

**Minutes of the Quality and Finance Committee held on  
21 May 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/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, Prescribing, and Quality and Performance
Mrs Rachel Potts (RP)	Chief Operating Officer
Mrs Tracey Preece (TP)	Chief Finance Officer

**In Attendance**

Mrs Karen Hedgley (KH) – for item 9	Designated Nurse Safeguarding Children, North Yorkshire and City of York
Mr Paul Howatson (PH)	Senior Innovation and Improvement Manager
Ms Michèle Saidman (MS)	Executive Assistant

**Apologies**

Dr Andrew Phillips (AP)	GP Governing Body Member, Lead for Urgent Care/Interim Deputy Chief Clinical Officer
Dr Guy Porter (GPo)	Consultant Radiologist, Airedale Hospital NHS Foundation Trust – Secondary Care Doctor
Mr Keith Ramsay (KR)	Chair, NHS Vale of York CCG
Mr Owen Southgate (OS)	Assurance and Delivery Manager, NHS England Area Team

A number of items were discussed out of order of the agenda.

**1. Apologies**

As noted above.

**2. Declarations of Interest**

Declarations of interest were as per the Register of Interests. There were no declarations of members' interests in relation to the business of the meeting. DB reminded members to update their declarations of interest as required.

**3. Minutes of the meeting held on 23 April 2015**

The minutes of the meeting held on 23 April were agreed.

**The Committee:**

Approved the minutes of the meeting held on 23 April 2015.

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

*Update on Primary Care Co-Commissioning/Future of Quality and Performance Committee:* DB noted that a workshop had taken place on 19 May.

*QF19 Integrated Quality and Performance Exception Report – Yorkshire Ambulance Service MAJAX:* MC reported that a MAJAX had not been declared on the occasion referred to but that lessons learnt from the incident were being shared. MC additionally reported that there was a confidentiality agreement in place regarding the recent MAJAX on the A64; she would provide an update on lessons learnt. This particular action related to an earlier MAJAX and RP highlighted that consideration was required in respect of communications with primary care.

*QF23 Implementation of the new Quality and Finance Committee Terms of Reference including transition to Primary Care Co-Commissioning:* The first formal meeting of the Committee in its new format would be scheduled for July or August to allow for formalisation of the Primary Care Strategy Group.

*Bootham Park Interim Solution – Phase II Project Initiation Document (PID):* MA-M reported on discussion with NHS England on 15 May. Although formal approval was not given, there was general support subject to two areas of further clarification sought. These were confirmation regarding the capital and landlord payment profiles, as approval had not been given for the latter but there was spend identified in May included in the £1.6m total anticipated capital sources, and that there was no potential for the closure of Ward 2 to create a void cost to the CCG. MA-M confirmed that Leeds and York Partnership NHS Foundation Trust had confirmed 100% occupancy with no charge to the CCG. He had updated the bid and letter of support accordingly and sent it to the Area Team with a request for the approval timescale due to the intention to award tender at the end of the month. In response to DB seeking clarification about risk to the CCG, MA-M advised that the Area Team had given general support but there was an element of concern regarding the proposed accounting treatment in view of the CCG's financial position.

A number of matters were noted as completed, agenda items or outstanding.

#### **The Committee:**

Noted the updates.

#### **5. Integrated Quality and Performance Exception Report**

In introducing this item MC noted the expectation that performance for both unplanned and planned care to remain at 'red' for some time due to the current challenges faced by York Teaching Hospital NHS Foundation Trust. She noted that work was ongoing on their Recovery Plan.

In terms of unplanned care Yorkshire Ambulance Service performance remained at 'red' for the 8 and 19 minute response times. This category of performance was better in the CCG area than overall and, as in the previous month, had been missed by one

minute for both categories. MC highlighted that she had sought and received assurance that patients were receiving quality outcomes.

The 100% target for 15 minute handovers also remained 'red' at 70.2% overall and 80% on the York site. This was in part due to impact from performance on the Scarborough site and the fact that part of the handover area in York had been utilised for the ambulatory care pilot which would be relocated when the scheme restarted.

Four hour Accident and Emergency (A and E) waiting times were 88% against the 95% target. There had also been four 12 hour trolley waits at Scarborough Hospital of NHS East Riding CCG and NHS Scarborough and Ryedale CCG patients. MC assured members that scrutiny and lessons learnt of all such incidents was undertaken and shared. In response to discussion about the A and E attendances and admissions detailed graph MC advised that further detail was available for this complex information. She noted that a new department manager and team were in place and there was the expectation of improvement across both the York and Scarborough sites; staffing remained the greatest risk.

DB expressed concern at the continuing issues in unplanned care performance. He additionally referred to the impact on the CCG in terms of potential financial implications due to constitutional targets not being met and sought the Committee's views on obtaining assurance. In response, members of the Executive Team reported on discussions with the York Teaching Hospital NHS Foundation Trust confirming that measures were being implemented internally; regular discussions were taking place with NHS England and Monitor; and the robust contract management arrangements were continuing. Further concern was expressed in respect of impact on the CCG's vision and the current integration work across health and social care. Following detailed discussion of the performance issues it was agreed that the work implemented by York Teaching Hospital NHS Foundation Trust to try and address the position, including new appointments, should be given the opportunity to take effect and that the CCG would work with them on the detail of their recovery plan. Additionally, MC, MH and RP would discuss the Committee's concerns with their respective equivalents at York Teaching Hospital NHS Foundation Trust. DB requested that a detailed recovery plan, covering both unplanned and planned care and agreed by the CCG Executive Team, be presented at the July meeting of the Committee.

In respect of planned care MC highlighted some improvement in six week diagnostic waiting times noting that the non obstetric ultrasound waiting list had reduced to three patients; CT scans remained the biggest issue but this was not expected to be resolved until July.

The position with delayed transfers of care had deteriorated since the report had been issued and was now respectively 36 and 13 in acute and non acute beds. MC reported in this regard that the main issues were the cessation of national funding and lack of availability of home care packages due to shortage of domiciliary staff. She advised that regular meetings were taking place with City of York Council but also noted the expectation that the situation would be exacerbated by the forthcoming closure of a care home in York with 19/20 residents. In response to members' discussion about potential to address delayed transfers of care MC reported that bed configuration, including White Cross Court and St Helens, and York Teaching Hospital NHS

Foundation Trust's policy on patient choice were key issues. The latter was currently being reviewed following the recently appointed Chief Operating Officer.

MC reported that a Never Event had taken place with a non NHS Vale of York CCG patient being treated at York Teaching Hospital NHS Foundation Trust using their procedures. This was being progressed as a Serious Incident and the CCG would receive detail of the lessons learnt.

In respect of Complaints and Concerns further work was taking place to provide assurance.

### **The Committee:**

1. Noted the Integrated Quality and Performance Exceptions Report.
2. Requested that a detailed recovery plan for York Teaching Hospital NHS Foundation Trust, agreed by the CCG Executive Team, be presented at the July Committee meeting

### **6. Finance, Activity and QIPP**

In apologising for tabling this paper MA-M noted that the report aimed to provide the Committee with further detail around the 2015/16 financial plan and the associated risks and mitigations as there was no requirement for a full Month 1 expenditure position. He noted that the impact of primary care co-commissioning delegated budgets and the detail of individual provider contracts, which were still being negotiated, were not yet included.

MA-M explained in detail the £394.5m budget allocation which comprised £387m programme costs allocation and £7.5m running costs allocation. In regard to the latter he noted that the required 10% reduction in running costs had been accounted for as far as was possible and the information was based on 100% staffing for the full year. Meetings were taking place with budget holders in regard to efficiencies and there was mitigation through post vacancies. MA-M advised that the baseline budgets included the required efficiency and that, in order to achieve the £0.5m contingency plan from running costs, effectively an £854k saving was required as the budgets were already potentially overcommitted. The overall aim was for a balanced budget. TP added that the Senior Management Team would regularly scrutinise the position and an action plan would be incorporated in the monthly report to the Committee.

PH presented the QIPP section of the report highlighting the ongoing work. MA-M reported that a QIPP Dashboard, with anticipated availability by the end of quarter one, was being developed to provide an update on the effectiveness of delivery. FB noted that the narrative relating to Initial Viability Assessments and business cases was now on Covalent. Next steps were to work with Finance and Business Intelligence colleagues to incorporate their information relating to projects on to Covalent. She additionally proposed, and members agreed, that the Better Care Fund Dashboard be presented at each meeting, instead of alternative meetings as currently, to inform members on the metrics and continuation of schemes.

SOC proposed adding further areas of prescribing QIPP work to the report.

In respect of joint working on projects and achievement of maximum impact FB noted that high level discussion with York Teaching Hospital NHS Foundation Trust, including at the Collaborative Improvement Board, was required to achieve support for system initiatives.

MA-M referred to the table highlighting the level of risk and mitigations identified to bridge the gap. There was currently a c£9m gap with a net £1.2m unmitigated risk. MA-M advised that no other CCG across Yorkshire and Humber had declared such a position but this was based on the Governing Body's support for submission of a credible and transparent plan. He noted that monthly meetings were taking place with the Area Team Director of Finance due to this challenge.

TM sought clarification about the mitigation of risk relating to the East Riding of Yorkshire uncommitted Better Care Fund. MA-M explained that the fund was managed differently in East Yorkshire to its management in City of York and North Yorkshire in that NHS East Riding CCG was the lead budget holder. The £400k available related to NHS Vale of York CCG's share of the currently uncommitted East Yorkshire Better Care Fund and would be invested if a scheme was put forward that would achieve this level of saving or return on investment.

#### **The Committee:**

1. Noted the Finance, Activity and QIPP report.
2. Agreed that the Better Care Fund Dashboard be received at each meeting.

#### **7. Risk Framework Report**

RP highlighted that the areas of high risk identified were: delivery of the financial plan, delivery of constitutional performance targets, delivery of Better Care Fund plans, management of Serious Incidents, and primary care co-commissioning. She referred to discussion of earlier agenda items relating to a number of these risks and noted that, with the exception of primary care co-commissioning for which work was progressing, detail was provided in the report.

#### **The Committee:**

Noted the risks that formed the Corporate Risk Register.

#### **8. Strategy for Use of Patient Related Outcome Measures and Shared Decision Making Tool in NHS Vale of York CCG**

In presenting the proposal to increase the use of information relating to Patient Reported Outcome Measures (PROMS), SOC expressed appreciation to Daniel Blagdon, Patient Experience Lead, for his work on the strategy. Three appendices were incorporated in the report relating respectively to a patient information sheet introducing PROMS; procedure specific information for patients about reported outcomes including graphs to compare information against national average, sample questionnaires used with patients and an example of one of the four procedure specific documents; and draft survey questions for baseline GP knowledge and awareness, with draft questions for inclusion as part of patient feedback.

SOC highlighted that a specific GP training session was required to ensure effective discussion with patients about PROMS. He noted that the new MSK provider would be contracted to ensure patients were aware of PROMS information and that secondary care providers would be contractually obliged to ensure patients completed a PROMS return.

Discussion included the need for GP involvement in the development and ownership of PROMS, and the need to enable an expert understanding of the complex national database. DB additionally highlighted the need for increased public and patient involvement to raise understanding of risk and the importance of prevention. TM requested that a report on progress of embedding PROMS be provided in due course to evaluate its embedding across the CCG.

### **The Committee:**

1. Approved the Strategy for Use of Patient Recorded Outcome Measures in NHS Vale of York CCG.
2. Requested a report on progress in embedding PROMS.

### **9. Safeguarding Children Report**

*KH attended for this item*

KH presented the report which provided an update on the CCG's statutory responsibilities regarding safeguarding children for quarter four of 2014/15 in respect of City of York and North Yorkshire Safeguarding Children Boards, Child Protection, Looked After Children, and the Lampard Report recommendations into the Savile investigation. The report also described the proposed 2015/16 Designated Professionals' Strategic Plan and draft structure of future reports to the Committee.

MC noted that KH's role did not include the East Riding of Yorkshire; representation for Safeguarding Children in that part of the CCG footprint required consideration and agreement.

KH reported that a review was taking place across agencies in response to the revised statutory guidance *'Working Together to Safeguard Children'* published in March 2015. She noted that the CCG was fulfilling its responsibilities in this regard in City of York and North Yorkshire. In response to DB seeking clarification as to whether there were any resource implications emanating from the review, KH advised that this was being considered in the context of the role of the newly appointed Nurse Consultant who would address the previously identified need for development work in primary care. She noted that a training needs analysis for all primary care professionals was required to map provision against the guidance. TM reported that the Designated Doctor carried out GP Safeguarding Children training in East Yorkshire.

KH highlighted the Learning Lessons Review following the death of a Looked After Young Person. The only recommendation specific to health related to GP recording of details for Looked After Children. This would be managed via the introduction of Health Passports.

In respect of Child Protection data KH noted the intention of capturing statistical information relating to neighbouring CCGs to gain a wider understanding across the patch. She noted in response to TM requesting North Yorkshire data be split to identify the CCG footprint that she had been advised this was not currently possible but would repeat the request. SOC additionally requested comparative information on proportion of children subject to child protection in each area of the CCG and nationally.

KH highlighted revised reporting arrangements in respect of Female Genital Mutilation noting that she planned to organise a hot topic training session for GPs. Providers were required to provide this information monthly.

In respect of Looked After Children KH reported that benchmarking was being undertaken to understand compliance with revised statutory requirements. She highlighted the innovation of the No Wrong Door Project for care of adolescents in North Yorkshire and noted that 203 of the 246 Looked After Children for whom the CCG was the responsible commissioner were placed within the CCG's boundary.

KH referred to briefing paper *Lampard Review: Themes and Lessons Learnt from the NHS investigation into matters relating to Jimmy Savile* and the tool to support assessment of compliance with the recommendations. She noted that returns of their assessment against the tool were due from the North Yorkshire and York providers and that the next Safeguarding Children report to the Committee would include an audit of this activity.

KH sought members' views on the proposed Designated Professionals' Strategic Plan. DB requested that any resource implications be included.

SOC requested that consideration be given to summarising information relating to Child Protection review cases rather than sending reports of several pages and to ensure that paperwork related to just one sibling, not more than one, so that the reports could be filed in a patient's records without future compromise of any individual's confidentiality. A summary report that could be filed in parents' medical records would also be useful.

### **The Committee:**

1. Noted the findings from the Learning Lessons Review into the case of possible child suicide.
2. Noted the revised reporting arrangements in respect of Female Genital Mutilation.
3. Noted the findings from the Lampard Review and agreed to receive an update on assurance received from provider organisations at a future meeting.
4. Agreed the outline Designated Professionals Strategic Plan for 2015/2016.
5. Agreed the proposed structure of future reports.
6. Requested that Child Protection information be provided to identify the CCG footprint and by proportion of children subject to child protection compared with children in each area of the CCG and nationally.
7. Requested that consideration be given to providing a summary of child protection reports for GPs and that reports contain information on one identifiable individual only.

## **10. Ophthalmology Review Progress Report**

SOC described the context in which the CCG had commissioned an independent review of ophthalmology services from NOUS who had presented their report at the Senior Management Team meeting on 5 May. Significant concerns had been highlighted through the review with emphasis on the need for system transformation with strong leadership. An initial priority based work programme had been identified to take forward the six recommendations of the review: initiate an eye health needs analysis; develop outcome based service specifications; investigate new contractual models; develop community based shared care protocols; develop a specification for low vision/vision impairment services; and establish robust system-led governance processes to foster collaboration across the system.

In response to TM noting that the Public Health joint approach relating to eye health needs assessment did not include reference to East Yorkshire, RP emphasised that she would clarify and confirm with Julie Hotchkiss, City of York Council Acting Director of Public Health, the expectation that she would liaise with both North Yorkshire and East Yorkshire in this regard. It was additionally agreed that the report template be amended to include information on which local authority area(s) of the CCG each item affected.

Members noted that Senior Management Team had agreed that the NOUS Review Report would not be circulated electronically but presented at the stakeholder event on 2 June 2015 in order to provide context of its content.

### **The Committee:**

1. Noted the key messages from the NOUS Review, some of which reflecting significant concerns for maintaining service provision in the future.
2. Noted the proposed plan for addressing the concerns raised.
3. Agreed that the template be amended to reflect the local authority area to which each report related.

## **11. Update on Management of Cancer Issues in NHS Vale of York CCG**

SOC presented the report provided in response to the Committee's request for information on cancer programmes. This detailed work around addressing two week waits and included six appendices respectively relating to changes to the referral pathway for symptomatic breast patients, a Referral Support Service update on changes to symptomatic breast referrals from November 2014, a report on a Cancer Education Event for GP Primary Care on 10 March 2015, communication to all GPs on 27 March 2015 about two week cancer waits via the weekly practice communication, a York Teaching Hospital NHS Foundation Trust patient leaflet 'Hospital Appointments within two weeks' and a CCG patient leaflet 'Urgent Hospital Appointments (within two weeks)'.

In respect of breast cancer SOC highlighted that the centralising of the service on the York site and change of pathway developed by the CCG – removal of breast pain from the two week wait form and reviewing of all breast pain referrals – had contributed to improved performance.



Work was taking place with York Teaching Hospital NHS Foundation Trust in regard to managing demand in dermatology, including reducing the number of ways in which GPs accessed the service. The CCG was actively considering incentivising GPs and GP alliances through Dermatology Indicative Budgets with sharing of savings which achieved reduction in referrals. This would be progressed when financial concerns relating to the backlog were clarified and resolved.

SOC referred to the variation across GP practices in respect of percentages of practice population aged 65 and over against the number of two week wait referrals per 100,000 population and percentage of two week referrals with cancer. He advised that the CCG's GP Cancer Lead proposed to visit outlier practices to seek further information.

SOC noted that improved diagnostics was key to addressing performance against cancer targets.

#### **The Committee:**

Noted the comprehensive report describing actions taken and planned in respect of performance against cancer targets.

#### **Additional Item**

TP tabled NHS England's quarter four assurance indicators for the Northern Region which was as expected for NHS Vale of York CCG: 'green' with the exception of QIPP delivery, which was 'red', and 'amber' for the underlying full year position and the Better Payment Practice Code performance. TP confirmed that similar information was available on the Monitor website for Foundation Trusts and healthcare trust would also publish their performance.

#### **The Committee:**

Noted the quarter four assurance indicators.

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

- Progress with Bootham Park Interim Solution – Phase II Project Initiation Document, with potential risk regarding the proposed accounting treatment
- Concerns regarding York Teaching Hospital NHS Foundation Trust performance, including the CCG's constitutional targets
- Challenges to the CCG's financial position and the £1.2m unmitigated risk to achieving a balanced budget
- Increased monitoring of QIPP, the Better Care Fund and running costs
- Consideration of matters relating to the East Riding, including the Better Care Fund and Safeguarding, with addition to the report template to cover local authority area(s)
- PROMS report welcomed; regular review to be provided

#### **The Committee:**

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

**13. Next meeting**

9.30am on 18 June 2015

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

### SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 21 MAY 2015 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
QF19	18 December 2014	Integrated Quality and Performance Exception Report	<ul style="list-style-type: none"> <li>Lessons learnt report from the Yorkshire Ambulance Service MAJAX to be presented</li> </ul>	OS	Ongoing
QF23	19 February 2015	Implementation of the new Quality and Finance Committee Terms of Reference including transition to Primary Care Co-commissioning	<ul style="list-style-type: none"> <li>Consideration to be given to the requirement for meetings to be in public in respect of primary care co-commissioning and the associated agenda timing</li> </ul>	DB/RP	Ongoing
QF27	19 February 2015	System Resilience Group Scheme Continuation 2015/16	<ul style="list-style-type: none"> <li>Costings to be approved by Senior Management Team</li> <li>Evidence of impact to be provided when available</li> </ul>	AP/KS-W  AP	21 May 2015
QF30	23 April 2015	Contract Award Recommendation Report for Mental Health and Learning Disability Services	<ul style="list-style-type: none"> <li>Aspects of the information be disclosable under the Freedom of Information Act</li> </ul>	RP	Completed

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
QF31	21 May 2015	Integrated Quality and Performance Exception Report	<ul style="list-style-type: none"> <li>Detailed recovery plan for York Teaching Hospital NHS Foundation Trust, agreed by the CCG Executive</li> </ul>	MC	23 July 2015 meeting
QF32	21 May 2015	Finance, Activity and QIPP	<ul style="list-style-type: none"> <li>Better Care Fund Dashboard to be a monthly standing agenda item</li> </ul>	FB	18 June 2015
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
QF34	21 May 2015	Safeguarding Children Report	<ul style="list-style-type: none"> <li>Request for Child Protection information to be provided to identify the CCG footprint and by proportion of children subject to child protection compared with children in each area of the CCG and nationally.</li> </ul>	KH	As soon as possible

			<ul style="list-style-type: none"> <li>Request that sections of Child Protection review documentation highlight areas that required GP input.</li> </ul>	KH	As soon as possible
QF35	21 May 2015	Ophthalmology Review Progress Report	<ul style="list-style-type: none"> <li>Report template be amended to reflect the local authority area to which each report related.</li> </ul>	MS	Completed