

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

Present

Mr John McEvoy (JM) - Chair	Practice Manager Governing Body Representative
Miss Lucy Botting (LB)	Chief Nurse
Dr Mark Hayes (MH)	Chief Clinical Officer
Dr Shaun O'Connell (SO)	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
Mrs Rachel Potts (RP)	Governing Body Member
Mrs Tracey Preece (TP)	Chief Operating Officer
	Chief Finance Officer

In Attendance

Mrs Fiona Bell (FB)	Deputy Chief Operating Officer/Innovation Lead
Ms Michèle Saidman (MS)	Executive Assistant
Ms Caroline Alexander (CA)	Interim Head of Integrated Governance

Apologies

Mr Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Mrs Wendy Barker (WB)	Deputy Chief Nurse
Dr Tim Maycock (TM)	GP Governing Body Member, Joint Lead for Primary Care

1. Apologies

As noted above.

2. Declarations of Interest

JM declared an interest in respect of item 16 Diabetes Service Redesign Project as a partner in a GP practice that provided Level 1 diabetes care. He also declared an interest at items 8 and 15 during discussion as respectively a member of a collaborative that would be taking part in integrated care development and as a partner in a GP practice providing a vasectomy service.

SO and AP declared a potential interest in item 15 Procurement Report as employees of GP practices with specific Local Enhanced Services.

The Committee:

Noted the declarations of interest.

3. Minutes of the meeting held on 20 March 2014

The minutes of the meeting held on 20 March were agreed subject to amendment at item 5 paragraph 1 to read ‘...discussions with the Commissioning Support Unit ...’

The Committee:

Approved the minutes of the meeting held on 20 March 2104 subject to the above amendment.

4. Matters Arising

Quality: RP reported that an advertisement was being prepared for additional Lay representation on the Committee.

4.1 Forward Plan

RP referred to the Committee’s Forward Plan and highlighted that the Quality and Finance Committee would be the forum for monitoring the priorities of the CCG’s Operational and Strategic Plans and QIPP schemes. She also assured members that reports would be provided on progress of each work programme in a prioritised manner.

4.2 Commissioning Medicines Policy and Joint Formulary Update

SO reported that an updated draft Commissioning Medicines Policy would be presented for sign off at the May meeting of the Medicines Commissioning Committee. This Committee had held its first business meeting from which the recommendations had been approved by the Senior Management Team on 15 April and disseminated to GPs and Practice Managers. SO confirmed that the Senior Management Team would be the forum for consideration of recommendations provided they were within the appropriate delegated financial limits.

SO reported that development of the Joint Formulary based on cost effectiveness was ongoing in order to achieve a common commissioning, and decommissioning, of drugs approach across NHS Vale of York CCG, NHS Scarborough and Ryedale CCG, York Teaching Hospitals NHS Foundation Trust and, where appropriate, mental health providers. SO confirmed that a ‘Do Not Use’ formulary had been developed and that information was awaited from the Commissioning Support Unit (CSU) Medicines Management Team on its implementation. He also noted that NHS Harrogate and Rural District CCG was currently undertaking demonstration of a specific software solution in this regard which would be considered if successful.

4.3 Winterbourne Review

LB referred to the detailed position statement on the CCG’s progress against the Winterbourne Concordat which required health and social care

commissioners to ensure commissioning of safe, good quality, appropriate services for people with Learning Disabilities, Autism Spectrum Disorder and challenging behaviour. She noted that the Department of Health and NHS England were supporting work to address the fact that the Vale of York area was an outlier in terms of both health and social care in this regard.

LB highlighted the case management of individuals and the review process to ensure appropriate placements in respect of the 161 people with Learning Disabilities or Autism Spectrum Disorder in receipt of NHS funded care from NHS Vale of York CCG as at 14 April 2014. LB reported that the review of out of area placements would be completed by the end of May at which time the Partnership Commissioning Unit (PCU) would provide an updated position statement. LB confirmed that the CCG remained responsible for all out of area placements, including any based on social reasons, and noted that out of area placements would only continue where it was deemed appropriate for individuals with complex special needs. She advised that the PCU was providing monthly updates and agreed to provide a report as a standing agenda item.

The Committee:

1. Noted the update on Lay representation.
2. Ratified the Forward Plan.
3. Noted the update on the Commissioning Medicines Policy and Joint Formulary.
4. Noted the Winterbourne Review report.
5. Requested that a progress report on the Winterbourne Review Concordat be a standing agenda item.

5. Core Performance Dashboard

In presenting the dashboard LB noted that reporting was as at February 2014 and assured members that future reports would emanate from more timely performance data. LB referred to improved but still below performance of Yorkshire Ambulance Service and advised that negotiations were taking place to agree a Commissioning for Quality and Innovation threshold to increase and improve the local CCG target. The forward plan of how this would be taken forward would be agreed through the Urgent Care Working Group.

In regard to referral to treatment and cancer waiting times LB noted concerns relating to system, processes and capacity. An external review was currently taking place to explore these issues. A report was imminent.

Members discussed in detail concerns relating to Improving Access to Psychological Therapies (IAPT) services. Leeds and York NHS Partnership Foundation Trust had committed to improving delivery of these services to 8% of appropriate patients in Quarter 1 of 2014/15 and 15% by the end of the financial year. The historic underfunding of the service, a legacy issue, was discussed. MH additionally noted that, with effect from 1 April 2014, patient choice was a constitutional right that had the potential for financial

implications in terms of out of area services. Further discussion included the disaggregation of the IAPT contract with the North Yorkshire CCGs, support from the National Intensive Support Team, recognition that further investment in IAPT was required from the CCG that would be incorporated as a financial risk, and opportunities for service provision by the voluntary sector.

RP advised that Janet Probert, Director of the Partnership Commissioning Support Unit, was operational lead in terms of IAPT and Dr Louise Barker was clinical lead supported by Paul Howatson, Senior Innovation and Improvement Manager. An improvement plan was being developed which would be presented at the next meeting of the Committee.

LB reported that safety issues identified by the Care Quality Commission report in to Bootham Park Hospital and Lime Trees in York had been addressed as far as was possible. She would provide assurance to the Governing Body in this regard. In respect of the estate issues a Programme Board comprising the CCG, Leeds and York NHS Partnership Foundation Trust, City of York Council and NHS Property Services Limited, and led by the CCG, had been established to develop the interim solution. LB additionally noted the intention for Leeds and York NHS Partnership Foundation Trust to appoint a Partnership Programme Manager and that a communications group had been established. MH advised that a consultation on mental health service reconfiguration and the permanent solution would take place aligned with this work.

LB noted that work was ongoing with York Teaching Hospitals NHS Foundation Trust in respect of an action plan for falls, concerns relating to medicines management, and on health care acquired infections. She also advised that all cost improvement plans had been signed off, with the exception of York Teaching Hospitals NHS Foundation Trust, from whom response was awaited to challenges relating to anti coagulation and maternity services.

The Committee:

1. Noted the Core Performance Dashboard.
2. Requested an update on the IAPT position at the next meeting.
3. Noted the update in respect of Bootham Park Hospital and Lime Trees in York.

6. Financial Dashboard

TP presented the report which described the financial position and performance as at Month 12, 31 March 2014, and achievement of the key financial duties. She noted the final adjustment to the Programme Costs allocation relating to a circa £1.2m transfer in from Running Costs as mitigation in line with total in month actions.

In terms of Programme Costs TP reported that, subject to audit, the CCG had delivered the forecast outturn of a £2.056m surplus, 0.57%, at the year end

and advised that year end agreement had been reached with all but Mid Yorkshire Hospitals NHS Trust. TP highlighted that historically this was the first time such a position had been reached with York Teaching Hospitals NHS Foundation Trust within the accounts timescale. TP confirmed that no brokerage would be carried forward in to 2014/15 and that the year end agreement included the full penalty pertaining to clostridium difficile. All other penalties and challenges were also included in the agreed year-end financial settlement.

MH expressed appreciation to TP and the Finance Team; TP additionally highlighted the role of Andrew Wilson in this achievement.

TP noted the explanation for the significant increase in the forecast over trade across acute services, £1.8m at Month 11 to the reported £3.1m, and the adverse variance with Harrogate and District NHS Foundation Trust which related to community equipment invoices. The Continuing Health Care, Funded Nursing Care and Mental Health Out of Contract costs were complex but in line with the PCU's risk share values.

In respect of Primary Care prescribing TP advised that there was a potential £448k risk to Primary Care from ongoing discussion with Public Health in relation to a prescribing recharge assumption noting that this was a national issue relating to historic central allocations. SO additionally reported a potential risk relating to the cost of flu vaccinations as the previous PCT policy of use by practices of the cheapest available vaccine had not been enforced by NHS England. He highlighted that practices should be informed that the CCG would not pay the additional costs.

TP explained aspects of the negotiation with York Teaching Hospitals NHS Foundation Trust to reach agreement and signing of the 2014/15 contract and in regard to the 2013/14 position Mid Yorkshire Hospitals NHS Trust where the CCG was an Associate to the contract.

In respect of working capital TP noted that the CCG was well within the cash target position of 5% of drawdown maximum bank balance and that the Code of Better Payment Practice had been narrowly missed.

JM reiterated appreciation to TP and the Finance Team for their achievements at the end of a challenging financial year.

The Committee:

1. Noted the Financial Dashboard.
2. Commended the achievement of financial balance in 2013/14.

7. Risk Registers

RP referred to the Risk Registers that provided a position as at the end of 2013/14. She confirmed that they would be updated to reflect the 2014/15 Operational Plan for future presentation.

RP reported that the CCG had procured Covalent, a risk and project management system that would enable enhanced reporting.

The Committee:

Noted the Finance, Governance, Innovation and Improvement, and Quality and Performance Risk Registers as at the end of 2013/14.

8. Better Care Fund

JM declared an interest during discussion of this item as a member of a collaborative that would be taking part in integrated care development.

RP reported that the Better Care Fund Plans for City of York Council, North Yorkshire County Council and East Riding of Yorkshire Council, presented at the Governing Body meeting on 3 April, had been submitted as required on 4 April 2014. Feedback was awaited from the local peer review process. Further iterations of the plans would be subject to a stocktake in September and January by NHS England.

RP noted that the Better Care Fund plans would facilitate health care system change in 2014/15; the more significant risks to the CCG would be from 2015/16. She noted that detailed progress on and project management of the schemes would be reported to the Committee, as discussed at item 4.1 above. She also referred to development of Care Hubs which were the strategic model for future provision of primary care. The CCG was looking to support further development of the three integration pilots and establishment of larger GP practice groupings from which the Care Hubs would evolve. Proposals for improvement collaboratives would be presented at the Council of Representatives meeting on 15 May as part of the development process for the Care Hubs.

MH emphasised the need to expedite these developments to take account of procurement requirements and described the role of the CCG as “market making” for improved services. He confirmed that investment in primary care would take place and that local variation in funding would be required for the planned system change.

The Committee:

1. Noted JM’s declaration of interest.
2. Noted the update on the Better Care Fund.

9. York Teaching Hospitals NHS Foundation Trust Emergency Department Activity and Performance 2013/14

AP presented the report which provided detailed information on York Teaching Hospitals NHS Foundation Trust Emergency Department performance in 2013/14 and described plans to improve the activity and performance in the urgent care system that specifically impacted on its

Emergency Department. Members welcomed presentation of the A&E metrics and analysis and sought and received clarification on a number of areas of the detail.

Discussion included work required to identify patients who attended A&E whose behavior may be influenced by GP Access. In this regard SO noted that the Medicines Commissioning Committee had discussed inappropriate attendance by patients who required dressings.

AP assured members that robust monitoring of activity would continue through an effective operational dashboard and scrutiny by the Urgent Care Working Group to ensure reduced non elective admissions and improve patient flow through the urgent care system.

The Committee:

Noted the activity and performance data and recognised indicators of good performance that would be further developed.

10. Urgent Care Working Group Operational Dashboard

AP referred to the report which provided information on plans and progress of the Urgent Care Working Group Operational Dashboard and the Emergency Department performance element of the CCG Dashboard. He additionally advised that Senior Management Team had approved implementation of the RAIDR Risk Stratification Tool which would enable practices in the longer term to look at their urgent care activity.

SO expressed concern at the absence of data relating to patient transport, in terms of either hospital transport or an accredited taxi service, noting that early issues in this regard had been resolved and that this was a contractual obligation for Yorkshire Ambulance Service. FB advised that low level hospital transport proposals were currently being developed; progress would be reported to the Committee.

AP reported that the GP call back system was being measured for three months and would be provided at a future meeting.

The Committee:

1. Endorsed the approach described to provide timely, accurate and useable Emergency Department performance data for the Urgent Care Working Group Operational Dashboard.
2. Endorsed the plans to develop the Emergency Department performance element of the CCG Dashboard.
3. Noted that progress on hospital transport proposals would be reported.

11. Improving Access to Psychological Therapies and Voluntary Sector Contracts

This item was covered at item 5 above.

12. Commissioning for Quality and Outcomes - Quarter Three Report 2013/14

LB presented the report which provided summaries of quality and outcomes in respect of main services commissioned, actions in progress for improvement and summarised actions planned for quarter three. The information was presented under categories ensuring that patients have a positive experience of care, clinical effectiveness, patient safety, assurance, and action planning (quarter four).

LB noted that earlier discussion had encompassed elements of this report. She referred to the Friends and Family Test which had been launched at York Teaching Hospitals NHS Foundation Trust in Maternity Services from October 2013 and would be extended to primary care during the year. The CCG was in the process of identifying a Patient Experience Lead.

In relation to Patient Reported Outcome Measures LB noted that York Teaching Hospitals NHS Foundation Trust was in the upper 95% for hip and knee replacements. This was lower than the England national average but was an improvement from previous quarters. LB confirmed that the Ramsay and Nuffield Hospital responses would be included in future reporting.

LB noted a level of confidence in Maternity Services but explained concerns relating to midwife capacity emanating from the Cost Improvement Plan.

In respect of Safeguarding LB reported that there were no new reviews relating to adults or children. One child death had been investigated; there had been no suggestion of detriment. Two reviews had been published in quarter three relating to Child Safeguarding and were published on the Safeguarding Board website. Lessons would continue to be learnt.

LB reported that the Care Quality Commission *Review of Health Services for Children Looked After and Safeguarding in East Riding of Yorkshire* was still being finalised and therefore remained under embargo.

In regard to Adult Safeguarding LB noted that 11 causes for concerns within care homes were being monitored. She reported that the CCG planned to appoint a Designated Adult Safeguarding Lead and that discussions were taking place with the Partnership Commissioning Unit to ensure there was no duplication of the current arrangements.

In response to JM seeking clarification of the CCG's responsibility relating to care home closures due to safeguarding issues, LB advised that the CCG was accountable for ensuring there were no safeguarding incidents. Detailed discussion ensued about improving engagement with the independent sector.

In this regard MH reported on recent discussions with the Chair of the Independent Care Group and the intention for partnership working. LB additionally noted that the CCG had a Care Home Working Group.

LB agreed to provide an update on care homes and CQC inspections for the next formal meeting of the Committee.

The Committee:

1. Supported the 2013/4 Quarter Three Commissioning for Quality and Outcomes report.
2. Requested an update on care homes and CQC inspections at the June meeting.

13. Safeguarding

This item was discussed within item 12 above.

14. 2014/15 Commissioning for Quality and Innovation

LB referred to the report which provided a summary of 2014/15 Commissioning for Quality and Innovation (CQUIN) schemes as agreed with York Teaching Hospitals NHS Foundation Trust, Leeds and York Partnership NHS Foundation Trust and Yorkshire Ambulance Service. LB noted that two of the York Teaching Hospitals NHS Foundation Trust schemes, Early Supported Stroke Discharge and Medicines Management, were still being finalised

The Committee:

Noted the proposed CQUIN schemes for 2014/15.

15. Procurement Report

JM declared a potential interest during discussion of this item as a partner in a GP practice providing a vasectomy service.

FB presented the report which comprised information on projects and procurement timelines relating to:

- Section A - Elective Orthopaedics, Ophthalmology, Diabetes and Pathology which required approval from the Governing Body;
- Section B - Out of Hours, Dermatology, Local Enhanced Service schemes, voluntary sector contracts, procurement support and Community Services/ Better Care Fund which required additional actions to inform a recommendation relating to a procurement strategy;
- Section C - Procurement decisions taken by the Governing Body in March 2014 relating to Community Services, Musculo-skeletal Service and Mental Health.

In regard to Section B FB noted discussion with RP and TP regarding the potential for extending the interim support to the CCG in view of the capacity requirements of this work.

FB additionally noted the potential for two further procurements relating to Age Related Macular Degeneration and Vasectomy, the latter through Any Qualified Provider.

The Committee:

1. Noted JM's declaration of interest.
2. Noted the procurement update report.

16. Diabetes Service Redesign Project Progress Report

In reference to item 2 above JM was present for this item.

FB reported on the project which aimed to provide a community based Diabetes Service through collaborative working across the CCG Primary Care and Diabetic Department. A Community Diabetes Team would support community clinics and provide education and support to practices. A Local Enhanced Service contract would be implemented for practices and primary care to provide diabetes support to level one diabetic patients. Consumables used in diabetes care were being standardised to improve consistency and optimise cost effectiveness.

FB noted that the expected outcomes of the community based service were: reductions in falls, urinary tract infections and admissions - with 5% reduction being the aim for the latter to make the project cost neutral - and £360k a year reduced costs for consumable. The planned annual costs were £380k for the Community Diabetes Team and £225k for GPs against the current outpatient activity costs of £612k per year. The financial details were being finalised with York Teaching Hospitals NHS Foundation Trust. FB noted the timescales for the Local Enhanced Service as by the end of May and establishment of the Community Diabetes Team as September depending on recruitment timescales.

In response to clarification sought FB agreed to ascertain whether the service would be on the basis of a Local Enhanced Service or the NHS Standard Contract. She noted that this project emanated from work on care pathway improvement and referred to the Care Hubs as a potential provider.

SO stated that retinal screening and podiatry were funded separately from the service that was being redesigned but that the redesign would include integration with those services.

The Committee:

1. Noted the progress on the Diabetes Service Redesign in accordance with the planned delivery date of 31 May 2014.

2. Noted that FB would clarify whether the service would be provided on the Local Enhanced Service or NHS Standard Contract basis.

17. Annual Review: Integrated Operational Plan

RP reported that the Annual Review of the Integrated Operational Plan would be part of the Quarter Four Assurance Meeting with the NHS England Area Team in terms of a review of delivery through the year.

The Committee:

Noted the information.

18. Draft Annual Report

RP referred to the Annual Report which was presented as a draft working document. This had also been presented at the Audit Committee the previous day. Sign off of the Annual Report would be at the Audit Committee on 2 June 2014 with the Annual Accounts.

The Committee:

Noted development of the Annual Report.

19. Minutes from Other Meetings

The Committee:

1. Received the minutes of the York and Scarborough Contract Management Board held on 28 January and 25 February 2014.
2. Received the minutes of the Leeds and York Partnership NHS Foundation Trust Contract Management Board held on 19 February 2014.
3. Received the minutes of the Yorkshire Ambulance Service Contract Management Board held on 23 January 2014 in respect of the meetings for (a) Commissioner and (b) Commissioner and Yorkshire Ambulance Service.

20. Next meeting

9am on 22 May 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 APRIL 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
2014/15					
QF1	17 April 2014	Winterbourne Review Concordat	Standing agenda item	LB/MS	From 22 May 2014
QF2	17 April 2014	Urgent Care Working Group Operational Dashboard	Update on progress on hospital transport proposals	FB	
QF3	17 April 2014	Urgent Care Working Group Operational Dashboard	Report on GP call back system	AP	
QF4	17 April 2014	Commissioning for Quality and Outcomes	Update on care homes and CQC inspections	LB	19 June 2014 meeting

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
QF5	17 April 2014	Diabetes Service Redesign Project Progress Report	Clarification to be sought as to whether the Diabetes Service would be provided on a Local Enhanced Service or NHS Standard Contract basis	FB	