NHS
Vale of York
Clinical Commissioning Group

Item 17.2

Minutes of the Quality and Finance Committee held on 17 September 2015 at West Offices, York

Present

Mr David Booker (DB) - Chair	Lay Member
Mrs Fiona Bell (FB)	Deputy Chief Operating Officer/Innovation Lead
Mrs Michelle Carrington (MC)	Chief Nurse
Dr Mark Hayes (MH)	Chief Clinical Officer
Dr Tim Maycock (TM)	GP Governing Body Member, Joint Lead for Primary Care
Dr Shaun O'Connell (SOC)	GP Governing Body Member, Lead for Planned Care and Prescribing
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 Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
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 Lynette Smith (LS)	Head of Corporate Assurance and Strategy

1. Apologies

As noted above.

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

All declarations were as per the Register of Interests with the exception of TM and SOC's declaration in respect of item 8. They had not received the report and would leave the meeting for this item.

3. Minutes of the meeting held 20 August 2015

The minutes of the meeting held on 20 August were agreed.

The Committee:

Approved the minutes of the meeting held on 20 August 2015.

4. Matters Arising

QF19 Lessons learnt report from the Yorkshire Ambulance Service MAJAX: DB requested that this action, from December 2014, be removed.

QF33 Strategy for Use of Patient Related Outcome Measures and Shared Decision Making Tool in NHS Vale of York CCG: In response to SOC seeking clarification about arrangements in view of the fact that the Patient Experience Lead was leaving the CCG, MC advised that discussion was taking place about this role and a business case would be made in accordance with the recently implemented measures.

QF34 and QF39 Safeguarding Children Report: MC reported that it was not possible to extract NHS Vale of York CCG specific information from North Yorkshire data in respect of children subject to child protection compared with children in each area of the CCG and nationally. Although North Yorkshire data was split into sub sections this was not coterminous with the CCG footprint; however available data comparing each local authority with statistical neighbours was released annually. In respect of the request for highlighting sections of child protection review documentation that required GP input, Jacqui Hourigan, Nurse Consultant Primary Care, was working with the Named GPs and local authorities to pilot new systems for transferring child protection information to GP practices electronically. This would include review of information flows with the aim of ensuring information received by primary care was relevant and accessible.

QF38 System Resilience Group Scheme Continuation 2015/16: TP reported that information had been provided but further discussion was taking place regarding the impact of this scheme. However, Senior Management Team had agreed that the GP in the Emergency Department would continue until the new model had been developed.

QF40 Quality and Performance Assurance Report: MC reported that the report at the following agenda item included some information on the Out of Hours service but that the detail of the quarter 1 data would be presented at the next meeting.

QF41 NICE Summary Guidance: SOC advised that he would provide an update at the next meeting as flow diagrams were being developed for consideration at the Clinical Research and Effectiveness Committee on 24 September.

A number of matters were noted as completed, agenda items or as being scheduled for future meetings.

The Committee:

Noted the updates and ongoing work.

5. Quality and Performance Assurance Report

5.1 Quality and Performance Assurance Data: Quarter 1 2015/16

MC referred to the quarter 1 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 were 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: September 2015

In presenting this report MC advised that the validated data was from July but unvalidated data from August 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 July Red Combined 8 minute response time performance had slightly decreased and was 74.4% against the 75% target which was achieved at 9 minutes; Red Combined 19 minute response time had also decreased at 92.6% against the 95% target, met at 23 minutes. Staff recruitment issues were among the factors impacting on performance.

With regard to the Yorkshire Ambulance Service Care Quality Commissioning Inspection Report published in August, MC advised that a number of the issues had been addressed but that an action plan was awaited. Applicable penalties had been applied against performance targets not achieved in quarter 1.

Yorkshire Ambulance Service handover performance as at July had improved at 81.8% on the York Hospital site and 72.7% on the Scarborough Hospital site against the 100% target. Staffing issues were again highlighted but MC noted that about 70 new nurses had been appointed; most would start as healthcare assistants until their PIN numbers came through week commencing 21 September. MC also reported that a business case was being prepared for additional staff.

Accident and Emergency performance was off trajectory with less confidence that the four hour target of 95% would be achieved by the end of September, mainly due to staffing. The mitigating actions included the GP in the Emergency Department as referred to at item 4 above, the further development of the ambulatory care service following the business case, the Rapid Access and Treatment Service, and the support for junior doctors in decision making. The CCG was considering a number of schemes to help improve performance but the associated investment costs would require consideration alongside the benefits.

Key achievements of out of hours performance were highlighted. Most of the initial issues had been resolved. Work was taking place to address inappropriate 'Healthcare Support – Urgent' disposition from NHS 111, i.e. response required within 30 minutes. Assurance was being sought in respect of robust processes for serious incidents and Safeguarding Children.

Performance had improved in regard to diagnostic tests taking place within six weeks; the main issue was cystoscopy. Significant finance and contractual implications were due to outsourced additional capacity through independent providers.

The 18 week referral to treatment performance as at July had decreased from 94.7% in June to 94% against the 92% target due to an increase in acute admissions. Plans to address maxillofacial performance, which was the main issue, were expected by the end of October. The finance and contracting implication, due to the overall 80% overtrade, was £500k as at the end of June. TP advised that the backlog for all activity

was expected to be cleared by the end of October. In response to SOC seeking clarification regarding the ultrasound overtrade through Yorkshire Health Solutions, TP would confirm that this was not a cost pressure as there should be a comparative reduction in activity at York Teaching Hospital NHS Foundation Trust.

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. In respect of dermatology, where staffing was an issue, SOC reported the expectation that the CCG's dermatology project of review through the Referral Support Service, due to "go live" in the near future, would reduce patient numbers.

MC highlighted positive performance of the new arrangements for stroke patients.

In respect of Healthcare Associated Infections MC referred to the 34 cases of clostridium difficile, as at 6 September, against the trajectory of 43 for York Teaching Hospital NHS Foundation Trust. She noted ongoing discussion with the Chief Nurse. The CCG would receive an external report following its submission to York Teaching Hospital NHS Foundations Trust's Board.

MC advised that the final report from the external review of Leeds and York NHS Partnership Foundation Trust suicides would be available at the end of October 2015. She confirmed that they were not an outlier nationally for the number of suicides but that detailed consideration of the 12 investigations had identified areas where quality and learning could be improved.

MC reported that there were c88 open serious incidents at York Teaching Hospital NHS Foundation Trust. She highlighted that work was continuing to improve overall assurance of serious incident investigation, particularly for falls resulting in harm and development of pressure ulcers which was being escalated through contract management processes. MC also noted a Never Event of wrong site surgery.

MC advised that additional information was awaited in relation to Improving Access to Psychological Therapies explaining the reason for the variable performance of Leeds and York Partnership NHS Foundation Trust. They had highlighted that their target of 8.2% had been met and that the national target was 15% later in the year. MC reported that the respective performance of Leeds and York Partnership NHS Foundation Trust was 9.6% entering treatment and 42.2% recovery,, Tees, Esk and Wear Valleys NHS Foundation Trust was 10.7% and 100% respectively and Humber NHS Foundation Trust was 18.3% and 66.7% PH added that the service development plan for theTEWV included provision of improved information.

In conclusion MC noted the patient experience information.

The Committee:

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

6. Finance, Activity and QIPP

TP presented the item which comprised the Finance, Activity and QIPP Report as at month 5 and the draft financial recovery plan. She reported that, following submission of the first formal draft recovery plan on 4 September, the gap had been closed and the NHS England Area Team had confirmed that there was no immediate risk to the CCG of being placed in turnaround. However, they had expressed concern at the risk of not investing in the Better Care Funds and activity exceeding forecast. TP reported that an updated draft financial recovery plan was being submitted to the Area Team on 18 September which showed no unmitigated risk, forecast in line with the financial plan and achievement of the 1% surplus business rule.

The month 5 report was the actual forecast position with the exception of the York Teaching Hospital NHS Foundation Trust outturn which was included as a risk later in the report. As many risks as possible had been brought in to the position; mitigation was included for the residual risk of £5.88m. TP explained the risk components and highlighted in particular the £4m relating to investment in the City of York Council and North Yorkshire County Council Better Care Funds. She reported that discussions were taking place in this regard and noted the Area Team support as a Section 75 agreement had not yet been signed with City of York Council. TP also explained the impact on the York Teaching Hospital NHS Foundation Trust deficit if the CCG proceeded with investment in the Better Care Funds due to the links in terms of activity and highlighted that they were aware that the CCG was not permitted to overspend its allocation.

In respect of the fact that the financial recovery plan did not include achieving a recurrent position of balance from 2016/17 and creation of investment for the Better Care Funds TP referred to the establishment of the System Leaders Group. She also noted similar challenges nationally. Further drafts of the financial recovery plan would need to show delivery of a recurrent balanced position for 2016/17.

TP highlighted that further work was needed on the financial recovery plan and also in respect of project management arrangements, a structured task and finish approach – for example in implementing prescribing efficiencies through peer pressure – and comprehensive contract management. An action plan would be monitored on a weekly basis.

TP noted in the programme allocation Future in Mind funding for eating disorders which related to a specific piece of work.

TP described the format of her presentation to the Council of Representatives later in the day to explain the financial position and associated issues. This had had input from Governing Body GPs and had been shared with the Chair of the Council of Representatives the previous day.

In conclusion TP advised that the version of the draft financial recovery plan that had been circulated was that submitted on 4 September. This was being updated with the month 5 information prior to submission on 18 September. The revised draft would have none of the headroom but would present a zero position.

DB offered the option of an additional meeting of the Quality and Finance Committee if further discussion was required.

FB highlighted the information and associated work in respect of QIPP and procurements. She noted the format of full information on QIPP schemes provided in an Appendix to the report. Members welcomed this revised format.

The Committee:

Noted the Finance, Activity and QIPP Report and the Draft Financial Recovery Plan.

7. Corporate Risk Update Report

MH noted that the performance and finance risks had been in the main discussed at earlier agenda items. In respect of the transition of Commissioning Support Services the timescale for the Lead Provider Framework tenders had been extended by five weeks; mitigation had been put in place. TP additionally noted that the Audit Committee had received a report on these transition risks and how they were being managed at its meeting on 8 September. FB reported that arrangements were in place for evaluation of services to be bought by the CCG from the Lead Provider Framework. Meetings were being planned in service areas where staff were being brought in to the CCG as a result of TUPE arrangements.

TP confirmed that the risks relating to the new mental health contract were not expected to affect the mobilisation date.

The Committee:

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

TM and SOC left the meeting

8. Procurement Update on Community Equipment and Wheelchairs and Anticoagulation Services

TP noted that due to the tight timescales the procurements for Community Equipment and Wheelchairs and for Anticoagulation Services had been discussed at the Governing Body Part II meeting on 3 September prior to consideration by the Quality and Finance Committee as was the usual practice. Senior Management Team had recommended competitive tender for both services but the Governing Body had taken a different view in respect of respect of the business case for Near Patient Testing Anticoagulation. The Committee was therefore being asked, subject to any issues that may arise from development of the detail, to ratify the Governing Body decision *'that an outcome based specification with expected savings be developed and offered in the first instance to the Provider Alliance Board as a time limited opportunity to develop a business case; this should include self-management as an option for consideration.'* The detail of this proposal would be discussed at Senior Management Team on 29 September prior to presentation at the October meeting of the Provider Alliance Board. FB highlighted that the revised specification would be expected to achieve the same efficiencies as a competitive procurement and the provider would be asked to develop a model to deliver the expected outcomes within a specified financial envelope.

In respect of Community Equipment and Wheelchair Services FB referred to the significant issues detailed in the report, varied provision across the CCG and opportunities for efficiency savings. She also advised that Community Equipment and Wheelchair Services were categorised as Part A services and as such were subject to the full procurement rules. The Senior Management Team recommendation, supported by the Governing Body, was '*Re-procure Community Equipment (to include Retail Model) and Wheelchair Services separately with significant re-design through a single procurement comprising two lots.'* FB additionally noted that work would take place in parallel with the current providers during the remaining contract time to address immediate service improvement areas.

The Committee:

Noted the update in respect of Community Equipment and Wheelchairs and Anticoagulation Service.

9. Key Message for the Governing Body

No specific messages. However the Committee noted concern about the current financial position of the CCG, also noting the context of the wider health economy.

10. Next meeting

9.30am on 22 October 2015

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND FINANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 17 SEPTEMBER 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	• Progress report on embedding of PROMS	SOC	19 November 2015 meeting
QF41	20 August 2015	NICESummary Guidance	• Follow up process to be established by the Clinical Research and Effectiveness Committee	MC/SOC	22 October 2015