committed Research and Development Budget that would fund relevant commissioning decision research activities, research projects, and would include excess treatment costs.
 5. Noted current work on developing CCG criteria and procedure for considering and funding excess treatment costs and any research-related project or activity locally and consistent with its commissioning strategy and research policy by the end of January 2015.
 6. Noted the future work of establishing arrangements with Yorkshire and Humber Commissioning Support to support engagement in research studies, including attracting commercial partners into area and planning research activities with the organisations it commissions by the end of February 2015.
 7. Noted future work on scoping how the CCG should best use its membership of the Yorkshire and Humber Academic Health Science Network by December 2014.
 8. Noted current work on considering building the knowledge base capacity for working with the Hull York Medical School, universities in York and other appropriate organisations for their specific commissioning needs by the end of December 2014.

10. Commissioning for Quality and Innovation Quarter 1 Update

MC presented the report which provided information on the position at the end of quarter 1 of the CCG's main providers against the Commissioning for Quality and Innovation (CQUIN) schemes. She noted that all milestones had been achieved or partially achieved with the exception of York Teaching Hospital NHS Foundation Trust in regard to one aspect – emergency admissions – for the dementia indicator which had been met in York but not in Scarborough therefore the overall performance was 88.6% against the 90% target.

In regard to planning CQUINs for 2015/16 MC noted that, although national guidance was currently awaited, discussions were taking place across the North Yorkshire CCGs with a view to aligning schemes with the planned and unplanned care resilience work. A workshop would take place in November with York Teaching Hospital NHS Foundation Trust to sign off the schemes.

Members discussed the 2.5% quality payment for CQUIN noting that this was intended to be pump priming. MH advised that discussions included the integration agenda and the potential to incentivise York Teaching Hospital NHS Foundation Trust working with primary care. He referred to the NHS Five Year Forward View recently published by NHS England and the requirement for dialogue.

The Committee:

Noted the report.

11. Partnership Commissioning Unit Report on Mental Health Out of Contract Activity

MA-M referred to the report presented in response to concerns raised by the CCG with the Partnership Commissioning Unit. It provided an assessment of the current situation and performance in respect of mental health out of contract activity and the actions being taken to mitigate and manage the impact. Systems and processes had been implemented but fluctuations in activity continued to be an issue. MA-M additionally noted the impact of unexpected backlog invoices and an annual ongoing £680k pressure.

Members expressed confidence in the Director of the Partnership Commissioning Unit but were concerned at the continuing vulnerability in this area of activity. In response to FB expressing further concern at the lack of information in terms of numbers and trends relating to the CCG's position, MA-M advised that he would circulate an additional document providing more detail.

It was agreed that this become a standing agenda item to provide assurance of progress and further evidence of performance in this area being provided by the Partnership Commissioning Unit. MA-M agreed to pick this up with Director of the Partnership Commissioning Unit.

The Committee:

1. Noted the report.
2. MA-M to circulate additional information.
3. Requested that mental health out of contract activity be added as a standing agenda item.

12. Minutes from Other Meetings

The Committee:

1. Received the minutes of the York Contract Management Board held on 22 July and 26 August 2014.
2. Received the minutes of the Leeds and York Partnership NHS Foundation Trust Contract Management Board held on 16 July, 20 August and 17 September 2014.
3. Received the minutes of the Yorkshire Ambulance Service Contract Management Board held on 27 August 2014.
4. Programme Delivery Steering Group held on 9 September 2014.

13. Next meeting

9am on 20 November 2014.

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

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 23 OCTOBER 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	
QF15	23 October 2014	Integrated Quality and Performance Exception Report	<ul style="list-style-type: none"> Reporting timescales for MRI scans to be discussed at the York Contract Management Board 	LB/MA-M	28 October 2014
QF16	23 October 2014	Partnership Commissioning Unit Report on Mental Health Out of Contract Activity	<ul style="list-style-type: none"> Additional information to be circulated Report to become a standing agenda item 	MA-M MA-M/MS	Completed