

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

**Present**

Mr David Booker (DB) - Chair	Lay Member
Mr Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Dr Louise Barker (LB)	GP Governing Body Member, Lead for Mental Health
Mrs Fiona Bell (FB)	Deputy Chief Operating Officer
Dr Shaun O'Connell (SOC)	GP Governing Body Member, Lead for Planned Care and Prescribing
Mrs Rachel Potts (RP)	Chief Operating Officer
Mrs Tracey Preece (TP)	Chief Finance Officer

**In attendance**

Mrs Lynette Smith (LSm)	Head of Integrated Governance
Mr Paul Howatson (PH)	Senior Innovation and Improvement Manager
Mrs Helen Hirst (HH)	Chief Officer, NHS Bradford City and NHS Bradford District CCGs
Mrs Sheenagh Powell (SPo)	Lay Member and Audit Committee Chair
Ms Lindsay Springall (LSp) – for item 6	Senior Delivery Manager
Ms Helen Williams (HW) – for item 6	Innovation and Improvement Manager
Ms Anna Bourne (ABo) – for item 6	Senior Procurement Lead
Mrs Debbie Winder (DW) – for Michelle Carrington	Head of Quality Assurance

**In attendance for Turnaround Work Plan**

Mr Andrew Bucklee (ABu)	Senior Innovation and Improvement Manager
Mr Shaun Macey (SM)	Senior Innovation and Improvement Manager

**Apologies**

Mrs Michelle Carrington (MC)	Chief Nurse
Dr Mark Hayes (MH)	Chief Clinical Officer
Mr Shaun Jones (SJ)	Head of Assurance and Delivery, NHS England Area Team
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

**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.

## **Turnaround Work Plan**

DB welcomed everybody to the meeting and advised that the meeting needed to review the structures for the clinical and financial challenges. What was in the £22.3 million and the mitigations required? The Committee needed to review the pressures, have a view of the business rules and Better Care Fund principles, the ambition and degree of estimation in savings plans, the realism of the plans and prioritisation of the savings plans.

TP presented on the current position and financial recovery plan as presented to NHS England earlier in the week and outlined the assumptions and discretionary areas that needed to be reviewed and finalised. It was shown that it was not realistic or possible to plan to recover in one year necessitating a multi-year approach. TP reported on the discussions taking place with partners to try and agree a year end position for 2015/16. The opening position between the CCG and York Teaching Hospital NHS Foundation Trust for 2016/17 was only £1.4 million apart at this moment in time which was a good place to commence negotiation. It was also reassuring to have a good picture of their activity. Discussions had also commenced with York Teaching Hospital NHS Foundation Trust about moving away from a tariff payment system and towards a block payment system.

A discussion took place regarding the proposed financial plan and the allocation of funds to the Better Care Fund and how it could be used for system transformation alongside funds from the System Resilience Group. Discussion also took place regarding areas of spend that could be brought together in to a single transformation “pot” and avoid duplication and an overly prudent approach. DB reminded the meeting of the need to invest in order to reduce costs over the longer term.

Uplift to the amount given to St Leonard’s Hospice was discussed as they had not received any uplift for five years. SOC and DB felt that the hospice did useful work in preventing hospital admissions. FB stated that it could reduce the number of deaths in hospital and also the number of people who died inappropriately in hospital each year.

A discussion took place about the growth in Primary Care and the uplift to the General Medical Services (GMS) contract. It was noted that there were national examples of alternatives. The Committee felt that GP Practices would be expecting uplift and that negotiations would be required.

### **The Committee:**

1. Agreed to recommend that the allocation to St Leonard’s Hospice should be raised by 2% as outlined in the Financial Recovery Plan.
2. Agreed to discuss with GP Practices options for use of the GMS uplift.

### **Operational Plan**

RP and FB introduced the Operational Plan. A line by line analysis took place with the objective of allocating a priority to each scheme. A discussion took place regarding the saving projected by each element of the plan. TP stated that the figures were not set

but had been added to prompt discussion about the potential savings. FP expressed the view that savings figures assisted with the work of allocating priorities.

RP noted the need to ensure all paperwork was up to date for projects that had progressed to Initial Viability Assessments. All other schemes agreed as a priority would require an Initial Viability Assessment.

L<sup>Sm</sup> stated that there were other schemes included in the Operational Plan that were being discussed by the System Leaders Board. These were transformational schemes to which the CCG would contribute but were still in development. DB felt that the Committee should discuss all potential schemes as there was a need to see the figures that contributed to the 10% saving required.

The Committee agreed that there was more work to do on prioritisation of the schemes and developing the financial models of the savings.

*Abu, SM, L<sup>Sm</sup> and MA-M left the meeting at this point*

### **1. Minutes of the meeting held on 21 January 2016**

The minutes of the meeting held on 21 January were agreed.

#### **The Committee:**

Approved the minutes of the meeting held on 21 January 2016

### **2. Matters Arising**

*Partnership Commissioning Unit Report:* TP reported that the work on the internal audit was not yet complete but an interim report, that had been shared with DB and S<sup>Po</sup>, did not contain anything unexpected. S<sup>Po</sup> stated that she hoped the final report would be available before the next meeting of the Audit Committee.

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

#### **The Committee:**

Noted the update and ongoing work.

### **3. Corporate Risk Update Report**

RP referred to the report and ongoing work. The main focus currently was on financial risks and issues. There remained areas of concern regarding In-Patient Mental Health services and Accident and Emergency waiting times. The CCG had been 'stood down' as a defendant in the Judicial Review of the Bootham Park Hospital closure. The CCG's position was now that of 'interested party'.

RP stated that action plans to manage the risks were documented on the Covalent System.

A discussion took place about the impact to patients of Bootham Park Hospital not being available for in-patients. It was felt that Tees, Esk and Wear Valleys NHS Foundation Trust had managed the situation very well with no complaints received from patients, despite some negative press coverage.

**The Committee:**

Noted the report and ongoing work

**4. Quality and Performance Exceptions Report**

DW presented the report which comprised exceptions against the Constitution and any other business relevant for the Committee. The ongoing challenges in the Emergency Department were discussed. Handover times from Yorkshire Ambulance Service with an action plan between the agencies were in progress to improve this.

Further clarity was requested on Doctor sickness in the Emergency Department on Sundays.

The cluster of probable student suicides at York University was discussed. PH contributed that joint agency meetings were underway with no discernable themes identifiable as yet, but any actions would be fed back.

**The Committee:**

Noted the report and ongoing work

**5. Financial Performance Report**

TP reported that the forecast outturn had improved from last month by £1.1m due to agreement of 2015/16 year end positions with key partner organisations. TP and MA-M were considering how to transact this extra capital. The year-end agreement of the forecast position with York Teaching Hospital NHS Foundation Trust was now only £0.5m apart.

**The Committee:**

Noted the Financial Performance Report and associated challenges.

*HH left the meeting at this point; LSp, HW and Abo joined the meeting*

**6. Community Equipment and Wheelchairs Procurement – Service Specifications and Approval to Proceed to Pre-qualification Questionnaire**

LSp outlined the work and progress to date, including surveys, meetings with service users, presentations to Health Overview and Scrutiny Committees, Health and Wellbeing Boards and a workshop with potential providers. The Service Specifications had been developed by NHS Vale of York CCG on behalf of the North Yorkshire Health and Social Care Commissioners.

A discussion took place regarding the changes in this Service Specification, how they compared with other CCGs and whether they were overspecified and affordable. ABo explained the rationale behind the two stage process and the Pre Qualification Questionnaire.

**The Committee:**

1. Approved the Service Specification.
2. Requested that the Pre Qualification Questionnaire be circulated electronically.

**7. Key Message for the Governing Body**

The Committee had assurance that work was in progress to address the requirements of the Turnaround Plan. This included the potential merging of a number of budgets to create a transformation and innovation fund.

Concern was expressed that savings of the magnitude required had not yet been quantified and that there was a compelling need to integrate the workings of the System Leaders Board in the Turnaround Plan. Members requested sight of the minutes of the System Leaders Board to facilitate this.

**The Committee:**

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

**8. Next meeting**

9am on 17 March 2016

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

**SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 18 FEBRUARY 2016 AND CARRIED FORWARD FROM PREVIOUS MEETINGS**

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
QF43	22 October 2015  21 January 2016	NICE Summary Guidance Follow Up Process	<ul style="list-style-type: none"> <li>• Consideration was required in respect of GP involvement in the review process.</li> <li>• Update to be provided following discussion at Council of Representatives</li> </ul>	MC/SOC  MC	21 January 2016 meeting  18 February 2016 Deferred to 21 April 2016
QF45	19 November 2015  17 December 2015  21 January 2016	Matters Arising	<ul style="list-style-type: none"> <li>• Committee Terms of Reference to be redrafted</li> <li>• Revised Terms of Reference to January meeting</li> <li>• Further revisions to be made</li> </ul>	RP  RP  RP/TP	17 December 2015 meeting  21 January 2016  18 February 2016 Deferred to 21 April 2016
QF47	19 November 2015	Safeguarding Children Report	<ul style="list-style-type: none"> <li>• DB, MC and KH meet in advance of Committee meetings to review data and provide detailed assurance.</li> </ul>	MC	

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
QF49	21 January 2016	Terms of Reference	<ul style="list-style-type: none"> <li>Report on the roles of the Audit Committee, Quality and Finance Committee and Primary Care Co-Commissioning Committee and how they relate to the Council of Representatives</li> </ul>	RP	21 April 2016
QF50	21 January 2016	Corporate Risk Update Report	<ul style="list-style-type: none"> <li>Update report on the Partnership Commissioning Unit issues</li> </ul>	TP	18 February 2016 Deferred – awaiting audit report
QF53	18 February 2016	Community Equipment and Wheelchairs Procurement – Service Specifications and Approval to Proceed to Pre-qualification Questionnaire	<ul style="list-style-type: none"> <li>Pre-Qualification Questionnaire to be circulated electronically</li> </ul>	LSp	14 March 2016