

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

Present

Dr Guy Porter (GPo) - Chair	Consultant Radiologist, Airedale Hospital NHS Foundation Trust – Secondary Care Doctor
Mr Michael Ash-McMahon (MA-M)	Interim Chief Finance Officer
Mrs Michelle Carrington	Chief Nurse
Dr Mark Hayes (MH)	Chief Clinical Officer
Dr Shaun O'Connell (SOC)	GP Governing Body Member, Lead for Planned Care, Prescribing, and Quality and Performance
Mrs Rachel Potts (RP)	Chief Operating Officer

In Attendance

<i>Ms Jayne Botham (JB)</i>	<i>Deputy Designated Nurse for Safeguarding Children and Children's Commissioning Lead</i>
Ms Michèle Saidman (MS)	Executive Assistant

Apologies

Mrs Fiona Bell (FB)	Deputy Chief Operating Officer/Innovation Lead
Mr David Booker (DB)	Lay Member
Dr Tim Maycock (TM)	GP Governing Body Member, Joint Lead for Primary Care
Dr Andrew Phillips (AP)	GP Governing Body Member, Lead for Urgent Care/Interim Deputy Chief Clinical Officer
Mrs Kathryn Shaw-Wright (KS-W)	Interim Deputy Chief Finance Officer
Mr Owen Southgate (OS)	Assurance and Delivery Manager, NHS England Area Team

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 February 2015

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

The Committee:

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

4. Matters Arising

Quarterly Safeguarding Report: MC advised that a report would be presented at the next meeting.

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

The Committee:

Noted the updates.

5. Integrated Quality and Performance Exception Report

MC presented the report which provided information as at March 2015 relating to unplanned care, planned care, mental health, patient safety incidents, and complaints and concerns. In respect of unplanned care MC noted that the Yorkshire Ambulance response times data related to January performance and the greater than 75% target had not been met. Category A 8 minute response times in the Vale of York were consistently better than the overall Yorkshire Ambulance Service figure of the greater than 75% target which had not been met until the 10 minute mark. Performance against the Category A greater than 95% 19 minute response time was, as reported in February, not being met in Vale of York but being achieved by Yorkshire Ambulance Service as a whole. Handover performance of less than 15 minutes 100% of the time remained at 'red' but had improved in January and again in February. The seven 12 hour trolley waits had been investigated and assurance had been sought and received that no patient risk had been identified in these instances.

MC referred to recruitment of nurses across York Teaching Hospital NHS Foundation Trust noting that 17 staff nurses had been recruited to A and E. There were approximately a further 60 nursing vacancies in York with potential recruitment from Spain, delayed until later in the year due to no availability of nurses; they were also looking to the Philippines. MC noted that consultant recruitment to A and E was a national issue. York Teaching Hospital NHS Foundation Trust had tried unsuccessfully to recruit consultants in a number of specialties.

In respect of planned care diagnostics MC reported that the CT scanner continued to be the main issue. She noted that the building work was behind schedule and was now not expected to be completed until July 2015. Until this time there was only one scanner in use but on completion of the work there would be three. MC additionally noted that the delays for CT colonoscopy had been due to sickness but the consultant had returned to work.

MC reported that York Teaching Hospital NHS Foundation Trust had given a presentation on the IMAS capacity and demand work to aid referral to treatment time at the Unplanned Care Working Group on 18 March. This indicated a return to closing of the gap, not to a position of recovery, by August 2015. The absence of modeling information to inform financial planning requirements was discussed. Five hundred additional patients per month would need to be seen in order to address the backlog. Whilst recognising the need for the backlog to be addressed MA-M expressed concern at the affordability.

The potential for a number of specialties to continue to have performance issues was noted. RP additionally reported that she had received feedback from the Unplanned Care Working Group identifying pressures on MRI scans, therefore imaging generally was an overall cause for concern.

SO expressed concern across specialties in respect of referral to treatment timescales noting ENT as the main area to potentially achieve sustainability by August. He highlighted recruitment as an issue in a number of specialties which impacted on potential alternative capacity and the ability to address the backlog. SO also noted that representatives from Nuffield Hospital had attended the launch of the Bone Protection Service when they had advised that they were considering obtaining another static MRI scanner which would provide additional capacity.

Discussion emanated on the need for partnership working to address the backlog issues in the current complex and challenging environment. Members noted that other parts of the country were similarly affected and expressed support for York Teaching Hospital NHS Foundation Trust in their efforts to address the performance challenges. The recent partnership working on the Vanguard submission and support for the Referral Support Service from dermatologists were noted. However the need for system transformation and cultural change on the part of consultants and GPs was emphasised.

In regard to performance against cancer targets MC noted that York Teaching Hospital NHS Foundation Trust was not expected to achieve the quarter 4 fast track target. Dermatology two week waits were at 40% for January rising to over 80% now the Consultant was in post and breast symptomatic performance was due to patient choice. In regard to the latter SO highlighted the need for feedback to individual GPs to ensure referred patients were aware of the two week pathway. In response to GPs seeking information about comparable information SO agreed to arrange for a presentation on cancer programmes at a future meeting of the Committee.

MC advised that, although delayed transfers of care were an ongoing issue, the Secretary of State and NHS England requirement for a 50% reduction in a four week period across NHS Vale of York and NHS Scarborough and Ryedale CCGs had not only been achieved but had been exceeded through partnership working across health and social care and the voluntary sector.

Progress by Leeds and York Partnership NHS Foundation Trust on Improving Access to Psychological Therapies was commended as the 8% target had been exceeded. Members noted that work was ongoing to promote existing services in GP practices in the Tees Esk and Wear Valleys area.

MC reported that the York Teaching Hospital NHS Foundation Trust Failed Safety Notice related to an automated machine at Bridlington that had been incorrectly programmed by the manufacturer. No evidence of patient harm had been identified to date and the risk of any such case was very small. If this changed the CCG would be informed and associated GP practices would receive copies of the correspondence.

MC provided clarification about serious incidents at York Teaching Hospital NHS Foundation Trust and Leeds and York Partnership NHS Foundation Trust. In regard to the latter she noted that Anthony Deery had been confirmed as Chief Nurse and had commissioned the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) to undertake a two year review of suicides, including recent ones of patients known in the system. Findings would be presented in July.

In regard to a case of MRSA bacteraemia expected to be attributed to the CCG, MC advised that the outcome of a post infection review meeting was awaited.

MC noted that the patient experience information only related directly to the CCG and was not triangulated with York Teaching Hospital NHS Foundation Trust feedback. She advised that a website feedback tool for primary care was being launched imminently, comprising a button for professionals and one for the public, with the aim of collecting positive as well as negative feedback, an approach already adopted by providers. MC also reported that the York Teaching Hospital NHS Foundation Trust Quality and Performance meeting had been informed of three referrals to the Ombudsman in January and four in February; further information had been requested.

GPo welcomed the enhanced format and information presented in the report.

The Committee:

1. Noted the Integrated Quality and Performance Exceptions Report.
2. Noted that SO would arrange a presentation on cancer programmes for a future meeting.

6. Finance, Activity and QIPP

MA-M presented the report which described financial activity and performance as at 28 February 2015. He highlighted the revised £3.8m overall forecast surplus to achieve the increased requirement for a 1% surplus. This would be achieved through c£380k support from the Area Team and c£500k to be identified by the CCG. Achievement of the 1% surplus in the current financial year would mitigate some of the pressure in 2015/16.

MA-M advised that there were three variables that could support delivery of the 1% surplus, noting that he had provided a similar briefing to the Audit Committee on 11 March. These were the end of year position with York Teaching Hospital NHS Foundation Trust, the IVF backlog and a potential impairment of equipment at Ramsay Hospital. In regard to IVF £851k provision, i.e. c300 cases, had been made based on principles adopted by neighbouring CCGs. Since the decision taken in December 2014 and up to the end of February there had been 18 cycles undertaken. Further work needed to be undertaken to assess the number of referrals, but early indications were that this spend could be reduced to c£200k to £300k.

MA-M reported on discussion at the Audit Committee relating to the potential impairment of equipment at Ramsay Hospital. The advice had been to write off the value of the unidentified kit, i.e. c£600k; this was not a material amount in terms of

the audit opinion. The remaining amount would be subject to accelerated depreciation over the length of the next elective orthopaedic contract. This would need to be seen in light of the CCG's overall affordability position and was again not material.

MA-M apologised for an adjustment required to the Leeds Teaching Hospitals NHS Trust position to correct a final 2013/14 year end position. This equated to a £287k pressure.

In respect of prescribing MA-M noted that activity had increased and discrepancies required addressing.

Members commended the achievement of a forecast surplus position in the context of the historical inherited deficit at the beginning of the organisation and highlighted that the best and worst case positions were no longer assessed as 'red'. MA-M emphasised that both the current year and 2015/16 would be financially challenging but that the CCG was not an outlier in this regard.

In respect of QIPP RP noted that the mental health procurement had closed and the bids were being evaluated. The Committee would receive the narrative of the evaluation at the May meeting prior to presentation to the June Governing Body for ratification and sign off. *(Post meeting note: This should read 'The Committee would receive the narrative of the evaluation at the April meeting prior to presentation at the May Part II Governing Body meeting')*.

RP referred to the submission for Vanguard status by partners across the Vale of York locality and noted that although this had been unsuccessful there was continuing support to progress the approach. Members discussed historical and geographical issues and the need for further culture change.

The Committee:

Noted the Finance, Activity and QIPP report.

7. Better Care Fund Pooled Budgets and Risk Share Arrangements

MA-M referred to the complexity of arrangements with three local authorities for the Better Care Fund. He reported that for the City of York the Local Authority would hold a virtual pooled budget for the full accounting value. However, money would only be passed to them to take account of increased allocation for social care protection and where they were lead commissioners for schemes. The £4.3m Whole System Review was a joint scheme for which transaction of funding had not yet been agreed.

In regard to risk share the lead commissioner would maintain the associated risk with the exception of the Whole System Review for which MA-M had proposed a 50/50 risk share. The lead commissioner was the organisation which currently held a contract with a provider and could therefore enact a contract variation.

A similar approach was being adopted for the North Yorkshire County Council fund with the complexity of contributions from multiple CCGs. The expectation was for the Better Care Fund to be on a global sum measure with the proposal that the lead commissioner should take responsibility. Guidance was awaited in this regard.

In respect of the East Riding of Yorkshire Better Care Fund health would hold the fund and only transfer funds for social care protection.

MA-M noted that the approach described appeared to be in line with that of the other local CCGs. He also reported that Section 75 agreements required signing by the end of March and that clarification was required as to where the relevant authority lay for this.

In response to GPo referring to the complexities of the CCG's boundaries and whether there may be any potential change, MH advised that there would be no such change at the current time.

The Committee:

Noted the update.

8. Risk Framework Report

In presenting the Risk Framework Report RP noted the high risks areas identified: failure to meet constitutional performance targets; delivery of Better Care Fund plans that will result in anticipated financial savings; availability of business intelligence to inform strategic decisions; and fitness for purpose of provider estate (Bootham Park Hospital). Detailed information included mitigating actions.

In response to GPo's request for clarification regarding Bootham Park Hospital RP and MA-M described both the interim arrangements and an estimated three year programme to complete the reprovision, which included consideration by NHS Estates of all mental health provision in York. The model would be agreed with the new provider following the current mental health procurement.

The Committee:

Noted the Risk Framework Report.

9. Key Message for the Governing Body

- Review of suicides
- Increase to 1% financial surplus
- Understanding of and confidence in York Teaching Hospital NHS Foundation Trust performance in the context of current local and national challenges

The Committee:

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

10. Next meeting

9.30am on 23 April 2015

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND FINANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 19 MARCH 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	<ul style="list-style-type: none"> Regular updates from the Local Safeguarding Children Board to be provided. Quarterly Safeguarding Report to be provided 	MC MC	23 April 2015
QF19	18 December 2014	Integrated Quality and Performance Exception Report	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	

QF25	19 February 2015	Finance, Activity and QIPP	<ul style="list-style-type: none"> Report on voluntary sector contracts and grants 	FB	23 April 2015 meeting
QF26	19 February 2015	Better Care Fund Schemes: Baseline and Monitoring	<ul style="list-style-type: none"> Dashboard to be presented at alternate meetings 	FB/ML	23 April 2015 meeting
QF27	19 February 2015	System Resilience Group Scheme Continuation 2015/16	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> To be presented for approval by the Governing Body 	MC	2 April 2015 meeting
QF29	19 March 2015	Integrated Quality and Performance Exception Report	<ul style="list-style-type: none"> Report on cancer programmes 	SO	