NHS
Vale of York
Clinical Commissioning Group

Item 16.1

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

Present

Mr David Booker (DB) - Chair	Lay Member
Mrs Michelle Carrington (MC)	Chief Nurse
Dr Andrew Phillips (AP)	GP Governing Body Member, Lead for Urgent Care/Interim Deputy Chief Clinical Officer
Dr Guy Porter (GPo)	Consultant Radiologist, Airedale Hospital NHS Foundation Trust – Secondary Care Doctor
Mrs Rachel Potts (RP)	Chief Operating Officer
Mrs Tracey Preece (TP)	Chief Finance Officer

In Attendance

Mrs Anna Bourne (AB) – for item 13	Senior Procurement Lead
Mr Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Dr Louise Barker (LB)	GP Governing Body Member, Lead for Mental Health and Learning Disabilities
Mrs Becky Case (BC) – for item 12	Senior Innovation and Improvement Manager
Mr Paul Howatson (PH) – on behalf of Mrs Fiona Bell	Senior Innovation and Improvement Manager
Mr Mark Luraschi (ML) – for item 9	Better Care Fund Co-ordinator
Mr Shaun Macey (SM) – for item 8	Senior Innovation and Improvement Manager
Mrs Polly Masson (PM) – for item 10	Innovation and Improvement Manager
Mr Keith Ramsay (KR) – for item 13	Chair, NHS Vale of York CCG
Ms Michèle Saidman (MS)	Executive Assistant
Mrs Kathryn Shaw-Wright (KS-W)	Interim Deputy Chief Finance Officer

Apologies

Mrs Fiona Bell (FB)	Deputy Chief Operating Officer/Innovation Lead
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
Mr Owen Southgate (OS)	Assurance and Delivery Manager, NHS England Area Team

DB welcomed TP on her return from maternity leave and expressed appreciation to MA-M and KS-W for their contribution in interim roles during this time. He noted that the agenda items would be re-ordered.

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.

3. Minutes of the meeting held on 19 March 2015

The minutes of the meeting held on 19 March were agreed subject to amendment at item 5, paragraph 4, which should read '…referral to treatment time at the Planned Care Working Group…'

The Committee:

Approved the minutes of the meeting held on 19 March 2015 subject to the above amendment.

4. Matters Arising

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

5. Update on Primary Care Co-Commissioning / Future of Quality and Finance Committee

RP referred to the reporting at the Governing Body meeting on 2 April of the CCG's formal approval for full delegation of primary care co-commissioning (level 3). A delegation agreement with NHS England had subsequently been signed and a handover meeting had provided clarity of roles and responsibilities. RP noted that NHS England would remain accountable.

RP advised that the CCG had discussed capacity and was of the opinion that requirements of primary care co-commissioning could be managed within the existing capacity with NHS England support. She additionally noted that NHS England was currently managing the merger of two practices within the CCG but that Quality and Finance Committee approval would be required. Development of the Committee in terms of meeting in public and involvement of Healthwatch was being progressed.

DB noted that he would report back from a Primary Care Fully Delegated Co-Commissioning Lay Chairs meeting on 24 April. He also proposed a workshop/ seminar for Governing Body members and CCG staff who would be working on co-commissioning.

The Committee:

1. Noted the update.
2. Noted DB's proposal for a workshop/seminar for Governing Body members and CCG staff who would be working on co-commissioning.

6. Integrated Quality and Performance Exception Report

MC presented the report which provided information as at April 2015 relating to unplanned and planned care, mental health, patient safety incidents, and complaints and concerns, noting ongoing development in terms of explaining the context of performance rated as 'red'. MC advised that York Teaching Hospital NHS Foundation Trust had provided the CCG with a detailed recovery plan but that gaps remained within a few specialties, in particular performance in gynaecology. The plan forecast recovery

of the Emergency Department performance is planned by September 2015 and referral to treatment by quarter four. MC highlighted that, in view of concerns about the proposed timescales, discussion had taken place with NHS Scarborough and Ryedale CCG and NHS England. Management of the recovery plan would be through the Planned and Unplanned Care Working Groups.

In respect of Yorkshire Ambulance Service performance, which had been 'green' in February but was now again 'red', MC advised that the 8 minute and 19 minute targets had each been missed by one minute only. The 100% target for 15 minute handovers was 'red' at 70.2% performance due to impact from the Scarborough site due to performance being assessed on a trust-wide basis. MC highlighted significant Yorkshire Ambulance Service recruitment issues, high demand and the impact of pulling ambulances to harder pressed areas in the region when required (mainly affecting York and Harrogate), this is being discussed with the service.

In terms of planned care MC reported that diagnostics performance was variable. Performance for patients receiving a CT scan within six weeks had improved but was still above target with 84 breaches in February. The breaches in non-obstetric ultrasound were due to staff sickness absence; this was expected to be resolved by the next report.

MC noted that referral to treatment performance by specialty was also variable. The information presented mapped referral patterns. The one patient who had breached 52 weeks had now been treated.

Cancer two week waits, reported at 94%, were above the greater than 93% target for the first time in a year. MC highlighted improvement of the quality of referrals through the Referral Support Service and the improvement at 84.9% of skin cancer referrals meeting the target of being seen within 14 days.

MC noted the continuing collaborative working across the health and social care community to achieve the lowest number of delayed transfers of care bed days since April 2014.

In respect of Improving Access to Psychological Therapies MC commended the achievement by Leeds and York NHS Partnership Trust of exceeding the quarter four target. The end of year position was expected imminently from Tees, Esk and Wear Valleys NHS Foundation Trust for the small number of NHS Vale of York CCG patients.

MC advised that post infection reviews were awaited for the two new cases of MRSA bacteraemia at York Hospital during March. She noted that prior to this it had been 578 days since the last case.

MC referred to three serious incidents relating to Leeds and York Partnership NHS Foundation Trust which were being investigated. She also reiterated the review of all serious incidents reported at the previous Committee meeting.

MC noted the intention to triangulate CCG and available provider information in respect of complaints and concerns.

The Committee:

Noted the Integrated Quality and Performance Exceptions Report.

7. Finance, Activity and QIPP

MA-M reported that he had received confirmation during the meeting that the annual accounts had been submitted as required. KS-W expressed appreciation to the Finance and Contracting Team for their work to achieve this. She noted that the auditors would be in the CCG for the next three weeks.

KS-W presented the report which detailed the CCG's financial position and activity performance as at 31 March 2015, month 12. She reported achievement of the £3.8m forecast surplus which meant the CCG had delivered the full 1% requirement.

There was one allocation adjustment in month 12 that related to the final agreed specialist services transfer of £154k to Hull and East Yorkshire Hospitals NHS Trust.

In terms of programme costs KS-W noted that the £2.3m surplus included the additional national continuing healthcare legacy risk pool of £888k. A year end position had been agreed with York Teaching Hospital NHS Foundation Trust and for the Yorkshire Ambulance Service contract element. Forecast positions for all other acute services were based on provider forecast year end positions.

KS-W described challenges to the programme costs which were outstanding and had been formally disputed. These related to £271k from Yorkshire Ambulance Service for Urgent Care Practitioners, an invoice for £131k from York Teaching Hospital NHS Foundation Trust for community equipment provision, and £40k from Barnsley CCG relating to prescribing.

KS-W noted that the CCG's running costs were 18% below allocation highlighting this in the context of the forthcoming requirement for a 10% reduction.

The £144k cash balance at the end of the financial year was within the cash holding requirement and the Code of Better Payment Practice had been met through the year.

Members sought and received clarification that the 1% surplus would be returned non recurrently to the CCG in 2015/16 but that there would be an expectation of continued delivery of the 1%. They also noted that, although no additional challenges were expected other than the three referred to by KS-W, the overall financial position in 2015/16 was challenging.

PH referred to the QIPP section of the report which provided an update on a range of areas. He highlighted the cancer, palliative and end of life care programme, a renewed focus on children's and maternity services, and the community/integrated care programme.

In regard to dementia coding in primary care work was planned at practice level to increase coding from the current just over 54% to the national metric of 67%.

RP highlighted the need to focus on areas that would contribute towards achievement of Constitutional targets. AP noted potential within the deep vein thrombosis pathway.

The Committee:

1. Noted the Finance, Activity and QIPP report.
2. Expressed appreciation to the Finance and Contracting Team for their work on the annual accounts which had been submitted during the meeting.

8. GP Innovation Fund 2015/16

SM attended for this item

SM presented the report which summarised discussions at Senior Management Team and the Council of Representatives in regard to proposed schemes for 2015/16 noting that these aligned with national guidance 'Everyone Counts: Planning for Patients 2014/15 to 2018/19'. He detailed the CCG's approach in 2014/15 when practices had been offered the opportunity to bid for the full £5 per head noting that c£1.3m had been spent across all practices except one and across a range of schemes agreed and reviewed by the CCG Senior Management Team. Practices were required to submit monthly expenditure plans. It had been agreed that these schemes would continue for the first quarter of 2015/16 and the proposal was that practices would then be asked to resubmit bids up to the balance of a total of £4 per head which the CCG aimed to make available given the context of significant financial pressure. SM additionally referred to the proposal to rebrand this as the General Practice Innovation Fund and noted the requirement for schemes to be aligned with:

- Avoiding unplanned admissions and A and E attendances, and enhancing a multi disciplinary team/integrated approach to proactive care planning
- Creating capacity in General Practice to improve access and meet increasing patient demand
- Innovative technology projects to improve services for patients

Each scheme should also be able to report against a simple key performance indicator to evidence what 'extra' had happened, such as:

- How many GP consultations were released?
- How many extra GP consultations were provided?
- How many multi disciplinary team sessions were held?

MA-M reported that £1.3m would initially be made available in 2015/16 for this fund due to the increasing financial pressures and noted that a decision was required in this regard for both clarity to the practices and financial planning. TP highlighted that all elements of the financial plan would be subject to review during the year.

In response to clarification sought of evidence of impact of the 2014/15 schemes, SM advised that identification of cause and effect was complex due to activity being impacted by other schemes. However practices / alliances would share learning from their respective schemes at a forum event on 14 May. SM also noted the potential for a number of the smaller schemes to continue, such as consultations via email or skype and those implemented by Advanced Nurse Practitioners.

Detailed discussion included whether the funding should be progressed via individual practice schemes as in 2014/15, larger practice groupings or the One Team Integrated System (OTIS), noting that the latter would have greater impact. SM additionally referred in the context of co-commissioning to the potential to combine the General Practice Innovation Fund with the Extended Hours Access Scheme Directed Enhanced Service funding to deliver General Practice led schemes at a greater scale and with a greater impact on secondary care activity.

AP referred to recent correspondence to all CCGs from NHS England identifying eight 'high impact interventions'. He noted that these advocated a system wide approach and also referred to the recent new models of care meeting with representatives from Southcentral Foundation in Alaska who had described management of activity and pressure in the system by addressing backlog and managing patient expectations. AP additionally highlighted a no cost General Practice appointment system reconfiguration that offered improved patient access.

Members requested that evidence of service delivery models and outcomes be collated to inform discussion at the Council of Representatives meeting on 21 May.

The Committee:

1. Approved the rebranding of "£5 per head" to "General Practice Innovation Fund".
2. Approved the continuation of recurrent monthly commitment in quarter one.
3. Requested that evidence of service delivery models and outcomes be collated to inform discussion at the Council of Representatives meeting on 21 May.

9. Better Care Fund Dashboard

ML attended for this item

ML presented an updated Better Care Fund Dashboard which included year end data that had become available since circulating the meeting papers. The schemes currently delivering against their targets were in the main health led.

ML noted that the York Medical Hub had achieved its 2014/15 aim for non elective admissions against self reporting measure. Data from York Teaching Hospital NHS Foundation Trust, which was available two months in arrears, required triangulation to inform confirmation of delivery. MA-M highlighted that detailed work was required on the financial information to understand the fact that the costs had increased but the evidence was that there had been a leveling off in terms of number of admissions.

ML referred to the impact that had been achieved by three or four Emergency Care Practitioners: a reduction in non elective admissions (general and acute) of 886 against

a target of 813 and a reduction in A and E attendances of 1477 against a target of 1436. This was prior to establishment of the full complement of 12 Emergency Care Practitioners.

ML noted that enhanced data collection was currently being considered and that data would be broken down by age groups and cohorts to provide greater understanding of the activity. There was also a need for a culture change in terms of admitting patients through the Emergency Department.

MC proposed that reporting the activity of the ambulatory care unit be added to the Better Care Fund Dashboard as this was having a positive effect on reducing admissions.

The Committee:

Noted the progress of the development of the Better Care Fund Dashboard.

10. Voluntary and Community Sector Commissioning Update

PM attended for this item

PM presented the report, provided at the Committee's request, that described the review of the £703k budget across approximately 39 voluntary and community sector contracts with a range of providers. The important and valuable role of the voluntary and community sector was highlighted but there was evidence of scope to improve these services through commissioning for outcomes, lead provider models where appropriate, and different funding arrangements as described in NHS England's *'A bite size guide to Grants for the Voluntary Sector'* published in February 2015.

PM reported that current voluntary and community sector contract holders had been informed that the CCG would maintain funding levels for 2015/16 but would be reviewing contracting mechanisms prior to 2016/17 commissioning. She noted that a workshop had taken place with York voluntary and community sector organisations, with a similar event planned in Selby for May 2015, and that the CCG was working in partnership with York Council for Voluntary Service (CVS) and Selby District Association for Voluntary Service (AVS) and also with local authority partners.

The proposed next steps were by the summer of 2015 to: develop key principles for commissioning voluntary sector services beyond 2015/16, determine clusters based on existing contracts in discussion with local authority partners, agree and prioritise contracts for a lead provider model approach, and agree which joint contracts with social care would be aligned. By September 2015 follow up discussions were planned with York CVS and Selby AVS and the voluntary and community sector for agreement of next steps and timescales. Investigation was also planned for a potential small innovation fund and grant application process for a maximum of £5k.

Members welcomed the report and sought and received clarification that commissioning from the voluntary and community sector would be progressed in accordance with the CCG's strategic direction, particularly in respect of the integration of care and community services, notably the development of OTIS.

The Committee:

1. Noted the progress to date.
2. Agreed the direction of travel.
3. Agreed the timescales and next steps detailed.

11. Risk Framework Report

In presenting this item RP referred to earlier discussion which had included the high risk areas identified, namely: failure to meet constitutional targets, management of serious incidents, primary medical care co-commissioning arrangements, and failure of the Better Care Fund plans to deliver the anticipated benefits and financial savings.

The Committee:

Noted the risks that formed the Corporate Risk Register.

12. Report on the Implementation of the GP Out of Hours Service from Yorkshire Doctors Urgent Care

BC attended for this item

BC presented the report which described the background to and process for Yorkshire Doctors Urgent Care to take over the GP out of hours service on 1 April 2015 from the previous three providers across the CCG footprint. She noted that three sets of issues had arisen during the mobilisation: 'snagging' which had mostly been resolved by the fifth day of implementation and still ongoing; 'known' which were part of the evolution of the service and were being addressed accordingly; and 'unexpected' which were of continued concern. The most problematic of these related to the historical 'transfer' of patients from the Emergency Department to the GP out of hours service. In this regard BC advised that the level of activity exceeded that which had been commissioned and contracted for and that there was an issue of patient flow. She described in detail the historic arrangements from which this emanated and advised that Yorkshire Doctors Urgent Care had expressed a willingness to work proactively with York Teaching Hospital NHS Foundation Trust to review the reception provision and manage the transfer of patients from the Emergency Department. BC however noted York Teaching Hospital NHS Foundation Trust's contract obligation.

AP referred to the scheme by which there was a GP in the Emergency Department at York Hospital. He noted that this had been agreed in recognition of recruitment issues and was for the purpose of handling "minors" only.

BC confirmed that the governance arrangements were more robust than previously and advised that meetings were taking place to resolve the outstanding issues.

The Committee:

Noted the ongoing project actions and lessons learnt.

13. Procurement

13.1 Assurance Report

AB and LB referred to the report provided in response to members' requesting information on the CCG's procurement evaluation process. Specific examples were included relating to key aspects of evaluation for the Mental Health and Learning Disability Services and MSK procurements.

Members sought and received clarification on a number of aspects of the process including the expertise of panel membership, weighting of criteria, and scoring. The value of service user involvement was highlighted although, despite best efforts, this had not been possible for the Mental Health and Learning Disability Services procurement.

Members commended the robust process noting that this was continually under review.

13.2 Contract Award Recommendation Report for Mental Health and Learning Disability Services

KR attended for this item

AB apologised for the fact that the report had not been available for prior circulation due to time constraints of the competitive procurement process. She advised that, subject to approval by the Committee, the recommendation would be considered by the Mental Health Strategic Board on 27 April and the Governing Body Part II on 7 May. Award of contract was scheduled for 11 May.

AB reported that, following expressions of interest by a number of organisations, two bids had been received. She noted that feedback had been provided from the organisations that had not progressed to submitting a bid; this would be included in a lessons learnt exercise.

AB presented the report which comprised sections under the headings of background, contract duration, engagement, procurement timetable, procurement process, evaluation, evaluation panel, quality evaluation, financial evaluation, combined quality and finance meeting, summary of offers, final scores, recommendations and next steps. She detailed the robust process undertaken to gain consensus in terms of the 70% quality and 30% finance weightings. Further assurance was given around the financial evaluation which had included significant work by MA-M and KS-W on credibility and sustainability. AB confirmed that the price was aggregated over five years. She advised that all procurement evaluations were designed to allow the selection of the bid that represented the most economically advantageous tender to the commissioning organisation noting that the unsuccessful bidder's price was £5m more than that of the successful bidder; both were above the CCG's budget for the contract.

MA-M emphasised that a final joint meeting between members of both the quality and finance procurement panels had taken place to ensure all aspects of the bids were consistent with the scoring assumptions before the final report was produced.

AB provided further assurance in response to clarification sought by members and additionally confirmed that anonymised references for the bidders would be available for consideration by the Governing Body.

Members sought clarification on aspects of the procurement that would be disclosable under the Freedom of Information Act. RP agreed to ascertain this information.

KR and DB commended the robust process to reach the recommendation and emphasised that the award decision required the support of all members of the Governing Body. KR requested that an Extraordinary Governing Body Part II meeting be arranged for 11 May to ensure this.

The Committee:

1. Noted the procurement evaluation processes.
2. Approved the recommendation to award the Mental Health and Learning Disability Services contract to a coded specified bidder, anonymously, based on their submission being the overall highest scoring bid therefore providing the best value solution for NHS Vale of York CCG.
3. Noted that the award decision would be discussed at the Mental Health Strategy Board on 27 April and the Governing Body Part II meeting on 7 May 2015.
4. Requested that an Extraordinary Governing Body Part II meeting be arranged for 11 May 2015.
5. Requested that RP ascertain aspects of the information which would be disclosable under the Freedom of Information Act.

KR left the meeting

14. Bootham Park Interim Solution – Phase II Project Initiation Document

MA-M apologised for tabling this report due to late availability of information. He advised that the option appraisal indicated the preferred solution to deliver the interim solution was for the relocation of Ward 6 to Cherry Tree House (phase I) and refurbishment of Wards 1 and 6 (phase II) to address issues raised in terms of sight lines and limited therapy space. MA-M highlighted that phase I of the project – refurbishment of Cherry Tree House – had been capital spend on an asset with continuing health usage but the fact that the future of Bootham Park Hospital was under review with no definitive solution had influenced the proposal from NHS Property Services Limited.

MA-M explained that there were two aspects to the £1,571,976 phase II capital spend – £583,176 Landlord Capital and £988,800 Customer Capital – both of which could have financial implications for the CCG. NHS Property Services Limited had approved support for capital expenditure on the basis of accelerated depreciation over a five year life span, which equated to a £300k per annum charge from the quarter after completion of the works. Depreciation was currently being used as a proxy for rent by NHS Property Services Limited and would therefore be passed on to the commissioner/provider and was thus a significant increase. Principles agreed would form a national precedent.

In terms of revenue affordability a full revaluation of Bootham Park Hospital was due in quarter four of 2015/16. This could potentially result in an impairment which would impact on NHS Property Services Limited; the CCG would bear the new, lower value if this was the case, but this had not been formally agreed by NHS Property Services Limited. MA-M highlighted that revenue costs had been identified as ranging between £52k and £304k depending on the option that came into effect and that the key issue was the level of financial risk compared to the quality implications. He noted that clarification was being sought on the proposed accounting treatment but acknowledged that NHS Property Services Limited were taking a national perspective in this regard. MA-M emphasised that all parties were required to agree the document before release of capital and start of work.

In response to members seeking clarification in the context of the new provider of Mental Health Services, MA-M advised that the current asset valuation of Bootham Park Hospital was £5.3m. The cost had been factored in and passed on to the CCG.

TP reiterated that a precedent would be set and noted implications for cash from a non cash recharge and/or impairment.

MA-M advised that a speedy outcome was required due to timescales for progressing the work and noted that further feedback from members would be welcomed by the end of April. He sought the Committee's approval subject to confirmation of the accounting treatment and mitigation of financial risk as far as possible. Governing Body approval would be sought at the Part II meeting on 7 May.

The Committee:

Approved the Bootham Park interim solution – Phase II Project Initiation Document, subject to confirmation of accounting treatment and mitigation of financial risk as far as possible.

15. Key Message for the Governing Body

- Procurement: Mental Health process and timescales and continuing review and refinement of procurement processes
- Agreement of the GP Innovation Fund for the first quarter of 2015/16 and request for review and innovation for the remainder of the budget
- Better Care Fund: successes but requirement for evidence based on interlinked scheme results
- Proposal for primary medical care co-commissioning workshop/seminar for CCG staff
- Achievement of the financial surplus with recognition of formidable challenges in 2015/16

The Committee:

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

16. Next meeting

9.30am on 21 May 2015

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND FINANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 23 APRIL 2015 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	• Regular updates from the Local Safeguarding Children Board to be provided. • Quarterly Safeguarding Report to be provided	MC MC	 23 April 2015 Deferred to 21 May 2015
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

QF27	19 February 2015	System Resilience Group Scheme Continuation 2015/16	• Costings to be approved by Senior Management Team • Evidence of impact to be provided when available	AP/KS-W AP	 21 May 2015
QF28	19 February 2015	Individual Funding Requests Policy and Procedure	• To be presented for approval by the Governing Body	MC	2 April 2015 meeting
QF29	19 March 2015	Integrated Quality and Performance Exception Report	• Report on cancer programmes	SO	21 May 2015
QF30	23 April 2015	Contract Award Recommendation Report for Mental Health and Learning Disability Services	• Aspects of the information be disclosable under the Freedom of Information Act	RP	