

**Minutes of the Quality and Finance Committee held on  
17 December 2015 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**

Mr Paul Howatson (PH)	Senior Innovation and Improvement Manager
Ms Michèle Saidman (MS)	Executive Assistant

**Apologies**

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

**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 19 November 2015**

The minutes of the meeting held on 19 November were agreed subject to amendment on:

- page 3 paragraph 4 to read ‘...targets had been met for the first time since April 2014...’
- page 9 item 9 paragraph 3 to read ‘...re-procurement had been formally given to Harrogate and District NHS Foundation Trust who were aware that contract values for equipment and wheelchairs would be removed from their core community services contract with NHS Vale of York CCG...’

**The Committee:**

Approved the minutes of the meeting held on 19 November 2015 subject to the above amendment.

#### **4. Matters Arising**

*QF42 Financial Performance Report:* MC reported that examples had been sought of schemes that had had an impact on non elective admissions and A and E activity in other CCGs. Follow up actions were taking place as appropriate. It was further noted that common themes had been identified and there were no significant areas that NHS Vale of York CCG had not taken into account and reviewed.

*QF45 Matters Arising – Committee Terms of Reference to be redrafted:* RP reported that separate terms of reference were now being developed for the Quality and Finance Committee and the Primary Care Co-Commissioning Committee. The former would be presented at the January Committee meeting.

*QF46 Financial Performance Report:* TP reported that an initial response had been received from the Partnership Commissioning Unit regarding the failure of accounting practices relating to out of area mental health placements. The member of staff was currently on planned sick leave. TP noted that the Audit Committee had requested that Internal Audit undertake an audit of the work of the Partnership Commissioning Unit.

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

#### **The Committee:**

Noted the updates and ongoing work.

Prior to continuing the agenda DB highlighted that, in view of the challenges faced by 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. Corporate Risk Update Report**

RP noted that, following discussion at the Audit Committee on 8 December, this standing item had been moved up the agenda to provide assurance of an agenda structured around risk. Annexes provided respectively: 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 which now also included risks relating to the Partnership Commissioning Unit.

RP reported that there were currently six events relating to delivery of financial savings, delivery of the CCG’s operational plan, the impact on local delivery of mental health services due to the closure of Bootham Park Hospital, and ongoing failure to meet the constitutional four hour A and E target. She also highlighted risk relating to the decision to withdraw award of the MSK service contract noting that discussion was taking place to reintroduce self referral, transition of back office support services and pro-active management of corporate reputation.

PH reported that the Section 136 facility at Bootham Park Hospital had reopened the previous day, 16 December, and was therefore no longer a risk.

The purpose of Covalent, namely to standardise risk reporting was discussed. It was noted that the report presented was a high level summary to provide assurance relating to the CCG's key priorities. More detailed consideration of risk, including team risk registers which were now discussed at Senior Management Team meetings, took place in other forums. FB noted that the clinical leads had access to Covalent to examine their risks and amend as required.

In response to DB seeking clarification about the risk relating to out of hours monitoring of media and social platforms, RP explained that this related to the Yorkshire and Humber Commissioning Support transition and the fact that there had previously been access to out of hours on call communications support. She noted that discussions were taking place with other CCGs in this regard.

### **The Committee:**

Noted the corporate risks identified that may impact delivery of the CCG's corporate objectives.

## **6. Quality and Performance Intelligence Report**

MC noted that the latest validated data presented in this report was in the context of five wards closed due to norovirus at York Teaching Hospital NHS Foundation Trust. She advised that Yorkshire Ambulance Service performance had subsequently improved and that the Red Combined 8 minute and 19 minute response times in the CCG area were now respectively 78.5% and 91% against targets of 75% and 95%.

MC reported that Yorkshire Ambulance Service handover times had been affected by the ward closure referred to above. The most recent unvalidated data, as at week ending 6 December, was 61.3% at York Hospital, 53.3% at Scarborough Hospital and 58.1% combined against the 100% target.

In respect of performance in the Emergency Department MC reported on improved relationships noting receipt of the updated recovery plan and breach analysis and the report from the Emergency Care Improvement Team after they visited York Teaching Hospital NHS Foundation Trust in September 2015. MC described the 'control and command' model that had been introduced to address flow related matters including delayed discharges. This included senior managers on duty until 10pm, volunteer Discharge Liaison Officers and two hourly rounds. In regard to the impact of the additional GP in the Emergency Department, anecdotal evidence was that this arrangement was now integral and fundamental to delivery of urgent care, although robust data was difficult to obtain. The proposal of the Primary Care Homes to increase the number of GPs at the "front door" of the Emergency Department was also noted.

MC reported that out of hours performance had dipped with the introduction of the new urgent care review model in Scarborough; the issues had been addressed.

Diagnostics performance was overall good with the exception of certain specialties which included cystoscopy where staffing levels continued to be an issue.

There were improvements in 18 week referral to treatment performance with the potential for a sustainable position by the end of January 2016. TP explained the finance and contracting implications relating to the referral to treatment backlog confirming that the activity had been factored in for the current year as in total it had not been more than planned.

MC noted the new cancer strategy which would be implemented through the cancer alliances and collaborative working across the region.

In respect of healthcare associated infections MC highlighted that York Teaching Hospital NHS Foundation Trust currently had 44 cases of clostridium difficile against the annual trajectory of no more than 43. She noted, however, there had been no 'lapses in care' for the cases reviewed to date and therefore no financial penalties in this regard. MC confirmed that all cases were reviewed and that this process was required to be completed by the end of the financial year.

MC additionally reported concern at the level of uptake of flu vaccination among health workers and in the general population. Discussion in this regard included the fact that this was not a contractual requirement from the primary care perspective and that information on uptake via pharmacies, which had increased, was not received by GPs.

MC reported that she was now working directly with the Chief Nurse Team at York Teaching Hospital NHS Foundation Trust in regard to serious incidents. They had increased capacity to support delivery of improvements in incidents relating to pressure ulcers and falls. Additionally, a number of outstanding serious incidents would be closed through implementation of a revised strategic action plan.

MC noted inclusion in the report of the Care Quality Commission Action Plan for York Teaching Hospital NHS Foundation Trust and the development of the Maternity Dashboard proposing that presentation of the latter be on a quarterly basis.

In respect of an update on mental health services MC reported that Peppermill Court would close in three to four weeks and that assurance had been sought about placements for all the resident patients. MA-M referred to discussion at the Mental Health Estates Programme Board on 16 December advising that Tees, Esk and Wear Valleys NHS Foundation Trust and NHS Property Services were progressing on a number of aspects of mental health estate. Work was commencing through NHS Property Services utilising landlord capital set aside from Bootham Park Hospital for development of outpatients, Peppermill Court and Acomb Garth. TP added that assurance had been received from NHS England Area Team regarding the capital. In respect of the long term solution NHS Property Services had requested £35m. A Project Initiation Document and business case were required in respect of potential options. Members noted that Tees, Esk and Wear Valleys NHS Foundation Trust were experienced in such developments.

MC reported on a visit by members of the CCG to two Tees, Esk and Wear Valleys NHS Foundation Trust hospitals, in Darlington and Middlesbrough, on 15 December.

## **The Committee:**

Noted the exceptions in the report and the additional updates.

### **7. Financial Performance Report and 9. Draft Financial Recovery Plan**

TP presented the Financial Performance Report which included three appendices: the finance dashboard, unplanned secondary care activity April to September 2015, and the QIPP highlights report. TP referred to the forecast £1.1m year end deficit which was £5m below plan and noted risk of a further £7.4m for which £4.4m mitigations had been identified, leaving £3.3m additional unmitigated risk. There had also been a slight deterioration in October resulting in reporting of a risk adjusted deficit of £4m and a total of £8m off plan. TP reported that the financial position with York Teaching Hospital NHS Foundation Trust had improved but there had been deterioration in other areas.

TP explained the importance of resolving areas of unmitigated risk and addressing the underlying gap for the month 9 financial position as this formed the basis for an almost full set of accounts reporting.

Discussion of the key actions included, in respect of prescribing overspends, the event with GP Prescribing Leads and Practice Managers on 26 January to consider data signposting and potential issues. TP also noted development of a 'survey monkey' to ascertain GP training needs. AP proposed inclusion of non elective activity from care homes in the Practice information packs that were being developed.

TP referred to the letter from NHS England, reported at item 8 below, which requested a draft financial recovery plan for 2015/16 by 12 December and for 2016/17 by 31 December advising that she had received agreement for a single plan. This would be submitted by 31 December to enable a number of requirements to be fulfilled, including discussion with the Council of Representatives later in the day. TP noted that NHS England were aware that this draft plan would not fully deliver the recurrent gap at this stage.

TP explained the importance of addressing the 2015/16 financial position illustrating how if this was not accomplished the impact would double in 2016/17. The only remaining option to achieve this was an agreement with York Teaching Hospital NHS Foundation Trust and discussion was taking place about the presentation and share of the system deficit to best support the Vale of York health economy. This approach had been supported in principle by the York Teaching Hospital NHS Foundation Trust Board subject to them maintaining a cash operating position; the outcome of discussion with Monitor was awaited.

MA-M sought views as to whether the £3.3m unmitigated risk should be included in the forecast outturn position in the next financial performance report and whether the potential agreement with York Teaching Hospital NHS Foundation Trust should be included in the financial recovery plan. Members affirmed the former and, dependent on the stage of discussions on the latter, supported inclusion of narrative at least.

Detailed discussion ensued in the context of a system approach and the need for transformation with emphasis that, while such developments would take time, without

change the system was not sustainable. The need for establishing risk share and gain share with primary care was also highlighted and the emerging timescales for development of the Primary Care Home was noted. TP added that CCGs were not required to submit their system strategic plan until the summer of 2016.

TP referred to appendix 2, presented at the request of the Committee and the Council of Representatives. This summarised overtrade in non elective activity focusing in particular on trauma and orthopaedics. MA-M noted that this information was for non elective activity only and the key messages were that activity was over and above growth built in to the original plan, regardless of the Better Care Fund, and that cost had increased in greater proportion than would be expected from the activity largely due to case mix.

Discussion took place regarding the need to reduce costs for the activity levels informed by the benchmarking information in appendix 2. It was agreed that this work should be progressed through creation of a joint CCG and York Teaching Hospital NHS Foundation Trust meeting with emphasis that “the arms race” should cease and a focus on reducing costs rather than spend.

In respect of QIPP PH highlighted the refreshed appendix 3. FB referred to the earlier discussion about the need to identify further savings. She also noted that discussions were taking place with the Council of Representatives regarding a new approach which would see members of the Innovation and Improvement Team supporting primary care differently to implement system change.

TP referred to the fact that the CCG had still not signed the Better Care Fund Section 75 Agreement with City of York Council advising that NHS England was fully aware that this was due to the fact that agreement on risk share arrangements had not been reached. She advised that the Area Team was seeking benchmark information relating to social care protection and that discussions were continuing with City of York Council to agree risk share.

#### **The Committee:**

Noted the Financial Performance Report.

*FB left the meeting*

#### **8. Forecast Financial Position 2015/16**

TP referred to the report that comprised the letter from NHS England formally notifying the CCG of being an organisation in turnaround and the associated expectations of returning to financial balance. She noted that the letter had also been circulated to the Audit Committee.

#### **The Committee:**

Noted NHS England’s expectations in respect of the CCG returning to financial balance.

## **10. NHS Vale of York CCG Strategic Estates Plan 2015-20**

In presenting the draft CCG Strategic Estates Plan TP explained that all CCGs were required to submit such a plan by the end of December and that NHS Property Services was undertaking this work on behalf of all CCGs. TP noted that a draft, redacted to comply with commercial confidentiality, would be circulated to the Council of Representatives Estates Group for comment. The final CCG Estates Strategic Plan would be presented to the February 2016 meeting of the Governing Body.

TP advised that the current draft of the Strategic Estates Plan provided an assessment of property in terms of current estate, running costs and opportunities for savings and included all buildings which provided any service to the CCG, even if from a single room within a building owned by another organisation. A comprehensive document would be developed aligning the property portfolio with services, including the integration pilots and primary care.

TM highlighted the need for GPs to work together in the future and for the functions of the estate to be aligned with community needs with account also taken of Primary Care Homes. TP confirmed that engagement from the perspective of the CCG as a commissioner had begun. She referred to the recommendations in the plan which related to:

- Implementing priority healthcare changes
- Cost reduction opportunities
- Dealing with void space (currently the responsibility of the commissioner but with an expectation of movement towards market rents in 2016/17)
- Improving estate utilisation
- Work plan

In response to DB seeking clarification on aspects of primary care developments that had been discussed at the first meeting of the Primary Care Co-Commissioning Committee, TP explained that Stephanie Porter, Deputy Director – Estates and Capital Programmes at the Partnership Commissioning Unit, had attended the Council of Representatives and was working with Practices in this regard.

### **The Committee:**

Approved the CCG's Strategic Estates Plan subject to any amendments requested by the Council of Representatives.

## **11. Community Equipment and Wheelchairs Procurement – Collaborative Agreement**

TP referred to the report on the Community Equipment and Wheelchairs Procurement at the November meeting of the Committee and noted that the collaborative agreement, together with associated finances, now required formal sign up by all commissioning partners. The Committee's agreement was sought to complete this as the other parties had already done so.

Members received clarification on a number of aspects of the agreement, particularly in regard to the section on expiry and termination and noted that risk would be managed through the project team. MA-M additionally noted the potential for the costs, currently a total of £92k per annum for a one year period - December 2015 to November 2016 - to change as the splits would be based on actuals.

**The Committee:**

Agreed the Collaborative Commissioning Agreement for the re-procurement of Community Equipment and Wheelchair Services.

**12. Key Message for the Governing Body**

- Creation of a joint CCG / York Teaching Hospital NHS Foundation Trust meeting to “stop the arms race” and focus on reducing costs rather than spend across the system.

**The Committee:**

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

**13. Next meeting**

9.30am on 21 January 2016



**NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND FINANCE COMMITTEE**

**SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 17 DECEMBER 2015 AND CARRIED FORWARD FROM PREVIOUS MEETINGS**

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
QF33	21 May 2015	Strategy for Use of Patient Related Outcome Measures and Shared Decision Making Tool in NHS Vale of York CCG	<ul style="list-style-type: none"> <li>Progress report on embedding of PROMS</li> </ul>	SOC	19 November 2015 meeting Deferred to 17 December 2015 Deferred to 21 January 2016
QF43	22 October 2015	NICE Summary Guidance Follow Up Process	<ul style="list-style-type: none"> <li>Consideration was required in respect of GP involvement in the review process.</li> </ul>	MC/SOC	21 January 2016 meeting
QF45	19 November 2015  17 December 2015	Matters Arising	<ul style="list-style-type: none"> <li>Committee Terms of Reference to be redrafted</li> <li>Revised Terms of Reference to January meeting</li> </ul>	RP  RP	17 December 2015 meeting  21 January 2016
QF47	19 November 2015	Safeguarding Children Report	<ul style="list-style-type: none"> <li>DB, MC and KH meet in advance of Committee meetings to review data and provide detailed assurance.</li> </ul>	MC	

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
QF48	19 November 2015	Community Equipment and Wheelchair Services Procurement	<ul style="list-style-type: none"> <li data-bbox="1041 346 1592 416">• Business case to be presented to January meeting</li> </ul>	TP	21 January 2016 meeting