NHS
Vale of York
Clinical Commissioning Group

Item 19.2

Minutes of the Informal Meeting of the Quality and Finance Committee held on 22 May 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 Tim Maycock (TM)	GP Governing Body Member, Joint Lead for Primary Care
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 Governing Body Member
Mrs Rachel Potts (RP)	Chief Operating Officer
Mrs Tracey Preece (TP)	Chief Finance Officer

In Attendance

Mrs Wendy Barker (WB)	Deputy Chief Nurse
Mrs Fiona Bell (FB) for items 1 to 4, 8 and 12	Deputy Chief Operating Officer/Innovation Lead
Ms Michèle Saidman (MS)	Executive Assistant
Ms Caroline Alexander (CA) for items 1 to 4, 8 and 12	Strategic Planning and Assurance Lead (Interim)

Apologies

Mr Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer

Items 8 and 12 were considered together after item 4. FB and CA then left the meeting.

1. Apologies

As noted above.

2. Declarations of Interest

There were no declarations of interest in the business of the meeting.

3. Minutes of the meeting held on 17 April 2014

The minutes of the meeting held on 17 were agreed subject to amendment under items 2 and 8 that JM's declaration of interest read '… taking part in integrated care development and …'

The Committee:

Approved the minutes of the meeting held on 17 April 2104 subject to the above amendments.

4. Matters Arising

QF2 – Update on progress on hospital transport proposals: FB reported that this work was progressing within development of schemes and could therefore be removed.

QF3 – Report on GP call back system: AP reported that this was being monitored for three months with a view to continuation and agreed to provide a report at the next meeting.

QF5 – Diabetes Service Redesign Project Progress Report: FB reported that the Diabetes Service would be provided through NHS Standard Contracts.

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 AP would provide a report on the GP call back system at the next meeting.

5. Quality and Performance Dashboard

LB tabled the revised Quality and Performance Dashboard for comment on progress to date on the new format. She noted that further work with the Commissioning Support Unit Business Intelligence Service was taking place on its development. The aim was to provide a high level summary of the patient journey identifying main areas of risk through information relating to prevention, primary care, urgent care, acute care, mental health, community hospitals, community services, continuing care, and care homes.

In regard to ambulance performance Category Red 1 (8 minute response time) had achieved 76.1% in April against a target of 75%, however Category Red 2 (8 minute response time) had achieved 73.6% against the 75% target. LB reported that a Commissioning for Quality and Innovation scheme had been agreed which was being progressed via the Urgent Care Working Group.

Four hour waits in the Accident and Emergency Department had achieved 96.2% in April against the 95% target, a drop from the 97.4% achieved in March. Ambulance handovers and ongoing issues remained in A&E. LB noted that the report from the national Emergency Care Intensive Support Team was still outstanding. There had been a 19% increase in GP referrals on Maundy Thursday, this was exacerbated with the ongoing building works

and the fact that two bays were closed due to Norovirus. LB also referred to the ongoing Red Alert situation at York Teaching Hospital NHS Foundation Trust in this regard. She additionally advised that a report on April's Red Alert status had been requested as well as A&E workforce data.

The significant increase in GP referrals immediately prior to the Easter weekend was discussed in detail. LB confirmed that information had been requested from York Teaching Hospital NHS Foundation Trust to gain an understanding. The need for reliable data to enable review and triangulation of information across the whole system was highlighted. Members additionally noted that clarification was required due to the finance and performance data not correlating.

In terms of Acute information unvalidated data for April indicated performance of 91.1% against the 90% target for referral to treatment pathways (admitted). LB noted that this had been 85% in March and that some progress had been made to address the backlog. However the trust had stated that they expected to fail this threshold target for May 2014. WB additionally reported on the expectation of seven breaches to the 52 week referral to treatment (RTT) target in May due to patients who had been sub contracted to other providers being returned to York Teaching Hospital NHS Foundation Trust for treatment, noting assurance had been given that these patients would be treated in May. Discussion emanated relating to capacity at York Teaching Hospital NHS Foundation Trust. Members noted that gynaecology and urology specialties were particularly affected. WB also noted that staff sickness had impacted on the 31 day and 62 day cancer referral to treatment performance. SO described the potential for the Referral Support Service to reduce outpatient activity but advised that CCG clinical capacity hindered progress. RP agreed to discuss support for this at the Collaborative Improvement Board on 29 May. The outstanding RTT external review report was expected on 29 May 2014. WB additionally reported on the expectation that there would be 37 breaches for diagnostic test waits in April due to consultant sickness.

In regard to IAPT LB reported that data from Public Health England indicated that within the Vale of York footprint people diagnosed with mild to moderate depression stood higher than the national threshold (CCG 12%/ National 11.2%) However, the overall IAPT target continued to be cause for concern: Leeds and York Partnership NHS Foundation Trust had indicated a forecast with modelling and financial investment of 8% performance by quarter 4. This would not be sufficient to meet the 15% national target for quarter 4 of 2014/2015.

LB additionally noted information relating to care homes, safeguarding alerts and infection control alerts.

Whilst welcoming the progress on the revised format of the dashboard, members discussed in detail presentation of the information in terms of ensuring clarity, benchmarking against national averages and the need for Business Intelligence to provide detailed analysis of the data. LB highlighted

concern regarding current capacity within the Business Intelligence service to undertake the work required. She had spoken with the CSU regarding this outstanding work. She sought and received confirmation that CCG internal support would be available to progress the development of the dashboard. TP additionally noted that the concerns raised would be discussed at a joint workshop with Commissioning Support Unit Business Intelligence on 29 May 2014.

The Committee:

1. Welcomed the progress to date on the revised format of the Quality and Performance Dashboard requesting incorporation of further detailed clarification.
2. Noted that RP would discuss the Referral Support Service capacity at the Collaborative Improvement Board on 29 May 2014.
3. Noted that internal CCG support would support the development of the Quality and Performance Dashboard.

6. Finance, Activity and QIPP

TP presented the report which described the financial position and activity performance as at 30 April 2014 and provided the baseline information that would be reported on through the year. She noted that, as this was a Month 1 report, large parts of the usual contents required confirmation or were not yet available.

TP advised that there had to date been no notified adjustments to the £377.8m total allocation. She explained a cost pressure of around £0.5m relating to Public Dividend for Capital (PDC) for property transferred to providers from PCTs noting that this would be a recurrent pressure for which potential mitigation could be negotiated within the community contract.

In response to TM, TP agreed to clarify whether the contract with Humber NHS Foundation Trust included out of hours services. *(Post meeting note: This paragraph was amended for presentation to the Governing Body to read 'The contract with Humber NHS Foundation Trust is for community, mental health and out of hours services and has previously been reported just as mental health services but this has been corrected in the financial reporting from this month forward and also the contract itself. Out of hours is included in community contract lines'.)*

TP reported that a detailed review of Running Costs had taken place to confirm the £8.3m position. She also noted that budget holders and senior leads would be receiving regular budget reports to facilitate accurate monitoring.

TP explained that the only validated QIPP information for 2014/15 related to the cessation of Telehealth as the other areas required contract data which was not yet available.

In relation to the Code of Better Payment Practice TP highlighted that, following a review of invoice approval, additional information was being incorporated to enhance the process.

TP sought members' views on the newly incorporated contract activity and demand analysis information highlighting that this data was unvalidated. Members welcomed its inclusion and noted particularly the opportunity for early indication of potential performance issues. Inclusion of year on year trend information was also discussed.

The Committee:

Noted the finance, activity and QIPP report.

7. NHS Vale of York CCG Assurance, Risk Register Update

Finance and Contracting

TP highlighted that the Finance and Contracting Risk Register had been revised and now aligned with the financial and strategic plan. She referred to the risks relating to Community PDC, which had materialised as reported at item 6 above, and that relating to the fact that the 2014/15 contract with York Teaching Hospital NHS Foundation Trust had not yet been signed due to baseline differences. TP described in detail the ongoing discussions and progress to address the latter noting that the CCG and York Teaching Hospital NHS Foundation Trust had given a joint commitment to the Area Team that a contract would be agreed by 6 June 2014. Members commended the Finance Team on the work relating to the contract issues.

In respect of the risk relating to the Better Care Fund savings and outcomes not being delivered as planned TP referred to the earlier discussion.

Governance

RP noted that the major risk relating to confidentiality would be addressed by the CCG's forthcoming move of accommodation in West Offices. She highlighted the inclusion of Communications in the report noting the reputational issue of delay in response times to Twitter tweets due to lack of capacity. Following discussion it was agreed that this risk should be amended to read 'social media'. Members additionally requested that Declarations of Interest be added to the Governance Risk Register.

Innovation and Improvement

RP reported that the mental health risk related specifically to Improving Access to Psychological Therapies (IAPT) and that the out of hours procurement would progress following discussion at the Council of Representatives.

Quality and Performance

LB referred to Mental Health risks relating to IAPT in terms of thresholds and targets and Bootham Park Hospital in terms of safety risks noting that solutions were being identified in regard to the latter to the best possible degree. She noted that infection control had improved due to partnership working with the CSU and that delayed transfers of care were being addressed through joint working with City of York Council and care homes.

In respect of Safeguarding LB reported on discussions with the other North Yorkshire CCGs. She noted that employment of a Deputy Designated Safeguarding Lead for Adults and a Deputy Designated Safeguarding Children Lead were being progressed respectively by the Partnership Commissioning Unit and NHS Scarborough and Ryedale CCG.

RP noted that future reporting would be improved in terms of presentation and consistency of rating following implementation of Covalent for risk management. Following discussion of presentation of the Risk Registers Update RP agreed to inform Pennie Furneaux, Policy and Assurance Manager, that members wished to receive assurance through the summary of high risk areas and no longer required inclusion of the full risk registers.

The Committee:

1. Noted the risks identified in the risk registers.
2. Commended the Finance Team on the work associated with the contract negotiations with York Teaching Hospital NHS Foundation Trust.
3. Requested that 'Twitter tweets' be replaced by 'social media' in the Governance Risk Register.
4. Requested the addition of Declarations of Interest to the Governance Risk Register.
5. Requested an amended format for future reports.

8. Better Care Fund

This item was discussed after item 4 with item 12.

9. Winterbourne Concordat Update

WB presented the report which advised that there were currently nine CCG patients funded in in-patient settings detailing the primary reason for admission, detention category and service setting. She noted that one of the nine was an out of area placement and that a 'pen picture' was currently being undertaken to consider options for this person. WB was also seeking assurance about the five informal detentions advising of potential costs to commissioners in the event of non adherence to the Mental Capacity Act.

The report also included planned improvements and their timescales. WB highlighted in this regard that joint health and social care assessments should

be undertaken where there was a potential for joint funding. WB additionally advised that assurance was required relating to 161 cases of supported learning disability residents.

Members noted that the Women's Low Security Unit at Clifton, as an area of specialist commissioning, would be within the remit of NHS England. However, the potential impact on GP services was noted.

The Committee:

Noted the current position and ongoing work in regard to the Winterbourne Concordat.

10. Quality Assurance 2014/15

WB referred to the report which described areas of work currently being undertaken with patients, partners and providers to ensure quality, efficiency and effectiveness of commissioned services; further areas would be identified through the year. WB advised that Quality Visits would also take place, including joint visits between the Quality Team and clinicians and in respect of patient experience. She highlighted the importance of "soft intelligence" and noted that the CCG received alerts of visits by the Care Quality Commission.

WB advised that there would be a focus with all providers on serious incidents, root cause analysis and assurance that lessons learnt were being disseminated. The CCG's current recruitment for an analyst to join the Quality Team would assist this work.

WB reported that joint working was taking place with Local Authorities and the Care Quality Commission in response to identified safeguarding issues in care homes. NHS funded patients were being pro-actively reviewed and actions taken to address any risk. Additionally, a more comprehensive approach was being adopted through the Care Homes Forum. AP also noted that the Care Homes Working Group was looking to support care homes.

WB described a Quality Visit to Ward 37 at York Hospital. She also noted that recruitment of a CCG Patient Experience Lead would provide enhanced understanding from the patient perspective.

The Committee:

Noted the update.

11. York Hospital 'Red Alert'

This item was discussed within item 5 above.

Item 12, with item 8, was discussed after item 4; CA and FB then left the meeting.

12. QIPP

RP reported on attendance at a meeting with the Area Team on 19 May by herself, MH, TP and CA as part of the NHS England Strategic Plan assurance process to ensure alignment of CCG and main provider plans. Further work was now being undertaken to triangulate plans and contracts. RP advised that the CCG had commissioned additional specialist support from the Commissioning Support Unit to model the impact of the Better Care Fund; this work would also inform enhancing the Strategic Plan submission. Additionally, CA was reviewing programme management alongside implementation of Covalent for risk and project management; lessons on reporting were being learnt from other areas.

FB presented the report which provided an update on current activity and implementation of 2014/15 QIPP schemes and an overview of schemes for 2015/16. Key highlights related to:

- The Urgent Care Programme – Emergency Care Practitioners (ECPs), Dressings Project and Gluten Free Foods Prescribing
- Planned Care – Referral Support Service, Diabetes Pathway Redesign and Neurology: development of integrated care plans
- Community Pathways/Integrated Care Pilots – Selby District Integrated Care Pilot and Priory Medical Group Integrated Care Pilot

FB noted that day to day delivery of QIPP would be monitored by the new Programme Delivery Steering Group. The Committee would in future receive exception reporting and information on slippage on key schemes and programme areas of work. FB also advised that flash reports for the schemes were updated fortnightly and agreed to arrange for JM to access these.

Discussion relating to community pathways and integrated care pilots included: AP reporting on attendance at a Malton Care Hub meeting where there had been a shared vision on the part of NHS Vale of York and NHS Scarborough and Ryedale CCGs of services based around the community hospital, and feedback from the Council of Representatives meeting on 15 May. FB described joint working with Local Authorities in relation to the Better Care Fund schemes noting the requirement for further detail from North Yorkshire County Council and East Riding of Yorkshire Council for QIPP schemes.

TM expressed concern relating to the East Riding locality approach to community and integrated services and described his practice's plans to increasing intermediate care beds. He agreed to provide MH with information for discussion at his forthcoming meeting with East Riding of Yorkshire Council. TM also highlighted discussion with York practices that included East Riding of Yorkshire patients.

Detailed discussion took place relating to the process for establishment of a Care Hub(s). MH described the Improvement Collaborative, which had been discussed with the Council of Representatives, by which members of FB's

team would work with practices over the summer noting the expectation that the number of Care Hub(s) would evolve from this. JM expressed concern at both the absence of guidance to ensure that practices developed at the same levels of understanding and the required timescale for delivery of the Better Care Fund schemes. In response MH advised that the Improvement Collaborative aimed to address the former and RP noted in regard to the latter that, although there was a potential for delay to the original resubmission date for Better Care Fund plans, these would be progressed. FB additionally highlighted that the schemes being developed were the appropriate way to develop services regardless of the existence of the Better Care Fund.

In response to JM's concerns about the shortage of ECPs AP reported on discussions with Yorkshire Ambulance Service. He noted their commitment to train four additional ECPs and to backfill for the Ryedale ECP who was moving on. AP also noted that, following training, there would be an expectation of at least a two year commitment from ECPs and confirmed that location would be taken into account in relation to achievement of targets when placing ECPs.

Further discussion included: the dressings project which aimed to reduce wastage by ceasing the practice of significant supplies going in to patients' homes; a number of concerns relating to the Referral Support Service including insufficient capacity to achieve optimum output; and clarification of prescribing schemes.

The Committee:

1. Noted the update
2. Agreed to receive exception reporting and slippage on key schemes and programme areas of work in the future.
3. Noted that FB would arrange for JM to access the flash reports.

13. Next meeting

9am on 19 June 2014.

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

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 22 MAY 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
QF4	17 April 2014	Commissioning for Quality and Outcomes	Update on care homes and CQC inspections	LB	19 June 2014 meeting
QF6	22 May 2014	Quality and Performance Dashboard	Discussion of clinical support for the Referral Support Service to take place at Collaborative Improvement Board	RP	29 May 2014

QF7	22 May 2014	Risk Registers Update	• 'Twitter tweets' to be replaced by 'social media' in the Governance Risk Register • Declarations of Interest to be added to the Governance Risk Register • Amended format for future reports	RP RP RP	
QF8	22 May 2014	QIPP	• Access to fortnightly flash reports to be arranged for JM	FB	