

**Minutes of the Meeting of the Informal Performance and Finance
Committee held on 20 March 2014 at West Offices, York**

Present

Mr John McEvoy (JM) - Chair	Practice Manager Governing Body Representative
Mr Michael Ash-McMahon (MA-M) - part	Deputy Chief Finance Officer
Miss Lucy Botting (LB)	Chief Nurse
Dr Mark Hayes (MH)	Chief Clinical Officer
Dr Tim Maycock (TM) - part	GP Governing Body Member, Joint Lead for Primary Care
Mrs Rachel Potts (RP)	Chief Operating Officer
Mrs Tracey Preece (TP) - part	Chief Finance Officer

In Attendance

Mrs Wendy Barker (WB)	Deputy Chief Nurse
Mrs Fiona Bell (FB)	Deputy Chief Operating Officer/Innovation Lead
Ms Michèle Saidman (MS)	Executive Assistant
Mrs Lynette Smith (LS) – for item 4	Head of Integrated Governance
Mrs Liza Smithson (LSm)	Head of Contracting

Apologies

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

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 20 February 2014

Agreed the minutes of the meeting held on 20 February 2014.

The Committee

Approved the minutes of the meeting held on 20 February 2014.

4. Matters Arising

Diabetes Service Redesign and MSK Procurement Case for Change: FB reported that work was ongoing in regard to these developments. She proposed providing an update on all procurements at the next meeting.

4.1 *Draft Terms of Reference and 4.2 Forward Plan*

The terms of reference and forward plan were agreed subject to one further amendment in each. LS additionally requested feedback on the 2014/15 forward plan which would be presented for ratification at the next meeting.

A number of matters were noted as completed or ongoing via agenda items.

The Committee:

1. Agreed that an update on all procurements be an agenda item at the next meeting.
2. Approved the terms of reference and forward plan subject to one further amendment in each.
3. Noted that the 2014/15 forward plan would be presented for ratification at the next meeting.

5. Core Performance Dashboard

LB described the progress on development of the master quality and performance dashboard as well as noting that the CCG had agreed to commission Covalent software for risk and project management reporting, which would feed into this master dashboard. She reported that Donna Kelly (DK), the Interim Head of Performance, was leading Business Intelligence (BI) discussions with the Community Support Unit (CSU). However there was a risk that the CSU, given their back office systems, may be unable to take the dashboard to the next stage without sufficient BI capable systems such as a data warehouse or DMIC (Data Management Information Centre) system. TM reported that primary care were exploring RADAR, a system for the Directly Enhanced Service Risk Management Stratification work. This needed to link in to the dashboard discussions and LB would make DK aware of this.

LB reported that Leeds and York NHS Partnership Trust was continuing to work on addressing areas of non compliance in the Care Quality Commission report relating to Bootham Park Hospital and Lime Trees in York. She noted that progress was being made but many of the issues could not be resolved as they related to the estate. An interim solution was being sought for both sites pending identification of a permanent solution. A report from Leeds and York NHS Partnership Trust was expected from their executive to the CCG within the next few weeks.

LB referred to the recent Child Health publication by Public Health England which reported a high incidence of children with problems related to self harm and obesity in York. Work would be undertaken to understand the data, gaps in provision and any resolution through partnership working arrangements. LB noted that York Teaching Hospitals NHS Foundation Trust was reported as an outlier for the Summary Hospital-level Mortality Indicator (SHMI) for chronic heart failure. There was similar concern relating to strokes though this was in the main at the Scarborough site. WB reported that changes were being

implemented at the acute assessment unit at York Hospital that were expected to improve monitoring of patients. The impact would be monitored.

LB additionally noted the intention to identify if there were similar trends within primary care and within particular practices. This would include partnership working with Public Health England and York Teaching Hospitals NHS Foundation Trust. LB also reported that York Teaching Hospitals NHS Foundation Trust were an outlier in relation to post operative and returners to hospital (failed discharge) complications (48 hours to 72 hours post elective surgery).

LB tabled information on Yorkshire Ambulance Service (YAS) calls that included detail on achievement of quality outcomes. NHS Vale of York CCG was one of the highest areas for positive outcomes in relation to Stroke, STEMI and cardiac arrest - survival to discharge. LB also tabled information on economy wide modelling that YAS had undertaken by CCG postcode, disease specifics, and reported that she and MH had had a positive meeting with members of the YAS executive team. She noted that the data presented would enable work to take place to understand the reasons for category 1 delays and decrease demand appropriately through innovative alternative provision. This would be progressed via the Urgent Care Working Group of which YAS was a member. LB additionally reported that a Commissioning for Quality and Innovation scheme was being implemented by the 22 Yorkshire and Humber CCGs to increase YAS targets to 75%.

WB referred to the information in the dashboard on under performance against key indicators. In respect of diagnostic waiting times detail had been requested on increased urology referrals in York and there was a plan to increase outpatient cystoscopy capacity.

WB referred to the reported under performance of the cancer related targets:

- Two week waits had been affected by capacity issues at the York site for fast track gynaecology referrals. Two additional clinics were being put on to provide assurance of meeting the target at the end of quarter four.
- 31 day surgery had been affected by norovirus; assurance had been given that this would be back on target.
- 31 day radiotherapy was due to insufficient imaging capacity in the system, sickness and recruitment issues which was a national problem.
- Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer (including 31 days for rare cancers) was improving and indications were that the quarter four target would be met.

In regard to Improving Access to Psychological Therapies (IAPT) WB referred to the ongoing data issues noting that performance data validation was expected to be resolved by the end of March 2014 and that an update on the

IAPT improvement programme and action plan, which would be brought to the Committee, was due at the end of April 2014. WB additionally noted that in 2014/15 the IAPT target would be attached to the Quality Premium.

FB requested clarification on interventions associated with IAPT as the CCG had 12 voluntary sector contracts relating to mental health services. WB and FB agreed to provide a detailed report to the April meeting of the Committee.

LSm highlighted that the January information reported that the A&E four hour target had been met and there had been no cases of either MRSA or clostridium difficile. WB responded that there had been lower attendance rates at A&E and also expressed concern at a number of one to two hour ambulance waits.

The Committee

1. Noted the Core Performance Dashboard.
2. Requested a report detailing services offered through Improving Access to Psychological Therapy and associated voluntary sector contracts.

Item 6 was moved up the agenda and considered before item 5.

6. Financial Dashboard

MA-M presented the report which described the financial position and performance as at Month 11, 28 February, and achievement of the key financial duties. He noted an increase of £30k in the allocation at Month 10, £10k relating to rollout of Personal Health Budgets and £20k for additional planning support, confirming that this expenditure was committed.

In respect of the forecast outturn of a £2.1m surplus at the year end MA-M noted that the overall risk had reduced significantly from £6.8m to £5.1m. He referred to the year to date underspend of £1.5m on programme costs, against the original planned 1% surplus of £3.3m, and a non recurrent benefit due to agreement of a year end contract position for acute services with Hull and East Yorkshire NHS Trust. This had been offset by a £218k deterioration in the York Teaching Hospitals NHS Foundation Trust contract due to further slippage on QIPP schemes; discussions were taking place to agree a year end position, including in respect of first to follow-up ratios.

MA-M advised that discussions were ongoing with City of York Council about the public health recharge which contributed to the further increase in the forecast prescribing outturn of £258k. MH noted that the CCG planned to increase the Medicines Management resource, including consideration of employing a pharmacist, to enable enhanced working with GP practices to understand variation in prescribing. Prescribing issues, both at a local and national level, were discussed in detail.

MA-M referred to the Continuing Healthcare, Funded Nursing Care and Mental Health Out of Contract costs with the Partnership Commissioning Unit. A further £300k had been included as a contingency following modeling of growth and in year activity. Members recognised progress made since Janet Probert (JP) had taken up post as Director of the Partnership Commissioning Unit. TP additionally reported that QIPP proposals were awaited from JP which she would share with FB and LB on receipt.

The Committee

Noted the finance report.

7. Risk Registers

RP referred to the report which provided an update on the most significant risks to the delivery of the CCG's aims and programme of work via the Risk Registers for Finance and Contracting, Innovation and Improvement, Quality and Performance, and Governance. Thirteen significant risks and associated mitigating actions were detailed. RP noted that the Covalent software, referred to at item 5 above, would enhance risk reporting.

In regard to the two Quality and Performance risks relating to patient safety around slips, trips and falls and to delayed transfers of care, LB noted that work was ongoing with partner organisations. Detailed discussion ensued for potential designation of a ward at York Hospital as a social care ward to assist the issue of delayed transfers of care for patients who were medically fit for discharge. FB additionally noted that consideration was being given to the next two Rapid Process Improvement Workshops being on the subjects of delayed transfers of care in mental health and acute care.

The Committee:

Noted the risks identified and the associated mitigating actions.

8. Financial Plan, Strategic Plan and Better Care Fund Plans

AW tabled a paper detailing the position relating to the Financial Plan 2014/15 to 2015/16. The total programme resource available for 2014/15 was £369m. Negotiations were taking place to complete the process for agreement of contracts and identification of the QIPP requirement. The York Teaching Hospitals NHS Foundation Trust contract was noted as key in this regard although there would be an element of QIPP associated with all contracts.

Members noted the work taking place for development of the financial plan and discussed in detail concerns about the continuing challenges. The forecast of achievement of financial balance for 2013/14 was discussed in the context of decisions that would be required for the 2014/15 plan which, TP assured members, would be based on robust assumptions.

In view of decisions that would be required to inform the financial plan for presentation to the Governing Body on 3 April, delegated authority was granted to the Senior Management Team for appropriate approval.

The Strategic Plan was covered within the discussion above.

RP reported that the three initial Better Care Fund Plans had been submitted in accordance with the timescale. Feedback from the Area Team was being incorporated in the revised plans which would be presented for sign off by Health and Wellbeing Boards in early April. Members of the Governing Body would be kept informed of this ongoing work prior to presentation at the Governing Body meeting on 3 April.

The Committee:

1. Noted the information on development of the financial plan.
2. Delegated authority to Senior Management Team for decisions to inform the financial plan for presentation to the Governing Body on 3 April 2014.
3. Noted the update on the Better Care Fund plans.

9. Quality

LB presented the report 'Embedding Quality Governance within NHS Vale of York Clinical Commissioning Group' which included evidence emanating from *High Quality Care for All* in 2008 and Monitor's Quality Governance Framework the latter of which depicted four key components: strategy capabilities and culture, processes and structures, and measurement. LB highlighted the importance of matrix working across the CCG and reported that a Clinical Effectiveness Group was currently being established.

In response to the areas LB had identified for discussion in the report, members referred to the regular presentation of the Committee's minutes to the Governing Body which ensured escalation of any areas of concern; noted that a decision had been taken by the Governing Body to seek additional Lay representation which would include membership of the Committee; proposed that AP be asked to take the role of Quality Clinical Lead; and agreed to rename the Committee the Quality and Finance Committee.

The Committee

1. Welcomed the report 'Embedding Quality Governance within NHS Vale of York Clinical Commissioning Group'.
2. Agreed to change the name to the Quality and Finance Committee.

10. CCG Children's Safeguarding Governance – A Gap Analysis

In addition to the report circulated LB tabled the Care Quality Commission *Review of Health Services for Children Looked After and Safeguarding in East Riding of Yorkshire* which would be published following finalisation in accordance with the report process. The gap analysis, based on the findings of the report and subsequent recommendations, would be updated by providers and Safeguarding teams.

LB reported on a meeting to be held on 24 March with the North Yorkshire CCGs regarding concerns about children's safeguarding capacity. She emphasised that the CCG was both responsible for commissioning and accountable for safeguarding, noting that Safeguarding Children was a statutory requirement.

In regard to Looked After Children LB reported that, following discussion with City of York Council, assessment of 16 to 18 year olds who were not in either Local Authority education or a Local Authority residential unit would now take place, addressing the inherited position of services for this age group not being commissioned. This was an interim solution and cost per case until a more permanent solution could take place.

The Committee:

1. Noted the recommendations of the report *Review of Health Services for Children Looked After and Safeguarding in East Riding of Yorkshire*.
2. Noted that assessments would take place for 16 to 18 year old Looked After Children who were not in either Local Authority education or a Local Authority residential unit.

11. Next Meeting

9am on 17 April 2014.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP PERFORMANCE AND FINANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 20 MARCH 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	Quality and Performance Committee Minutes: 18 September 2013	Audit of A&E admissions	AP	20 February 2014
	23 January 2014		Update on Urgent Care Dashboard	AP	17 April 2014
PF02	18 December 2013	Business Committee: 21 November 2013	Commissioning Medicines Policy and Joint Formulary update	SO	20 February 2014 17 April 2014
PF04	18 December 2013	Winterbourne Review	Update to April meeting	LB/WB	17 April 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	
PF12	20 February 2014	Performance Dashboard	Update on Yorkshire Ambulance Service performance	LB	17 April 2014
PF13	20 February 2014	Francis Report: Assurance for NHS Vale of York CCG one year on	Further report to May meeting	LB	22 May 2014

PF14	20 March 2014	Forward Plan	2014/15 plan to be presented at next meeting	LS	17 April 2014
PF15	20 March 2014	Matters Arising	Update on procurements	FB	17 April 2014
PF16	20 March 2014	Core Performance Dashboard	Report on IAPT services and associated mental health voluntary sector contracts	WB/FB	17 April 2014