NHS
Vale of York
Clinical Commissioning Group

Item 13

Minutes of the Quality and Finance Committee held on 23 July 2015 at West Offices, York

Present

Mr David Booker (DB) - Chair	Lay Member
Mr Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Dr Mark Hayes (MH)	Chief Clinical Officer
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
Dr Andrew Phillips (AP)	GP Governing Body Member, Lead for Urgent Care/Interim Deputy Chief Clinical Officer
Mrs Rachel Potts (RP)	Chief Operating Officer
Mrs Tracey Preece (TP)	Chief Finance Officer

In Attendance

Mrs Wendy Barker (WB) - on behalf of Michelle Carrington	Deputy Chief Nurse
Miss Natalie Fletcher (NF)	Head of Finance
Mr Paul Howatson (PH)	Senior Innovation and Improvement Manager
Mr Mark Luraschi (ML) – for item 7	Senior Service Delivery Manager
Ms Michèle Saidman (MS)	Executive Assistant
Mr George Scott (GS) – for item 7	Business Intelligence Manager, Yorkshire and Humber Commissioning Support
Mrs Lynette Smith (LS) - for items 5, 6, 10	Head of Corporate Assurance and Strategy
Mrs Sheena White (SWh) - for item 5	Quality and Performance Analyst
Mr Steve Wilcox (SWi) – for item 12	Designated Professional for Adult Safeguarding, Partnership Commissioning Unit

Apologies

Mrs Fiona Bell (FB)	Deputy Chief Operating Officer/Innovation Lead
Mrs Michelle Carrington (MC)	Chief Nurse
Dr Guy Porter (GPo)	Consultant Radiologist, Airedale Hospital NHS Foundation Trust – Secondary Care Doctor

In welcoming everyone to the meeting DB advised of amendments to the agenda. Items 5 and 10 would be considered together and items 13 and 14 would be deferred to a future meeting.

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 except that

SOC, TM and AP had a potential conflict of interest in the event of discussion about the GP Innovation Fund.

3. Minutes of the meeting held 21 May 2015

The minutes of the meeting held on 21 May were agreed.

The Committee:

Approved the minutes of the meeting held on 21 May 2015.

4. Matters Arising

Dermatology Indicative Budgets: SOC reported that the business case for dermatology indicative budgets had been approved by Senior Management Team with planned implementation for September 2015. The proposals had subsequently been explained to representatives of the GP practice alliances who were now having discussion with their member practices. SOC noted that one practice wished to implement the proposals independently; NF confirmed that financial modeling of this request had taken place and that it would be feasible for this to progress.

Members discussed the CCG strategy of the expectation that all GP practices would work within alliances. It was agreed that the above request be permitted and considered as a test case. Discussion would take place at the Council of Representatives later in the day regarding the alliance approach for primary care.

A number of matters were noted as completed, agenda items or outstanding.

The Committee:

1. Noted the update and agreed that one practice would be permitted to independently hold its dermatology indicative budget.
2. Noted that further discussion would take place at the Council of Representatives later in the day about the expectations of an approach of GP practice alliances.

LS and SWh joined the meeting

5. Quality and Performance Assurance Report

SWh presented the first iteration of the new format for the monthly report and sought members' views for its further development. SWh noted that the May data presented included two Bank Holidays.

In terms of unplanned care SWh noted that a number of performance targets had been met in May and that unvalidated data indicated areas of further improvement in June. Performance in May by NHS 111 was achievement of 95.1% against the 95% target of calls being answered in 60 seconds. Yorkshire Ambulance Service for the CCG area had met the 8 minute and 19 minute red 1 and red 2 combined calls and continued to achieve better performance against target than Yorkshire Ambulance Service overall. Fifteen minute handover times in York Teaching Hospital NHS Foundation Trust

Accident and Emergency Departments were 51.3% on the Scarborough site and 79% on the York site, with an overall performance of 67.9% against the 100% target. The volume in June had reduced. SWh highlighted that York Teaching Hospital NHS Foundation Trust had for the first time included Ambulance Quality Indicators for which information was available to December 2014; more recent data was being sought. The four hour Accident and Emergency performance was reported at 88% against the greater than 95% target.

WB expressed concern at the sustainability of Yorkshire Ambulance Service performance referring to recruitment issues, ambulances being deployed to West Yorkshire with their return being delayed, and a need to understand the wider impact of emergency services across Yorkshire. She advised that a number of measures were being introduced, including changes in shift patterns from 12 hours to 8 hours and new training programmes, but also noted potential impact from movement of stroke patients from Scarborough to York although Yorkshire Ambulance Service had an additional ambulance in Scarborough. LS noted that the Unplanned Care Working Group had received a report that overall demand had reduced.

AP referred to the significant increase in NHS 111 urgent face to face calls noting that the number of home visits had reduced but that this had not had an impact on activity in other areas of the system.

In respect of planned care SWh noted a slight improvement in performance against the less than 1% target of patients waiting over six weeks for diagnostics. The specialties with the poorest performance were cystoscopy - attributed to shortage of theatre staff - where training was taking place to provide additional resource, and gastroscopy on the Scarborough site where the service was being outsourced to Medinet.

SWh highlighted that, in view of the recent changes to monitoring of referral to treatment performance, the data only included the measure of patients' constitutional right to start treatment within 18 weeks of referral. This had been achieved at 94.1% against the 92% target and unvalidated data for June indicated slight improvement. MA-M noted that this performance target related to application of penalties but the CCG was required to, and would, continue to measure performance against the other two previous referral to treatment targets and improvement trajectories – admitted and non admitted pathways – and that this information should be included in the report.

In regard to cancer the percentage of patients seen within 14 days of an urgent referral for all tumour types was met but the target for the same measure for breast symptomatic was missed by 0.6%. The 31 day targets for first and subsequent treatments had been met as had the 62 day target for treatment following referral from an NHS cancer screening service. For the first time since July 2014 the 85% target for treatment within 62 days following an urgent GP referral for suspected cancer had also been met. SOC noted the expectation for new NICE guidance to have an impact on capacity.

In referring to delayed transfers of care SWh noted that there had been an increase in both patient numbers and bed days at York Teaching Hospital NHS Foundation Trust. The key issue causing delays continued to be shortage of packages of care provided by social care. Partners continued to meet weekly to expedite delays where possible.

SWh noted that the Partnership Commissioning Unit was working with Leeds and York Partnership NHS Foundation Trust to address the reduced performance in Improving Access to Psychological Therapies since the improvement in quarter 4 of 2014/15. However, unvalidated data indicated potential further reduction.

SWh referred to the quality information noting a significant increase in MRSA and reporting that MC was undertaking work on infection control. WB additionally referred to the number of clostridium difficile cases, 23 against a full year target of 48 (not 43 as per the report), and advised that NHS England was currently undertaking an independent review. She also reported that care meetings relating to clostridium difficile were being extended to all infections.

SWh noted that further work was taking place in regard to analysis of serious incidents and never events, Summary Hospital-level Morality Index data and patient experience. Areas for inclusion in future reports were also being developed.

Members commended the new format of the report. Discussion of the information presented included that its purpose was to provide assurance of delivery of performance or to inform the committee of mitigating actions; the need for increased clarity of analysis of trends and exceptions; and recognition that the report emanated from "living data". Concern was expressed about the small font size on the diagrammatic information. It was agreed that MC, LS and SWh would give further consideration to the format.

The Committee:

1. Noted the Quality and Performance Report for May 2015.
2. Requested that further consideration be given to the format of the report.

SWh left the meeting

10. System Recovery Plan

RP introduced the report which comprised a system recovery plan brief, delivery plan and system recovery plan summary for 2015/16. She noted that further work was required for the longer term sustainability strategy and to show the relationship between turning around performance through this plan in the short term and the medium to long term transformation across the local health care system.

LS highlighted that NHS England had requested a joint recovery plan to describe how the partners across the system were working together to manage performance. The system recovery plan provided a formal structure for unplanned and planned care detailing workstreams, associated actions, locality, timescale, lead organisation and timescale for ongoing impact. In terms of the latter, immediate related to work in place, short term was expected impact in year, medium term was impact in 2015 to 2017, and long term impact was 2017 onwards. The work was being progressed through the Planned Care and Unplanned Care Working Groups and reporting to the Collaborative Improvement Board.

DB expressed concern that the workstreams had lead organisations but did not have named organisational leads and also noted this work in the context of the financial position. RP referred to the fact that the plan included both the transformational and short term recovery work noting that a more detailed action plan would be discussed at the next meeting of the Collaborative Improvement Board.

Discussion included the need to gain an understanding of the impact of the work, particularly the short term projects, on the whole system, identification of operational issues to enable focus on the cause and mitigating actions. LS noted that the plan would be further developed in advance of the tripartite meeting on 10 August. MH additionally referred to the fact that a range of work was taking place, including the establishment of a system leadership group comprising himself and his equivalents at City of York Council, North Yorkshire County Council, York Teaching Hospital NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust. Each of the five organisations would provide staff to progress the transformation.

The Committee:

Noted with reservation the System Recovery Plan and ongoing work.

6. Finance, Activity and QIPP

TP apologised for the late circulation of the paper that reported the month 3 financial position and achievement of key financial duties for 2015/16 as at 30 June 2015. She highlighted that the CCG was reporting delivery of both the year to date and forecast 1% surplus but had had to reprofile reserves and unallocated QIPP in order to do so. This position had been reported to NHS England as part of the monthly finance return.

TP noted an issue relating to non recurrent allocations to CCGs, particularly for primary care co-commissioning, where the additional allocation meant that the 1% surplus rule was no longer being met. She advised that the central finance team was aware of this and considering how it should be treated in month 4.

In relation to the Programme Costs summary financial position TP noted a £2.4m overtrade and a forecast zero outturn variance, referring to discussion with NHS England in this regard. The forecast overtrade was dealt with and reported as a risk at this early stage in the year. TP reported that the £1.4m overtrade with the York Teaching Hospital NHS Foundation Trust contract was to the end of May and highlighted that a reduction in activity – mainly within trauma and orthopaedics – was offset by a corresponding overtrade with Ramsay Hospital; non elective and A and E activity had increased across all providers; and there was evidence that Better Care Fund schemes were delivering. Overspends at Leeds Teaching Hospital NHS Trust and Mid-Yorkshire Hospitals NHS Trust were not expected to continue as they related to specific patients.

TP reported that in order to off-set the £2.4m year to date overspend it had been necessary, following discussion with NHS England, to proportionately release budgets that were wholly within the CCG's control. The £1.2m unmitigated risk in the financial plan had increased significantly to a potential £6m year end risk. Of the total potential risk, forecast at £19m, there was a probability of £15m. TP highlighted that the acute

contract overtrade line was based solely on activity rather than non-delivery of Better Care Fund, highlighted separately, or QIPP schemes and explained that the contract with York Teaching Hospital NHS Foundation Trust had been set on the reasonable assumption of activity being taken out to deliver these schemes. MA-M added that evidence of delivery to date of the Better Care Fund schemes, for example the whole system review and Urgent Care Practitioners, was not as expected and health led schemes were currently saving 5% of non elective activity against the planned 11.7%.

TP advised that the brought forward pressures, reported in the summary of Programme Costs, were included in full in the risk and that there was a further £475k currently in dispute with providers in relation to 2014/15 which was not considered to be high risk. MA-M noted that more than half of this amount had now been received.

In respect of unidentified QIPP and non delivery of Better Care Fund savings TP noted that the original risk profile remained unchanged but that the probability for unidentified QIPP had increased from 60% to 90%. The financial recovery plan being developed as part of the in-year recovery and long term financial sustainability would address this.

TP reiterated that the financial challenge was £19.5m full value with £15m probability.

In terms of contingencies and mitigations TP assured members that all reserves and uncommitted resources had been considered in detail. She referred to the £1.74m reserved for the GP Innovation Fund noting that £1.35m remained after the CCG's commitment for the first quarter of 2015/16 for schemes carried forward from 2014/15. In this regard TP expressed the view that, whilst it was of paramount importance for the CCG to invest in primary care, schemes must be at a scale and for a longer term to ensure impact and affordability. Investment in small schemes and in individual practice schemes, as in 2014/15, was no longer a viable option.

TM highlighted that practices were currently developing bids for the GP Innovation Fund on the basis of discussion at the Council of Representatives and expressed concern at the impact on primary care engagement if this funding was withdrawn. SOC additionally noted that such schemes would take time to have an impact and reiterated concerns about engagement of primary care. TP confirmed the commitment to invest in primary care but, in view of the deterioration in the financial position, suggested that this investment would be from the start of any new scheme in 2015/16 with commitment to 2016/17; any part year effect not used would remain with the CCG. Discussion of the GP Innovation Fund and the changes in the financial position would take place at the Council of Representatives meeting later in the day. No decision was made.

In response to TP referring to potential efficiencies being sought from prescribing budgets, SOC noted that the CCG was one of the lowest prescribing areas in the country. He advised of work with practices in terms of processes and controls in this regard.

TP noted that the main areas of concern for potential measures to address the deteriorating financial position were the GP Innovation Fund, the CCG's relationship with York Teaching Hospital NHS Foundation Trust and the Better Care Fund. She assured members that discussion would take place with City of York Council where their investment in Better Care Fund schemes had not been in accordance with plans.

Work was taking place with York Teaching Hospital NHS Foundation Trust in this regard, including discussion of agreeing a financial envelope for 2015/16, but early indications were that their financial position was also deteriorating.

MH referred to the work taking place across the system and described the potential, subject to agreement from NHS England, for a two year plan to deliver a sustainable position. However, this would mean failure to achieve performance requirements in 2015/16. TP noted the prospect of the CCG being put into special measures, detail of which was currently unknown, and the importance of a proactive approach to try and avoid this.

TP advised that the contingencies detailed in the report would be developed as part of the financial recovery plan. In respect of clarification sought about Running Costs she assured members that the increase from £330k to £530k was realistic but that a further review was taking place, including consideration of vacancy freezes if practicable to the operational needs of the CCG. TP noted that there remained a £2.7m gap to delivery of the surplus even if all risks and contingencies occurred as reported. If any of the contingency plans were not realised further mitigation plans would be required. In any event there would be a need for difficult decisions to address the deterioration of the financial position. She emphasised the importance of a system approach. In this regard MH highlighted that he had emailed the four system leaders, referred to at item 10 above, about progressing a solution.

In referring to the challenging position presented DB welcomed the transparency of reporting and the open discussion. He offered an additional meeting of the Committee if required.

The Committee:

1. Noted the Finance, Activity and QIPP report.
2. Noted the potential for an additional meeting in view of the challenging financial position.

LS left the meeting.

12. Safeguarding Adults Report

SWi attended for this item

SWi presented the report to inform the Committee of overarching safeguarding matters and provide assurance of compliance with local and national requirements. The update included information on the Care Act 2014, Mental Capacity Act and Deprivation of Liberty Safeguards, suicide prevention, alignment of safeguarding policy and procedure by City of York and North Yorkshire Adults Safeguarding Boards, the NHS England Accountability Framework incorporating of safeguarding, local safeguarding activity, and the Care Quality Commission report *Right Here Right Now*. An appendix comprising a briefing paper on the Crisis Care Concordat was also included.

In response to DB seeking assurance of the safeguarding arrangements, SWi confirmed that regular discussion took place with MC. He also assured TM that,

although there was no reference within the report to East Yorkshire, arrangements were in place to ensure appropriate links. WB additionally confirmed there were no specific concerns and noted improvements in safeguarding adults developments.

MC was in the process of considering appropriate training for GP practices.

SWi requested that he be informed of any safeguarding concerns relating to reporting to local authorities. He also agreed to forward a briefing on the Care Act for circulation to members.

The Committee:

1. Welcomed and noted the Safeguarding Adults report.
2. Noted that SWi would provide a briefing on the Care Act for circulation to members.

SWi left the meeting

7. Better Care Fund Dashboard

ML and GS attended for this item

A tabled summary of information from the Better Care Fund Dashboard provided an update on schemes and metrics, where available, across City of York Council area, North Yorkshire County Council and East Riding of Yorkshire. ML noted that the only scheme that was not yet at full capacity was the Urgent Care Practitioners as a number of them were still undergoing training.

In response to DB seeking assurance and clarification about savings being delivered as expected by the schemes ML reported that this assessment would be scheme specific. He advised that the hubs had not yet reached the stage when confirmation that savings were being delivered as planned could inform a decision on whether or not to continue investment; this level of information could be expected at quarter 3.

MA-M reiterated that assessment was scheme specific and highlighted that although a scheme may not be achieving the expected scale of savings it could be having an impact on another part of the system. He cited the £200k investment in Street Triage which had saved only 18 attendances at A and E but had saved police time and Section 136 placements. MA-M also noted that monthly data was now being received on the work of the Urgent Care Practitioners that would in due course enable a decision to be taken as to the effectiveness of this scheme.

Discussion included availability of data relating to, and expectations of, the hubs with noting that the impact was currently difficult to assess. TM additionally highlighted that a decision to discontinue the work of the hubs would require notice being served which would affect potential savings.

MH reiterated that negotiation of a two year approach was required across the system. He also referred to discussion at the Health and Wellbeing Board of one organisation taking the impact from a scheme to support joint working. Street Triage would be an example of this in terms of the saving of police time.

DB emphasised the need for as much measurement and external intelligence as possible to be reported on the Better Care Fund.

The Committee:

Noted the update on the Better Care Fund 2015/16.

ML and GS left the meeting

8. System Resilience Group Scheme Continuation 2015/16

AP presented the report which described the outcomes for system resilience schemes approved for maintenance in the 2015/16 financial year and made recommendations regarding continuation or otherwise. He highlighted the recommendation not to support the GP in the Emergency Department at York Teaching Hospital NHS Foundation Trust as no evidence of impact had been received. However, in view of the current pressures in Accident and Emergency and issues at the start of the new out of hours contract, AP sought members' views on the recommendation. This was discussed in the context of the original business case, unsuccessful efforts by Becky Case to obtain data to inform the decision, and the deterioration of the CCG's financial position. Members did not feel able to reverse the recommendation.

The Committee:

1. Supported the recommendation for continuation for 2015/16 of SRG01 Arclight, a bed ahead, SRG02 Leeds and York Partnership NHS Foundation Trust transitional waiting area, SRG04 AgeUK escorted transport service, SRG05/08 Fulford Nursing Home block booked beds, and SRG 10 NHS Vale of York CCG urgent care dashboard. SRG11 York Teaching Hospital NHS Foundation Trust ambulatory care funding of £184k was for June and July 2015 only as this was no longer considered as an SRG scheme.
2. Supported, pending results of ongoing evaluation, SRG03 Yorkshire Housing handyman service, SRG06 York Teaching Hospital NHS Foundation Trust Rapid Access and Treatment Service/social care extension, and SRG09 Priory Medical Group – outreach team.
3. Agreed that SRG07 York Teaching Hospital NHS Foundation Trust GP in the Emergency Department be ceased and noted that AP would write to inform them of this decision.

9. Corporate Risk Update Report

RP referred to the report which included three appendices: a profile report of significant risks; a list of "red" risks as at June 2015/16; and full details of "red" risks with detail of mitigating controls, mitigating actions, and progress update. She noted discussion of previous agenda items had included detailed discussion of the "red" risks identified.

The Committee:

Noted the corporate risks and events identified that may impact delivery of the corporate objectives.

11. 2015/16 Commissioning Support Intentions

RP referred to the report which provided an update on the future approach for services currently commissioned from Yorkshire and Humber Commissioning Support in terms of services to be bought from the Lead Provider Framework, to be brought in house or to be shared across a number of the Yorkshire and Humber CCGs. She noted that the 'buy' option had been mandated for IT, GP IT and the majority of Business Intelligence. The transition process posed a significant risk, particularly in respect of Business Intelligence, and the impact on support provided to the CCG. The risks had been identified and escalated to the Transition Board which was managing the process; potential options were being sought. SOC additionally noted the impact on Commissioning Support staff both personally and in terms of ability to deliver services.

The Committee:

1. Noted and approved the recommendations made on behalf of NHS Vale of York CCG in respect of services currently provided by Yorkshire and Humber Commissioning Support.
2. Noted the corresponding risks associated with the Commissioning Support transition and proposed mitigation.

13. Individual Funding Request Annual Report 2014/15

This item was deferred.

14. Infection Control Annual Report

This item was deferred.

12. Key Message for the Governing Body

- Need for both a CCG and system wide approach to the financial pressures
- Potential for an additional meeting to be arranged
- A formal financial control assessment needs to be completed and a draft submitted to NHS England by the end of August. However, Audit Committee involvement and approval is also required, which will be done at the September meeting. A final version will then be submitted.

The Committee:

Agreed the above would be highlighted by the Committee Chairman to the Governing Body.

16. Next meeting

9.30am on 20 August 2015

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND FINANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 23 JULY 2015 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
QF19	18 December 2014	Integrated Quality and Performance Exception Report	• Lessons learnt report from the Yorkshire Ambulance Service MAJAX to be presented	OS	Ongoing
QF23	19 February 2015	Implementation of the new Quality and Finance Committee Terms of Reference including transition to Primary Care Co-commissioning	• Consideration to be given to the requirement for meetings to be in public in respect of primary care co-commissioning and the associated agenda timing	DB/RP	Ongoing
QF33	21 May 2015	Strategy for Use of Patient Related Outcome Measures and Shared Decision Making Tool in NHS Vale of York CCG	• Progress report on embedding of PROMS	SOC	19 November 2015 meeting

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
QF34	21 May 2015	Safeguarding Children Report	• Request for Child Protection information to be provided to identify the CCG footprint and by proportion of children subject to child protection compared with children in each area of the CCG and nationally. • Request that sections of Child Protection review documentation highlight areas that required GP input.	KH KH	As soon as possible As soon as possible
QF36	23 July 2015	Quality and Performance Assurance Report	• Further consideration to be given to revised format of the report	MC/LS/SWh	20 August 2015 meeting
QF37	23 July 2015	Safeguarding Adults Report	• Care Act briefing to be circulated	SWi/MS	Completed 25 July 2015
QF38	23 July 2015	System Resilience Group Scheme Continuation 2015/16	• York Teaching Hospital NHS Foundation Trust to be informed that, in light of the deterioration of the CCG's financial position, the GP in the Emergency Department scheme would not continue to be supported	AP	