NHS
Vale of York
Clinical Commissioning Group

Item 15.1

Minutes of the Quality and Finance Committee held on 19 February 2015 at West Offices, York

Present

Mr David Booker (DB) - Chair	Lay Member
Mr Michael Ash-McMahon (MA-M)	Interim Chief Finance Officer
Miss Lucy Botting (LB)	Chief Nurse
Dr Andrew Phillips (AP)	GP Governing Body Member, Lead for Urgent Care
Dr Guy Porter (GPo)	Consultant Radiologist, Airedale Hospital NHS Foundation Trust – Secondary Care Doctor
Mrs Rachel Potts (RP)	Chief Operating Officer

In Attendance

Mrs Anna Bourne (AB) – for item 3	Procurement Lead
Mrs Fiona Bell (FB)	Deputy Chief Operating Officer/Innovation Lead
Mr Mark Luraschi (ML) – for items 8 and 9	Better Care Fund Co-ordinator
Mr Keith Ramsay (KR) – for item 3	Lay Member and Audit Committee Chair
Ms Michèle Saidman (MS)	Executive Assistant
Mrs Kathryn Shaw-Wright (KS-W)	Interim Deputy Chief Finance Officer
Mr Owen Southgate (OS)	Assurance and Delivery Manager, NHS England Area Team

Apologies

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

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. Procurement

In introducing this item DB noted that KR was attending the meeting as part of the new arrangements and to ensure appropriate links between the Audit Committee and Quality and Finance Committee.

AB gave a presentation on the Tender Process and Assurance providing an overview of the procurement process, areas for consideration for the Committee's role, the tender questionnaire process, and the 2015/16 procurement work plan.

In response to clarification sought AB advised:

- Procurement timescales were three to six months dependent on complexity and included flexibility as long as there was transparency and compliance with competition law
- Patient and voluntary sector groups were involved in the public consultation and in co-producing the service specification as far as possible within timescales
- References were now requested with the tender documents as per discussion with the Governing Body

Detailed discussion ensued regarding seeking assurance of previous work undertaken, as discussed by the Governing Body. KR and GPo recognised the legal and contractual requirements but expressed ongoing concern regarding moral obligation to seek all possible assurance. AB advised that the standard questions included seeking information on Care Quality Commission reports, termination or overturning of contracts due to performance issues, and litigation. She noted that further questions could be added within the legal boundaries.

AB highlighted that development of the service specification and tender questions were key to ensuring delivery of services. She emphasised in respect of the latter the need for expert input whilst recognising the time commitment this required. AP noted the potential for independent expertise, if required, to be provided by the Clinical Senate.

FB proposed, and members agreed, that the Committee should sign off membership of the tender panel noting in this regard that every attempt was made to include a service user with generic experience. The Committee should also receive as early as possible in the process the service specification, tender questions and full project plan. AB added it would be helpful if members of the Committee were able to attend tender workshops to inform development of questions and market days.

KR and GPo raised further concerns regarding accountability for procurement decisions in view of the Award Report being anonymised when presented to the Governing Body and hence members of the Governing Body were not informed of the identity of the successful bidder until after the 10 day standstill period. AB responded that members of the evaluation panel undertook a rigorous evaluation process which involved each member of the panel scoring individually before coming together in a consensus meeting to discuss any disparity and rationale across the questions. This process was moderated by AB to ensure transparency and no bias across all bids. Comments and scores from these meetings formed feedback to the unsuccessful bidders. Bidders could only challenge on the procurement process if they thought any aspects of it were flawed or anti-competitive and not just because they were unsuccessful with their bid. It was acknowledged that it is within the gift of the Quality and Finance Committee to reject the recommendation of the Award Report and appoint a different bidder but to do so would undoubtedly result in a legal challenge. AB advised that this was in accordance with best practice guidance.

In relation to the current mental health procurement FB noted that the specification had been written but that the other aspects of the procurement process would be brought to the Committee.

The Committee:

Agreed that the specification, tenders questions, membership of tender panel and the full project plan would be presented as early as possible in the procurement process.

4. Minutes of the meeting held on 19 January 2015

The minutes of the meeting held on 19 January were agreed.

The Committee:

Approved the minutes of the meeting held on 19 January 2015.

5. Matters Arising

Integrated Quality and Performance Exception Report: KS-W noted that one request had been submitted against the £7m national capital fund for assets to avoid delayed transfers of care, however it had not been accepted. She would contact York Teaching Hospital NHS Foundation Trust again about any potential further submission.

Unplanned Care Practitioners: AP reported that there were 12 Unplanned Care Practitioners in post; the two potential additional members of this team were not now being placed within the CCG. He advised that the last reported activity was 192 patients seen; information was being verified regarding non conveyance to hospital to ascertain the impact on non elective admissions.

QF19 Integrated Quality and Performance Exception Report (18 December minutes): In relation to the Yorkshire Ambulance Service MAJAX report OS advised that the local experience would be included in an overall report on lessons learnt through the winter period.

Key Messages to the Governing Body - Yorkshire Ambulance Service presentation issues: The proposed investment by the CCG would be considered via the Unplanned Care Working Group and the positive publicity would, as discussed at the Governing Body meeting on 5 February, be incorporated in the Integrated Quality and Performance Exception Report.

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

The Committee:

Noted the updates.

6. Implementation of the new Quality and Finance Committee Terms of Reference including transition to Primary Care Co-commissioning

DB referred to the changes to the new Committee terms of reference, approved by the Governing Body on 5 February 2015. He highlighted the interim arrangement for the Committee to take on the functions of a Primary Care Co-commissioning Committee and the associated requirement for meetings to be in public.

RP reported that formal notification had been received of approval of the CCG's bid for Level 3 primary care co-commissioning. She noted that NHS Harrogate and Rural District CCG was proposing a minimum number of meetings to take place in public and agreed to consider with DB a similar approach. They would also consider the agenda timing in view of the proposed inclusion of this work.

RP additionally advised that streamlining of committees was under consideration but the appointment of the new Lay Chair was awaited to progress this further.

The Committee:

1. Agreed that the proposed changes to the Committee be implemented.
2. Noted that DB and RP would discuss the requirement for meetings in public in respect of primary care co-commissioning and the associated agenda timing.

7. Integrated Quality and Performance Exception Report

LB presented the report which provided information as at February 2015 relating to unplanned care, planned care, mental health, CCG specific patient experience, and serious incidents. In terms of unplanned care Yorkshire Ambulance Service Red combined response times, reported at 71.5% for December, had increased to 72.5% in January; although this was not yet at the level of the recovery plan trajectory the progress to date was recognised. The 15 minute handover performance, reported at 71.6% for December, was at 77.4% for January against the 100% target. Four hour waiting times, reported at 86.5% for December, had been 94% week ending 15 February against the 95% target.

LB noted a deterioration in planned care performance and advised that the Planned Care Working Group scheduled for 18 February had been cancelled. In regard to diagnostics there was a total of 245 breaches of over six week waits. There were 46 non-obstetric ultrasound breaches, 148 CT scan breaches for which the planned maintenance was being impacted by the pressures in the system, and 30 cystoscopy breaches. There had been an increase from 758 to 815 patients waiting longer than 18 weeks for referral to treatment; data was awaited regarding the specialties affected. Cancer breast symptom two week wait performance had slightly deteriorated. In response to OS seeking further information about the issues of referral to treatment and diagnostic waiting times LB confirmed that this was being addressed through joint work with York Teaching Hospital NHS Foundation Trust. RP additionally noted that this would be discussed at the Collaborative Improvement Board on 26 February.

In regard to the maintenance on the CT scanner LB agreed to follow up information received that it would not be back in operation until June as the initial notification had been for a three month period.

LB commended the partnership between the CCG, City of York Council and York Teaching Hospital NHS Foundation Trust in respect of delayed transfers of care. She reported the requirement for a 50% reduction from 35 delayed transfers of care in four weeks, i.e. by close on 26 February, noting that the current number was 21, therefore a further four discharges were required in this regard. LB advised that an overall review of the discharge processes was taking place and that the impact of patient choice on placements was being addressed through temporary step down beds. Work was taking place across the system to ensure a sustainable reduction rate and address inconsistencies in discharge processes.

In regard to mental health performance LB highlighted improved performance noting that the overall prevalence rate for January had increased to 9.8% and recovery rate to 57.9%. Leeds and York Partnership NHS Foundation Trust had expressed confidence that their contractual obligation to achieve 8.3% by the end of the financial year. Additionally, initiatives were being undertaken to further improve performance in the first two quarters of 2015/16. LB also noted that work was taking place with GP practices to improve dementia diagnosis, which was at 54.2% for January.

LB reported on the requirement for work to be undertaken to understand data relating to annual learning disability health checks, currently a Local Enhanced Service with GP practices.

The Committee:

Noted the Integrated Quality and Performance Exceptions Report.

8. Finance, Activity and QIPP

KS-W presented the report which described financial activity and performance as at the end of January 2015. She highlighted that the planned financial position was on track with a year to date surplus of £3.1m and forecast delivery of the £3m revised surplus, including the Continuing Healthcare adjustment. The CCG had achieved the running costs, mainly due to vacancies, operated within the cash limit and met the 95% payment of creditors within 30 days requirement. There was a greater level of assurance about the end of year position.

In terms of key variances, the overall mental health position had slightly deteriorated. The mental health out of contract spend had increased but been offset by a reduction in the continuing healthcare spend due to data cleansing. KS-W noted in regard to continuing healthcare that the figures had been reconciled with a resulting assurance about the financial benefit to the CCG. A number of factors, including over accrual at the year end and manual processes, had contributed to the issue; the system had now been automated.

There was a forecast underspend in primary care prescribing and a year to date underspend in out of hours with a forecast outturn underspend of £131k to take account of potential further winter pressures.

In response to DB seeking information about the impact of IVF on reserves and contingencies MA-M advised that it was not yet possible to assess the impact; provision would be reported at month 12.

KS-W referred to the Contract Management Board summaries:

- York Teaching Hospital NHS Foundation Trust – there was an underspend and the forecast outturn was expected to be an undertrade of £2m, including penalties and contract adjustments.
- Yorkshire Ambulance Service – there was increased activity and handover delays as reported in the previous item.
- Leeds and York Partnership NHS Foundation Trust – as reported above, there was improvement in improving access to psychological therapies; additional work was taking place in regard to autism assessment and diagnosis rates; assurance visits were planned to Worsley Court and Mill Lodge in Selby; the complaints policy had been updated.

FB referred to the update on the QIPP schemes highlighting that in addition to completing the work associated with the current projects planning was taking place for 2015/16. The Better Care Fund was a key element of this work and the baseline dashboard, to be presented later at the next agenda item, was being developed. These schemes were currently health led but social care elements were being identified and 'partners' would be established.

In regard to community services / integrated community care FB referred to discussion at the Governing Body and noted that the review of service contract lines was expected to take six to seven months. Engagement work on co-producing outcomes would take place alongside this process. The CCG was also working with Capsticks and through New Models of Care and the Pioneer bid in regard to specifications and had potential access to £30k for a stress report. This work would ensure long term benefit.

FB reported that voluntary sector contracts and grants were being maintained for 2015/16 and being reviewed to develop outcome based contracts. Engagement had begun on a lead provider model. FB agreed to provide a report on voluntary sector contracts and grants for the April meeting of the Committee.

MA-M gave a presentation on the 2015/16 Financial Plan providing information on Business Rules, allocations, planning assumptions, cost pressures, investments, "the gap" and potential solutions for bridging the gap. He explained that modeling of the assumptions resulted in a £14.2m gap and achievement of delivering 1% surplus. The potential solutions described, which carried varying degrees of risk in terms of delivery and impact, totalled £12.8m.

MA-M reported on discussions with the Area Team about consideration of reducing the surplus to below 1% and noted that he had requested a definitive position

regarding potential implications for primary care co-commissioning with such an approach. However, the emphasis should be on an open and transparent, clear and credible plan which also took account of the context of the overall health economy. In regard to the latter the potential for a 1% surplus was a cause for concern in view of the financial position of York Teaching Hospital NHS Foundation Trust. MA-M noted that he would have further discussion with the Area Team before the draft plan was submitted on 27 February and highlighted that all schemes would be required to deliver as intended.

Discussion on potential options to bridge the gap included: reducing the £5 per head allocation; recognition that within the £39m primary care co-commissioning budget there was a requirement for 1% surplus and 0.5% contingency but the only areas of potential influence on primary care related to the Quality and Outcomes Framework and Direct Enhanced Services; confirmation that the system resilience funding was fully committed and was now included in the CCG's allocation; and recognition of the challenging position which required difficult decisions.

In terms of timescales MA-M reported that the first full draft financial plan and the operational plan refresh would be submitted on 27 February; final submission was in April. Sign off of contracts should be by 11 March 2015.

MA-M advised that he would present more detailed information at the Governing Body Workshop on 5 March emphasising that robust discussion would be required on the potential solutions to bridge the gap, including the potential for decommissioning.

The Committee:

1. Noted the Finance, Activity and QIPP report.
2. Requested that FB provide a report on voluntary sector contracts and grants at the April meeting.
3. Noted and supported the information presented on the Financial Plan 2015/16.

9. Better Care Fund Schemes: Baseline and Monitoring

ML tabled the first draft Better Care Fund Dashboard 2014/16 which was being developed to monitor the projects across health and social care in terms of ensuring delivery and informing future investment decisions; it would also detail investment and savings. ML noted that the information presented required amending from 50% to 70% tariff in view of the recent information received and the potential savings were based on minimum targets.

Members welcomed the first draft document and sought and received clarification on a number of aspects of the detail presented noting that further work was required to provide full information. ML confirmed that the data related to all three local authorities, noted that some areas reported were nationally mandated – for example 24/7 access – and assured members that learning would be shared across the integrated pilots. It was agreed that decisions would be based on quality as well as

cost but recognised that in the event of a scheme not reducing admissions further measures would be required.

KS-W noted the need for awareness of differential data collection by the CCG and the Area Team and to ensure consistency and accuracy.

It was agreed that the dashboard be presented at alternate meetings of the Committee. Any issues that arose in the interim would be reported via the monthly Finance, Activity and QIPP report.

The Committee:

1. Welcomed the initial draft Better Care Fund Dashboard.
2. Agreed that this would be an agenda item at alternate meetings with any interim issues reported via the monthly Finance, Activity and QIPP report.

10. 2015/16 Planning

This had been covered under MA-M's presentation. Detailed discussion would take place at the Governing Body Workshop on 5 March.

The Committee:

Noted that 2015/16 would be discussed at the Governing Body Workshop on 5 March 2015.

11. System Resilience Group Scheme Continuation 2015/16

AP presented the report that advised of review by the System Resilience Group of current schemes, previous year and new schemes with a view to a number of them being continued into 2015/16. This proposal was the first stage in allocating a total sum of £2.06m for the financial year 2015/16. It was also proposed that a £500k contingency be maintained for winter pressure schemes to commence in September 2015. Full detail of costings and evidence of impact would be provided to the Committee as soon as it was available.

AP additionally noted the potential for consideration by the Urgent Care Working Group of providing increased access to GP practices at specific times.

The System Resilience Group scheme recommendations were as detailed below.

To support:

- UC10 – Rapid Arrest Team (RATs) extension for evening and weekends
- UC01 – Development of bespoke modeling and capacity planning package and data system tools
- UC08 – GP in A and E
- UC18 – Arclight homeless support worker

To support with caveats:

- UC17 – Transitional waiting area for mental health patients waiting for transfer to mental health hospital (to 30 September 2015)
- UC40 – RATS outreach, including Priory Medical Group Support (for a further six months)
- UC26 – Age UK Discharge escort service (York) (Time limited – Include in CCG Patient Transport Service Review)
- MH01 – Emergency department liaison service (EDLS) (to 30 September 2015)
- TT03 – Handyman – Yorkshire Housing (for a further six months)
- TT02 – Ambulatory Care (6 weeks pilot to cease, data to be reviewed with a view to becoming operational service)

To not support:

- UC22 – Age UK: Hospital out of hours support worker service
- UC03 – Minor Injury and Minor Illness – Yorkshire Ambulance Service

The Committee:

1. **Approved in principle the recommendations of the System Resilience Group, as detailed above; costings to be provided for final approval by Senior Management Team.**
2. **Agreed to receive evidence of impact when available.**

12. Corporate "Red" Risk Report

RP referred to the corporate risk register as at 13 February 2015 highlighting that the risks identified in respect of the Better Care Fund projects and finance had been discussed at earlier agenda items. Other risks related to continuing concerns about Leeds and York NHS Partnership Foundation Trust compliance with quality standards, failure to meet nationally mandated performance targets, and services provided by Business Intelligence to meet intelligent commissioning requirements.

The Committee:

Noted the risks that formed the Corporate Risk Register.

13. Individual Funding Requests Policy and Procedure

LB explained that the Individual Funding Requests Policy and Procedure had been refreshed to enhance governance arrangements and was presented following agreement by the Clinical Research and Effectiveness Committee for approval to be recommended to the Governing Body. She clarified that referrals were made either through a consultant or a GP practice. Additionally guidance was being developed for GPs to ensure all relevant information accompanied referrals.

The Committee:

Recommended the Individual Funding Requests Policy and Procedure for approval by the Governing Body.

14. Key Message for the Governing Body

- Procurement
    - Concerns about references and due diligence
    - Committee to be involved in specification, tender questions, membership of tender panel and the full project plan with full anonymised explanation of decision prior to final award
    - If appropriate independent assurance to be sought from the Clinical Senate
- Review of Committee terms of reference in respect of primary care co-commissioning
- Better Care Fund Dashboard to include quality as well as cost and to be presented at alternate meetings

The Committee:

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

15. Next meeting

9.30am on 19 March 2015; GPo agreed to chair this meeting on behalf of DB.

Prior to closing the meeting DB and members of the Committee expressed appreciation to LB for her contribution as this was her last meeting and wished her success for the future.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND FINANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 19 FEBRUARY 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	LB LB	22 January 2015
QF19	18 December 2014	Integrated Quality and Performance Exception Report	• Lessons learnt report from the Yorkshire Ambulance Service MAJAX to be presented • Executive to Executive meeting to be arranged between the CCG and Leeds and York Partnership NHS Foundation Trust	OS RP	Ongoing 10 March 2015

QF22	22 January 2015	Finance, Activity and QIPP	• Report on 2013/14 Continuing Healthcare provision and accrual to be presented	MA-M	19 February 2015
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	
QF24	19 February 2015	Integrated Quality and Performance Exception Report	• Timescale for CT scanner maintenance to be followed up	LB	
QF25	19 February 2015	Finance, Activity and QIPP	• Report on voluntary sector contracts and grants	FB	23 April 2015 meeting
QF26	19 February 2015	Better Care Fund Schemes: Baseline and Monitoring	• Dashboard to be presented at alternate meetings	FB/ML	23 April 2015 meeting
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	

QF28	19 February 2015	Individual Funding Requests Policy and Procedure	• To be presented for approval by the Governing Body	MC	2 April 2015 meeting