NHS
Vale of York
Clinical Commissioning Group

Item 18.2

Minutes of the Quality and Finance Committee held on 21 January 2016 at West Offices, York

Present

Mr David Booker (DB) - Chair	Lay Member
Mr Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Mrs Fiona Bell (FB)	Deputy Chief Operating Officer
Mrs Michelle Carrington (MC)	Chief Nurse
Dr Mark Hayes (MH)	Chief Clinical Officer
Dr Tim Maycock (TM)	GP Governing Body Member, Lead for Primary Care
Dr Andrew Phillips (AP)	GP Governing Body Member, Lead for Urgent Care/Interim Deputy Chief Clinical Officer
Mrs Rachel Potts (RP)	Chief Operating Officer
Mrs Tracey Preece (TP)	Chief Finance Officer

In Attendance

Mrs Helen Hirst (HH)	Chief Officer, NHS Bradford City and NHS Bradford District CCGs
Mr Paul Howatson (PH)	Senior Innovation and Improvement Manager
Mr Tim Lowe (TL)	Regional Head of Finance, NHS England North
Mrs Sheenagh Powell (SP)	Lay Member and Audit Committee Chair
Mr Keith Ramsay (KR)	Chair, NHS Vale of York CCG
Ms Michèle Saidman (MS)	Executive Assistant

Apologies

Mr Shaun Jones (SJ)	Head of Assurance and Delivery, NHS England Area Team
Dr Shaun O'Connell (SOC)	GP Governing Body Member, Lead for Planned Care and Prescribing

DB welcomed everyone to the meeting and sought views on resuming a 9am start time which was agreed. He also noted that item 11 had been withdrawn.

The agenda was discussed in the following order.

1. Apologies

As noted above.

2. Declarations of Interest in Relation to the Business of the Meeting

There were no declarations of interest in relation to the business of the meeting. All declarations were as per the Register of Interests.

3. Minutes of the meeting held 17 December 2015

The minutes of the meeting held on 17 December were agreed.

The Committee:

Approved the minutes of the meeting held on 17 December 2015.

4. Matters Arising

QF33 Strategy for Use of Patient Related Outcome Measures (PROMs) and Shared Decision Making Tool: MC reported that the strategy was being refreshed and the latest information on use of PROMs was available on the CCG website. MC and SOC were in discussion about potential alternative ways of shared decision making based on a second survey to GPs and work with Healthwatch. Reports would be presented to the Committee as the work progressed.

In response to KR seeking clarification on the Key Message to the Governing Body – that a joint CCG / York Teaching Hospital NHS Foundation Trust meeting be established to "stop the arms race" and focus on reducing costs rather than spend across the system – MH referred to discussion relating to the PwC Capacity and Capability Review. DB added that the Committee's discussion had been in the context of the need for review across heatlh and social care systems.

A number of matters were noted as agenda items or scheduled for a future meeting.

The Committee:

Noted the updates and ongoing work.

DB reminded the Committee of the severe challenges facing the CCG. The Committee was seeking assurance in respect of: forecasting a realistic outturn; no further unexpected cost pressures relating to mental health out of area placements; additional prescribing controls to address the overspend; the year end position pertaining to the Better Care Fund and QIPP; 2016/17 planning; and assurance to both the Council of Representatives and the Governing Body that the financial recovery plan was viable.

5. Terms of Reference: Primary Care Co-Commissioning Committee and Quality and Finance Committee

RP advised that the Primary Care Co-Commissioning Committee Terms of Reference were in line with the standard NHS England guidance for this committee but had been amended to include additional Council of Representatives GPs, for KR to be its chair and for a minimum of four meetings per year instead of quarterly to allow flexibility. There was also flexibility in that there was potential for a single representative in attendance on behalf of Healthwatch, Health and Wellbeing Boards and the Director of Public Health. Further discussion ensued in regard to the forum for consideration of primary care workforce. It was noted that this would be both within the Primary Care Co-Commissioning and the Provider Alliance Board.

Members requested the addition to the Primary Care Co-Commissioning Committee Terms of Reference of Section 9.1 on those for the Quality and Finance Committee, namely:

'Links to other Committees and Groups

Due to the nature of integrated governance, the work of the Committee dovetails with some functions of the Audit Committee. Both Chairs will work collaboratively to ensure that where objectives align, their work will complement rather than duplicate effort, bringing their own perspectives to agenda items.'

In respect of the revised Quality and Finance Committee Terms of Reference it was agreed that further amendments were required both in regard to the financial focus and in response to the PwC Capacity and Capability Review.

DB requested a report to a future meeting reviewing the roles of the Audit Committee, Quality and Finance Committee and Primary Care Co-Commissioning Committee and how they related to the Council of Representatives.

The Committee:

1. Agreed the Primary Care Co-Commissioning Committee Terms of Reference subject to the above amendment.
2. Noted that the draft Quality and Finance Committee Terms of Reference would be further amended.
3. Requested a future report on the roles of the Audit Committee, Quality and Finance Committee and Primary Care Co-Commissioning Committee and how they related to the Council of Representatives.

6. Corporate Risk Update Report

RP referred to the report which described risks that had materialised and also included annexes respectively on: events and profile report of significant ("red") risks; list of "red" risks; full detail of "red" risks with mitigating controls, actions and progress update; and a list of all corporate risks. She noted that the CCG had now been named for a Judicial Review and Hempsons Solicitors had been commissioned in this regard. The CCG had also established a Project Office and Project Manager to coordinate the associated work.

RP reported that an Information Governance incident had been logged due to loss of a significant number of emails, part of the information being collated for release for the Judicial Review. This incident was a result of a technical issue within the CCG's system supported by Yorkshire and Humber Commissioning Support and had been escalated to the Acting Managing Director. RP advised that lessons learnt were being identified and a report would be presented to the Audit Committee.

RP highlighted that significant risks related to the financial position, delivery of Better Care Fund plans, Business Intelligence, Constitutional targets especially the A and E four hour target, and corporate communications particularly in light of increasing Freedom of Information requests and media interest. She noted the potential for a partnership approach to on call out of hours communications.

In response to KR seeking clarification about reporting of risk associated with out of contract placements TP advised that the Finance and Contracting Team Risk Register

was currently being revised and would include this information in the next iteration. DB noted that Internal Audit had been asked to undertake an audit in to Partnership Commissioning Unit practice following the recent issues. TP explained that this work included financial processes, authorisation levels and notification to the CCG of high cost packages. She also noted that further assurance measures were being implemented including a member of her team or of MC's team being involved in authorisation of packages of over £900 per week. TP confirmed that the additional measures, which would be in place only until assurance had been provided that issues had been resolved, would not cause delay to care packages.

Further discussion ensued in respect of the recent forecasting and accruals error by the Partnership Commissioning Unit. It was noted that this had been an issue for all the North Yorkshire CCGs. TP confirmed that the Internal Audit report, which would look at the Partnership Commissioning Unit financial processes, would be presented to all four CCGs. SP advised that she would request the Internal Audit Report for the Audit Committee as a matter of urgency and, if the full report was not available, early findings would be sought. She additionally proposed that Richard Mellor, Chief Finance Officer of NHS Scarborough and Ryedale CCG which hosted the Partnership Commissioning Unit, be asked to attend the Audit Committee when the Internal Audit report was presented.

DB requested that an update report on the Partnership Commissioning Unit issues be provided at the next meeting of the Quality and Finance Committee.

The Committee:

1. Noted the corporate risks identified that may impact delivery of the CCG's corporate objectives.
2. Noted the additional temporary measures in view of concerns about financial processed at the Partnership Commissioning Unit.
3. Requested an update report on the Partnership Commissioning Unit issues at the next meeting.

7. Quality and Performance Intelligence Report

MC presented the report which comprised validated data as at November 2015 and unvalidated data as at week ending 10 January 2016.

In respect of Yorkshire Ambulance Service eight minute response times the most recent unvalidated data of 67.8% included in the report was being checked for accuracy as week ending 17 January performance was indicated at 84.8%. Performance at November 2015 against the Red Combined 75% eight minute and 95% 19 minute targets had been nine minutes and 22 minutes respectively.

MC explained that Yorkshire Ambulance Service handover times were directly impacted both by issues of patient flow at York Teaching Hospital NHS Foundation Trust and by the fact that their respective processes for recording start and finish times were different. MC noted that her team was working to assist a resolution to the latter but that there was a potential financial and contracting implication for Yorkshire Ambulance Service as a result of the issue.

In terms of the 95% four hour Emergency Department performance target, validated at 84% and unvalidated at 82.8%, staff shortages at York Teaching Hospital NHS Foundation Trust continued to be a significant issue, particularly at weekends. MC noted that attendances and admissions remained static and that the five wards closed with norovirus in October was now down to 119 beds, in November.. She also highlighted the four hour target as a system failure but noted that during the recent floods it had been met on occasion as a result of reduced attendance.

MC advised that the report from the Emergency Care Improvement Programme Safe Start Campaign from 11 to 13 January was awaited but initial feedback was that no major areas of omission to address system issues had been identified. AP added that work was required in respect of assessment for patients being discharged to care homes; this was being addressed via the Care Home Group. He also confirmed that the Urgent Care Working Group would manage the recommendations emanating from the Emergency Care Improvement Programme report with escalation as appropriate to the System Resilience Group.

AP reported that negotiations were taking place with the out of hours provider to extend the current GP in the Emergency Department from four days to seven days a week. This would be as part of the out of hours rota.

MC reported 99.3%, against the 99% target, of diagnostic tests within six weeks, the third consecutive month that the target had been met by York Teaching Hospital NHS Foundation Trust. However there was a financial pressure on the CCG due to a significant overtrade on the non-obstetric ultrasound contract with Yorkshire Health Solutions and sub contracting of MRI work through Nuffield Hospital.

The 18 week referral to treatment backlog, currently between 100 and 150 above plan, had been impacted by the national winter plan to reduce non elective activity. MC reported that an updated forecast and action plan had been requested from York Teaching Hospital NHS Foundation Trust. She also highlighted that recruitment continued to be an issue, particularly in respect of the nurse and consultant workforce, noting that the local authority was also experiencing difficulty particularly in recruiting carers. MC noted that detailed work was taking place to address the issues.

DB requested that MC provide a report for the next Committee meeting on the Emergency Department and associated issues, mitigation actions and investments to date.

MC referred to the information on Healthcare Associated Infections noting that the York Teaching Hospital NHS Foundation Trust full year trajectory for clostridium difficile was no more than 48, not 43 as previously reported; however at the current 50 this was still over trajectory. There had been no lapses of care identified to date.

MC reported that there had been a recent case of MRSA at York Teaching Hospital NHS Foundation Trust. The report on learning from the previous cases earlier in the year had been received and an action plan was being provided.

MC referred to the update from the recent floods and noted that Tadcaster Medical Centre was open but not fully operational. She also noted the update on Patient Experience.

The Committee:

1. Noted the exceptions in the report and the additional updates.
2. Requested a report at the next meeting on issues affecting performance at the York Teaching Hospital NHS Foundation Trust Emergency Department.

12. Community Equipment and Wheelchairs Procurement and Work Programme – Progress to Date

FB referred to the report which provided an update on progress to procure equipment and wheelchairs as two separate services noting that providers would be able to bid for one or both. There was the potential for achieving financial efficiencies as well as improvements to service and quality. FB reported that work was taking place, based on feedback, to improve the current service at the same time as developing outcomes based services.

FB described the extensive engagement work with service users and private providers and noted partnership working with the North Yorkshire CCGs, City of York Council and North Yorkshire County Council in development of a standard approach. She explained however that the social care element of equipment in City of York Council area was provided through a sub contract between Harrogate and District NHS Foundation Trust and *Be Independent;* work was taking place to ensure consistency of provision.

A recent market engagement event, which had included sharing of learning from service users and discussion of retail models, had been attended by approximately 40 potential providers. FB noted that contact details were now being shared with these organisations with a view to a partnership approach to delivering services, potentially through lead provider arrangements.

FB advised that Pre-Qualification Questionnaires would be advertised in mid March and that Healthwatch and Disability Rights UK were involved in the procurement work. She noted the expectation that service users would be part of the evaluation panel.

FB reported that a sum of £92k over a year, divided between the partner agencies, had been agreed to provide backfill for two members of her team who were now working full time on this work programme. She would be presenting a paper for consideration at Senior Management Team.

MA-M provided clarification about the *Be Independent* sub contract explaining that this arrangement expired on 31 March 2016 and that Harrogate and District NHS Foundation Trust had assured the CCG that it could provide the same service for no greater cost. Therefore the existing agreement with Harrogate and District NHS Foundation Trust was being extended from 1 April 2016 until the new provider took over the contract which would include City of York Council area for health. MA-M also noted the expectation that this programme of work would achieve c£0.5m savings and that, as York Teaching Hospital NHS Foundation Trust was not part of the current equipment and wheelchair services contract, the CCG was making associated payments of c£300k to avoid delayed transfers of care.

DB expressed the view that the Committee had now received the assurance sought in regard to this reprocurement.

The Committee:

Noted the significant work taking place in respect of community equipment and wheelchair services.

SP left the meeting

8. Financial Performance Report

In presenting the month 9 financial position TP explained that this was deemed to be a fixed year end forecast as far as possible and included the requirement to submit a full set of draft accounts forms. She stressed that there could be no deterioration from this position.

TP reported that, following discussion with NHS England, the CCG was forecasting a year end deficit of £7.35m which was £11.3m below plan. The deterioration of £6.2m was due to the decision taken in discussion with the Governing Body and NHS England to include £3.03m unmitigated risk in the forecast outturn position, further in month deterioration including £1.03m continuing healthcare and £0.23m mental health out of contract placements, and £1.89m following reassessment of all forecast positions in light of the PwC report. TP noted that work would continue to improve the 2015/16 financial position to reduce impact in 2016/17.

Detailed discussion ensued on the principles of the Better Care Fund, pooled budgets and associated responsibilities particularly in respect of the requirement for all schemes to generate savings. TP emphasised, and members concurred, the requirement for principles to be agreed for system planning for 2016/17 and beyond. This should be in terms of an integrated care system with care provided closer to home.

In terms of next steps TP reported that the first draft of the 2016/17 financial plan and financial recovery strategy was required locally by 3 February, the national requirement was 8 February. The proposed format was one of parameters for financial recovery with timescales and principles and for each programme area to be risk rated.

Members discussed the financial challenge in terms of the need for the health and social care system as a whole to support the work required to address the current issues. RP reported that the internal CCG working arrangements were being reviewed with consideration of a programme management approach being implemented. TP highlighted the need for the contract with York Teaching Hospital NHS Foundation Trust to be managed in line with current and new pricing structures, the identification of where material costs could be removed from the system, and for transactional work to continue alongside transformation to ensure management of current contracts. She also noted that discussions were continuing with York Teaching Hospital NHS Foundation Trust regarding an end of year position. TP additionally reported on a potential for further resources to support the Finance Team.

Members noted that a communications plan was being developed to ensure that GPs and all stakeholders were kept informed. RP and TP emphasised that the CCG had only one financial and operational plan.

TP tabled a template 'Month 9 Exception Reporting for CCG Annual Governance Statement and Annual Report and Accounts 2015/16' which required agreement by SP as Audit Committee Chair and MH. She sought members' views on the proposed reporting of two areas as significant governance and control issues in 2015/16:

- Financial performance - forecast outturn as at Month 9 is £7.3m actual deficit which is £11.3m deficit to plan (1% surplus of £3.9m)
- Performance against Constitutional standards: Urgent Care - A&E 4 hour waiting times and ambulance handover not planned to achieve required targets and Planned Care - 62 day cancer standard not planned to meet 15/16 target.

TP reported that SP had approved this approach prior to leaving the meeting; members also agreed the proposed reporting.

MA-M provided an update on the Lead Provider Framework procurement which had been discussed at recent Governing Body Part II meetings. He advised that following further discussion of the payment methodology the best potential option had been reached and confirmed that, while the overall contract term was within affordability, there would be a significantly reduced pressure in the first year due to a patch wide re-phasing of the payment profile. Members noted that efficiencies would be achieved from the second year and approved the approach described. TP added that the Yorkshire and Humber CCGs were adopting varying approaches to manage the payment profiles.

In respect of QIPP FB reported that previous work was being reviewed again, including benchmarking of QIPP plans across approximately 30 CCGs, the Atlas of Variation and the CCG's Procedures of Limited Clinical Value. She also noted a RightCare event on 29 January highlighting that the CCG was in wave 1 in this regard; any further opportunities from new iterations would be reported to the Committee. The QIPP work was continuing alongside the transformation.

TP proposed that the outcome of the review of Procedures of Limited Clinical Value be reported to the Committee.

FB reported that she had received information during the meeting that the Right Honourable Alistair Burt MP had mentioned the CCG's hub approach in his opening address at the Pioneer Assembly in London referring to the model, the teams, the process and the high level of user satisfaction.

FB proposed that consideration of the format of future QIPP reporting should take place outside the Committee. DB expressed the wish to be involved in these discussions and emphasised that the detail from the Covalent reporting should be maintained.

The Committee:

1. Noted the Financial Performance Report and associated challenges.

2. Approved the approach described in respect of the Lead Provider Framework procurement contract.
3. Noted that the outcome of the review of the CCG's Procedures of Limited Clinical Value would be reported.
4. Agreed to review the format of QIPP reporting.

10. NICE Summary Guidance Follow Up / Clinical Research and Effective Committee Policies

MC noted that this would be reported to the Committee following discussion by the Council of Representatives.

The Committee:

Noted the update.

9. PwC Report Feedback

MH advised that the CCG had now received the draft Capacity and Capability Report which included an action plan. He described the key messages.

It was agreed that the CCG's action plan in response to the report be presented to the Governing Body on 4 February. Consideration of publication of the full report would take place following discussion by the Council of Representatives and Governing Body.

KR highlighted the need for a consistent approach to reporting progress on the CCG's turnaround action plan.

The Committee:

Noted the feedback from the PwC Capacity and Capability Report.

13. Key Message for the Governing Body

- Review of Partnership Commissioning Unit due to lack of confidence in processes; analysis being promoted by the Audit Committee; interim report requested.
- Ongoing underperformance at York Teaching Hospital NHS Foundation Trust Emergency Department to continue to be a priority.
- Move to standard reporting on the turnaround action plan for the Audit Committee, Quality and Finance Committee and Governing Body meetings.

The Committee:

Agreed the above would be highlighted by the Committee Chairman to the Governing Body.

14. Next meeting

9am on 18 February 2016

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND FINANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 21 JANUARY 2016 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
QF43	22 October 2015 21 January 2016	NICE Summary Guidance Follow Up Process	• Consideration was required in respect of GP involvement in the review process. • Update to be provided following discussion at Council of Representatives	MC/SOC MC	21 January 2016 meeting 18 February 2016
QF45	19 November 2015 17 December 2015 21 January 2016	Matters Arising	• Committee Terms of Reference to be redrafted • Revised Terms of Reference to January meeting • Further revisions to be made	RP RP RP/TP	17 December 2015 meeting 21 January 2016 18 February 2016
QF47	19 November 2015	Safeguarding Children Report	• DB, MC and KH meet in advance of Committee meetings to review data and provide detailed assurance.	MC	

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
QF49	21 January 2016	Terms of Reference	• Report on the roles of the Audit Committee, Quality and Finance Committee and Primary Care Co-Commissioning Committee and how they relate to the Council of Representatives	RP	
QF50	21 January 2016	Corporate Risk Update Report	• Update report on the Partnership Commissioning Unit issues	TP	18 February 2016
QF51	21 January 2016	Quality and Performance Intelligence Report	• Report on issues affecting performance at the York Teaching Hospital NHS Foundation Trust Emergency Department	MC	18 February 2016
QF52	21 January 2016	Financial Perfomance Report	• Outcome of review of Procedures of Limited Clinical Value to be reported • Format of QIPP reporting to be reviewed	RP/FB RP/FB	18 February 2016