NHS
Vale of York
Clinical Commissioning Group

Item 16.2

Minutes of the Quality and Finance Committee held on 19 May 2016 at West Offices, York

Present

Mr David Booker (DB) - Chair	Lay Member
Mr Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Mrs Fiona Bell (FB) - part	Deputy Chief Operating Officer
Mrs Michelle Carrington (MC)	Chief Nurse
Mrs Helen Hirst (HH) - part	Interim Accountable Officer
Dr Arasu Kuppuswamy (AK)	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Member
Dr Tim Maycock (TM)	GP Governing Body Member, Lead for Primary Care
Dr Shaun O'Connell (SOC)	GP Governing Body Member, Lead for Planned Care and Prescribing
Mrs Rachel Potts (RP)	Chief Operating Officer
Mrs Tracey Preece (TP)	Chief Finance Officer

In attendance

Mrs Laura Angus (LA)	Lead Pharmacist
Ms Michèle Saidman (MS)	Executive Assistant

Apologies

Dr Mark Hayes (MH)	Chief Clinical Officer
Dr Andrew Phillips (AP)	GP Governing Body Member, Lead for Urgent Care/Interim Deputy Chief Clinical Officer

DB particularly welcomed AK to his first meeting of the Committee.

Apologies

As noted above.

Declarations of Interest in Relation to the Business of the Meeting

There were no declarations of interest in relation to the business of the meeting. All declarations were as per the Register of Interests.

1. Minutes of the meeting held on 21 April 2016

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

The Committee:

Approved the minutes of the meeting held on 21 April 2016.

2. Matters Arising

Key Messages to the Governing Body: In respect of Red Amber Green (RAG) review and rating of QIPP and the Better Care Fund RP advised that risk reporting was currently being reviewed and aligned with the NHS England Improvement and Assurance Framework which would be reported to the next meeting of the Committee. RP also noted that the review of the inter relationship of Governing Body committees and the revised Quality and Finance Committee Terms of Reference would be presented at the next meeting.

A number of matters were noted as agenda items or scheduled for a future meeting.

The Committee:

1. Noted the update and ongoing work.
2. Noted that the review of Governing Body committees and revised Quality and Finance Committee Terms of Reference would be presented at the next meeting.

"Good News"

MA-M and MC reported on their attendance at the City of York Council Health and Wellbeing Board on 18 May for an update on the Better Care Fund. A joint response with colleagues from City of York Council Adult Services had been provided expressing commitment to work together within the context of the associated risks and challenge. Members of the Health and Wellbeing Board had commended the level of commitment to achieve transformation.

3. Turnaround Plan – Financial Performance Report

TP noted that CCGs did not formally report to NHS England in month 1 therefore the report presented described expenditure equivalent to the 2016/17 financial plan submitted on 19 April. The CCG continued to be classed as an organisation in turnaround and was planning a year end deficit of £13.35m comprising £6.3m brought forward deficit from 2015/16 and an in year deficit of £7.05m. TP explained the latter in the context of the national available NHS draw down and noted that if permission was granted to use the 1% non recurrent requirement the CCG would have an unmitigated risk of £2.8m.

TP advised that the financial plan submitted included £12.2m QIPP of which £11.58m had been identified, at various levels of risk, leaving £625k unallocated. She detailed the risks and mitigations noting that a meeting was scheduled for 23 May to discuss next steps for assurance of the joint CCG / NHS England financial plan.

TP detailed the historic NHS funding issues across North Yorkshire and the current work including in response to Right Care benchmarking of the "Ten CCGs Most Like Me".

In response to DB requesting whether any additional pressures were foreseen discussion ensued in respect of inherent risk due to there no longer being a risk share arrangement for high cost continuing healthcare patients. TP advised that from a

planning perspective a best estimate was included and additionally noted that the CCG was aware of a patient whose care would cost £300k full year effect. She noted that the only risk share arrangement related to Specialist Rehabilitation Brain Injury which was an area of high cost but low volume spend.

In respect of the Partnership Commissioning Unit TP reported that a review process had been established with prioritisation of ensuring the correct baseline for mental health out of contract spend and identification of QIPP plans.

SOC reported a 90 day implementation requirement from NICE of a new heart failure drug with a potential initial estimated cost pressure of £1m to £2m. He expressed concern at an additional pressure on the prescribing budget which was already overspent and noted the need to mitigate this.

MC referred to the £13.6m system transformation fund for trusts reporting that achievement of the 91.4% access target for referral to treatment and A and E was predicated on achievement of the Trust's locally agreed trajectories each quarter in addition to the end point by March 2017. TP added that trusts signing up to the system transformation control total were immune from penalties but noted that the CCG did not plan for penalties.

TP explained that the GP at the "front door" of A and E model being developed was currently assessed at £1.5m to £1.8m overall cost to the health economy and in effect was an increased cost to the system to guarantee achievement of the A and E target. The Project Group was meeting weekly to develop the model. This was a transformation scheme that would require approval by both the CCG Governing Body and the York Teaching Hospital NHS Foundation Trust Board. Members emphasised that the performance should be for the York Hospital site with a 95% target guarantee noting that consideration of the investment was required in the context of cost to a challenged health economy and the Sustainability and Transformation Plan.

TP highlighted from the financial aspect of QIPP that there would be line by line monitoring of value in the plan, identification of further expectation in light of work undertaken, and RAG rating of delivery. There would also be detailed programme management which would be correlated and included with effect from the month 2 Financial Performance Report.

The Committee:

Noted the Financial Performance Report expressing concern at the further pressures identified.

4. Turnaround Plan – QIPP Update

RP referred to the recent independent review by Andrew Messina (AM) of the CCG's Programme Management Office arrangements noting that his final report would be circulated with an action plan that was currently being developed. She advised that he had recognised progress and had thanked members of the CCG for their co-operation and input.

AM's recommendations included: "further faster" in respect of identified QIPP rather than seeking additional areas of work; the need for cross cutting enablers for QIPP; review of Covalent for Programme Management to include a "paper light and assurance heavy" alternative tool (AM to send a suite of examples); establishment of a dedicated Programme Management Office including a Programme Management Office Manager; and clear metrics. RP noted that proposed actions included a "lunch and learn" programme by FB and Lynette Smith on logic modeling. Other areas in the review included the need for maximising resource and capacity, benefits realisation reporting and active management of risk. The programme groups were being formalised and would report to the Programme Delivery Steering Group. Additionally, a wider discussion on capacity to deliver was taking place with HH and other Chief Officers.

FB reported that the QIPP tracker was being updated weekly on a Monday after the meeting of the Assurance and Delivery Group for consideration at the Tuesday Senior Management Team meeting. She highlighted the format of the tracker in terms of indication of direction of travel of schemes and RAG rating of both deliverability and finances.

In respect of integration of community based health and social care system including the Better Care Fund requirements FB highlighted:

- Discussion was taking place with York Teaching Hospital NHS Foundation Trust on areas relating to the community contract, including review of hospital bed bases as part of developing an integration plan. This was one of a number of areas that relied on providers for delivery but joint working was taking place.

- The community wheelchair and equipment procurement had a potential full year effect saving of £470k based on work undertaken with the other commissioners involved to validate finances. Multiple bids had been received for community equipment and community wheelchair services and shortlisted providers had been notified. They were progressing to the invitation to tender stage with business cases required by 14 June. The procurement was on schedule for an August contract start date.

- Following a request from Yorkshire Ambulance Service for a further £100k to implement recommended improvements for the renal services contract that had been identified through partnership working, FB sought and received the Committee's support to explore alternative providers, noting that other parts of the contract with Yorkshire Ambulance Service would not be affected.

Other areas highlighted by FB related to Primary Care and Urgent Care:

- Local Enhanced Services were being developed for discussion with the Council of Representatives in July in respect of anti-coagulation and deep vein thrombosis following confirmation that the Vale of York Clinical Network had not yet reached a stage of development to deliver these services. TM added that work was focusing on anti-coagulation in view of proof of concept and that clarification was being sought on deep vein thrombosis reporting in light of introduction of the ambulatory care service.

- The GP at the “front door” of A and E was being modeled as a potential to improve A and E performance and was supported by Yorkshire Doctors Urgent Care. Deliverability was expected to become ‘Amber’ as a result of progress.

Discussion ensued on the criteria and processes for RAG rating schemes. Members noted that work was taking place to deliver maximum benefits and savings with escalation of concerns relating to schemes that were not delivering. Proportionality was needed in terms of allocating capacity and resources.

The Committee

1. Welcomed the rigorous approach and commitment to the work on QIPP which was required to provide evidence of deliverability at an early stage.
2. Supported the proposal that alternative patient transport providers be sought for the current renal services contract with Yorkshire Ambulance Service.

5. Quality and Performance

5.1 Assurance Report

MC noted that the quarter 4 assurance data, provided for information, gave an update against key quality and performance measures, including a detailed six month view with benchmarking where applicable and two year trend overview.

5.2 Intelligence Report

MC referred to the report which presented validated data as at March 2016 and noted the earlier discussion relating to the GP at the “front door” of A and E and the Sustainability and Transformation Fund.

In respect of Yorkshire Ambulance Service MC highlighted new outcome based RAG rating categories established to remove unwarranted variation. These were

- Life-threatening emergency: Red response standard – within 8 minutes
- Serious but not life threatening emergency: Amber response standard – within 19 or 30 minutes
- Non emergency: Green response standard – one to four hours

MC noted that for NHS Vale of York CCG achievement of the 19 minute response time was reported at 90.6%, down from 92.5% in February, against the 95% target which was met at 25 minutes. She also noted in respect of Yorkshire Ambulance Service handover performance any penalties (for example for 2015/16 this was c£400k) required consideration as penalties were not included within the Sustainability and Transformation Fund rules.

MC highlighted in respect of performance against the four hour Emergency Department performance target that the business case for the Primary Care ‘Emergency Department Front Door’ model was scheduled for presentation to Senior Management Team on 31 May. In response to discussion regarding the national context of A and E

performance MC agreed to provide a summary of a Kings Fund report at the next meeting. She also explained that this was multi factorial and across the system including staffing and recruitment issues and GP waiting times.

MC reported that the Junior Doctors Strike had had little impact on A and E due to plans implemented including cancellation of elective activity.

In respect of diagnostics MC noted good performance had been achieved through increased spend with York Health Solutions. In this regard ultra sound information was not available to benchmark whether this represented good value.

MC noted that 18 week referral to treatment performance was being affected by the cap on agency spend due to capacity issues.

Good performance against all cancer targets was noted.

Healthcare Associated Infections at York Teaching Hospital NHS Foundation Trust week ending 9 May 2016 were three clostridium difficile against a 2016/17 full year trajectory of 43 and one MRSA bacteraemia against a zero trajectory. MC noted that an annual report for the 2015/16 year end position would be provided for the additional Quality and Finance Committee in June.

MC highlighted a number of aspects relating to Serious Incidents and in respect of Bootham Park Hospital advised that the CCG was not included in the request for permission for Judicial Review. She also noted that partners were required to submit an action plan to NHS England by 25 May in response to the lessons learnt review into the closure of Bootham Park Hospital.

In respect of Improving Access to Psychological Therapies MC reported that national validated figures were 5% for access, down from 7.2% in February, against the 15% target and 28.4%, down from 51.6% in February, for recovery against the 50% target. She noted that this was due to the changeover of systems as previously reported and highlighted that the information would be reported differently from April 2016.

MC referred to Primary Care coding for dementia, included for the first time, noting that Senior Management Team had requested a report on this. The additional information would be included in the next report to the Committee.

The Quality Premium for 2016/17 had a maximum potential for the CCG of £1.75m. This was dependent on achievement of four mandatory and three locally set measures and was subject to reductions for any failures of the Quality Gateway, Financial Gateway or NHS Constitution Gateway. In response to clarification sought TP confirmed that despite the challenging financial position there was still potential to achieve the financial gateway. She also noted that the CCG did not include the Quality Premium in financial planning.

MC noted that further work was taking place to triangulate provider patient experience information for inclusion.

The Committee

1. Noted the Quality and Performance Assurance Data for Quarter 4 o015/16.
2. Noted the May 2016 Quality and Performance Intelligence Report.

6. Corporate Risk Report

In presenting the report which included annexes relating to Corporate Events, Strategic Risk, a Corporate Risk Heat Map and Detailed Corporate "Red" Risks, and a list of all Corporate Risks, RP highlighted a new event relating to fast track Continuing Healthcare packages for end of life patients noting that the Partnership Commissioning Unit was seeking alternatives. She reported that because of the associated issues the service had been put out to procurement. However, as no interest had been received alternative procurement options were being sought. TP confirmed that the CCG budget accounted for fast track packages noting that the delay was availability of care following assessment, which was a national problem.

RP referred to two events that remained active relating to delivery of mental health services arising from the closure of Bootham Park Hospital and implementation of inpatient facilities in the York area. Two further events related to failure to submit an agreed Better Care Fund plan and confirmation that the 95% four hour wait target for A and E services had not been achieved in 2015/16.

RP advised that further work was taking place on the report format to align risks and strategic objectives to the new CCG Improvement and Assessment Framework.

TP expressed appreciation to MA-M and Neil Lester, Interim Senior Finance Manager, for updating all Finance and Contracting risks.

The Committee:

Noted the corporate risk update report and ongoing work to align the format with the new CCG Improvement and Assessment Framework.

FB left the meeting and HH joined.

7. Partnership Commissioning Unit Briefing Paper

MC referred to the report presented at the request of the Committee noting that the CCG had recently undertaken three key pieces of work in to various aspects of the Partnership Commissioning Unit: an independent review, a financial review and an internal audit looking at Contnuing Healthcare. TP added that the scope of Neil Lester's financial review had subsequently been increased to encompass a full open book review and that North Yorkshire CCGs Chief Finance Officers had agreed to share Continuing Healthcare and Section 117 baseline information to inform assurance. She also noted that Accountable Officers and Chief Nurses would agree actions and recommendations in response to the independent review.

TP additionally reported an error in one of the Partnership Commissioning Unit's year end calculations relating to £3.1m provision across the four North Yorkshire CCGs.

She noted that the auditors had advised this should only be reported as an internal control weakness at NHS Scarborough and Ryedale CCG but emphasised that the detailed financial review work would seek assurance.

The Committee:

Noted the recent developments relating to the Partnership Commissioning Unit.

Additional Item – Update on City of York Council Better Care Fund

HH described the escalation process resulting from the fact that a Better Care Fund plan had not been agreed. HH advised that Elaine Wyllie was providing specialist support working with the CCG and City of York Council to develop a plan by 3 June 2016. HH noted that a number of CCGs across Yorkshire and the Humber had Better Care Fund plans assessed as "agreed with support".

HH confirmed that the CCG had provided the minimum Better Care Fund requirement and referred to the £2m gap which required a risk share agreement with City of York Council. Discussion ensued on potential impact of decommissioning intermediate care beds, risk if admissions did not reduce appropriately, and the need for an approved plan by 15 July in terms of the minimum Better Care Fund requirements, awareness and management of risk, and clear metrics to avoid admissions.

The Committee:

Noted the urgent work taking place to fulfil the requirements of the Better Care Fund process.

8. Opportunity Profile for a Quality and Finance Committee Associate Member

DB referred to the opportunity profile for an Associate Member of the Committee noting that he had received an expression of interest following discussion with York Cares who would publicise the role. He proposed initally recruiting one Associate Member and would discuss the appointment process with RP.

The Committee:

Noted that an expression of interest had been received in the role of Associate Member and that an appointment process would be agreed.

LA joined the meeting

9. Prescribing Policies

In introducing this item SOC referred to discussion at the April meeting of the Council of Representatives regarding indicative prescribing budgets and potential options to realise savings. The four policies presented were currently out to consultation with Practice Prescribing Leads and Council of Representatives members. SOC noted the intention if possible to seek Governing Body approval of the policies at the June

meeting but also noted the potential for legal advice to be required for some aspects which would impact on timescales. He advised that implementation of the policies would not impact on quality of care and would not be breach of contract on the part of GPs. SOC also confirmed that the policies would include appropriate information, such as equality impact assessment and patient leaflets

SOC highlighted that the CCG did not have any mandatory powers in regard to General Practice. He advised that intial discussion had taken place with Vale of York Clinical Network in respect of indicative budgets but that they were not yet in a position to co-ordinate Practices in this regard.

Mandatory Use of Optimise Rx

SOC advised that the mandatory element of this policy related to Practices having the software switched on and noted that the CCG was able to take down any inappropriate prompts from Optimise Rx He highlighted the considerable potential savings opportunities and clarified that indicative budgets would be a mechanism to negotiate gain share of any savings achieved.

Discussion included the mandatory aspect, reiteration that this related to the software being switched on, confirmation that acceptance of prompts was not compulsory, the need to articulate the policy's aims, and risks and mitigations. SOC noted that this was a draft policy and the word 'mandatory' could be removed from the title.

Prescribing Policy - When to Prescribe a Generic or a Brand

SOC noted a potential annual saving of c£150k through changing patients from unnecessary brand prescribing to generic prescribing, i.e. unless there was a clinical reason for the brand.

In response to clarification sought about engagement in development of this policy LA reported that discussion had taken place at a January 2016 meeting of the Practice Prescribing Leads. If the policy was agreed detail of the engagement process, a patient information leaflet and policy statements, including monitoring, would be provided.

Repeat Ordering Schemes ('Managed Repeats')

SOC noted that the Repeat Ordering Schemes ('Managed Repeats') had been suggested by a member of the Council of Representatives to address waste but the approach to implement a "blanket ban" on managed repeats had not been supported by all Practices. He advised that North Yorkshire Medicines Management Team had consulted with CCGs and developed an options appraisal. Pharmacies would sign up to an agreed method of control and the CCG or Practices could check they were following the policy. LA added that compliance would be monitored through the relationship of the GP Pactice and Community Pharmacist but in the event of concerns the Medicines Management Team would liaise with NHS England.

Prescribing for Clinical Need

SOC highlighted that the Prescribing for Clinical Need Policy, adapted from NHS Bury CCG's policy, aimed to change the culture of expectation for prescribing of drugs that

were available to purchase from pharmacies and supermarkets without the need for a prescription. He emphasised the need for public engagement and publicity in implementing this policy.

HH advised that this policy should be presented in the context of many CCGs reviewing and adopting such an approach and noted the work already undertaken by NHS East Riding CCG.

Whilst recognising that if implemented the policies would not receive full support from all GPs, members supported their implementation on grounds of finance and quality.

The Committee:

Subject to the consultation process, supported recommendation to the Governing Body of the policies:

1. Mandatory Use of Optimise Rx.
2. When to Prescribe a Generic or a Brand.
3. Repeat Ordering Schemes ('Managed Repeats').
4. Prescribing for Clinical Need.

10. Key Messages to the Governing Body

- Considerable risk had materialised relating to Continuing Healthcare which was no longer part of a risk share arrangement
- Potential future additional risk was identified in the Financial Performance Report
- Continuing active analysis of the QIPP programme was critical but serious concerns remained regarding deliverability
- Proactive work on the Better Care Fund commended

The Committee:

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

11. Next meetings

9am on 23 June 2016 and Quality Agenda 1pm on 28 June 2016.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND FINANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 19 MAY 2016 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
QF47	19 November 2015	Safeguarding Children Report	• DB, MC and KH meet in advance of Committee meetings to review data and provide detailed assurance.	MC	Ongoing
QF50	21 January 2016	Corporate Risk Update Report	• Update report on the Partnership Commissioning Unit issues	TP	18 February 2016 Deferred – awaiting audit report
	27 April 2016		• Task and finish group to report to next meeting	RP	19 May 2016
QF54	19 May 2016	Matters Arising	• Governing Body committees review and revised Quality and Finance Committee Terms of Reference to be presented at the next meeting.	RP	23 June 2016