

**Minutes of the Quality and Finance Committee held on
22 January 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 Mark Hayes (MH)	Chief Clinical Officer
Dr Andrew Phillips (AP)	GP Governing Body Member, Lead for Urgent Care
Mrs Rachel Potts (RP)	Chief Operating Officer

In Attendance

Mrs Fiona Bell (FB)	Deputy Chief Operating Officer/Innovation Lead
Mrs Michelle Carrington (MC)	Head of Quality Assurance
Mrs Natalie Elliot (NE)	Head of Finance
Mr Mark Inman (MI) – for item 2	Head of Emergency Operations, Yorkshire Ambulance Service
Mr Keith Ramsay (KR) – for item 2	Lay Member and Audit Committee Chair
Mrs Helen Sikora (HS)	Strategy and Assurance Manager
Ms Michèle Saidman (MS)	Executive Assistant
Mrs Elaine Wyllie (EW) – for item 13	Designated Nurse Safeguarding Children (North Yorkshire and York)

Apologies

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
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. Yorkshire Ambulance Service Performance and Quality Outcomes

MI and KR attended for this item

MI gave a detailed presentation of Yorkshire Ambulance Service (YAS) performance and outcomes in the context of national, regional and local indicators, historic and recent system challenges, and achievements of local initiatives to improve patient services. In terms of regional performance against the national targets MI highlighted that only five CCGs were above YAS performance in the NHS Vale of York CCG area for the combined red 1 and red 2 standard of arrival on the scene within 8 minutes 75% of the time and that 19 minute performance was just below the national standard.

In response to clarification sought by members MI explained that monthly reporting to the CCG detailed red 1 and red 2 performance noting that red 1 calls were low in number. Discussion in this regard included the need to improve the 8 minute performance from the

patient experience perspective and to learn from other areas where performance was achieving the national standard; differential performance in urban and rural areas was also discussed. MI highlighted, in the context of increased demand and A and E turnaround challenges, that performance in the NHS Vale of York CCG area and across North Yorkshire had improved. He also noted that YAS was commissioned to deliver national performance standards regionally, not only in the CCG area, and advised that new commissioning models were being considered.

MI described a number of local initiatives to improve patient services including the introduction of Urgent Care Practitioners (UCPs), mental health pathways, cardiac arrest response team, public CPR training and '*Restart a heart day*'. He highlighted that, although time performance standards were not being achieved, clinical outcomes for patients were good and YAS aimed to improve performance further through learning from international initiatives.

In regard to achieving sustainable improvements MI noted a number of aspects including that YAS's prime aim was to save lives, engagement in local initiatives such as Survival to Discharge, and the Rapid Arrest Team which provided clinical supervision and leadership to improve outcomes in the event of cardiac arrest. Awareness of the need for early access to 999, CPR, defibrillation and advanced life support were paramount to improve outcomes. MI highlighted the need to increase numbers of community responders and defibrillators in the community.

Members welcomed the presentation. Whilst noting the achievements described, they emphasised that improved performance against contracted activity was required.

Further discussion included clarification from MI that patient transport was run separately from A and E services and that in respect of mental health patients YAS worked with the Police and Section 136 schemes to provide appropriate support, although further work was required in regard to the latter.

In response to DB asking where the CCG could support YAS MI noted that NHS Vale of York CCG was one of the most engaged. He advised that YAS would welcome positive communication to the public about operational performance particularly in the context of the current national challenges. DB also noted '*Restart a heart day*', CPR and defibrillators as opportunities for collaborative working and areas for the CCG to consider potential investment.

AP provided an update on the UCPs reporting that four had been in post since April 2014 and an additional eight were now in post, one of whom was fully skilled on appointment. By the end of March 2015 all 12 were expected to be fully skilled. In December 2014 the four UCPs had responded to 192 urgent calls of which 126 (c65%) had not been conveyed to hospital. Year to date calls were 1300 of which 638 had not required follow up. In response to discussion about the impact of this scheme FB agreed to work with AP and YAS to clarify the evidence. MI added that the UCPs were strategic to YAS's objectives.

The Committee:

Welcomed the presentation on Yorkshire Ambulance Service performance and quality outcomes, noting the challenges, achievements and opportunities for collaboration.

MI and KR left the meeting.

3. 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.

4. Minutes of the meeting held on 18 December 2014

The minutes of the meeting held on 18 December 2014 were agreed, subject to amendment on page 6 at paragraphs 4 and 5 which should read respectively:

'...would provide interim support to the integration pilots. This was being funded...'

and

'...The programme would be fully evaluated.'

The Committee:

Approved the minutes of the meeting held on 18 December 2014 subject to the above amendments.

5. Matters Arising

QF 19 Integrated Quality and Performance Exception Report: OS had advised that the lessons learnt report from the YAS MAJAX had not yet been completed; RP reported that the Executive to Executive meeting with Leeds and York NHS Foundation Trust had been arranged for 10 March 2015.

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

The Committee:

Noted the updates.

6. Proposed Improvements to the Quality and Finance Committee

DB referred to the report presented following discussion at the previous meeting about the Committee. He proposed that agenda items be presented for action, by exception or for assurance and that the template accompanying reports should be explicit as to which of these criteria were relevant. Items for information should be circulated separately. DB also proposed that meetings should start at 9.30am with the aim of an end time of 12 noon.

Members discussed the draft Committee terms of reference and agreed a number of amendments. These would be presented for approval at the February meeting of the Governing Body with review and refinement as appropriate following implementation. RP added that, following agreement by the Quality and Finance Committee, the proposal to minimise paperwork would be adopted for other CCG meetings.

In regard to primary care co-commissioning RP reported that the CCG had submitted an expression of interest for level 3, i.e. fully delegated budgets, which had been supported by the regional team of NHS England. Expressions of interest would be considered by the national team moderation panel week commencing 26 January 2015.

DB referred to the 'Delegated commissioning model – draft terms of reference' that had been circulated and also concerns that had been expressed by the Governing Body regarding capacity and capability. Discussion included the requirement in the draft terms of reference for weekly meetings in public, involvement of Local Authority and Health and Wellbeing representatives, and the potential role of the Primary Care Strategic Working Group. It was noted that clarity about terms of reference and governance arrangements was awaited from NHS England and that, whilst no additional running costs would accompany primary care co-commissioning, a mechanism was required in terms of handover and training for responsibilities that would transfer to the CCG. RP assured members that due diligence of the CCG's capacity and capability would be undertaken as discussed with the Governing Body. MC reported that confirmation had been received that Serious Incidents would transfer to CCGs under primary care co-commissioning.

MH and RP additionally reported on discussion among the Executive Team that consideration be given to restructuring the CCG's meeting schedules with a view to a more streamlined approach to avoid duplication of discussion and achieve economy of time spent in meetings.

The Committee:

1. Agreed the proposed changes.
2. Agreed that the terms of reference be amended and presented to the Governing Body for approval.
3. Noted the information pertaining to primary care co-commissioning.

7. Integrated Quality and Performance Exception Report

MC presented the report which, in addition to providing information relating to unplanned and planned care, mental health, and Leeds and York Partnership NHS Foundation Trust issues, included a special report on activity at York Hospital over the 2014/15 Christmas and New Year period.

In regard to the summary information MC referred to the presentation and discussion at item one for unplanned care. She highlighted the figures relating to Improving Access to Psychological Therapies – a drop from 4.9% to 4.1% in prevalence and improvement from 49.2% to 50.9% in November – noting that these were being scrutinised and advising that quarter 3 performance was expected to be below 50%. The Care Quality Commission report on Leeds and York Partnership NHS Foundation Trust, assessed as "requiring improvement", had been published the previous week. MC advised that the Care Quality Commission required an action plan by 13 February which would be monitored through the Contract Management Board with reporting to the Committee of exceptions. She noted that the CCG had been asked to agree timescales for refurbishment requirements.

In respect of the Special Report for York Hospital Christmas and New Year Period 2014/15 MC referred to the seven trolley waits of greater than 12 hours noting that,

despite this breach, significant assurance had been received about the care of these patients; the Area Team was providing new guidance on 48 hour quality issues. Admission of seven urgent cancer patients had been cancelled; new time to come in dates had since been provided. The impact of a Major Incident being declared at Scarborough Hospital was also noted.

MC noted under Planned Care that as a provider York Teaching Hospital NHS Foundation Trust had achieved the diagnostics performance target of fewer than 1% of patients waiting more than six weeks, however this had not been achieved for NHS Vale of York CCG patients. In relation to CT imaging despite planning for the fact that one scanner was out of action the level of activity had affected performance.

In relation to referral to treatment times MC highlighted the urology 18 week breach noting that this was due to a national drug shortage; information was being provided in this regard. Breast cancer breaches were due to patient choice. Issues in dermatology performance were recognised; appointment of a new locum consultant to assist addressing this was noted.

MC reported that delayed transfers of care were being addressed through utilising available capacity at Mulberry Court. Short term care packages would be for a number of patients waiting for home care packages. LB added that, due to a government and NHSE initiative, priority was now being given to delayed transfers of care. The Secretary of State expected a reduction in delayed transfer of care of 25% in two weeks and 50% in four weeks; the impact of patient choice in this regard was noted. LB advised that progress was being reported weekly to the Area Team and that £325k additional funding had been provided. MA-M added that bids had been requested against a further £7m available across the Area Team for assets to avoid delayed transfers of care.

MC confirmed that Worsley Court, Selby, had reopened and advised that the CCG would be engaged in the review of the two serious incidents declared by Leeds and York Partnership NHS Foundation Trust in December 2014. She also noted that an update would be provided on concerns relating to reporting timescales.

MC additionally informed members of improvement in maternity services noting that York Hospital had moved from 'red' to 'amber' due to changes in service provision. She would in future provide exception reporting to the Committee.

The Committee:

Noted the Integrated Quality and Performance Exceptions Report.

8. Finance, Activity and QIPP

MA-M presented the report which described financial activity and performance as at the end of December 2014. He noted an increase of £1.2m in allocations due to number of non recurrent monies. The most significant change related to an increase of £888k to the forecast outturn emanating from the national underutilisation against the Continuing Healthcare legacy risk pool of £156m in 2014/15 which was being returned to CCGs in the same proportion as their contributions to the £250m risk pool. There was a requirement for CCGs to make a corresponding adjustment to their forecast outturn therefore NHS Vale of

York CCG's forecast outturn was now £3m. This was discussed in the context of the 2015/16 financial position.

In regard to the work being undertaken by the Partnership Commissioning Unit on 2013/14 Continuing Healthcare provision and accrual MA-M noted that the review had been extended to the end of the financial year. He proposed bringing a detailed report to the Committee and also advised that he had sought assurance that systems were now in place to prevent a recurrence of the issues.

MA-M noted that running costs continued to offset programme costs and highlighted that the best and worst case scenarios remained the same although both had improved in line with the increased surplus forecast outturn.

MA-M reported on discussions with Andy Bertram, Director of Finance at York Teaching Hospital NHS Foundation Trust, noting that any adjustments would be in the context of an agreed year end position.

MA-M referred to the inclusion of a section on Contract Management Board summaries following agreement that minutes would no longer be presented to the Committee. He highlighted the agreed contract trading positions for quarters 1 and 2 with York Teaching Hospital NHS Foundation Trust and noted that they had delivered additional planned activity during November 2014 in compliance with the national referral to treatment waiting list initiative.

In response to DB seeking clarification about contingency in the event of unexpected increased referrals MA-M advised that this would be dependent on the nature of the activity. If it was of national significance there would be the potential for additional funding. MA-M expressed a level of confidence in the forecast outturn position reported.

In response to AP seeking clarification about utilisation of resilience funding slippage, MA-M advised that, due to the current pressures in the system, schemes that would impact operationally should be implemented on a non recurrent basis. They would thereafter be considered in the overall prioritisation process. RP additionally noted that the Collaborative Improvement Board was due to consider an early iteration of schemes from the Urgent Care Working Group to inform recurrent investment decisions. MA-M proposed that the table providing allocations information be extended to include potential expenditure opportunities.

The Committee:

Noted the Finance, Activity and QIPP report.

(There was an error in numbering on the agenda; number 9 had been omitted)

10. Corporate "Red" Risk Report

RP presented the corporate risk registers as at 16 January 2015 highlighting that the main risks were across Innovation and Improvement and Finance and Contracting in relation to the Better Care Fund integration pilots. Progress with controls assurance was described. RP referred to discussion at the Governing Body Workshop in January regarding

baselines and performance noting that work was in progress to address these concerns. She confirmed that performance monitoring and review of the Better Care Fund would address the risks.

RP also highlighted risk relating to Leeds and York NHS Partnership Foundation Trust compliance with quality standards.

The Committee:

Noted the risks that formed the Corporate Risk Register.

11. Yorkshire and Humber Commissioning Support Performance Report

RP referred to the report presented to provide assurance that services were being delivered in line with service level agreements, identifying risk trends and highlighting delivery areas that may impact on programmes of work. Agreed improvement plans were being monitored in respect of Information Management and Technology, Business Intelligence and Medicines Management.

RP noted that further work was taking place on the format of this report for the Committee.

The Committee:

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

12. Patient Experience Report

In presenting the Patient Experience Report for November and December 2014 LB noted the intention of providing this assurance through incorporating the information in the Integrated Quality and Performance Report. LB highlighted that the CCG continued to receive concerns relating to gluten free prescribing.

The Committee:

Noted the Patient Experience Report for November and December 2014.

13. Safeguarding Children Report

EW attended for this item which was moved up the agenda and discussed after item 6

In introducing this item LB noted that this would be presented to the Committee on a quarterly basis and that future reports would include adult safeguarding.

In regard to the North Yorkshire Safeguarding Children Board EW highlighted concerns about the level of reporting of private fostering – defined as an arrangement whereby children and young people up to the age of 16 (18 if disabled) were cared for by someone other than a parent or close family relative for more than 28 days – and emphasised the

requirement to raise awareness of the associated regulations. EW also noted that there were a high number of children in private fostering in York.

EW advised that the City of York Safeguarding Board was scheduled to discuss a proposal for reconfiguration at its next meeting and noted plans to maximise support to both Safeguarding Boards.

In regard to Child Protection EW referred to the recommendation from the Savile Report relating to Whitby Hospital, namely that 'guidelines on External Communications and Media Handling will be developed which will clearly identify the steps to be taken when dealing with celebrities or any other visiting individual' by York Teaching Hospital NHS Foundation Trust. She noted that although this had been completed in October 2014 further work was taking place that would provide full assurance.

EW referred to health assessments for 16 to 18 year old Looked After Children who were outside statutory education and noted that both North Yorkshire County Council and City of York Council had implemented spot purchase arrangements. In regard to the latter the Partnership Commissioning Unit was undertaking the necessary work for this to be continued via Public Health recommissioning.

EW highlighted that the internal audit report opinion on Safeguarding Children for the four North Yorkshire CCGs was of Significant Assurance and noted that the recommendations were being taken forward in strategic planning. She also noted the development of the Designated Professionals Team which would facilitate progression of the elements deferred in the Strategic Plan for the current year.

In response to AP seeking clarification about Medical Practitioner Child Protection Conference Reports and attendance and also links with at risk families for child protection issues, EW emphasised the requirements for information from GPs to inform decisions. She noted that a two sided pro forma for primary care was being developed to enable appropriate information to be provided with minimum impact on GP time; examples would be provided through the circulation of 'Hot Topics'.

In regard to at risk families LB reported that work was ongoing with City of York Council and the Designated Safeguarding Professionals. EW noted that further work would take place with GP practices and referred to the appointment of Dr Nigel Wells as Lead Doctor for the CCG. She noted services for at risk children as a priority area for investment consideration by the CCG.

The Committee:

1. Noted the deferment of some elements of the Designated Professionals Strategic Plan and that an update would be provided as part of the Annual Report in Spring 2015.
2. Noted the progress made by York Teaching Hospital NHS Foundation Trust towards the recommendation arising from the Savile investigation.
3. Received assurance from the findings of the internal audit.

14. Key Message for the Governing Body

- Yorkshire Ambulance Service presentation issues
 - Look to invest in preventative services, for example resuscitation and *'Restart a Heart Day'*
 - Positive Publicity with Yorkshire Ambulance Service
- Proposal to streamline CCG meeting structures and integrated reporting; discussed in context of primary care co-commissioning
- Look to invest in Children's Mental Health and Psychiatric Services

The Committee:

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

15. Next meeting

9.30am on 19 February 2015.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND FINANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 22 JANUARY 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 	LB LB	22 January 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 RP to discuss with FW liaison with the Area Team in the event of a MAJAX Executive to Executive meeting to be arranged between the CCG and Leeds and York Partnership NHS Foundation Trust 	OS RP RP	19 February 2015 10 March 2015

QF21	22 January 2015	Proposed Improvements to the Quality and Finance Committee	<ul style="list-style-type: none"> Committee terms of reference to be amended for presentation to the Governing Body 	HS	29 January 2015
QF22	22 January 2015	Finance, Activity and QIPP	<ul style="list-style-type: none"> Report on 2013/14 Continuing Healthcare provision and accrual to be presented 	MA-M	19 February 2015