

**Minutes of the Quality and Finance Committee held on 23 June 2016
at West Offices, York**

Present

Mr David Booker (DB) - Chair	Lay Member
Mr Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Mrs Fiona Bell (FB)	Deputy Chief Operating Officer
Mrs Michelle Carrington (MC)	Chief Nurse
Mrs Helen Hirst (HH)	Interim Accountable 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

In attendance

Mr Andrew Bucklee (AB)	Senior Innovation and Improvement Manager
Mrs Pennie Furneaux (PF)	Policy and Assurance Manager
Mr Paul Howatson (PH)	Senior Innovation and Improvement Manager
Ms Michèle Saidman (MS)	Executive Assistant
Mrs Lynette Smith (LS)	Head of Corporate Assurance and Strategy

Apologies

Dr Mark Hayes (MH)	Chief Clinical Officer
Dr Arasu Kuppaswamy (AK)	Consultant Psychiatrist, South West Yorkshire Partnership NHS Foundation Trust – Secondary Care Doctor Member
Dr Shaun O'Connell (SOC)	GP Governing Body Member, Lead for Planned Care and Prescribing
Mrs Tracey Preece (TP)	Chief Finance Officer

Apologies

As noted above.

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.

1. Minutes of the meeting held on 19 May 2016

The minutes of the meeting held on 19 May were agreed.

The Committee:

Approved the minutes of the meeting held on 19 May 2016.

2. Matters Arising

QF47 Safeguarding Children Report and QF50 Corporate Risk Update Report were noted as completed. QF54 Governing Body Committees would be considered at the July meeting following discussion at the Governing Body Workshop on 7 July.

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

The Committee:

Noted the updates.

3. Turnaround Plan – Financial Performance Report

MA-M presented the month 2 report advising that NHS England regional team had assessed the CCG's 2016/17 Financial Plan, a planned year end deficit of £13.35m, as Category 3, Not Assured and not capable of being supported without further improvement.

MA-M reported that the year to date position was £625k away from plan noting that a large proportion of this related to the year to date impact of the £4m difference in the contract with York Teaching Hospital NHS Foundation Trust which both organisations were committed to addressing. The position was also impacted by £285k brought forward pressures relating to a prescribing under estimate, £143k, and £183k increased spend on community equipment in North Yorkshire.

The contract with York Teaching Hospital NHS Foundation Trust had been signed on 17 June. This incorporated long-stop dates for the final few items by the end of June, in particular the community CQUIN and risk share arrangements with a contractual commitment for both parties to work on a system based approach to these elements and other areas including RightCare.

MA-M additionally reported on the confirm and challenge that had taken place at the York Teaching Hospital NHS Foundation Trust Contract Management Board on 21 June in relation to a number of identified QIPP schemes to ensure a joint understanding and informing consideration of potential risk share. These schemes included Faecal Calprotectin, GP at Emergency Department Front Door, Community IV, Community Diabetes, DVT and RightCare. The intention was to agree the potential risk share areas by the end of June. HH added that the contract discussions with York Teaching Hospital NHS Foundation Trust were in the context of agreeing the principle of joint working on appropriate schemes and highlighted the financial challenge also faced by that organisation. MC additionally noted the review taking place on clinical thresholds.

In response to clarification sought about potential use of the 1% non recurrent contingency MA-M explained that the information presented in the report was as agreed with NHS England. He noted that discussion was continuing regarding this potential.

Discussion ensued on the need for culture change, maintaining the collective system vision and for the CCG to be a robust commissioner. Members noted that the £13.8m

available to York from the national System Transformation Fund was directed to meeting the Acute Trust deficit in 2016/17 but with the aim of being available for transformation from 2017/18.

In response to DB enquiring whether the CCG was aware of any additional financial pressures, MC reported that an issue had arisen in respect of Specialist School Nursing which had a maximum potential impact of £200k. The position was being clarified about this statutory commissioning responsibility.

In respect of the Partnership Commissioning Unit MA-M advised that Senior Management Team would receive a report on 28 June on the review of mental health out of contract placements.

MA-M detailed assurance measures implemented both internally and with NHS England to ensure increased certainty and robustness of forecast outturn, noting this included Helen Rees, NHS England Assistant Head of Finance, working in the CCG two or three days a week. He also noted that Christina Walters, Interim Programme Management Office Adviser, was leading development of improved QIPP reporting and that NHS England had requested a monthly run rate position as part of the enhanced assurance process with a view to identifying trends. The remaining net unmitigated risk remained currently at £7.1m.

HH emphasised that the revised QIPP reporting would ensure robust review and assurance with identification of any measures required to ensure delivery of schemes. She highlighted that the timescale for delivery of schemes varied, the requirement for the CCG to meet financial targets and the fact that turnaround would take time to achieve. RP added that the review taking place to provide integrated reporting and recurrent impact of schemes would inform developments towards strategic transformation. FB noted the significant work on pathways with clinical support would make a material difference from 2017/18.

The Committee:

Noted the Financial Performance Report and the ongoing work to provide assurance and address the financial challenge.

4. Turnaround Plan – QIPP Update

RP referred to the discussion above regarding improved reporting of the longer term QIPP schemes and noted the weekly review and updating of the QIPP tracker at the Monday Assurance and Delivery Group meetings, attended by all teams, followed by discussion at the weekly Senior Management Team meetings. The QIPP tracker as at 20 June was tabled and members noted that, following discussion with DB, FB would in future provide high level exception reporting to the Committee.

FB reported in respect of the heading 'Integration of community based health and social care system including Better Care Fund requirements' that the schemes relating to developing integrated care to cover the whole of the Vale of York locality and review of the community hospital bed base and usage were incorporated in an outcomes based Out of Hospital Care Strategy being developed. She noted the potential for the contract

for extending the integrated care hubs to be offered to the Provider Alliance Board and that the community bed resource at Archways, currently Red, Amber, Green (RAG) rated as 'red', was part of the community contract negotiations with York Teaching Hospital NHS Foundation Trust. Members noted that FB and MA-M were progressing work with York Teaching Hospital NHS Foundation regarding the expectations that by the end of quarter 2 there would be a clear plan for reconfiguring the existing Archways beds with recommendations by the end of quarter 3 for further developments to support more patients in the community.

FB explained that the timescale for the review of Patient Transport Services had slipped due to bids being awaited from three providers to deliver an alternative service model. She noted that this was not expected to materially impact QIPP.

FB reported that a number of pilot schemes would be subject to a test of change to identify potential delivery of models.

FB noted that a RightCare presentation was scheduled at York Hospital and Community Board on 6 July with planned attendance by SOC and AP and highlighted potential savings from RightCare; the initial focus was on MSK, Gastroenterology and Circulation.

In respect of potential Prescribing savings FB reported that consideration was being given to Pharmacist support. Work was taking place with the Council of Representatives' Artist Groups in relation to stopping all prescribing of products for minor ailments, policy on use of branded products and policy on OptimiseRx. Urgent work was also taking place to confirm timescales and expedite savings on all schemes.

Robust contract checking was implemented to ensure only appropriate payments were made.

FB reported on work with City of York Council to agree measures to address the £928k gap in the Better Care Fund plans emphasising the need to maximise impact and return on investment. AP noted that he was presenting an update at the Council of Representatives later in the day and would be requesting engagement from GPs in this work.

RP explained that work was also continuing to reach agreement on the North Yorkshire County Council Better Care Fund. Following attendance at the recent escalation meeting in London the five CCGs were currently working to resolve a £700k gap with the Vale of York also having to manage the Care Act risk of £294k. MA-M noted in this regard that correspondence was awaited to clarify the requirements but that consideration was being given to potential further schemes or measures that provided a resolution without affecting the financial bottom line of the respective CCGs which had differing approaches.

HH reported that the East Riding of Yorkshire Better Care Fund plan was agreed and highlighted that the Better Care Fund was a resource to deliver strategy therefore the same principles should apply across the three local authority areas.

Further discussion ensued on ensuring that the Committee received appropriate reporting and assurance. This would be considered again following the Governing Body Workshop on decision making and governance structures.

The Committee

Noted the update and ongoing work on QIPP.

5. Turnaround Plan – Other

RP referred to the report provided by PwC following their Capacity and Capability Review of the CCG and the CCG's plan developed in response. She provided an update on the actions that remained open:

- Financial Planning and QIPP: RP noted the earlier discussion and support from Christina Walters to implement a Programme Management Office approach.
- Stakeholder Engagement: Significant work had taken place with the Council of Representatives and Health and Wellbeing Boards had agreed terms of reference for the Integrated Transformation Board.
- Development and Training: The Governing Body had a clear mandate from the Council of Representatives for the CCG's strategic direction; a governance and decision making review was taking place at the Governing Body Workshop on 7 July. The Chief Officers had commenced and were continuing a review to identify capacity gaps.

HH noted that in a position of turnaround the need for improved overall efficiency meant that it was not practicable to maintain the CCG's current underspend on running costs. She also advised that the GPs were reviewing their clinical leadership roles and that a Senior Management Team development day on 5 July would bring this together with the Chief Officers' capacity review.

RP noted that workshop sessions, similar to the recent session on the Out of Hospital Strategy, would take place for Primary Care, Planned Care and Urgent Care. HH additionally reported on discussion with the Vale of York Clinical Network and the proposal relating to urgent care in General Practice to be discussed in the provider time at the Council of Representatives later in the day. The progress this demonstrated in terms of the GPs coming together was commended.

RP agreed to review the action plan with a view to updating it to reflect recent developments.

The Committee

1. Noted the progress against the open actions.
2. Requested that RP review the action plan with a view to updating the information.

6. Quality and Performance Intelligence Report

MC presented the report which provided validated data as at April 2016. She highlighted in respect of Yorkshire Ambulance Service that the new Ambulance Response Programme categories the potential impact being that due to the small number of 'Red' calls in the CCG area and missing of the target may significantly affect achievement of the performance target. Handover times were being impacted by staffing issues with patients being managed individually by an ambulance crew when waiting in the Emergency Department. A suggestion had been put forward to see, after risk assessment, if more than one patient could be cared for by an ambulance crew but this had been rejected by Yorkshire Ambulance Service. AP reported that the latter had been escalated via the Urgent Care Working Group.

MC confirmed that the four hour handover performance target had been met for April in respect of the Sustainability and Transformation Fund trajectory. In this regard she advised that York Teaching Hospital NHS Foundation Trust had been required to submit a trajectory for both handovers and 12 hour trolley waits which had not been agreed with the CCG prior to submission. MC noted concern about this submission which was now being discussed via the Contract Management Board Sub Group.

MC reported that no concerns had resulted from a review of the conversion rate of admissions on the Scarborough site which appeared to be appropriate. NHS East Riding CCG had reviewed the clinical decisions which also appeared appropriate.

AP confirmed that the new GP at the Emergency Department Front Door model was on schedule to commence on 1 July 2016. HH emphasised the need for monitoring to ensure alignment of the attendance and financial impact.

In respect of diagnostics MC reported that an administrative issue had resulted in the performance target being narrowly missed and noted a staffing issue with echocardiogram.

MC advised that York Teaching Hospital NHS Foundation Trust had met the Sustainability and Transformation Fund trajectory for 18 week referral to treatment performance in April. However surgical capacity had been a major issue as a result in part, of the restriction on off-framework agency staff and the two days of junior doctor industrial action. The cancellation of 34 elective procedures had resulted.

MC noted that the CCG had received assurance that there had been no evidence of case to case transmission relating to the MRSA outbreak in the Special Care Baby Unit in June. There were now two MRSA bacteraemias elsewhere in the organisation against a trajectory of zero; root cause analyses were currently taking place.

MC reported that to date York Teaching Hospital NHS Foundation Trust had declared two Never Events, both as a result of wrong site surgery, in the current financial year. She noted that the learning from the investigation report in to the previous maladministration of insulin Never Event had been shared.

In respect of pre-validated Improving Access to Psychological Therapies data MC reported that GP referral rates were improving but noted variation across Practices.

Senior Management Team had received a report on primary care dementia coding and an action plan was being finalised to provide support to support Practices to run reports.

The Committee

Noted the Quality and Performance Report.

PF and LS joined the meeting

7. Corporate Risk Report

RP referred to the report which included annexes relating to Corporate Events, a Corporate Risk Dashboard and Profile Report of “Red” Risks. She noted that discussion of the identified risks had taken place at earlier agenda items, including the new event concerning failure to achieve the target for dementia coding, and that there had been a significant increase in the number of risks compared with 2015/16 due in part to improved reporting.

LS introduced a presentation which described the portal of information behind the risk report proposing a new format of risk profile and dashboard in addition to the written report to provide enhanced assurance to the Committee. The risk profile was aligned with the four strategic objectives of the NHS England Improvement and Assessment Framework: Better Health, Better Care, Leadership and Sustainability.

Members sought and received clarification on the presentation. LS agreed to progress concerns about clarity of the information under the four objectives in discussion with the identified officer leads.

Discussion ensued as to placement of this item on the agenda. Following consideration it was agreed that the new format risk profile of Corporate Risk should inform agenda planning but be the final agenda item to provide assurance that risk management was embedded. This approach would also be implemented for Governing Body meetings.

The Committee:

Agreed that the new risk profile be utilised for agenda planning and that the Corporate Risk Report would be the final agenda item.

PF and LS left the meeting; AB joined the meeting

8. Musculoskeletal Clinical Assessment, Triage and Treatment Service – Next Steps

AB presented the report which provided the background to the failure of the recent MSK procurement process, the options considered by the CCG following the decision not to award contract, and the reasons for the decision to implement an integrated approach to delivery involving primary care and existing community and secondary care providers.

Detailed discussion included clarification by TM of the ongoing work to move MSK in to the community and reduce activity, the aim of procuring an outcomes based contract through collaborative working using the original specification, the potential for the contract to novate in line with development of the out of hospital strategy and accountable care, and the context of the RightCare data. TM noted that providers were establishing multi disciplinary groups to deliver to the CCG's specified outcomes and that a bid had been submitted for one of the clinicians to take on the role of clinical lead for this work on a half day a week basis.

In respect of the current interim MSK service provided by York Teaching Hospital NHS Foundation Trust AB reported that capacity was c80% with the expectation for full staffing by November 2016. MC confirmed that no complaints had been received from patients and TM noted that the previous option for self referral was not currently available.

Members supported the integrated approach to develop MSK service provision currently underway between primary care and existing community and secondary care providers as per the Work Programme agreed with Senior Management Team on 5 April 2016. It was also agreed that a report should be presented to the September Governing Body meeting as further assurance of progress towards accountable care.

The Committee:

1. Agreed the integrated approach to develop MSK service provision should continue.
2. Approved the method of procurement: collaborative working between primary care and existing community and secondary care providers.
3. Requested that a report be presented to the September Governing Body meeting as further assurance of progress towards accountable care.

9. Key Messages to the Governing Body

- New risk profile to be used in agenda setting and reviewed at the end of each meeting
- Additional focus on financial and contracting reporting both internally and with NHS England

The Committee:

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

10. Next meetings

1pm on 28 June 2016 - Quality Agenda
9am on 21 July 2016

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP QUALITY AND FINANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 23 JUNE 2016 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
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	Ongoing complete
QF50	21 January 2016 27 April 2016	Corporate Risk Update Report	<ul style="list-style-type: none"> Update report on the Partnership Commissioning Unit issues Task and finish group to report to next meeting 	TP RP	18 February 2016 Deferred – awaiting audit report 19 May 2016
QF54	19 May 2016	Matters Arising	<ul style="list-style-type: none"> Governing Body committees review and revised Quality and Finance Committee Terms of Reference to be presented at the next meeting. 	RP	23 June 2016
QF54	23 June 2016	Turnaround Plan – Other	<ul style="list-style-type: none"> CCG's action plan developed in response to the PwC report to be reviewed with a view to updating 	RP	