

**Minutes of the Quality and Finance Committee held on
18 December 2014 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 Mark Hayes (MH)	Chief Clinical Officer
Dr Tim Maycock (TM) - part	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
Dr Guy Porter (GP)	Consultant Radiologist, Airedale Hospital NHS Foundation Trust – Secondary Care Doctor
Mrs Rachel Potts (RP)	Chief Operating Officer
Mrs Kathryn Shaw-Wright (KS-W)	Interim Deputy Chief Finance Officer

In Attendance

Mrs Michelle Carrington (MC)	Head of Quality Assurance
Mr Owen Southgate (OS)	Assurance and Delivery Manager, NHS England Area Team
Ms Michèle Saidman (MS)	Executive Assistant

Apologies

Mrs Fiona Bell (FB)	Deputy Chief Operating Officer/Innovation Lead
Dr Andrew Phillips (AP)	GP Governing Body Member, Lead for Urgent Care

DB noted that he had taken on the role of chairing the committee following John McEvoy's resignation from the Governing Body as Practice Manager representative. MH advised that consideration was being given to seeking a practice manager representative via requesting a nomination from the Practice Managers' Group.

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 20 November 2014

The minutes of the meeting held on 20 November 2014 were agreed.

The Committee:

Approved the minutes of the meeting held on 20 November 2014.

4. Matters Arising

Integrated Quality and Performance Exception Report: In regard to child psychiatry MA-M referred to his update at the Governing Body meeting, namely that there had been a significant improvement in performance and, although there remained some long waits for assessment, he anticipated further improvement following additional short term capacity provision from Socrates. The longest wait – 65 weeks – was in the east of the CCG area. MA-M advised that reporting on child psychiatry would be included in future monitoring.

Safeguarding: LB confirmed that regular safeguarding reports would be provided, the next one being to the January 2015 meeting of the Committee.

Integrated Quality and Performance Exceptions Report: MC advised that development of the information presented in this report was continuing. She noted in regard to thoracic surgery, for which clarification had been sought at the last meeting, that the information reported related to all providers; there were only two NHS Vale of York CCG patients, at Leeds Teaching Hospitals NHS Foundation Trust, within this. RP highlighted that a decision was required as to whether the information in the report should relate to all or only the main CCG providers. DB additionally proposed a review of the Committee's terms of reference to ensure there was no duplication with the business of the Audit Committee and that the purpose of each item presented was clear. RP agreed to arrange a meeting early in the New Year with Helen Sikora which would also include incorporating procurement into the agenda to provide Lay members of the Governing Body the opportunity to be engaged at an earlier stage than currently.

The Committee:

1. Noted the updates.
2. Noted that RP would arrange a meeting early in the New Year to review the Committee's terms of reference and agenda items.

5. Integrated Quality and Performance Exception Report

LB referred to the report which provided information relating to unplanned and planned care, mental health and safeguarding noting that there was some progress against the challenges in the system.

Unplanned Care

MC reported that, with AP and Fliss Wood (FW) – Performance Improvement Manager – she had visited York Teaching Hospital NHS Foundation Trust A and E Department and Acute Medical Unit on 15 December to gain a better understanding of their performance issues. She noted that the position had been compounded by the MAJAX declared by Yorkshire Ambulance Service on 12 December and that, although a number of bays had been shut due to staff sickness and vacancies, there was no evidence that patients had come to any harm. MC highlighted discharge procedures in a number of specialties as a major concern.

RP advised that AP was not at the meeting as he was taking part in a system resilience teleconference with representatives from NHS England Area Team, York Teaching

Hospital NHS Foundation Trust and NHS Scarborough and Ryedale CCG. MH noted that since the visit AP had spoken with Dr Alastair Turnbull, Medical Director at York Teaching Hospital NHS Foundation Trust, who had provided some assurance in response to the concerns expressed.

DB referred to a campaign by Unite regarding concerns about Yorkshire Ambulance Service performance. MH advised that Unite had written to the North Yorkshire Health Overview and Scrutiny Committee and the CCG and that he had offered to meet Len McClusky to discuss the issues.

LB noted that Yorkshire Ambulance Service performance for Category A - 8 minute response time performance had improved in the CCG area but overall had not achieved their planned level of improvement. She advised that staffing and the number of ambulances were a concern confirming that the position was being closely monitored by the Contract Management Board; a previously agreed action plan would be followed up. LB referred to the schemes implemented through the Urgent Care Working Group and agreed to provide a report to the next meeting on A and E attendance trends.

TM and SOC expressed concern at the way the Yorkshire Ambulance Service MAJAX, declared late afternoon on Friday 12 December, had been communicated to GP practices, namely by email. RP advised that a lessons learnt exercise would be undertaken and reported to the Committee but noted that on this occasion the Area Team, not the CCG, was the first responder. OS assured members that he would feedback their concerns to the Area Team and highlighted that the pressure for the Yorkshire Ambulance Service had been at York, Scarborough and Hull. RP agreed to discuss with FW CCG liaison with the Area Team and LB would raise this at the Contract Management Board.

Planned Care

MC highlighted an improvement in diagnostic waiting times noting that further information received relating to November performance indicated seven cystoscopy patients waiting and 46 non obstetric ultrasound waits.

In regard to referral to treatment MC referred to the earlier discussion about the two thoracic cardiology patients at Leeds Teaching Hospitals NHS Trust.

October information relating to cancer reported an improved performance: 86% for all cancer two week waits and 93.5% for breast symptoms (cancer not suspected). In response to DB seeking clarification regarding impact from withdrawal of funding for minor surgery from GPs SOC referred to the historic position in this regard and noted that the CCG had set up an Enhanced Service for specific cancers. Discussion was also taking place with dermatologists with a view to implementing a solution before the next financial year.

MC reported in respect of delayed transfers of care that two beds at Fulford Nursing Home were open with the potential for this to be increased to six or seven beds.

Mental Health

In respect of Improving Access to Psychological Therapies (IAPT) MC reported that at the Contract Management Board the previous day Leeds and York Partnership NHS Foundation Trust had advised that achievement of 5% was unlikely by the end of quarter three, although current performance had improved to 5.2%, of people who enter treatment against the level of need in the general population. Recruitment had taken place but the new staff would not be in post until January 2015. Forecast performance of 8% by the end of the financial year had increased to 9% to 10%; high intensity services provided by Band 7 staff had had an impact. MC confirmed, in response to TM seeking assurance, that the figures for IAPT provision in East Yorkshire would be incorporated in the report.

Safeguarding

LB assured members that the CCG was working with providers in regard to the safeguarding alerts relating to care homes and domiciliary agencies. She noted that the remit for adult safeguarding was with the Partnership Commissioning Unit but advised that Christine Pearson, who was taking up post as Designated Safeguarding Nurse on 19 January 2015, would undertake monitoring of all providers.

LB advised that a full investigation was being undertaken into the recent suicide at Bootham Park Hospital and assured members that action was being taken in regard to all mental health units. In regard to Worsley Court, Selby, MC reported that Leeds and York Partnership NHS Foundation Trust were confident that the reopening would take place on 15 January 2015.

Members discussed in detail the Care Quality Commission draft report into Leeds and York Partnership NHS Foundation Trust and the CCG's ongoing quality concerns. RP agreed to arrange an Executive to Executive meeting between the CCG and Leeds and York Partnership NHS Foundation Trust to discuss these matters.

The Committee:

1. Noted the Integrated Quality and Performance Exception Report.
2. Requested a report on A and E attendance trends.
3. Noted that a lessons learnt report from the Yorkshire Ambulance Service MAJAX would be presented.
4. Noted that RP would discuss with FW liaison with the Area Team in the event of a MAJAX.
5. Noted that RP would arrange an Executive to Executive meeting between the CCG and Leeds and York Partnership NHS Foundation Trust.

6. Finance, Activity and QIPP

KS-W presented the report which described financial activity and performance as at 30 November 2014, month 8, noting that the CCG was on track to remain within its £384m resource and to deliver the forecast £2.1m surplus. The Running Costs underspend had increased due to a review of expenditure and was offset by an increased overspend in Programme Costs. There had been no change to allocations.

In regard to Programme Costs KS-W advised that the acute services overspend was primarily due to year end agreements for 2013/14 being finalised with providers and increased accuracy of data for non contract activity. The underspend at York Teaching Hospital NHS Foundation Trust was £1.8m to date against a forecast £1.3m outturn. Yorkshire Ambulance Service was currently showing a £397k overtrade including QIPP. There was a Yorkshire and Humber proposal to increase this to £594k regarding repayment of penalties and the overtrade fixed at October's forecast outturn, but this had not been agreed by Yorkshire Ambulance Service. Members expressed concern in this regard particularly in view of the continuing concerns about levels of activity.

In response to DB seeking clarification regarding applying of penalties MA-M advised that it was not the CCG's practice to budget for penalties but that they would be applied where appropriate and as long as the local health economy was not destabilised as a result.

KS-W reported that the mental health out of contract position had deteriorated by £223k and the Leeds and York Partnership NHS Foundation Trust prior year payment of £1m phasing adjustment had been accounted for. She referred to the report at item 10 highlighting that NHS Vale of York CCG actual activity was 59% but was reported at 41% in view of the North Yorkshire CCGs' risk share agreement. Expenditure was increasing month on month; some of this was due to recoding from continuing healthcare to mental health. Assurance and clarification was being sought from the Partnership Commissioning Unit of the activity reported, particularly in view of the historic challenge of tracking and monitoring the position. KS-W agreed to spend some time working with the Partnership Commissioning Unit to gain more assurance regarding the expenditure to inform the year end position. She also advised that a contract variation had been agreed with Leeds and York Partnership NHS Foundation Trust for monitoring and capping activity.

KS-W noted actions to reduce activity as: procurement of a chronic fatigue service at a £66k block contract but noting that there was the potential for an increase in activity as this was a service that had not previously been known about; procurement of adult autism services; and savings from spot purchases due to out of contract activity being brought into contract less 4%.

KS-W additionally highlighted: improvement in the continuing healthcare position, due to data cleansing, was expected to continue; primary care prescribing, though currently underspent, had increased and would continue to be monitored; the £851k provision for IVF had been included in the reported position; and a reduction in pay and non pay running costs due to vacancy positions being maintained and a review of non pay items.

KS-W noted that a number of risks and contingencies had either been removed or were now included in the reported position. MA-M added that the gap between the best and worst case had reduced from £10m to £4m and confirmed that even at the worst case the CCG would achieve a c£100k surplus. There was therefore increased assurance about the year end forecast outturn.

In regard to working capital KS-W reported that cash was within the 5% target allowed, the target of payment of more than 95% of creditor invoices within 30 days had been exceeded, outstanding creditors had reduced and the outstanding debtor position had improved.

In presenting the QIPP update RP reported that the City of York Council Better Care Fund plan had been resubmitted following detailed scrutinisation by an external auditor. There was unlikely to be a response before Christmas as to whether this would be assured without conditions following resubmission on 9 December.

Following the success of acceptance as one of the six pilot sites nationally on the New Models of Care programme the CCG had submitted a bid to be one of the pilot sites for enhanced Pioneer Status; the outcome would be known at the end of January.

Plans were in place for the Hospice at Home to provide additional hours of support for individuals on end of life pathways. It was hoped that this would commence in January 2015.

Based on the success of the Urgent Care Practitioners, Senior Management Team had agreed to the funding of two further Urgent Care Practitioners who would provide interim support to the integration pilots. This was being funded through non recurrent system resilience slippage. The original twelve Urgent Care Practitioners would be funded via the Better Care Fund for 2015/16. RP agreed to arrange for a report on the impact of this scheme for the next meeting.

RP additionally highlighted that the CCG had been successful in becoming the second of two national care navigator pilot sites in the UK and would be working with Health Navigator on a randomised control to test the benefits of health coaching for individuals with long term conditions and its impact on non-elective admissions. In the first year there would be 200 to 300 patients on the programme; there was no cost to the CCG. The first £1200 of savings per patient per year would cover the Health Navigator costs with further savings being shared equally. The programme would be fully evaluated.

MA-M additionally referred to the NHS England Board Paper 'Allocation of resources to NHS England and the commissioning sector for 2015/16' and described the proposal in respect of the c£2bn additional funding for frontline services following the Autumn Statement. No CCG should receive less funding in cash terms than agreed in December 2013, subject to any recurrent baseline changes agreed in 2014/15; all CCGs should receive at least 1.4% growth and their fair share of the now recurrent £350m resilience funding; the remaining funding should be applied to accelerate the pace of change towards target allocations. Mental health funding would be increased in line with acute funding for parity of esteem; CCG specific figures would follow.

Two options were presented for consideration of the new CCG monies to ensure that no CCG was more than 5% from their funding target: either equal distribution across CCGs or introduction of a funding floor of 1.94%, the combination of growth and system resilience funding, with the balance being used to reduce the number of CCGs more than five percentage points below their targets from 34 to 17 in 2015/16 and to a position by 2016/17 of no CCG being below their target. These organisations were where the CCG and main provider were forecasting a position of deficit at month 6. NHS Vale of York CCG was therefore not included in this category.

In response to GP seeking clarification about the North Yorkshire CCGs' risk share arrangements MA-M explained that the original intention had been a continuation in 2014/15 of the agreement in 2013/14. NHS Vale of York CCG's increased allocation,

previously reported, gave the potential to come out of the agreement in 2015/16. The only areas in the 2015/16 risk share proposal were high cost but low volume patients and specialist brain rehabilitation patients. The primary pressure was mental health out of contract placements which were 60% for NHS Vale of York CCG but, due to the 2013/14 risk share, this was 40%. There had been no allocation change and the intention had been that the CCGs would pay actual costs. However, it had become evident when Tees, Esk and Wear Valleys NHS Foundation Trust had taken over IAPT services from Leeds and York Partnership NHS Foundation Trust that the original risk share split had not reflected the actual costs. If the risk share moved to the correct charges for mental health out of contract placements, as currently proposed, NHS Vale of York CCG would remain within budget and could therefore come out of the risk share arrangement for this area as well. However, MA-M expressed concern that in this event, should the current forecast increase, the CCG would have an increased liability. In view of implementation of a new mental health contract in 2015/16 he planned to propose to the North Yorkshire CCGs that if the current forecast outturn was exceeded there should be a default to the 2013/14 position.

The Committee:

1. Noted the Finance, Activity and QIPP report.
2. Requested a report on the Urgent Care Practitioner scheme.

7. Corporate “Red” Risk Report

RP referred to the report which highlighted the main areas of risk as: Leeds and York Partnership NHS Foundation Trust’s lack of compliance with the Care Quality Commission quality standards; risks associated with the Better Care Fund anticipated savings; and York Teaching Hospital NHS Foundation Trust’s failure to meet a number of national performance targets, as discussed earlier. The report detailed mitigating actions.

RP noted that work was taking place across the CCG’s teams to link Covalent with the risks identified in the overarching performance framework. The Committee would receive the first report emanating from this at the January 2015 meeting.

The Committee:

Noted the risks identified that formed the Corporate Risk Register and the controls to ensure mitigating actions.

8. Yorkshire and Humber Commissioning Support Performance Reports

RP referred to the Yorkshire and Humber Commissioning Support Performance Reports which were presented following concerns raised at the Audit Committee’s meeting on 10 December 2014. She noted in regard to the most recent report, October 2014, that the key areas of concern continued to be Business Intelligence (BI), although some progress had been made, and IT for which an action plan was being implemented. RP advised that these reports had also been discussed at the Senior Management Team meeting earlier in the week when concern had been expressed at the scoring, particularly the high number of “Green” areas. She noted that the Committee would in future receive these reports on

an exception basis with detailed consideration taking place by the Senior Management Team.

RP advised that the Governing Body Lay Members were scheduled to meet with Yorkshire and Humber Commissioning Support in January to discuss third party assurance, issues arising from the Audit Committee, finance and costings for 2015/16, IT and BI.

Members discussed further the differential of scoring of specific measures and customer satisfaction, the latter being lower. RP reported that Pennie Furneaux was pulling together feedback from CCG staff to inform an action plan which would be reviewed as part of the service specification review.

The Committee:

Noted the Yorkshire and Humber Commissioning Support Performance Reports and the work being undertaken to address areas of performance where action plans had been agreed.

9. Patient Experience Report

LB presented the first report produced since Patient Experience had been brought in-house from October 2014 explaining the intention for this information to be incorporated in the dashboard to triangulate quality, performance and patient experience. She noted that no complaints had been received by the CCG but a number of queries had been raised about gluten free prescribing and IVF. In respect of providers York Teaching Hospital NHS Foundation Trust had received 16 compliments but a number of concerns had also been raised and there were five negative experiences relating to Leeds and York Partnership NHS Foundation Trust.

Discussion included: the need for clarification as to what comprised a formal complaint; any feedback or comments should be logged and included in the report; compliance with the CCG's Complaints Policy of being a listening organisation and learning from comments and complaints; concern about the tight timescale for responding to complaints in terms of the level of detail it was possible to provide within this; the potential for GPs to report patient concerns and for patients to suggest improvements.

DB welcomed the report as a good start that required continued development.

The Committee:

Noted the information reported pertaining to the experiences of local services and commissioning decisions.

10. Mental Health Out of Contract Activity Expenditure Analysis

This was covered under item 6 above.

11. Minutes from Other Meetings

DB requested that consideration be given to the format of presenting minutes from other meetings proposing that a summary be provided of key points instead of the minutes in full.

The Committee:

1. Requested that a summary of key points from minutes of other meetings be provided instead of the full minutes.
2. Received the minutes of the York Teaching Hospital NHS Foundation Trust Contract Management Board held on 23 September and 28 October 2014.
3. Received the minutes of the Leeds and York Partnership NHS Foundation Trust Contract Management Board held on 15 October 2014.
4. Received the minutes of the Yorkshire Ambulance Service Contract Management Board held on 1 October 2014.
5. Received the minutes of the Programme Delivery Steering Group held on 16 October and 13 November 2014.

12. Key Message for the Governing Body

- Concerns about A and E performance and escalation through an Executive to Executive meeting
- AP's work regarding four hour A and E performance concerns in his role as chair of the Urgent Care Working Group
- Diagnostics meeting taking place in January 2015 with the Radiology Department at York Teaching Hospital NHS Foundation Trust
- Dermatology referral to treatment concerns
- Appreciation to John McEvoy for his work with the Committee and contribution to the CCG

13. Next meeting

9am on 22 January 2015.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND FINANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 18 DECEMBER 2014 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 	LB LB	22 January 2015
QF18	18 December 2014	Matters Arising	<ul style="list-style-type: none"> Meeting to be arranged to discuss the Committee's terms of reference and agenda planning 	RP	Early January 2015
QF19	18 December 2014	Integrated Quality and Performance Exception Report	<ul style="list-style-type: none"> Report on A and E attendance trends to be presented Lessons learnt report from the Yorkshire Ambulance Service MAJAX to be presented RP to discuss with FW liaison with the Area Team in the event of a 	LB LB RP	22 January 2015 22 January 2015

			MAJAX <ul style="list-style-type: none"> Executive to Executive meeting to be arranged between the CCG and Leeds and York Partnership NHS Foundation Trust 	RP	
QF20	18 December 2014	Finance, Activity and QIPP	<ul style="list-style-type: none"> Report on Urgent Care Practitioner Scheme 	AP	22 January 2015