

**Minutes of the Quality and Finance Committee held on
19 November 2015 at West Offices, York**

Present

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| Mr David Booker (DB) - Chair | Lay Member |
| Mrs Michelle Carrington (MC) | Chief Nurse |
| Dr Tim Maycock (TM) | GP Governing Body Member, Lead for Primary Care |
| Mrs Rachel Potts (RP) | Chief Operating Officer |
| Mrs Tracey Preece (TP) | Chief Finance Officer |

In Attendance

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| Mrs Helen Blacker (HB) | Management PA |
| Mrs Karen Hedgley (KH) – for item 8 | Designated Nurse, Safeguarding Children |
| Mr Paul Howatson (PH) | Senior Innovation and Improvement Manager |
| <i>Mr Keith Ramsay (KR) - for item 9</i> | <i>Chair, NHS Vale of York CCG</i> |
| Ms Lindsay Springall (LS) - for item 9 | Senior Delivery Manager |
| Miss Helen Williams -for item 9 | Innovation and Improvement Manager |

Apologies

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| Mr Michael Ash-McMahon (MA-M) | Deputy Chief Finance Officer |
| Mrs Fiona Bell (FB) | Deputy Chief Operating Officer |
| Dr Mark Hayes (MH) | Chief Clinical Officer |
| Dr Shaun O'Connell (SOC) | GP Governing Body Member, Lead for Planned Care and Prescribing |
| Dr Andrew Phillips (AP) | GP Governing Body Member, Lead for Urgent Care/Interim Deputy Chief Clinical Officer |

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 22 October 2015

The minutes of the meeting held on 22 October were agreed.

The Committee:

Approved the minutes of the meeting held on 22 October 2015.

4. Matters Arising

RP gave an update regarding Primary Care Co-commissioning. It was agreed that following the Council of Representatives meeting that the Committee would be split from this committee and be a standalone committee which would be chaired by KR. It was noted that the membership had been reviewed following a request from the Council of Representatives. The CCG were currently awaiting confirmation of the two Council of Representatives nominations.

TM confirmed the Primary Care Delivery Group would focus on delivering services rather than strategy with the first meeting planned for 26 November 2015.

DB noted that the Terms of Reference for the Committee should be redrafted to reflect the changes. RP confirmed that would be done prior to next meeting.

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

The Committee:

Noted the update and ongoing work.

5. Quality and Performance Intelligence Report

5.1 Quality and Performance assurance Data: Quarter 2 2015/16

MC referred to the Quarter 2 report which provided a full update of validated, publicly available data against key quality and performance measures, including a detailed six month review with benchmarking where applicable, and two year trend overview. She noted that it provided context for the discussion of item 5.2.

5.2 Quality and Performance Intelligence Report – November 2015

In presenting this report MC advised that the validated data was up to September but unvalidated data up to October had been included as requested by members. She also noted that for the first time implications for finance and contracting had been included for each area of the report; the figures for this information had not been included but were available on request.

In respect of Yorkshire Ambulance Service, performance had slightly decreased with staff recruitment and training issues being among the factors impacting on performance. The closure of Bootham Park Hospital had also impacted due to patients requiring Section 136 facilities having to be transferred to facilities outside of the Vale of York locality.

TP reported that following the Mental Health Estates Programme Board meeting on 17 November 2015 it was hoped that Bootham Park Hospital would be partially reopened prior to Christmas 2015 as a standalone unit for Section 136 patients. She noted that the outpatients department would be opened at a later date. Works were ongoing and would be monitored prior to any formal communication being circulated. It was reported that the Care Quality Commission would review the facility. MC queried if the facility would require re-registering and TP confirmed that it would.

PH reported that following the Mental Health and Learning Disabilities meeting on 16 November 2015 North Yorkshire Police had noted there had been 2 detentions across area. MC commented that this was due to Tees Esk and Wear Valleys NHS Foundation Trust reconfigured services.

Yorkshire Ambulance Service and A&E Handover performance as at September had been affected by the Norovirus at York Hospital (up to 124 beds at peak) which had impacted on capacity. Staffing shortages at York Hospital had also impacted on patient flow.

DB queried if there were any indications why the Norovirus flourished. MC commented that one of the issues was with visitors however currently no beds were closed. She confirmed that York Hospital was carrying out a "lessons learnt" review and that the CCG was involved through the Contract Management Board.

Key achievements of out of hours performance were highlighted. MC reported the monitoring dashboard was nearing completion and would provide a whole system view and there was commitment from all parties to provide weekly updates.

Performance had improved with regard to diagnostic tests and targets had been met for the first time since April 2015. The 18 week referral to treatment performance showed a downward trend in backlog. TP commented that a review of individual specialty trajectories was being undertaken and would be provided monthly.

MC noted that all cancer targets had been met with the exception of the 62 day treatments following urgent GP referral which were small numbers.

MC highlighted positive performance of the new arrangements for stroke patients which were working well and may be used as a future model of good practice.

In respect of Healthcare Associated Infections MC confirmed there were 41 cases of clostridium difficile. She noted an external review of York Trust's infection prevention and control processes and procedures had been undertaken and the action plan would be shared with commissioners in due course.

All 12 hour trolley waits had been noted and were because of lack of beds due to the Norovirus. She commented that routinely patients were placed directly in hospital beds. It was noted that a patient had died and an investigation was due however it was not expected to demonstrate any link to the extended wait.

MC advised that, following the transfer of the mental health services from Leeds York Partnership NHS Foundation Trust to Tees Esk and Wear Valleys NHS Foundation Trust, it had emerged that for a number of patients evidence could not be found to demonstrate that appropriate procedures had been followed for detention under the Mental Health Act. Processes to rectify this were being escalated and the Care Quality Commission had been notified.

MC advised that additional information was awaited in relation to Improving Access to Psychological Therapies. Currently there was no waiting time for assessment however there were delays in receiving treatment. This was being reviewed and Tees Esk and Wear Valleys NHS Foundation Trust would provide further information in due course.

MC reported that the Patient Experience Lead had undertaken a programme of outreach visits which had been offered to all member practices within the NHS Vale of York CCG area. A full report on the outcomes of the visits would be shared with member practices from November to agree ongoing support.

MC reported that the Chief Nurse of England had confirmed the agreement for nurse and midwife revalidation to go ahead from April 2016. She noted that the CCG was actively training and providing support to Practice Nurses and Care Home registered nurses for the change and gaining assurance from all providers that plans were in place for the change.

It was noted that the Junior Doctors strike Ballot was due to take place later in the day and emergency planning was underway should this occur.

MC reported on Operation Magnify which was the Government clampdown on illegal working within the care home sector. She confirmed that there may be safeguarding issues and workforce issues if affected. Visits had been conducted the previous week in the Yorkshire and Humber area, however the outcome was not known.

The Committee:

1. Noted the exceptions in the Quality and Performance Assurance Data: Quarter 2 2015/16 report.
2. Noted the Quality and Performance Intelligence Report.

6. Financial Performance Report

TP presented the item which comprised the Finance, Activity and QIPP Report as at month 7. The key message was the forecast financial position had worsened. She reported that the CCG was forecasting a year end deficit of £1.10m which was £5.03m below plan.

Further risks of £6.76mm had been reported with mitigations identified of £3.86m leaving an unmitigated risk of £2.90m. The CCG were therefore reporting a risk adjusted deficit of £4.00m against a surplus of £3.95m.

The October financial position had been discussed with the NHS England Area Team who were fully briefed on the forecast deficit and further risks. A draft financial recovery plan had been submitted on 18 September and a further draft focusing on the recurrent underlying position going into 2016/17 was being developed for 12 December 2015.

TP reported that Mental Health Out of Area placements showed movement for month 7. Following the move to the new mental health provider and an update from April to September information received from the Partnership Commissioning Unit, the forecast on out of contract placements had increased. An issue with accruals on the Partnership Commissioning Unit data indicated that costs had been accruing for 7 months but not been recorded in the ledger correctly giving increased costs of £700k. TP was asked by the Committee to formally write to the PCU regarding this apparent error and to seek assurance that systems were in place to ensure this did not happen again.

TP confirmed that Tees Esk and Wear Valleys NHS Foundation Trust was revalidating all out of contract information, and was currently visiting patients where inconsistencies were becoming apparent with invoicing. It was anticipated that the majority of this review would be completed prior to Christmas 2015 with enough information to ensure any charges in the first half of the year made incorrectly were followed up and recovered by end December 2015 going forward.

DB queried the control of supply and demand and who had the authority to agree spend on Out of Area placements. TP confirmed that it was now Tees Esk and Wear Valleys NHS Foundation Trust who made the decision. The out of area budget was part of the new contract for them to manage and ensure that the outcomes for patients were in line with the service specification.

TP circulated a letter which had been received from NHS England following a meeting on 11 November 2015. The letter stated that the CCG was “now classed as an organisation in turnaround due to the ongoing deterioration of the financial position.” TP reported that following discussion with Jon Swift clarity was needed on the statutory consequences and she would report back. It was noted that there were a number of steps and actions within the letter. NHS England was offering a range of support options including a review of capacity and capability which would commence on Monday 23 November 2015.

TP confirmed the QIPP planning and priority session planned for Tuesday 24 November. The Financial Control Environment Assessment action plan would be taken to the Audit Committee in December. She confirmed that the CCG would not qualify for quality premium payments if in deficit. MC confirmed that a discussion had taken place regarding a communication strategy to staff.

TP reported that the Deep Dive into Quarter 1 and 2 emergency activity had shown significant variances. Further information would be provided in December’s report.

Joint working between the Finance and Contracting and Innovation and Improvement teams was in place to ensure monitoring arrangements were in place for QIPP schemes.

The initial development of the first draft of the 5 year financial plan for 2016/17 onwards had commenced and would be completed during November 2015 The new business rules would be incorporated once released in December 2015.

Practice Information Packs had been developed to be provided to GP practices which would contain details of acute activity and prescribing expenditure. TP confirmed that accurate contracting information was available which could be split by GP practice. She suggested a series of visits by finance and contracting to be more visible and review best options for each practice needs.

TP noted from Month 7 a “summary on a page” would be available for Council of Representatives, partner organisations and stakeholders with key actions. This would also include identifying training requirements for general practice. It was noted that Dr Paula Evans would trial this.

TP noted the £1.74m of overspend was due to prescribing. She suggested the options for investigating incentives to improve the position.

TP confirmed that the finance team was working with the prescribing leads to further analyse prescribing costs. A focus report was provided as Appendix 2. She confirmed that comparing annual spend up to August 2014 against actual spend up to August 2015 had highlighted some areas which required further investigation: Antidiabetic drugs, Oral Anticoagulants and Tricyclic and related anti-depressant drugs. It was noted that these and other areas would be investigated with the prescribing leads and mitigating actions identified where possible.

PH reported that work continued on prioritisation of the current QIPP projects and would be finalised later in the month. There had been focus on future QIPP schemes which had worked in other areas. These would be reviewed at the CCG workshop planned for 24 November 2015. He commented that there was interest in the public domain around Bootham Park Hospital and the re-provision of services.

The Committee:

1. Noted the Finance, Activity and QIPP Report and the Draft Financial Recovery Plan.
2. Requested that the Chief Finance Officer formally convey the concern of the Committee to the Senior Managers of the Partnership Commissioning Unit regarding the issue of the failure of accounting practices relating to out of area mental health placements. A full exploration of respective responsibilities for this serious outcome was urgently required.

7. Corporate Risk Update Report

RP presented the item which comprised the Corporate Risk Update Report as at 11 November 2015 which identified risk trends and highlighted most significant risks to the delivery or programmes of work and the organisation's objectives. These included delivery of the Operational Plan, closure of Bootham Park Hospital, delivery of A&E 4 hour targets, MSK Procurement and delivery of BCF plans.

RP commented that the transition of back office support services with the Lead Provider Framework was ongoing.

RP noted new risks included daily Freedom of Information requests which were challenging. The risk of managing communications and reputation had been included in the current risk register.

TP confirmed that the finance and contracting team were undertaking a complete review of Finance and Contracting risks to identify issues that had arisen; these would be reported to the Audit Committee in December 2015. The current report was not up to date. It was noted that all risks were reported at Senior Management Team.

DB queried the risk to communications. RP confirmed that these risks were around Freedom of Information requests, complaints, MP letters and media enquiries.

The Committee:

Noted the corporate risks and events identified that may impact delivery of the corporate objectives.

KH joined the meeting

8. Safeguarding Children Report

DB noted the importance of this area of work. He referred to the level of detail and many embedded reports and queried an alternative presentation for future meetings to ensure all critical information was captured. It was agreed that DB, KH and MC meet prior to the Quality and Finance Committee to ensure that all issues were reviewed due to KH only attending quarterly. MC suggested KH attend more frequently in line with other CCGs. TM noted that all parties were unable to be fully up to date with detailed safeguarding issues and members of the Committee required assurance that KH was fully aware, and able to give highlights, and confirmation that issues were being addressed. It was agreed that DB, KH and MC would discuss further outside of the meeting.

KH presented the report which provided an update on the CCG's statutory responsibilities regarding Safeguarding Children for quarter one of 2015/16 in respect of North Yorkshire, City of York and East Riding of Yorkshire Safeguarding Children Boards, Child Protection and Care Quality Commission Children Looked After and Safeguarding Reviews. Included within the report were the Internal Audit; Safeguarding Children Report, Designated Professionals Strategic Plan (2015/16) Quarter 1 Update, North Yorkshire Safeguarding Children Board September 2015 Briefing, City of York Safeguarding Children Board October 2015, East Riding Safeguarding Children Board October 2015 Newsletter, Care Quality Commission Children Looked After and Safeguarding Review Final Report for Middlesbrough.

KR joined the meeting

KH noted that following the Internal Audit: Safeguarding Children's audit, which had taken place in June 2015, the report had been received in October 2015. It was noted that although there were several areas of good practice further assurance was required.

KH confirmed that she was working with the Partnership Commissioning Unit to obtain assurance regarding safeguarding children from Tees Esk and Wear Valleys NHS Foundation Trust. DB queried the use of acronyms within the reports together with the lack of dates or timescales in the updates. KH confirmed this had been acknowledged and following a recent meeting key dates had been noted.

In respect of the report to the North Yorkshire Safeguarding Children Board, the Board had received reports from all subgroups in respect of allegations made against staff and volunteers. The initial meeting of the Vulnerable, Exploited Missing and Trafficked Practitioner Groups had taken place across North Yorkshire. As a result agencies were taking relevant steps to address the identified risks. A formal evaluation of the new process was planned for Spring 2016 with findings being reported to this Committee.

There were no Serious Case Reviews in North Yorkshire, however the Lessons Learned Review continued to be monitored via the Case Review Group.

LS and HW joined meeting

KH assured the Committee that following the Goddard Inquiry in relation to Child Sexual Abuse all required steps were taking place to ensure providers were sighted on the requirements. KH confirmed that there were no other cases at present.

KH noted that there were new reporting guidelines from 31 October 2015, for all Female Genital Mutilation (FGM) in girls under the age of 18 years. The Home Office had produced a procedural guide which had been distributed to all GP practices. KH confirmed that the CCG was considering developing its own single reporting system however the cases of FGM were not common in the area with 8 cases the previous year of adults with no reported cases of children.

KH reported that a GP in the Harrogate and Rural District CCG had raised an issue regarding information around attendance at Out of Hours Service by patients who were unregistered or who were registered with a GP out of area not being passed to any other professional. The potentially serious consequences from this in respect of safeguarding were noted.

KH noted the Safeguarding Children Policy for General Practice was out for consultation. She noted that the CCG had been asked to consider whether the policy required validation prior to being made available to Practices. MC noted that the policy was for the GP practices and was not the responsibility of the CCG to approve.

KH noted that Health Passports were proposed for looked after children based on a process agreed in North Yorkshire. It had already been agreed that Council of York Local Authority would fund the "Blue Books". If approved at the Multiagency Looked After Children Strategic Partnership consideration would need to be given regarding funding the passports in the interim.

It was agreed that the CQC CLAS Reviews could be removed from this report and KH would provide any highlights as appropriate.

KH reported that following a meeting with the Associate Director for Safeguarding for Tees Esk and Wear Valleys NHS Foundation Trust an action plan had been agreed for partnership working with City of York Council.

KH confirmed that the Designated Doctor for Safeguarding Children for NHS Vale of York and NHS Scarborough and Ryedale CCGs had left post in September. Pending the appointment of new paediatric consultants at York Teaching Hospital NHS Foundation Trust the Designated Doctor role had been split. Additional administration support had been secured for the Nurse Consultant for Primary Care.

KH reported that data relating to numbers of children and young people subject to Child Protection Plan and Looked After Children had been requested from City of York Council. Information had not been received in time for the report and KH confirmed that

future information had been requested to be received prior to submission of this report in the future.

The Committee:

- 1 Confirmed assurance had been provided from the Safeguarding Children's Internal Audit Report and noted the progress made and action plan agreed.
- 2 Progress was noted against the Designated Professionals Strategic Plan (2015/16) and further updates would be received.
- 3 Noted the mandatory duty to report cases of known or suspect FGM in girls under the age of 18 years.
- 4 Noted the Care Quality Commission Children Looked After and Safeguarding (CLAS) Review of services in Middlesbrough and to continue to receive details of progress in respect of recommendations made for Tees Esk and Wear Valleys NHS Foundation Trust.
- 5 Agreed that the proposed Safeguarding Children Policy for Primary Care was the responsibility of GPs and did not require ratification by the CCG.
6. Requested that DB, MC and KH meet in advance of Committee meetings to review data and provide detailed assurance.

KH left the meeting.

9. Community Equipment and Wheelchair Services Procurement

LS gave a brief update following the decision by the Senior Management Team, this Committee and Governing Body to re-procure community equipment and wheelchair services with NHS Vale of York CCG leading the process. All Commissioners had signed up to the approach following discussions and project work via the Commissioners Forum.

All commissioning partners have signed up to a Heads of Agreement which defines collaborative working. A request for financial contribution had been issued to all co-commissioners totaling £90,000 per annum. The estimated total procurement value would be in the region of £5.4m per annum.

Commissioning intentions regarding re-procurement had been formally given to NHS Harrogate and Rural District CCG and it was aware that contract values for equipment and wheelchairs would be removed from the core Harrogate and District NHS Foundation Trust community services contract with NHS Vale of York CCG.

LS reported that the service specification and service model would be presented to this Committee in January 2016 with the launch of the procurement process in March 2016.

A series of engagement activities were organised for December including a survey for service users and providers. A number of drop-in and engagement events were planned across Yorkshire throughout December with a market engagement day arranged for 19 January 2016.

LS reported that whilst significant work was underway relating to the procurement with new services due to commence from December 2016, an interim work programme was

in place with Harrogate and District NHS Foundation Trust to improve current services in the interim.

DB queried the effectiveness of current services and whether the situation would worsen during the notice period. LS confirmed that they were working closely with Harrogate and District NHS Foundation Trust to complete rapid service improvements within existing services. Two workshops had taken place to map existing services and identify service improvements which would be implemented over a 30, 60 and 90 day period. DB requested that any deterioration of service be reported to the Committee.

DB also raised the issue regarding potential conflict of interest. LS confirmed the required forms had been logged and were reviewed on an ongoing basis. HW confirmed that at all meetings the Conflicts of Interest were noted and documented.

LS to return to the Committee with a full business case in January 2016 to commence reprocurement in March 2016.

It was agreed that no additional reporting prior to business case was required unless it was felt that there was a need.

The Committee:

- 1 LS to present the business case to the Committee in January 2016 with the procurement launching on 21 March 2016.
- 2 Noted that no additional reporting would be required prior to the business case.

LS and HW left the meeting

10. Key Message for the Governing Body

- The Chief Finance Officer was requested to formally convey the concern of the Committee to the Senior Managers of the Partnership Commissioning Unit regarding the issue of the failure of accounting practices relating to out of area mental health placements. A full exploration of respective responsibilities for this serious outcome was urgently required.
- A formal letter regarding the current financial position had been received from NHS England. A full discussion regarding contents had taken place. This would be escalated to the Governing Body. Continuing oversight of this would be carried out by this Committee and the Audit Committee.

The Committee:

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

11. Next meeting

9.30am on 17 December 2015

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND FINANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 19 NOVEMBER 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"> Progress report on embedding of PROMS | SOC | 19 November 2015 meeting Deferred to 17 December 2015 |
| QF42 | 22 October 2015 | Financial Performance Report | <ul style="list-style-type: none"> Examples to be sought of schemes that had had an impact on non elective admissions and A and E activity. | OS | SMT to review |
| QF43 | 22 October 2015 | NICE Summary Guidance Follow Up Process | <ul style="list-style-type: none"> Consideration was required in respect of GP involvement in the review process. | MC/SOC | |
| QF44 | 22 October 2015 | Primary Care Co-Commissioning Committee Meetings – Process | <ul style="list-style-type: none"> Task and finish group to be set up | RP | 12 November 2015 |
| QF45 | 19 November 2015 | Matters Arising | <ul style="list-style-type: none"> Committee Terms of Reference to be redrafted | RP | 17 December 2015 meeting |

| Reference | Meeting Date | Item | Description | Responsible Officer | Action Completed/ Due to be Completed by (as applicable) |
|-----------|------------------|---|--|---------------------|---|
| QF46 | 19 November 2015 | Financial Performance Report | <ul style="list-style-type: none"> The Committee's concern to be conveyed to the Senior Managers of the Partnership Commissioning Unit regarding the issue of the failure of accounting practices relating to out of area mental health placements. | TP | |
| QF47 | 19 November 2015 | Safeguarding Children Report | <ul style="list-style-type: none"> DB, MC and KH meet in advance of Committee meetings to review data and provide detailed assurance. | MC | |
| QF48 | 19 November 2015 | Community Equipment and Wheelchair Services Procurement | <ul style="list-style-type: none"> Business case to be presented to January meeting | TP | 21 January 2016 meeting |