

Hambleton, Richmondshire and Whitby Clinical Commissioning Group

Quality, Finance & Performance Group

Confirmed Minutes

Date: Thursday 25 October 2018

Time: 9.30am – 12.30pm

Location: HRW CCG, Board Rm 2

Attendees:

Name	Initials	Role
Jim Hayburn (Chair)	JH	Interim Chief Finance Officer
Gill Collinson	GCo	Chief Nurse
Alison Levin	AL	Deputy Chief Finance Officer
John Darley	JD	Head of Strategy, Urgent & Emergency Care
Dr Jon James	JJ	Secondary Care Doctor
Dr Mark Hodgson	MH	GP Governing Body Member

In attendance:

Susan Broughton	SB	Lead Pharmacist
Shirley Moses	SM	Service Improvement Manager
Gemma Umpleby	GU	Service Improvement Manager
Hilary Day	HD	Service Improvement Manager
Darren Williams	DW	Senior Finance Manager, NHSE
Cathy Tobin (Minutes)	CT	Committee Secretary

Apologies:

Janet Probert	JP	Chief Officer
Dr Charles Parker	CP	Clinical Chair
Lisa Pope	LP	Deputy Chief Operating Officer
Abi Barron	AB	Assistant Director of Integrated Commissioning

Item No.	Agenda Item	Actions
1.	<p>Apologies</p> <p>As noted above.</p>	
2.	<p><u>Minutes and matters arising from the last meeting (Thursday 20 September 2018)</u></p> <p>The minutes from the meeting held on Thursday 20 September 2018 were reviewed and agreed as an accurate and true record of the meeting.</p> <p>The Group:</p> <p>1. Noted the above.</p>	

<p>3.</p>	<p><u>Conflicts of Interest</u></p> <p>JH reminded members of their obligation to declare any interest they may have on any issues arising at meetings which might conflict with the business of HRW CCG and also any conflicts they may have with any of today's agenda items.</p> <p>MH stated his conflict in relation to agenda Item 5 Extended Access Procurement and JH confirmed that with the meeting not being a decision making Committee that he could remain in the meeting.</p> <p>NHSE were present to observe the meeting only.</p> <p>Declarations declared by members of the Quality, Finance & Performance are listed in the CCG's Register of Interests. The Register is available either via the secretary to the Governing Body or the CCG website at the following link:</p> <p>..\..\..\Corporate\Declaration of Interest\HRWCCG Register\2017-18\Register\April 2017\COI Register April 2017 web version.pdf</p> <p>The Group:</p> <ol style="list-style-type: none"> 1. Noted the above update. 	
<p>4.</p>	<p><u>Finance & Contracting Update</u></p> <p>AL detailed the year to date financial position and forecast as at the end of September, the CCG is still forecasting delivery of the control total, a £3m deficit.</p> <p>Acute Spend: Month 6 reflects fully the risk around the York FT contract, which has resulted in an overspend of £116k in month.</p> <p>Continuing Health Care (CHC): shows improvement of £195k in September.</p> <p>Mental Health – a patient had been moved to CHC and back dated to April the position therefore improved by £76k.</p> <p>AL also updated the group that the current financial position is being supported by £400k of non-recurrent benefits which will not be available in 2019/20.</p> <p><u>QiPP Delivery Risks</u></p> <p>Medicines Management are slightly over the current plan of £1.3m (Target £1.6m).</p> <p>HDFT Out of Hours BTA – budget assumes the BTA with HDFT (£345k) will not be charged, but there is no formal written agreement in place.</p> <p>Mental Health out of contract – assumes delivery of additional stretched target of £500k.</p> <p>CHC – significant year to date overspend, current QiPP reporting suggesting £1.05m FY QiPP delivery, however this is not being seen in the current position.</p> <p>Key areas of risk:</p> <ul style="list-style-type: none"> ▪ York Trust Acute Services. ▪ NCAs are increasing. 	

	<ul style="list-style-type: none"> ▪ Co Commissioning Primary Care budgets delegated by NHSE are forecasting an overspend (£90k. ▪ HDFT BTA. <p>AL confirmed that the worst case scenario is £915k unmitigated risk, JH stated that the financial position had improved on the previous month and reduced the overall level of risk, with BTA and the Humber contract being the biggest risks.</p> <p>JH stated that the referral and prescribing figures had reduced which will be announced at the next COM committee meeting.</p> <p>DW queried when the BTA position would be resolved and JH stated that he hopes to have the position resolved by month eight or arbitration will commence.</p> <p>The Group:</p> <ol style="list-style-type: none"> 1. Noted the above. 	
5.	<p><u>Feedback from PAG</u></p> <p>AL presented the action notes from the last PAG meeting. The group sought clarity in relation to the 30/60/90 day plans against their own priorities. JH informed the group that details of the plans have been agreed with S.Tees CCG and that their priorities should remain unchanged. JH also confirmed he would run a session on the aligned incentive scheme to explain how the plan and priorities fit together.</p> <p>The Group:</p> <ol style="list-style-type: none"> 1. Noted the above. 2. 30/60/90 Day Plans - JH also confirmed he would run a session on the aligned incentive scheme to explain how the plan and priorities fit together. 	
5.	<p><u>Urgent and Emergency Care (UEC)</u></p> <p>JD presented and briefed the group on the OOHs dashboard, supported with a verbal update on PTS Transformation and NHS111 Procurement (both projects currently rated Amber).</p> <p>YAS/HDFT OOHs Home Visiting Model commenced as planned on 31/7/18 running until 14/9/18 supporting the “home visiting” work of the OOHs GPs.</p> <p>By mutual agreement (HDFT/YAS and CCG) the model was continued through October following the planned 2 week break (15/9 to 30/9 to undertake the evaluation).</p> <p>Verbal reports suggest around 60 vacant GP OOHs shifts filled by YAS APs during the period of operation (31/7-14/9) with no incidents or complaints received/recorded. The primary objective was achieved in that the resilience of the GP OOHs service had been increased during the period of operation</p> <p>BTA £ (c£350k) will continue be a risk on the current contract with HDFT until the Catterick rotas are reduced (to Sat/Sun/BankHol “days” only) under the proposed model or an alternative financial solution can be agreed with HDFT.</p>	

	<p>Increasing the drugs available to be utilised by the APs was another likely recommendation in the final evaluation report.</p> <p>A further discussion took place about the BTA and the related £ ask from HDFT to support their their staff consultation costs into the proposed changes (home visiting model with YAS and the future Catterick service profile) – JH updated on the meeting scheduled with Rob Harrison and Johnathan Coulter (both HDFT executives) scheduled for Mon 29th October to try and progress and/or find a resolution.</p> <p><u>NHS 11 Procurement</u></p> <p>JD confirmed the procurement remains on track with an implementation date of April 2019. HRW CCG GB will receive a paper recommending contract award at it's meeting in November18.</p> <p><u>PTS</u></p> <p>JD briefed QF&P on the first 2 weeks since the refreshed eligibility criteria were introduced. The criteria seemed to be working well so far. HaRD CCG had received no appeals and no media enquires to date. HRW CCG has received 2 appeals (one was due to human error at YAS booking which wasn't picked up until stage 3 of the appeal).</p> <p>HRW CCG had received some adverse local media coverage (which was anticipated), much of it generated by the case of "error" by the YAS booking staff for the patient concerned.</p> <p>The Group:</p> <ol style="list-style-type: none"> 1. Noted the above update. 	
5.	<p><u>Extended Access Procurement</u></p> <p>MH declared his conflict in relation to agenda Item 5 Extended Access Procurement and JH confirmed that with the meeting not being a decision making Committee that he could remain in the meeting.</p> <p>JD briefed QF&P on the progress with the re-procurement. Final documents would be presented to SMT on 30th October 2018 for final ratification prior to planned release to the market on 31/10/18. If all goes to plan and the timetable is delivered against a new contract should be in place by 1/4/19 meaning that the current contract does not require any extension.</p> <p>JH confirmed that from a governance perspective HRW SMT was the appropriate CCG group to provide final ratification and approval of the documents prior to their release to the market.</p> <p>The Group:</p> <ol style="list-style-type: none"> 1. Noted the above update. 	

<p>5.</p>	<p><u>Unplanned Care (Community and Primary)</u></p> <p>SM presented the Community & Primary Care update and confirmed that the main item was the Out of Hospital basket which is due for renewal on 1st April 2019 March 2019 and was being considered at Transformation and Procurement Sub-Committee later that day. JH raised concern with QF & P members not seeing the paper prior to the Sub-Committee meeting and stressed that the paper would need to be reviewed following the meeting to ensure it is based on the current financial plan. JH/GCo will discuss further to determine future cost pressures.</p> <p><u>RS0 Rapid Specialist Opinion</u></p> <p>SM updated the group that the first month showed a 9.2% rejection rate and she is liaising with AboutHealth (RSO) as to the reasons for rejection and will be able to update at a future meeting.</p> <p>SM noted that the CCG should be made aware of the key achievements made in relation to achieving many of the MSK intervention targets as laid out in the NHSE / RightCare benchmarking exercise</p> <p><u>Non-Elective position</u></p> <p>GU updated the group that the current NEL position was £20k off QIPP target and showing an improved overall position.</p> <p><u>Improving Dementia Diagnosis Rates</u></p> <p>The national target is 68% against a reported position of 61%. Group to note that figures will not be available for two months but stated that HRW CCG are in a position to demonstrate support to this patient population following a successful 'Dementia Lead' event.</p> <p>Key risk areas are the Whitby contract, CHC Staffing and impact on delivering target of DST assessments within 28 days.</p> <p>Key achievements have been that a stroke meeting group has been set up, frailty mapping work has been undertaken with partners including a pilot project being led by STEES.</p> <p>GCo stated that the Mediquip panels have commenced and already produced some modest savings.</p> <p>The Group:</p> <ol style="list-style-type: none"> 1. Noted the above. 2. Out of Hospital basket – JH/GCo to discuss further to determine future cost pressures alongside the financial plan. 	
<p>5.</p>	<p><u>Planned Care</u></p> <p>HD presented the performance report and confirmed that although there were Red areas, none were of long-term concern and all areas have action plans against them.</p> <p>HD to prepare a planned care dashboard for the next QF & P meeting.</p>	

	<p><u>Diagnostic Times</u></p> <p>GCo raised the issue that Dr Mark Duggleby had highlighted that the waiting time for diagnostic results from S.Tees FT was now an area of concern becoming a clinical risk. GCo will take forward with Gill Hunt.</p> <p>Patient waiting times have improved and action plans have been drawn up. JH requested more detail and action plans for the red concerns and GCo requested that a dashboard be presented going forward.</p> <p>The Group:</p> <ol style="list-style-type: none"> 1. Noted the above. 2. Diagnostic times – GCo raised the issue on behalf of Dr Mark Duggleby with all diagnostic times taking too long and becoming a clinical risk – GCo will take forward with Gill Hunt. 3. Patient waiting times - JH requested more detail and action plans for the red concerns and GCo requested that a dashboard be presented going forward. 	
5.	<p><u>Medicine’s Management</u></p> <p>SB presented the medicines management update as highlighted below:</p> <p>First four months of the year has shown a £46k overspend v budget which has significantly decreased since last month. This is £557k less than the previous year and under national average.</p> <p>Still awaiting some rebate data and also data for the biosimilars. Stokesley surgery piloted the removal of the managed repeat prescription service and has resulted in a 2% decrease in items issued. Mayford and Mowbray practices have also joined the scheme and produced an approx 10% decrease in costs for July 2018. Richmond and Thirsk areas started the new scheme in September however there is some resistance to the change in the Whitby area therefore discussions continue to take place.</p> <p>MH queried the possible cost saving for the Whitby area. SB will obtain the figures and follow up with MH who will then approach the GPs who attended the recent workshop. It is hoped that all practices will eventually join the scheme.</p> <p>JH queried the current position on practice based budgets and SB updated that Quakers Lane figures had not yet been issued. JH requested the fact that the new items of focus identified in the practice budget document are in addition to the monthly topics is clearly stated in the letter issued to practices.</p> <p>JH requested a work programme from the South Tees Drug and Therapeutics (D&T) to identify the key areas that are currently being worked on.</p> <p><u>Medicines Management Board notes</u></p> <p>SB presented the medicines management board notes from both the May and September meetings. GCo queried the drug costs for hospices which have previously been funded by CCGs but are a significant financial risk moving forward if the current FT providers terminate their contracts to supply the hospices.</p>	

	<p>GCo informed the group that she is preparing a paper about local hospices which will explain possible future risks.</p> <p>AL will review payments to hospices to determine potential cost pressures.</p> <p>The Group:</p> <ol style="list-style-type: none"> 1. Noted the above. 2. Managed Repeat Prescription Scheme - MH queried the possible cost saving for the Whitby area. SB will obtain the figures and follow up with MH who will then approach the GPs who attended the recent workshop. 3. South Tees D&T work programme - JH requested a work programme to identify the key areas that are currently being worked on. 4. Payments to hospices - AL will review payments to hospices to determine potential cost pressures. 	
5.	<p><u>North Yorkshire Shared Services</u></p> <p><u>Continuing Healthcare (CHC)</u></p> <p>GCo updated the group that performance remained good. A second DST in acute care had been approved making that two in 2018/19 to date and the 28 day performance was still over 80%. GCo raised concern with the team having major staffing issues and the impact on performance which GCo will follow up.</p> <p><u>Transforming Care Programme (TCP)</u></p> <p>JH updated the group that the TCP was fully on board with the financial plan but was a slight risk.</p> <p>The Group:</p> <ol style="list-style-type: none"> 1. Noted the above update. 2. CHC team – GCO raised concern with the team having major staffing issues and the impact on performance which GCo will follow up. 	
6.	<p><u>Contract Renewals</u></p> <p>Nuffield Associate Agreement</p> <p>AL advised that the CCG does not currently hold a contract with the Nuffield Hospital, the CCG currently pays on receipt of an invoice. AL recommended that the CCG becomes an associate to the NE CCGs contract, this would mean that the Nuffield would need to work within the CCGs commissioning policies e.g. VBCC. The group agreed to have an associate agreement.</p> <p>OptimiseRx</p> <p>SB presented the business case for the renewal of the OptimiseRx contract which was due to expire and proposed to renew the contract for a further three years. AL queried whether procurement advice had been sought but SB was not aware. AL will pick up with Phil Tolan to ensure good practice.</p> <p>A discussion took place about the success of the scheme and the group agreed to renew for a further three years, on the condition that the procurement process had been followed.</p>	

	<p>The Group:</p> <ol style="list-style-type: none"> 1. Noted the above. 2. OptimiseRx Contract – the group agreed to renew the contract for a further three years on the condition that a procurement process had been followed – AL to follow up with Phil Tolan. 	
7.	<p><u>Risk Register</u></p> <p>JH presented the current red risk register to the group.</p> <p>The Group:</p> <ol style="list-style-type: none"> 1. Noted the above. 	
8.	<p><u>Recommend for Approval by the Governing Body Variations between Budgets and Contracts including Recommending Areas of Planned Investment or Disinvestment</u></p> <p>There were none to approve.</p> <p>The Group:</p> <ol style="list-style-type: none"> 1. Noted the above. 	
9.	<p><u>Key messages to the Governing Body and Audit and Integrated Governance Committee</u></p> <p>JH noted the following points which he agreed to action:</p> <ul style="list-style-type: none"> ▪ Planned Care work had been taken forward. ▪ Medicines Management (Acute Hospital) – getting the group to work better together. ▪ Diagnostic waiting times – flagged to HRW CCG by a clinical lead as a serious concern with all diagnostic waiting times taking too long and becoming a clinical risk. GCo will take forward with Jill Hunt. <p>The Group:</p> <ol style="list-style-type: none"> 1. Noted the above. 	
10.	<p><u>Any other business</u></p> <p>None to discuss.</p> <p>The Group:</p> <ol style="list-style-type: none"> 1. Noted the above. 	
	JH closed the meeting at 11.45am.	
	Date and time of the next meeting: 15 November 9.30 – 12.30pm, Board Rm 1, HRW CCG.	

QUALITY, FINANCE & PERFORMANCE GROUP

ACTION LOG updated as at 25 October 2018

Ref	Meeting date	Item	Description	Member Responsible	Action completed / due to be completed
174	19 July 2018	5	<p><u>North Yorkshire Shared Services</u></p> <p>Section 117 Proposal – GCo confirmed that the S117 had been submitted and will be presented to the next meeting.</p> <p>23.08.18 – GCo confirmed she will update at the next meeting.</p> <p>20.09.18 – GCo confirmed she had seen a draft proposal prepared by Dale Owens but this had not yet been discussed at CHC PB. GCo to check if Dale Owens is taking this to the next CHC PB.</p> <p>25.10.18 – GCo will chase Dale Owens about the proposal.</p>	GCo	15 November 2018
191	20 Sep 2018	5	<p><u>Feedback from PAG</u></p> <p>JH and LP to draw up a timetable for the 2019/20 plan including how Integrated Care Partnership fits in.</p> <p>25.10.18 – further information is still outstanding – LP will draft the timetable once this is received.</p>	LP	15 November 2018
194	20 Sep 2018	5	<p><u>Planned Care</u></p> <p>AB to liaise with HDFT regarding referral management and the implications.</p> <p>25.10.18 – GCo raised concerns with the behaviours of the trust and staff recruitment not being addressed. JH will pick up at the System Recovery meeting.</p>	JH	15 November 2018
199	25 October 2018	5	<p><u>Feedback from PAG</u></p> <p>30/60/90 Day Plans - JH also confirmed he would run a session on the aligned incentive scheme to explain how the plan and priorities fit together.</p>	CT	15 November 2018

200	25 October 2018	5	<p><u>Unplanned Care (Community and Primary)</u></p> <p>Out of Hospital basket – JH/GCo to discuss further to determine future cost pressures alongside the financial plan.</p>	JH/GCo	15 November 2018
201	25 October 2018	5	<p><u>Planned Care</u></p> <p>Diagnostic times – GCo raised the issue on behalf of Dr Mark Duggleby with all diagnostic times taking too long and becoming a clinical risk – GCo will take forward with Gill Hunt.</p> <p>Patient waiting times - JH requested more detail and action plans for the red concerns and GCo requested that a dashboard be presented going forward.</p>	GCo HD	15 November 2018 15 November 2018
202	25 October 2018	5	<p><u>Medicines Management</u></p> <p>Managed Prescription Scheme - MH queried the possible cost saving for the Whitby area. SB will obtain the figures and follow up with MH who will then approach the GPs who attended the recent workshop.</p> <p>South Tees D&T Work Programme - JH requested a work programme to identify the key areas that are currently being worked on.</p> <p>Payments to hospices - AL will review payments to hospices to determine potential cost pressures.</p>	SB/MH SB AL	15 November 2018 15 November 2018 15 November 2018
203	25 October 2018	5	<p><u>North Yorkshire Shared Services</u></p> <p>Continuing Healthcare Team – GCO raised concern with the team having major staffing issues and the impact on performance which GCo will follow up.</p>	GCo	15 November 2018
204	25 October 2018	6	<p><u>Contract Renewals</u></p> <p>OptimiseRx Contract – the group agreed to renew the contract for a further three years on the condition that a procurement process had been followed – AL to follow up with Phil Tolan.</p>	AL	15 November 2018

COMPLETED ACTIONS as at 25 October 2018

Ref	Meeting date	Item	Description	Member Responsible	Action completed / due to be completed
159	17/05/18	7	<p><u>QIPP Update – Urgent & Emergency Care</u></p> <p>YAS - BC to discuss and agree HRW ECR position with YAS DoF asap for 18/19 and beyond.</p> <p>28.06.18 – AL/BC/JH to agree how to take forward. 19.07.18 – AL to follow up and update at the next meeting. 23.08.18 – JH confirmed there was no update but will pick up with AL on her return from leave. 20.09.18 – AL to liaise with BC regarding YAS charging for ECR's.</p>	AL	25 October 2018
177	19 July 2018	5	<p><u>End of Life Care</u></p> <p>EoL Procurement for H&R - JP requested that a paper confirming the position with the procurement advice be presented to SMT to ratify the decision.</p> <p>23.08.18 - It was agreed that AB would draft a tender waiver to be presented to AIG the following week. 20.09.18 – Tender Waiver went to AIG. To now go to GB in September 2018.</p>	AB/CT	<p>Complete</p> <p>25 October 2018</p>
181	23 August 2018	5	<p><u>PAG</u></p> <p>JH queried the financial risk of Whitby and whether Simba Thomas could investigate. AB will follow up with JH. 20.09.18 – it was noted this was still to discuss.</p>	AB/JH	25 October 2018
182	23 August 2018	5	<p><u>Urgent and Emergency Care</u></p> <p>HDFT OOHs BTA and consultation costs. GCo / JH will follow up the following week and present an update to the next SMT meeting to agree the next steps going forward.</p>		

			20.09.18 – it was noted this was still to discuss.	GCo/JH	25 October 2018
183	23 August 2018	5	<p><u>Extended Access Procurement</u></p> <p>AB confirmed that to undertake the procurement would cost £25k to negotiate the procurement days with EMBED.</p> <p>AB will clarify the procurement process with NHSE and provide an update to the next SMT meeting.</p> <p>20.09.18 – Shirley Moses to produce a PID.</p>	JH AB/CT AB/SM	 25 October 2018
192	20 Sep 2018	5	<p><u>Urgent and Emergency Care</u></p> <p>AL to circulate the network update for NE & Cumbria (Winter campaign).</p>	AL	25 October 2018
193	20 Sep 2018	5	<p><u>Extended Access Procurement</u></p> <p>AB to obtain further information on TEWV IPRW's.</p> <p>GCo to liaise with JP regarding Whitby and also to try and schedule a call with Hilary Gledhill.</p>	AB GCo	25 October 2018 25 October 2018
194	20 Sep 2018	5	<p><u>Planned Care</u></p> <p>LP to liaise with GCo regarding the Band 7 oxygen assessor.</p>	LP	25 October 2018
195	20 Sep 2018	5	<p><u>Commissioning Position on Low Value Medicines</u></p> <p>Paper to be circulated via email for GP sign off (electronic approval) and to then be presented to Governing Body in November 2018.</p> <p>KL to liaise with AL regarding the estimated value and how much was already built into QiPP.</p>	KL KL/AL	24 January 2019 25 October 2018
196	20 Sep 2018	5	<p><u>Continuing Healthcare</u></p> <p>JH agreed to liaise with Richard Mellor regarding the 40 cases that had identified</p>	JH	25 October 2018

			different responsible commissioners.		
197	20 Sep 2018	5	<p><u>Mental Health</u></p> <p>LP to circulate a copy of the GP referral pathway.</p> <p>HEN representatives to arrange for all groups to be in the 'Connect' directory and GS to speak with the 'Connect' communications team.</p>	<p>LP</p> <p>HEN Reps/GS</p>	<p>25 October 2018</p> <p>25 October 2018</p>
198	20 Sep 2018	9	<p><u>Key messages to the Governing Body and Audit and Integrated Governance Committee</u></p> <p>JH noted the following points which he agreed to action:</p> <ul style="list-style-type: none"> • Finance position • Quality issue at Whitby; and • Issue regarding information from MH and CHC and other providers. 	JH	25 October 2018