

**Minutes of the Informal Quality and Finance Committee held on 17 July
2014 at West Offices, York**

Present

Mr John McEvoy (JM) - Chair	Practice Manager Governing Body Representative
Mr Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Miss Lucy Botting (LB)	Chief Nurse
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
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 Governing Body Member
Mrs Rachel Potts (RP)	Chief Operating Officer
Mrs Tracey Preece (TP)	Chief Finance Officer

In Attendance

Mrs Caroline Alexander (CA)	Strategic Planning and Assurance Lead (Interim)
Mrs Fiona Bell (FB)	Deputy Chief Operating Officer/Innovation Lead
Mrs Jayne Hill (JH) – for item 9	Head of Children, Young People and Maternity, Partnership Commissioning Unit
Mrs Polly Masson (PM) – for item 9	Innovation and Improvement Manager
Ms Michèle Saidman (MS)	Executive Assistant

Apologies

Dr Mark Hayes (MH)	Chief Clinical Officer
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A number of items were discussed out of order of the agenda.

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 19 June 2014

The minutes of the meeting held on 19 June were agreed.

The Committee:

Approved the minutes of the meeting held on 19 June 2104.

4. Matters Arising

QF3 Report on GP call back system- update: AP advised that since the previous update there had been 28 referrals to the scheme. Four of these patients had been conveyed to the Emergency Department at York Teaching Hospital NHS Foundation Trust, six had attended a GP practice, there had been ten home visits and eight telephone calls. No complaints had been received from patients or practices. Following discussion LB agreed to incorporate this information in the Urgent Care section of the Quality and Performance Report going forward.

QF6 Quality and Performance Dashboard - Referral Support Service: RP reported that clinical support for the Referral Support Service had been discussed at the May meeting of the Collaborative Improvement Board. This would be progressed via the work on follow-ups and condition registers and the review of pathways. MH and FB had attended a meeting in this regard on 7 July. SOC referred to issues of recruiting to the Referral Support Service and agreed to provide an update at the next meeting.

QF8 QIPP: JM requested addition to the email circulation of flash reports.

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

The Committee:

1. Noted the updates.
2. Noted that the GP call back system information would be incorporated in the Urgent Care section of the Quality and Performance Report.
3. Noted that SOC would provide an update on recruitment to the Referral Support Service at the next meeting.

5. Quality and Performance Report

In presenting the Quality and Performance Exceptions Report LB advised that work was continuing to present the information more concisely. She highlighted the reference to the Healthwatch report *Discrimination Against Disabled People in York* and noted that she would forward the link to members. Following discussion it was agreed that a representative of Healthwatch be invited to attend the September Committee meeting to present the report.

LB described concerns within the Healthwatch report relating to disabled access from a primary care estate perspective and reported that there had been one complaint which was currently with the Ombudsman about lack of signing provision for deaf patients. She advised that NHS England was looking into provision of equipment (web cam signing facilities) for GP practices. AP additionally reported that Siân Balsom, Manager of Healthwatch York, was attending the Urgent Care Working Group to discuss provision for deaf people and disabled access in York.

In regard to Yorkshire Ambulance Service (YAS) Category A Red 1 and Red 2 performance for the CCG area LB highlighted that over the last two to three months there had been a slight improvement, 72.8% and 73.9% respectively although this was still below the 75% target. She referenced the positive work with A and E, Urgent Care Practitioners through the Urgent Care Working Group and the new ambulance triage assessment centre. AP also noted that the current 15 minute handover time was 92%. Work with YAS to further improve performance would continue through the Contract Management Board and Urgent Care Working Group.

In response to clarification sought regarding outcomes of YAS performance LB advised that this information was provided on a quarterly basis and would be reported when available. However she noted that survival rates in the North East and York (STEMI) were above the national average.

LB referred to the A and E performance of 91.4% at York Teaching Hospital NHS Foundation Trust, which was in the lower 20 of comparator performance across the Northern Region Trusts. She highlighted that the issues relating to performance were being progressed via the action plan from the recent report by the national Emergency Care Intensive Support Team and with the Urgent Care Working Group but noted that, although high level data, including nursing workforce numbers, was now being shared, the CCG needed more detailed information around the whole of the workforce - capacity and vacancy rates - which was an issue that was being progressed. AP additionally noted discussion on urgent care at the Clinical Senate and the intention to share best practice.

Discussion emanated in respect of ease of access to A and E. The need for both information about alternative provision and redefining of these services was highlighted. Although A and E was available 24/7, it was not intended as a "drop in" facility. SOC requested inclusion of numbers attending A and E in the report. In this regard AP advised that the average attendance at York Hospital was c1700 per week but when this increased to c2300 breaches became apparent highlighting a potential issue with capacity of staff or space. He also reported on discussion with other CCGs on dashboard presentation and noted the potential to develop a system approach based on learning from other areas.

Members also discussed reporting requirements and concerns that this did not always reflect true performance. LB noted that the Information Analyst who was taking up post imminently would ensure the triangulation of quality and performance information.

LB referred to the constant under performance of out of hours achievement against target. Whilst it was acknowledged that out of hours was in the process of reprourement, she highlighted that work was ongoing to understand and address the issues.

TP reported on discussion with Andy Bertram, Director of Finance at York Teaching Hospital NHS Foundation Trust, regarding their Quarter 1 position with Monitor. He had informed TP that they would shortly be writing to all their commissioners requesting support in the form of imposing fines due relating to

ambulance handovers but with the equivalent reinvestment in additional A and E bays on a one off-basis. The total York Teaching Hospital NHS Foundation Trust fine was estimated to be £330k. The reinvestment could be provided from the c£2m unplanned care funding as it would be non recurrent investment in unplanned care. Members discussed this in some detail and welcomed the opportunity for collaborative working. However they emphasised that specific support for key pieces of work be detailed in return for this support.

TP confirmed that the 2014/15 contract with York Teaching Hospital NHS Foundation Trust had been agreed. The final details were being completed for signing.

In regard to referral to treatment performance and in light of the recent Referral to Treatment External Report and Government initiatives (including additional funding) LB reported that York Teaching Hospital NHS Foundation Trust were aiming to clear the backlog and return to sustainability over the summer months. However, she noted concerns relating in particular to trauma and orthopaedics, where there was a suggestion that activity was over threshold for York Teaching Hospital NHS Foundation Trust `Some breaches were occurring with outsourced sub-contractors namely Nuffield and Ramsay Hospitals with patients being returned to York Hospital due to the complexity of treatment required. There were also capacity issues in neurology due to consultants working across both the York and Scarborough sites.

RP referred to the national requirement regarding System Resilience Groups (SRGs) and reported on the proposals for local SRGs that were being established as well as the requirement for submission of plans to address referral to treatment backlog and a 16 week timescale. Following discussion with York Teaching Hospital NHS Foundation Trust there was an acknowledgement that it would take time for a sustainable position to be reached. RP also referred to the recent report by Peter Kennedy on management of waiting lists noting the ongoing work and explained that there was a non recurrent resource available nationally to support system resilience, a total of £6.4m across Yorkshire and Humber. RP also reported that at NHS England level York Teaching Hospital NHS Foundation Trust had been categorised as high risk in terms of delivery of referral to treatment and A and E.

LB noted concerns relating to diagnostics which had potential to impact on referral to treatment times with particular reference to cystoscopy, MRI scans and breast screening (cancer). AP highlighted that the remit of the Planned Care System Resilience Group would be diagnostics, referral to treatment and cancer.

LB advised that 36.5% achievement against a 50% target under Mental Health for people moving to recovery was a cause for concern and that the threshold target rate had slowly been decreasing since the beginning of the year. This was currently being addressed through the Leeds and York Partnership NHS Foundation Trust Contract Management Board. She noted that this information was available on a quarterly basis therefore the next iteration would relate to Quarter 4 of 2013/14.

The Committee:

1. Noted the report.
2. Noted that LB would forward the link to the Healthwatch report *Discrimination Against Disabled People in York*.
3. Requested that a member of Healthwatch be invited to present the report at the September Committee meeting.
4. Requested the inclusion of the number of A E attendances in the report.
5. Supported in principle, pending receipt of a formal letter, the early request from York Teaching Hospital NHS Foundation Trust, subject to specific support for key pieces of work, imposition of the CCG percentage of the estimated £330k fine and the equivalent reinvestment on a one-off basis in additional A and E bays.

6. Finance, Activity and QIPP

MA-M presented the report which described the financial position and activity performance as at 30 June 2014. This reflected the final plan submitted to NHS England Area Team on 20 June and included the reduced surplus of 0.57%, £2.1m, as agreed by the Governing Body. MA-M noted that the overall allocation remained unchanged but that the £1.6m revised reduction in surplus was now required to fund the programme costs.

MA-M reported that the year to date surplus of £124k had been delivered but that in so doing a £228k overspend incurred on programme costs had been offset by a corresponding underspend on running costs. He also detailed pressures related to issues carried forward from 2013/14 in terms of £179k additional costs with Leeds Teaching Hospitals NHS Trust and an estimated provisional position of £110k with Mid Yorkshire Hospitals NHS Trust based on Secondary User System (SUS) data. This was being validated in order to agree final positions with the respective organisations.

An underspend of c£400k against the York Teaching Hospital NHS Foundation Trust contract on orthopaedic activity was offset by a corresponding overspend at Ramsay and Nuffield Hospitals. Further work was taking place to agree contract adjustments with York Teaching Hospital NHS Foundation Trust which would potentially increase the undertrade.

In reporting a year to date underspend of £727k in the primary care prescribing budget MA-M noted that this was based on Month 1 data, due to the timing of this information. The forecast remained for break even.

MA-M highlighted that the 0.5% contingency was included in the year to date position, largely to cover the unallocated QIPP, and provided clarification on the contingency elements. He noted that the operational and financial deliverability of each scheme had been risk adjusted and advised that at the current time, due to availability of data, the only validated delivery of QIPP was in respect of telehealth cessation and the national efficiency applied to the Humber NHS Foundation Trust contract.

QIPP

In regard to the £4m QIPP gap TP emphasised that full delivery of identified schemes was assumed; other risks, including capacity for further schemes, required minimising. She also noted that the plan was being checked and that the Area Team was fully aware of the level of risk within the plan.

Members discussed in detail the need to identify additional contingency measures and to ultimately achieve recurrent QIPP. RP explained the work currently being undertaken to scope additional QIPP schemes and emphasised the need to remain focused on delivering the already identified projects. Further discussion would take place both at Senior Management Team and at Quality and Finance Committee meetings to identify potential schemes and mitigation for consideration. FB highlighted the need for clinical input to support the Innovation and Improvement Team in this regard. JM emphasised that planned transformational work should not be impacted by the challenging financial position.

The Committee:

Noted the finance, activity and QIPP report.

7. NHS Vale of York CCG Assurance – Corporate Risk Register

RP referred to recently published guidance for CCG assurance noting the focus on health inequalities, parity of esteem and the Better Care Fund. In regard to the latter RP reported that new national guidance was expected but, pending this, work was continuing as per the approved plans.

CA presented the second iteration of the report emanating from Covalent and commended the system for enabling development of an improved corporate risk register. She advised that work was ongoing to align Covalent with the new CCG Assurance Framework, the Strategic Plan and all areas of the CCG's work to provide fully integrated information.

The current number of “red” risks was 21, down from 25 in the June report to the Committee. Members noted that a full review of risks had not yet been completed by all teams; this was currently being progressed.

The Committee:

Noted the “red” risks identified in the report, the current risk trends and the ongoing work to further develop the information.

8. Better Care Fund

This was covered in item 7 above.

9. Briefing Summary: Children and Families Act 2014 Part 3

JH and PM attended for this item which was presented after item 5

In addition to the update report circulated JH gave a presentation on the Children and Families Act 2014 detailing the responsibilities and processes for all health organisations, including CCGs, from September 2014. She also highlighted that CCGs were required to be in a position to offer personal budgets from April 2015 to children and adults with long term conditions, including mental health. JH noted ongoing work with providers to fulfill the requirements of the Act and reported that North Yorkshire had been a pathfinder in terms of pilot models that had been implemented.

In describing the Designated Medical Officer role JH noted that the Special Education Needs Appeal Panel (SENAP) met weekly. There were currently four Designated Medical Officers in North Yorkshire, and one in each of the four North Yorkshire CCGs. Their contractual responsibilities were being clarified.

JH highlighted the requirement for the CCG to ensure appropriate involvement in sign off of Education, Health and Social Care Plans and to understand personal budgets from the commissioner perspective. She confirmed that the Act's requirements applied only to new assessments from 1 September 2014; there would be no legacy issues in this regard.

Detailed discussion included concern at the time commitment required for the weekly Panels and consideration within the context of the Partnership Commissioning Unit, Continuing Healthcare and the approach being adopted by the other North Yorkshire CCGs. JH noted that she was liaising with LB in regard to the potential pressure on the CCG and that she was writing an options paper for consideration by the North Yorkshire CCGs proposing potential joint Designated Medical Officers.

The Committee:

Noted the requirements of the Children and Families Act 2014 Part 3 and the ongoing work to ensure compliance.

10. Financial Plan - Update

This was covered in item 6 above.

11. Safeguarding

Adult Safeguarding Update

LB referred to the report which included updates on the Care Home Act 2014, Adult Safeguarding concerns, quality assurance, staff appointments and information on open safeguarding cases. She highlighted the statutory requirement for the CCG to work in partnership with the three Local Safeguarding Adult Boards and the expectation of associated funding implications.

Savile Recommendations

In presenting the report on the Savile Recommendations LB commended the full report to members and highlighted that, as in the case of Mid Staffordshire NHS Foundation Trust, the main themes identified were the need for the Board to listen to staff and patients, complaints and the process of dealing with, whistleblowing and workforce. LB noted that whilst these recommendations were national, the report reviewed in particular issues related to the Northern Region and Leeds Teaching Hospital NHS Trust. She noted that York Teaching Hospital NHS Foundation Trust had also published the Savile Recommendations on their website and highlighted that the Secretary of State for Health would be seeking assurance from NHS Chief Officers in respect of safeguarding procedures.

The Committee:

1. Noted the Adult Safeguarding Update.
2. Noted the report on recommendations from the Savile Enquiry and recommendations and assurances relating to providers within the Vale of York economy area.

12. Next meeting

9am on 21 August 2014.

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

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 17 JULY 2014 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PF10	23 January 2014	Procurement of the Elective Orthopaedic Service, currently provided at Clifton Park Hospital	Alan Maynard or Keith Ramsay, conflicts of interest permitting, to be asked to provide assurance during the procurement process	AB	
PF13	20 February 2014	Francis Report: Assurance for NHS Vale of York CCG one year on	Further report to May meeting	LB	22 May 2014 Deferred to 21 August 2014
2014/15					
QF3	17 April 2014	Urgent Care Working Group Operational Dashboard	Report on GP call back system	AP	19 June 2014 meeting
	19 June 2014		Report to be circulated	AP	Completed
	17 July 2014		Information to be incorporated in urgent care section of Quality and Performance Report	LB/AP	21 August 2014

QF6	22 May 2014	Quality and Performance Dashboard	Discussion of clinical support for the Referral Support Service to take place at Collaborative Improvement Board Update on recruitment to be provided at next meeting	RP	29 May 2014 Reported as completed 17 July 2014
	17 July 2014			SOC	21 August 2014
QF8	22 May 2014	QIPP	Access to fortnightly flash reports to be arranged for JM JM to be included in email circulation of flash reports	FB	21 August 2014
	17 July 2014			FB	
QF9	19 June 2014	Quality and Performance Report	<ul style="list-style-type: none"> Information on York Teaching Hospital NHS Foundation Trust workforce, cancer and GP Referrals Updates on IAPT and Bootham Park Hospital 	LB	17 July 2014 meeting
				LB	21 August 2014 meeting
QF10	19 June 2014	Infection Prevention and Control	<ul style="list-style-type: none"> Monthly reports to be provided at formal meetings of the Committee Requirements for GPs relating to clostridium difficile recording on death certificates to be included in Medicines Management Newsletter 	LB/SP	21 August 2014 meeting
				LB/SP	Reported as completed 17 July 2014

QF11	17 July 2014	Quality and Performance Report	<ul style="list-style-type: none"> • Member of Healthwatch to be invited to present <i>Discrimination Against Disabled People in York report</i> • A&E attendance numbers to be included in report 	<p>LB</p> <p>LB</p>	<p>18 September 2014</p> <p>21 August 2014</p>
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