

**Minutes of the Quality and Finance Committee held on 17 March 2016  
at West Offices, York**

**Present**

Mr David Booker (DB) - Chair	Lay Member
Mrs Fiona Bell (FB)	Deputy Chief Operating Officer
Mrs Michelle Carrington (MC)	Chief Nurse
Dr Mark Hayes (MH)	Chief Clinical Officer
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**

Mr Paul Howatson (PH)	Senior Innovation and Improvement Manager
Mr Neil Lester (NL)	Interim Senior Finance Manager
Ms Helena Nowell (HN)	Strategy and Assurance Manager
Mr Keith Ramsay (KR)	CCG Chairman
Ms Michèle Saidman (MS)	Executive Assistant
Mrs Lynette Smith (LS) - Part	Head of Corporate Assurance and Strategy

**Apologies**

Mr Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Mr Shaun Jones (SJ)	Head of Assurance and Delivery, NHS England Area Team
Dr Andrew Phillips (AP)	GP Governing Body Member, Lead for Urgent Care/Interim Deputy Chief Clinical Officer

**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.

Prior to commencing the formal agenda DB proposed that at the start of each meeting a recent example of good practice or patient care be described. In response SOC detailed the CCG's introduction of a voucher system to replace prescriptions for gluten free foods following patient engagement and work with local supermarkets. He noted that to date M&S, the Co-op, Morrisons and an independent health food store (Tullivers) were implementing the voucher scheme which was cheaper than providing the products on prescription. The spend had fallen by c£5k per month and there were currently 117 patients using the vouchers. There had been national interest in the scheme from supermarkets and further communications were planned.

## **1. Minutes of the meeting held on 18 February 2016**

The minutes of the meeting held on 18 February were agreed.

### **The Committee:**

Approved the minutes of the meeting held on 18 February 2016

## **2. Matters Arising**

*NICE Summary Guidance Follow Up Process:* MC and SOC detailed the volume of work required to both review the CCG's current commissioning policies and to learn from other CCGs' implementation of procedures not routinely commissioned. Policies from other CCGs were being adopted if at least three operated similar thresholds. TP referred to the recent agreement by Senior Management Team for additional administrative resource for the Referral Support Service noting that prioritisation of workload was required in respect of addressing the backlog of policies to be verified and introducing new thresholds. Following further discussion, including the need to engage with providers to incentivise them not to undertake the CCG's procedures which are not routinely commissioned, MC agreed to provide a report for consideration by Senior Management Team on 22 March. This will include the work programme and clinical resource implications prior to discussion with the Council of Representatives to agree their involvement.

*Partnership Commissioning Unit Audit:* TP advised that the final audit report had not yet been received but that, following further testing, Helen Kemp-Taylor, Head of Internal Audit, had been in communication with DB and Sheenagh Powell about their concerns. TP also reported that further in depth finance work was currently being scoped to ensure that the CCG had a full understanding of the Partnership Commissioning Unit's spend. She noted this had also been discussed with the other North Yorkshire CCGs. The Internal Audit Report would be presented to the Quality and Finance Committee following discussion at the Audit Committee.

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

### **The Committee:**

1. Noted the update and ongoing work.
2. Noted that MC would present a report for consideration at the Senior Management Team meeting on 22 March regarding the work programme and clinical resource implications to review policies not routinely commissioned.
3. Noted that the Internal Audit Partnership Commissioning Unit audit report would be presented following discussion at the Audit Committee.

## **3. Quality and Finance Committee Agenda Planning**

This item was considered with item 6 below.

#### **4. Turnaround Plan – Financial Report and 5. Turnaround Plan – QIPP Update**

TP presented the month 11 Financial Performance Report which forecast, as in month 10, a year end deficit of £6.3m, which was £10.2m below plan. She reported on a number of movements in the position which had required a judgement in terms of maintaining the year end forecast. One of these related to review of continuing healthcare budgets which had resulted in late notification of £200k, backdated to the start of the year, for four patients. TP reported that similar issues were being considered in the current audit of the Partnership Commissioning Unit, as discussed at item 2 above, and that she had requested a complete review of expenditure and accruals to provide assurance of the year end position. TP additionally noted that work was taking place with the Partnership Commissioning Unit to improve communication and ensure it became an integral department of the CCG. MC was also engaged in work with the North Yorkshire Chief Nurses to develop the terms of reference for the Partnership Commissioning Unit external review.

TP reported spend related to MSK activity at Ramsay and Nuffield Hospitals where the forecast outturn was greater than anticipated. TP noted flexibility within non contracted and prescribing activity where there had been an improvement of c£165k, also noting there was a two month time lag on this data.

Through the sharing of forecasts and expectations with York Teaching Hospital NHS Foundation Trust over a number of months a year end position had been agreed. This support was key to the CCG's financial recovery plan and was reflective of the collaborative working approach.

TP reported that year end positions had been agreed with Leeds Teaching Hospitals NHS Trust, South Tees Hospitals NHS Foundation Trust and Northern Lincolnshire and Goole NHS Foundation Trust. The position with Harrogate and District NHS Foundation Trust was currently being finalised. Mid Yorkshire Hospitals NHS Trust was now the only outstanding year end position.

TP referred to the 2016/17 financial plan advising that this would be presented to the Governing Body for final approval on 7 April prior to submission to NHS England on 11 April. She tabled a paper 'Revised Pressures/Discretionary Spend' noting that the information was still being revised in discussion with NHS England and the CCG senior team.

*LS joined the meeting*

TP reported that following discussion at the last Committee meeting and with the Governing Body a single transformation "pot" would be established as agreed.

In respect of the £414k relating to Futures in Mind Funding for Child and Adolescent Mental Health Services (removed from the revised information tabled), MH reported on a conference call with the North Yorkshire CCGs. They had agreed to allocate funding to Eating Disorders and the Schools Cluster Pilot; a proposal was being developed for consideration and would need including in the essential/mandatory spend in the plan, should this pan North Yorkshire agreement result in a cost pressure.

It was noted that the national NHS England position was that Futures in Mind was within baseline allocations; there was potential for this to be ringfenced nationally but this had not been confirmed. TP additionally reported on discussion with Tees, Esk and Wear Valleys NHS Foundation Trust regarding Futures in Mind funding in the event of the expected 1.1% national uplift. She also noted the potential for a non recurrent allocation for Eating Disorders.

TP explained that the mandated £251k increase to Better Care Fund minimum contribution was included in allocation growth and referred to the c£400k savings from the Community Matrons and Case Managers which was currently ringfenced for investment in community services including inflation and expanding the Selby Care Hub.

Further to the Governing Body decision to continue the integration pilots discussion took place about proposals for expanding integrated care in 2016/17 and concerns about spend being greater than savings. TP noted that the CCG benchmarked lower on community spend and higher on acute spend highlighting the need for infrastructure resources in the community to achieve system transformation. She advised in regard to the acute contract that a number of options were being considered in discussion with York Teaching Hospital NHS Foundation Trust, including a potential system control total, and that opportunities to remove duplication between community services and the acute contract were being sought through learning from other CCGs who contracted with York Teaching Hospital NHS Foundation Trust.

TP noted that work was taking place on pathway redesign. First appointments and follow-ups were managed respectively through the Referral Support Service and the conditions registers; the CCG did not lead on the latter. Further opportunities required joint working between primary and secondary care.

TP advised that without adjustments the second submission of the first year of the four year financial recovery plan required a £13.8m QIPP and that the position was likely to deteriorate by c£12m in year. She emphasised the need to minimise risk through contractual mechanisms and QIPP to give NHS England confidence in the plan.

RP tabled two papers which had also been discussed with NHS England: one detailing QIPP schemes – two carried forward from 2015/16 and new plans for 2016/17 – rated as 'Red, Amber, Green' for confidence in delivery and the CCG's new Programme Management Office virtual teams. She noted that at the present time there was confidence in £3m of the required £13.8m QIPP being delivered advising that detailed work was continuing in terms of business cases and reconciling the figures to increase this confidence level alongside the transformation work. Members noted that this was a significant challenge.

Detailed discussion took place on the need to prioritise and maximise the clinician leads' time commitment and concerns about the capacity of the support teams. RP noted that in addition to the review of clinical leads' workloads their attendance at committees was being reviewed to enable focus on priority areas of work. She also advised that the QIPP schemes were subject to a 'confirm and challenge' process and emphasised the QIPP information was being updated regularly.

TP reported that modeling was taking place for the five year financial recovery plan and reiterated the challenge in its first year, also highlighting that regular discussion was taking place with NHS England.

### **The Committee**

1. Noted the Financial Performance Report.
  2. Noted the QIPP update and ongoing work on the five year financial recovery plan.
- 6. Turnaround Plan – Other: Committee Review – Quality and Finance and Quality and Item 3 Finance Committee Agenda Planning**

LS reported that she and HN had met with DB to discuss the Quality and Finance Committee in terms of taking account of the turnaround action plan with a view to enhancing scrutiny of the CCG's financial position and reviewing the Committee's membership, templates and reporting. The agenda had been adjusted to focus on the financial recovery plan and provide assurance on the priority to deliver. However, as detailed in the report, publication timescales for up to date finance and performance information was an issue with the current Committee schedule as availability did not allow time for analysis and triangulation of QIPP and impact on quality. Additionally, most of the members of the Committee were also members of the Senior Management Team and Governing Body where the same information was discussed and there were fewer people able to offer independent challenge. The need to maximise use of clinical leads' time was also reiterated which would be taken into account as part of the ongoing review of committee attendance.

Whilst it was noted that the secondary care doctor on the Governing Body, whose appointment process was currently being completed, would be a member of the Committee, DB proposed consideration of a model whereby secondees or senior level volunteers with the appropriate skill set could become full members of the Committee. This would provide further independent challenge at no cost to the CCG. This proposal was welcomed for further consideration.

Members noted that further work would take place to review the Quality and Finance Committee which would include consideration of late circulation of up to date information and timing of meetings. MC welcomed the proposal for an extended quarterly meeting to provide additional assurance on quality.

### **The Committee**

1. Noted that further consideration would be given to ensuring appropriate information was provided to fulfill the assurance requirements.
2. Agreed the new format cover sheet for reports and extended quarterly meetings to focus on quality issues.

## **7. Quality and Performance Report**

### *7.1 Assurance Data: Quarter 3*

MC noted that the quarter 3 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.

### *7.2 Intelligence Report*

In presenting this report MC highlighted that Emergency Department performance at York Teaching Hospital NHS Foundation Trust was a major concern and that achievement of the 95% target, forecast for year end, was now in doubt. There was significant impact at York Hospital from bed closures due to norovirus on the Scarborough site. There had also been a number of trolley waits in Scarborough which had affected the Trust's overall four hour target.

MC referred to the Appendix that described the CCG's contribution to the urgent care and system resilience review. She assured members, in response to discussion of the requirement for York Teaching Hospital NHS Foundation Trust to achieve a percentage improvement on performance in 2015/16 in order to access the Transformation Fund, that she was confident they were taking all feasible measures. MC also highlighted that this was a system target and noted that performance was one of the national Commissioning for Quality and Innovation (CQUIN) targets.

Discussion ensued on workforce issues, including shortage of GPs for the out of hours service. LS reported that issues regarding the latter were subject to scrutiny at the Yorkshire Doctors Urgent Care Contract Management Board and noted that Becky Case, Senior Innovation and Improvement Manager, was providing a report on out of hours to the Assurance and Delivery Group.

MC noted there had been a Never Event at York Teaching Hospital NHS Foundation Trust relating to administration of insulin, detailed information on learning from serious incidents would be included in the quarterly report, and highlighted the first information from the maternity dashboard.

In respect of healthcare acquired infections MC explained that financial sanctions would only be applied in the event of lapses of care over the trajectory and that to date none had been identified within York Hospital. The issue of rising clostridium difficile-Diff nationally was subject to discussion at the Quality Surveillance Group. The main learning from cases where there were lapses in care appeared to relate to staff hand washing and the nature of the building at Scarborough Hospital making it difficult to clean.

MC reported that the investigation in to the cluster of suicides at University of York had been completed, however there had been a further suicide at York St John University. The Immediate Response Group would therefore continue to meet.

MC sought members' views on potential CQUIN targets for York Teaching Hospital NHS Foundation Trust noting that guidance had changed and commissioners could

now offer local schemes linked to transformation. Agreement of schemes was required by 31 March 2016. Members supported MC's proposal of a local CQUIN relating to urgent care performance and noted that the national CQUINs were for Staff health and wellbeing, raising the uptake of flu vaccinations, Sepsis, Antimicrobial stewardship and Cancer 62 day target.

PH highlighted in regard to Improving Access to Psychological Therapies (IAPT) that the 9.4% performance in December 2015 against the 15% target was unvalidated and noted that Tees, Esk and Wear Valleys NHS Foundation Trust were using data from Leeds and York Partnership NHS Foundation Trust systems until April 2016 when the information would be moved to their system. Work was taking place in respect of encouraging GP referrals to IAPT and to address non attendance rates for appointments. TM explained that assessment waiting times were short but there was a delay to treatment times and this resulted in some patients no longer needing their appointment.

Further discussion took place regarding schemes identified for continuation through the Urgent Care Working Group and the System Resilience Group. The latter would make recommendations, based on measurable impact across the system, for consideration by respective Governing Bodies.

KR commended the fact that the out of hours tender had been benchmarked as good practice. In respect of the Prison Service out of hours LS explained that a consortium of local GPs currently provided cover but that procurement of this service was under discussion. In this event the CCG would own the tender.

TP reported that NHS Scarborough and Ryedale CCG had formally notified York Teaching Hospital NHS Foundation Trust that commissioner requested services at Scarborough Hospital, in the event of a provider failure, would be urgent care defined as 24/7 access to assessment or onward transport and maternity services in accordance with their Ambitions for Health programme. This meant that they could formally decommission other services with the associated impact for other local acute trusts.

### **The Committee:**

1. Noted the quality and performance data for quarter 3 of 2015/16.
2. Noted the quality and performance exceptions report.
3. Agreed that a local CQUIN should be introduced relating to urgent care performance.

### **8. Corporate Risk Update Report**

RP referred to the report which described six additional risks that had materialised primarily relating to finance and financial governance. A full review of financial risks had been undertaken and the updated actions for 2016/17 would be in place by the end of March 2016.

RP noted that significant ("Red") risks continued to be reported for the financial position, urgent care performance, Business Intelligence capacity, reputational issues,

assurance in relation to primary care quality and York Teaching Hospital NHS Foundation Trust's management of serious incidents. She additionally reported that, following review of risk management and risk reporting and discussion at Senior Management Team and the Audit Committee, the focus would be on emerging risk and mitigating actions to prevent progression to events. This was being embedded in the Programme Management Office approach.

In respect of the Bootham Park Hospital Judicial Review, agreement of lessons learnt was still being sought before publication.

**The Committee:**

Noted the report and the approach of focusing on emerging risk and mitigating actions.

**9. Procurement Update**

TP reported that she was meeting with RP and FB later in the day to discuss the CCG's current procurements and the associated level of support required. She noted that NL was supporting MA-M and the Finance Team in respect of the Community Equipment and Wheelchair Services Procurement.

**The Committee:**

Noted the update.

**10. Initial Review of Agenda Format**

Members supported the revised agenda format which they agreed provided assurance that financial recovery was the key priority.

**The Committee:**

Supported the revised agenda format.

**11. Key Messages to the Governing Body**

The Committee has assurance that work is continuing to achieve future financial balance. However, serious concerns remain regarding the financial recovery plan, in particular the magnitude of savings required from QIPP activity.

**The Committee:**

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

**12. Next meeting**

To be confirmed.

*Post meeting note: 1.30pm on Wednesday 27 April 2016.*



**NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND FINANCE COMMITTEE**

**SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 17 MARCH 2016 AND CARRIED FORWARD FROM PREVIOUS MEETINGS**

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
QF43	22 October 2015	NICE Summary Guidance Follow Up Process	<ul style="list-style-type: none"> <li>• Consideration was required in respect of GP involvement in the review process.</li> <li>• Update to be provided following discussion at Council of Representatives</li> <li>• Proposal to be presented at Senior Management Team meeting</li> </ul>	MC/SOC	21 January 2016 meeting
	21 January 2016			MC	18 February 2016 Deferred to 21 April 2016
	17 March 2016			MC	22 March 2016
QF45	19 November 2015	Matters Arising	<ul style="list-style-type: none"> <li>• Committee Terms of Reference to be redrafted</li> <li>• Revised Terms of Reference to January meeting</li> <li>• Further revisions to be made</li> </ul>	RP	17 December 2015 meeting
	17 December 2015			RP	21 January 2016
	21 January 2016			RP/TP	18 February 2016 Deferred to 21 April 2016

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
QF47	19 November 2015	Safeguarding Children Report	<ul style="list-style-type: none"> <li>DB, MC and KH meet in advance of Committee meetings to review data and provide detailed assurance.</li> </ul>	MC	
QF49	21 January 2016	Terms of Reference	<ul style="list-style-type: none"> <li>Report on the roles of the Audit Committee, Quality and Finance Committee and Primary Care Co-Commissioning Committee and how they relate to the Council of Representatives</li> </ul>	RP	21 April 2016
QF50	21 January 2016	Corporate Risk Update Report	<ul style="list-style-type: none"> <li>Update report on the Partnership Commissioning Unit issues</li> </ul>	TP	18 February 2016 Deferred – awaiting audit report