

**Minutes of the Meeting of the Performance and Finance Committee held
on 20 February 2014 at West Offices, York**

Present

Mr John McEvoy (JM) - Chair	Practice Manager Governing Body Representative
Mr Michael Ash-McMahon (MA-M) - part	Deputy Chief Finance Officer
Mrs Wendy Barker (WB)	Deputy Chief Nurse
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 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

Ms Michèle Saidman (MS)	Executive Assistant
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Apologies

Mrs Fiona Bell (FB)	Deputy Chief Operating Officer/Innovation Lead
Dr Shaun O'Connell (SO)	GP Governing Body Member, Lead for Planned Care, Prescribing, and Quality and Performance
Mrs Liza Smithson (LS)	Head of Contracting

1. Apologies

As noted above.

2. Declaration of Members' Interests in the Business of the Meeting

Declarations of Interest were as per the register of interests.

3. Minutes of the meeting held on 23 January 2014

Agreed the minutes of the meeting held on 23 January 2014 subject to amendment under Matters Arising: Quality and Performance Committee Minutes 18 September 2013 – Audit of A&E admissions to read:

'...Additionally work was ongoing in respect of ambulance handover times, patient flow and data disparity. AP noted that paediatric admissions through A&E currently led to a higher number than the national average of zero bed days. A potential solution would be for a consultant paediatrician or senior clinician to be available in A&E; this was achievable in hours but required negotiation for out of hours...'

The Committee

Approved the minutes of the meeting held on 23 January 2014 subject to the above amendment.

4. Matters Arising

Matters Arising: Quality and Performance Committee Minutes 18 September 2013 – Audit of A&E admissions: In respect of measures to reduce pre-admissions AP reported that a letter had been sent to practices formalising the GP call back system in respect of patients calling an ambulance. Evidence from Hambleton, Richmondshire and Whitby CCG demonstrated reduction in A&E attendance.

AP also reported that the Urgent Care Working Group, meeting later on 20 February, would be asked to endorse funding from the winter pressures money for commissioning additional step down and care home beds to address delayed transfers of care, currently between 40 and 50. He explained that, in view of a number of these being due to patient choice, discharge to a step down bed was the most appropriate option. This was discussed in the context of the financial position and current concerns about a number of care homes. AP also noted that on a per capita basis the CCG area had less than the national average of care home provision. LB additionally advised that the Patient Choice policy was being refreshed by York Teaching Hospitals NHS Foundation Trust.

WB highlighted two risks: the requirement for additional case management support in the community and the timescale for transfer by 31 March 2014 otherwise there would be a funding impact in 2014/15. In regard to the latter concern MA-M reported that a number of current schemes would continue into the next financial year and would be brought for approval to the Committee or Senior Management Team as appropriate.

Performance Dashboard – Audit of Delayed Transfers of Care: LB reported that she was receiving daily situation reports with reasons for delays. This information would be presented to the Urgent Care Working Group.

4.1 Draft Terms of Reference and 4.2 Forward Plan

JM referred to the amended draft Terms of Reference and Forward Plan which had been updated as per discussion at the last meeting. The GP vacancy had been filled by TM joining the Committee; lay representation required further consideration. In regard to the latter RP reported on similar discussion at the Audit Committee and MH advised that the potential for a pharmacist to fulfil this role had been discussed with the Chair of the York Overview and Scrutiny Committee; this would also provide support to SO and the new Medicines Commissioning Committee.

The Committee's remit 'to establish and maintain an effective system of clinical and research governance' was discussed. It was agreed that this be amended to quality assurance and that clinical governance would be included in the Audit Committee's integrated governance approach. LB advised that a Research Sub Group was currently being established and proposed that terms of reference, and thereafter minutes, be presented to the Committee to provide assurance.

RP agreed to request that Lynette Smith, Head of Integrated Governance, undertake further work to ensure all specific Committee functions were included in a 12 month forward plan. A number of amendments to the forward plan were agreed for the next two meetings.

In respect of contract negotiations and financial plan assumptions, scheduled as an agenda item, TP reported that the first submission had been made on 14 February as required; the next submission date was 4 April 2014. It was agreed that the March meeting of the Committee would include the standard items but thereafter focus on financial, strategic and Better Care Fund plans.

The Committee:

1. Noted the update on the ongoing work regarding A&E.
2. Noted the update and ongoing work to address delayed transfers of care.
3. Agreed further amendments to the Terms of Reference and Forward Plan.
4. Agreed that the March meeting would, in addition to the standard items, focus on financial, strategic and Better Care Fund plans.

5. Performance Dashboard

LB presented the Core Performance Dashboard noting under performance against target in respect of 11 of the 32 key performance indicators as at December 2013. She highlighted concerns relating to 18 week referral to treatment pathway and also the 36 week referral to treatment pathway for urology and general surgery. LB reported that the CCG had originally received assurance from York Teaching Hospitals NHS Trust that work was ongoing to address these issues and that they expected to complete this work in March 2014. However the position had now changed with underachievement of the target by 10 % expected by year end. The Trust had informed Monitor who appeared to accept the position. She advised that the National Intensive Care Support Team would be reviewing the 18 week waits and cancer waiting times. This report would be brought back to the Committee for discussion. Members additionally noted the potential impact on waiting times in respect of current actions to reduce the backlog.

A&E and ambulance performance, particularly the Category A 8 minute response time, continued to under achieve against target. LB noted, as previously reported, that the Emergency Care Intensive Support Team would be working with A&E in April 2014. She also advised that she had discussed these issues with the Care Quality Commission.

Members discussed in detail the ongoing concerns relating to Yorkshire Ambulance Service both in the context of performance across North Yorkshire and at NHS Vale of York CCG level. LB reported that she had requested an action plan to address the CCG level under performance noting that NHS Vale of York CCG was not the lead commissioner on this contract. However the CCG would in future attend Yorkshire Ambulance Service Contract Management Board meetings in view of these ongoing concerns. LB also advised that she would bring an update on Yorkshire Ambulance Service performance to the April Committee meeting.

WB noted that discussions were taking place via the Commissioning Support Unit regarding access to Yorkshire Ambulance Service serious incident reporting relating to the CCG's patients.

LB referred to the earlier discussion of delayed transfers of care which was also reported as one of the key performance indicators that was under performing.

LB reported in detail on concerns relating to falls at York Hospital advising that she had requested an action plan to address contributory quality and performance issues. WB additionally explained that prior to October 2013 falls had not been reported as serious incidents. She noted that she was meeting with the Director of Nursing the following week and undertaking a walk around the hospital with her on 5 March. WB also advised that a full action plan was scheduled for presentation at the Serious Incident Review Group meeting on 3 March 2014.

In response to concerns expressed by JM regarding the continuing performance issues in respect of healthcare associated infections, with particular reference to MRSA and clostridium difficile, WB advised that the work previously reported was continuing. She noted in particular environmental decontamination, work with Public Health England and Sunderland NHS Foundation Trust, and antibiotic prescribing.

Members expressed concern at the apparent signs of system challenge affecting York Teaching Hospitals NHS Foundation Trust. The opportunity was welcomed for discussion at the Board to Board meeting later in the day in the context of support and the development of a five year vision across the health and social care community.

The Committee

1. Noted the Core Performance Dashboard.
2. Noted that LB would bring an update report on Yorkshire Ambulance Service performance to the April meeting.

6. Financial and QIPP Dashboard

In presenting the Financial and QIPP Dashboard TP reported on open book discussions and support from the NHS England Area Team. She noted the complexity of the allocation methodology and clarified the four programme cost allocation adjustments in respect of military risk share, NHS Property Services Limited, GP IT telephony and a prescribing baseline adjustment. There were no changes to the running costs.

In terms of programme costs TP confirmed the forecast £2.056m surplus (0.57%) outturn at year end. She noted however an increase in the overall level of potential risk due to a number of factors which totalled £6.8m against which there was £3.6m of mitigation.

TP referred to the £2.056m forecast outturn variance in the summary financial position by area, namely: acute services, mental health services, community services, other services, primary care, and reserves. In regard to the latter TP confirmed that the non recurrent removal in 2013/14 of £800k full year effect of depreciation no longer required by the Area Team was included in the 2014/15 budget and agreed to seek clarification as to what it related to.

TP advised that the forecast outturn was dependent on delivery of the 1:1.5 first to follow-up ratio in the York Teaching Hospitals NHS Foundation Trust contract. She reported on positive discussions including the need for auditable clinically driven models. TP advised of evidence from other areas confirming that 1:1.5 first to follow-ups was a realistic level and noted that a detailed improvement plan would be developed and monitored for 2014/15. She also noted that discussions were taking place to reach an end of year agreed financial position for both organisations that included recognition of progress achieved.

In regard to out of area placements TP reported that clarification was being sought from the Partnership Commissioning Unit (PCU) in view of the reduction in these placements not being reflected in the associated financial position.

TP highlighted the complexity of specialist activity noting that discussions were taking place with the three Area Teams across the patch. The remaining risk in this regard was due to the potential for the CCG to be required to transfer further allocation relating to specialist services.

TP also provided clarification in respect of a number of legacies from the former PCT: £300k reablement funding to City of York Council, NYNET – community IT infrastructure and telephony charges of C£200k – and a Section 256 commitment relating to services in Pocklington previously provided by East Riding of Yorkshire Council.

TP explained the risk relating to the Community Equipment Store due to delayed signing of the contract with Harrogate and District NHS Foundation Trust, which included the Community Equipment Store, and the fact that the

CCG had not been part of the discussions. A separate Community Equipment Store contract with York Teaching Hospitals NHS Foundation Trust was being considered.

TP referred to the proposed contingency to transfer running costs to programme costs on a non recurrent basis for 2013/14 and 2014/15. She noted however that in the long term the running costs would be utilised for their specific purpose. In this regard MH emphasised that they would be invested to enhance the efficiency of the organisation.

TP advised that a £150k rebate had been agreed with the Commissioning Support Unit through contract management in view of the Service Level Agreement not meeting the CCG's expectations. This would be reflected in the financial position reported in March.

In regard to PCU management costs, work was taking place to apportion costs relating to retrospective continuing healthcare cases across the four North Yorkshire CCGs. There was the potential for this to be charged to the previous year's provision.

MA-M noted two debtor invoices, equating to C£345k, relating to City of York Council and North Yorkshire County Council for Public Health prescribing. A meeting was taking place to progress payment, or part payment, for these.

Members noted the actions being taken on the financial position with particular reference to recognition that the 2014/15 QIPP would be ambitious but realistic.

The Committee:

1. Noted the Financial and QIPP Dashboard.
2. Requested clarification in respect of the £800k depreciation reserve no longer required by the Area Team in 2013/14.

MA-M left the meeting

7. Risk Registers

7.1 Finance and Contracting

TP reported that there had been no change in the Risk Register since the previous meeting. A full review was taking place for the year end position.

7.2 Innovation and Improvement

RP noted that the Risk Register had been updated to include all QIPP schemes and inform the 2014/15 QIPP. In respect of the out of hours procurement AP noted that this should not be categorised as 'red' as it was on schedule.

7.3 *Quality and Performance*

LB reported that the Risk Register was being reviewed and updated.

7.4 *Governance*

RP referred to the first specific iteration of the Governance Risk Register. She also noted that a template highlighting changes to the Risk Registers would be included in future reporting.

The Committee:

1. Noted the Risk Registers.
2. Agreed that the out of hours procurement be recategorised.

8. Better Care Fund

RP highlighted that the Better Care Fund was a mechanism for delivery of the strategic and operational plans as well as the Better Care Fund plans. The major risk related to the requirement to work with three local authorities.

The first drafts of the three Better Care Fund plans, agreed with Health and Wellbeing Boards, had been submitted on 14 February with the plans referred to at items 4.1 and 4.2 above. Detailed work was now taking place in terms of activity and financial modeling to ensure that the proposals supported delivery of the strategic and operational plans.

Members discussed the Better Care Fund in the context of recognition across the health and social care community of the requirement for system change, learning from both other areas and countries, utilising test of change models with outcome measures that could be monitored, and the creation of a “best fit” system.

The Committee:

Noted the update on the Better Care Fund.

9. Francis Report: Assurance for NHS Vale of York CCG one year on

LB referred to the presentation on the Francis Report (produced by the Nuffield Trust: Francis One Year Later) that included a high level summary and the five main themes emanating from the 290 recommendations, namely: information on fundamental standards; openness, transparency and candour; nursing standards; patient centred leadership; and information. Next steps towards assurance included development of a quality assurance framework encompassing the recommendations.

LB agreed to provide a report to the May meeting of the Committee which would detail the development of a CCG Quality Assurance Framework based around these five main themes for commissioning and contracting quality assurance.

The Committee

1. Noted and welcomed the report.
2. Agreed to receive a further report at the May meeting.

10. Safeguarding Report

LB presented the report that provided an update on economy wide safeguarding adults and children concerns. In respect of the 10 residential and care homes in the area where there were CQC non compliance concerns or other related Local Authority issues LB advised that work was taking place with the CCG, PCU and Local Authority to provide assurance of quality and safety issues and actions prior to any reopening of homes that were currently embargoed. LB also confirmed that given the CCG economy remit for safeguarding accountability this also included the local low security and private psychiatric hospitals

In regard to the recently published CQC reports on Bootham Park Hospital and Lime Trees LB advised that, while recognising the concerns raised, a robust action plan was in place which provided assurance of progress to date.

LB reported that the current CCG hosted safeguarding arrangements, with the PCU for adults and NHS Scarborough and Ryedale for children, were being reviewed to ensure sufficient capacity and operational capability aligned to the CCGs accountability for this functionality Following conversations with NHSE and also both hosted teams the CCG would be recruiting a Head of Safeguarding, Adult and Children Designate to provide this assurance.

In respect of White Horse View, Easingwold, WB reported that appropriate placements were being sought for eight residents.

The Committee:

Noted the information and ongoing work pertaining to safeguarding.

11. Contract Management Group Minutes

In referring to the December minutes of the meeting of the NHS Vale of York CCG, NHS Scarborough and Ryedale CCG and York Teaching Hospitals NHS Foundation Trust Contract Management Board TP noted that Bonny Alberts, Assistant Contract Manager, would be taking minutes at future meetings.

The Committee:

Noted the minutes of the December meeting of the NHS Vale of York CCG, NHS Scarborough and Ryedale CCG and York Teaching Hospitals NHS Foundation Trust Contract Management Board.

12. Leeds and York Partnership NHS Foundation Trust Contract

RP and LB proposed that the Committee should receive minutes of the Leeds and York Partnership NHS Foundation Trust and the Yorkshire Ambulance Service Contract Management Boards.

The Committee:

Agreed that the minutes of the Leeds and York Partnership NHS Foundation Trust Contract Management Board and the Yorkshire Ambulance Service Contract Management Board be agenda items.

13. Commissioning Medicines Policy and Joint Formulary Update

This item was deferred.

14. Next Meeting

20 March 2014.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP PERFORMANCE AND FINANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 20 FEBRUARY 2014 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PF01	18 December 2013	Quality and Performance Committee Minutes: 18 September 2013	Audit of A&E admissions	AP	17 April 2014
	23 January 2014		Update on Urgent Care Dashboard	AP	
PF02	18 December 2013	Business Committee: 21 November 2013	Commissioning Medicines Policy and Joint Formulary update	SO	20 February 2014
PF03	18 December 2013 23 January 2014	Meeting Arrangements	a) Terms of Reference to be amended	LS	23 January 2014
			b) GP and Lay Representation on the Committee to be increased	JM/RP	23 January 2014
			c) Third GP to be appointed to the Committee from the Executive	RP/LS	
			d) Forward plan to be amended	LS	23 January 2014
			Further amendments to be incorporated in to Terms of Reference and Forward Plan.	LS	

	20 February 2014		Further work to be undertaken regarding the GP vacancy on the Committee, potential further lay representation and ensuring patient engagement in the CCG aligned with national guidance.	LS	
PF04	18 December 2013	Winterbourne Review	Update to April meeting	LB/WB	17 April 2014
PF05	18 December 2013	Safeguarding Children Report	a) Governing Body to received presentation on CQC inspection b) GPs to be provided with a briefing on confidentiality and information sharing in respect of Child Protection Conferences and 'read codes' for safeguarding. c) Consideration to be given of SR's role and engagement in the CCG	SR SR LB	9 January 2014
PF06	18 December 2013	Contract Management Board Update	CMB minutes to be an agenda item	MA-M	Bi-monthly from 20 February 2014
PF07	18 December 2013	Financial Dashboard and Update	Reporting of information on management of the risks	MA-M	Bi-monthly from 20 February 2014

			and the £2.3m required mitigation		
PF08	18 December 2013	Diabetes Service Redesign	Report to be presented to Part II Governing Body meeting	SO/AB	9 January 2014
PF09	18 December 2013	MSK Procurement Case for Change	Report to be presented to Management Team	AB	7 January 2014
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	
PF11	23 January 2014	Better Care Fund	To be a standing agenda item	MS	Ongoing