

**Minutes of the Informal Quality and Finance Committee held on
20 November 2014 at West Offices, York**

Present

Mr John McEvoy (JM) - Chair	Practice Manager Governing Body Representative
Mr Michael Ash-McMahon (MA-M)	Interim Chief Finance Officer
Mr David Booker (DB)	Lay Member
Dr Mark Hayes (MH)	Chief Clinical Officer
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 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 Elliott	Head of Finance
Mr Owen Southgate (OS)	Assurance and Delivery Manager, NHS England Area Team
Ms Michèle Saidman (MS)	Executive Assistant

Apologies

Miss Lucy Botting (LB)	Chief Nurse
Dr Andrew Phillips (AP)	GP Governing Body Member, Lead for Urgent Care
Dr Guy Porter (GP)	Consultant Radiologist, Airedale Hospital NHS Foundation Trust – Secondary Care Doctor
Mrs Kathryn Shaw-Wright (KS-W)	Interim Deputy Chief Finance Officer

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 23 October 2014

The minutes of the meeting held on 23 October 2014 were agreed.

The Committee:

Approved the minutes of the meeting held on 23 October 2014.

4. Matters Arising

Integrated Quality and Performance Exception Report – Reporting Times for MRI scans: MC advised that consideration was being given to addressing this issue through a Commissioning for Quality and Innovation (CQUIN) scheme.

Other matters were noted as completed, agenda items or had not yet reached their scheduled date.

The Committee:

Noted the updates.

5. Integrated Quality and Performance Exception Report

MC presented the report which included information relating to unplanned and planned care, mental health, safeguarding, regulators and quality incentive.

In regard to unplanned care Yorkshire Ambulance Service (YAS) combined response times for York Teaching Hospital NHS Foundation Trust was green overall at 77.1% against a 75% target. Handover times for YAS were red at 77% against a target of 100%. Performance continued to improve on the York site but was affected by delays at the Scarborough site. MC advised that two escalation beds, not 14 as in the report, had been opened at Scarborough. JM sought clarification as to the forecast performance and the potential for this being set at a more realistic level.

MC reported that the ongoing concerns with A and E four hour waiting time performance – 92.5% in September and 90.59% unvalidated for October – was being addressed through a number of forums, including the System Resilience and Unplanned Care Working Groups. She noted that detailed information had been requested from York Teaching Hospital NHS Foundation Trust in regard to staffing and patient level data to understand the issues. Additionally, there was an increase in admissions. Looking at early data from care homes admissions showed the majority through A and E were admitted but a proportion stayed less than one day and those clinical conditions were being looked at closely to see if admission could have been prevented. Further discussion took place in the context of both the work being undertaken by the Priory Medical Group integration pilot and schemes agreed through the Unplanned Care Working Group that had not yet come into effect. In regard to the latter RP clarified that there were 36 schemes, based on evidence from 2013/14, at different stages of development: a third were operational, a third would be implemented and a third were being scoped. Sustainability would be tested through system resilience and the successful schemes would be progressed.

In response to SO seeking clarification about the 2013/14 Quality Premium MH advised that, due to a change in criteria - namely delivering an improved financial position compared to the previous financial year rather than delivering a 1% surplus - the CCG had received £312.5k. OS additionally noted that confirmation was required via the Unplanned Care Working Group that additional winter

monies received by York Teaching Hospital NHS Foundation Trust had not been double counted.

MC reported ongoing concerns relating to cystoscopy and non obstetric ultrasound diagnostics, also noting that the CT scanner was out of action for the next three weeks as it needed replacing. The consequent challenge was being managed through Nuffield Hospital and outsourcing. There was some improvement in MRI scanning due to sub contracting with Nuffield Hospital.

SO highlighted that York Health Solutions, an Any Qualified Provider organisation, currently had a two week turnaround for diagnostics with the potential to increase capacity. He proposed promoting this as an option to GPs be discussed at the Council of Representatives later in the day.

In regard to the poor advice given by the NHS 111 service to the mother of a five day old baby, MC assured members that the recommendation that children under four months be advised to be seen in A and E was being implemented and changes to the current pathway were being made.

MC agreed to arrange for 18 week referral to treatment information to be provided in greater detail and a format that included identification of variation including in regard to cancer.

MC referred to the three empty beds at Fulford Nursing Home which would be commissioned as part of the solution to delayed transfers of care as soon as therapy services were available. FB expressed concern at being able to evaluate a three bedded service in the context of the agreement to commission a 12 bed scheme. Members discussed recruitment of physiotherapists and occupational therapists both at a local and national level.

MC reported that she had attended a presentation on the recent serious incident at Worsley Court, Selby, and noted that the investigation report was being widened to include other professionals in the unit, the report focused on nursing care in the first instance. She also confirmed that the CCG and Partnership Commissioning Unit were engaged in discussions with Leeds and York Partnership NHS Foundation Trust in the preparation for reopening the unit, scheduled for December 2014.

DB raised concern, at the request of Alan Maynard, over 30 week waits for child psychiatry. MA-M agreed to seek clarification as to whether this was a CCG commissioned service or a specialist service.

In regard to Improving Access to Psychological Therapies MC reported that achievement was at 5.2% noting progress. She advised of the expectation that new and more challenging mental health services targets would be introduced in 2015/16.

The Committee:

1. Noted the Integrated Quality and Performance Exception Report.

2. Requested that 18 week referral to treatment information be provided in greater detail including identification of variation for cancer referrals.
3. Noted that MA-M would seek clarification as to whether child psychiatry was a CCG commissioned service or a specialist service.

6. Finance, Activity and QIPP

MA-M presented the report which described financial activity and performance as at 31 October 2014, month 7, noting achievement of the £1.2m year to date planned surplus and the continued forecast overall £2.1m surplus. He advised that the c£0.5m year to date overspend on Programme Costs, that included a non recurrent c£700k pressure from final year end positions from 2013/14, was being supported by an underspend on Running Costs; this was in anticipation of the 10% reduction required in 2015/16.

MA-M described a series of allocation changes within the month 7 position: correction to baseline errors; specialist services adjustments; c£2m system resilience funding; and the £443k “pass through” system resilience costs for challenged organisations. He reported that, following finalisation of the 2013/14 year end agreements, the acute services position had deteriorated to show a year to date underspend of £13k. MA-M provided clarification and assurance in this regard.

The Mental Health Out of Contract forecast outturn position had deteriorated in the last month by £710k; this had been partly offset by a £460k reduction in Continuing Health Care and Funded Nursing Care. MA-M advised that systems and processes put in place within the Partnership Commissioning Unit (PCU) were currently being embedded to understand the activity and to avoid this level of variation. He assured members that the CCG’s ongoing concerns about this variance had been raised with the PCU and that a detailed report on this would be brought to the next Committee.

MA-M referred to the forthcoming consideration by the Governing Body of an IVF Commissioning Policy. He reported that if the decision was to implement any level of IVF commissioning in year the CCG was required to make provision in the accounts for the full cost of the backlog. In this context MA-M described risks and contingencies of best and worst case scenarios. Members sought and received clarification and assurance concerning potential impact on the CCG’s overall financial position, with particular reference to winter pressures and the current referral to treatment backlog, and noted that IVF would also be discussed with the Council of Representatives later in the day.

FB referred to the QIPP update in the report. In regard to the Better Care Fund submissions formal feedback had been received on each. The City of York Council submission had been approved with one condition, Condition 3 – reducing non elective admissions 11.7%. FB emphasised that this was a realistic figure agreed by the Governing Body and noted that the Urgent Care Practitioners were already having significant impact, currently c54%, on patients not going to hospital. Members requested further information relating to these patients.

FB reported that the out of hours contract challenge period had ended at midnight and no challenge had been received. The award of contract letter would therefore be issued and following acceptance of the contract an announcement would be made of the successful bidder. Mobilisation would be 1 December 2014. FB commended the team who had worked on the out of hours procurement.

The community services reprocurement was progressing. The services would be procured through a new specification and a decision would be taken as to whether this was done via competitive dialogue or competition. A Community Services Board was being established with weekly meetings. FB highlighted the level of work required for this procurement. She also noted that community services was an agenda item for the Council of Representatives meeting.

In response to JM expressing concern at potential conflicts of interest during the community services reprocurement FB assured members that there was a framework that clearly defined the process to manage this and that at the point a potential conflict of interest should arise the appropriate action would be taken.

SO provided further information on a number of areas including the ophthalmology review in terms of capacity and recruitment issues. He also highlighted that a dermatology reviewer was withdrawing from the Referral Support Service and the challenge to the Deep Vein Thrombosis pathway due to inability to get direct access to ultrasound at York Teaching Hospital NHS Foundation Trust.

In regard to prescribing QIPP schemes SO noted a risk in respect of the dressings project due to impact on pharmacy income at dispensing practices who were expressing concern at the potential change.

The Committee:

Noted the Finance, Activity and QIPP report.

7. NHS Vale of York CCG Assurance, Review of “Red” Risks

RP referred to the report which advised that there were five “red” risks on the risk registers relating to Finance and Contracting, Governance, and Quality and Performance; the associated control measures were detailed. MA-M advised that contingency arrangements had been established with Commissioning Support in regard to the Governance issue. This had related to the CCG’s IT provision and an action plan for a resolution by January 2015 had been agreed. MA-M also noted that the unidentified QIPP, discussed above, would be escalated on the Finance Risk Register as it was clear this was unlikely to deliver.

RP reported that uploading of risks and project plans to Covalent was progressing. A report emanating from this would be provided for the next meeting of the Committee and the January Governing Body Workshop.

The Committee:

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

8. Partnership Commissioning Unit Report on Mental Health Out of Contract Activity

This was covered under item 6 above.

9. Key Message for the Governing Body

- Debate on under performance of contracts and financial savings to be monitored

10. Next meeting

9am on 18 December 2014.

**NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND FINANCE COMMITTEE
(PREVIOUSLY FINANCE AND PERFORMANCE COMMITTEE)**

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 20 NOVEMBER 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	
QF17	20 November 2014		<ul style="list-style-type: none"> 18 week referral to treatment information be provided in greater detail including identification of variation for cancer referrals. Clarification to be sought as to whether child psychiatry was a CCG commissioned service or a specialist service. 	MC MA-M	18 December 2014