

**Minutes of the Finance and Performance Committee Meeting
on Thursday 29th January 2015 from 2.00 to 4.00 pm
in Shibden Meeting Room, Dean Clough, Halifax**

Present:

Nigel Taylor	Member of Calderdale Clinical Commissioning Group (Chair)
Matt Walsh	Chief Officer
Penny Woodhead	Head of Quality
Caroline Taylor	Member of Calderdale Clinical Commissioning Group
John Taylor	Member of Calderdale Clinical Commissioning Group
Alan Brook	Chair of Calderdale Clinical Commissioning Group
John Mallalieu	Lay Adviser
Hazel Carsley	Member of Calderdale Clinical Commissioning Group
Martin Pursey	Head of Contracting and Procurement
Debbie Graham	Head of Service Improvement
Lesley Stokey	Head of Finance

Also present: Gillian Cowen Senior Administration Assistant - Minute taker

		Action
01/15	APOLOGIES FOR ABSENCE Julie Lawreniuk - Chief Finance Officer	
02/15	DECLARATIONS OF INTEREST Chair declared a conflict of interest on behalf of all GP members present for item 12 – Commissioning Community Diabetes Services.	
03/15	MINUTES OF THE MEETING HELD ON THURSDAY 18TH DECEMBER 2014 It was agreed that minutes of meetings will form a narrative of the meeting and the action log will be taken as the formal note of the meeting. The minutes of the meeting held on Thursday 18 th December 2014 were APPROVED .	
04/15	ACTIONS FROM THE MINUTES (18TH DECEMBER): 179/14 <u>Changes to note of previous meeting</u> Future action notes of meetings to be used as log of meetings. 185/14 To provide Finance and Performance Committee with further information relating to assurance of ambulance performance. Awaiting more information from lead provider who is in talks with YAS. Also awaiting release of the Good Governance Institute YAS report. 186/14 Finance and Performance Committee to receive updates from UCB and SRG on development of future plans and delivery of SRG schemes. It was confirmed that the minutes from these committees would be made available for Finance and Performance Committee meetings rather than reports.	

	<p>Action: Minutes of UCB and SRG to come to this Committee. Action: Update Work Plan.</p> <p>187/14 Report regarding CHC scoping to be brought to Finance and Performance Committee. Action: Report to go to SMT. Action: Report to come to this Committee in February.</p> <p>188/14 Review of Terms of Reference to take place.</p> <p>Self-Assessments will go out to Finance and Performance Committee members to be returned for February meeting.</p> <p>Action: Circulate SA forms. Action: Review of Terms of Reference in February.</p> <p>All other actions completed.</p>	<p>DG GC</p> <p>MP DG</p> <p>MW GC</p>
<p>05/15</p>	<p>Transformation(QIPP) Report:</p> <p>The Head of Service Improvement updated the Committee on the current position in relation to QIPP.</p> <p>We are set to meet target for month10 with a surplus. Cash release of £176k above plan particularly related to QUEST and ACS conditions and length of stay work.</p> <p>Forecasting to achieve 15/16 beginning with priority focus on areas which CCG have invested in and schemes which deliver non-elective benefits.</p> <p>Current position positive but cautious as impact of Q3 and Q4 still to be incorporated in reports. Still working to rationalise schemes such as Mental Health Schemes and RAID.</p> <p>Better Care Fund delivering 3.5% reduction in emergency admission – target is 5% so focusing on schemes ongoing.</p> <p>Leads have been set for each potential scheme with a start date agreed in order to be ready for contract negotiations and basis of planning requirements to submit to NHSE at end of February 2015.</p> <p>The approach to reporting has now changed to reporting on actual activity with plans being set at the beginning of the year which is more effective and clear.</p> <p>The challenge for 15/16 is to get the right capacity and capability and for each programme to have a well-planned brief from the beginning with appropriate support from CSU. There are discussions ongoing with CSU around current plans.</p> <p>The committee discussed the gap between realistic target setting both now and in the future</p> <p>Draft 15/16 risk rating to be presented to February meeting including capability and performance.</p> <p>Caroline Taylor was confirmed as lead for alcohol.</p>	

	<p>The Committee NOTED the report. Recognised the position and agreed the position on QIPP delivery</p> <p style="text-align: center;">Action: Draft 15/16 QIPP plan to come here in February. Action: Engage with other partners regarding delivery of QIPP, look at using alcohol prevention and intervention as an example.</p>	DG CT
06/15	<p>Contract Report: The Head of Contracting and Procurement presented the report outlining the contract position for 2014/15.</p> <p>The Acute, IS and Urgent Care Contracts Summary Dashboard was highlighted which give an indication of 15/16 assumption of value picking up on projected tracking.</p> <p>The month 7 position is of a projected under trade of £4.85m which was identified by Monitor and a small recovery is expected.</p> <p>Independent sector acute providers – Indicates an over trade compared to last year’s figures. The Yorkshire Clinic continues to be a significant provider and the overspend continues to be looked at and consideration given to whether the growth in independent sector will continue to increase.</p> <p>111 – The report includes Huddersfield for comparison. Red 1 and Red 2 definitions were highlighted with the appendix showing 78.2% calls reached within the 8 minute target. There was some discussion around the appropriateness of aiming for the 75% target and not bettering it.</p> <p>YAS – reporting is difficult and there was discussion around how we communicate with Department of Health and NHS England around pushing for targets. Chief Officer will take to Chief Officers, West Yorkshire and Chair to take to Emergency and Urgent Care Network.</p> <p>Slot issues – continuing issues although reasons and remedial actions have been shared by Governing Body and the Partnership Steering Board and Planned Care Contracting Group have looked into this.</p> <p>Further discussion around the levers in place to ensure indicators are adhered to and how the impact of missing these indicators could be raised. These concerns are to be taken to Partnership Steering Group to be given assurance that the capacity plan is robust and any assumptions are tested.</p> <p>Non-contract activity –The contract form for Greater Huddersfield is being drawn up and is planned for completion by 11 March 2015. Their preference is for a fixed cash contract and the Head of Contracting and Procurement confirmed that this still left room for financial penalties.</p> <p>At this point in time, the system is unable to implement the 15/16 tariff due to the number of challenges received from acute providers.</p> <p>As from 15/16 all NHS commissioners will be required to publish, on their public websites, details of financial sanctions which were due under their contracts with major providers, together with information on the level of sanctions actually applied. The value of most</p>	

	<p>sanctions will remain the same, changes highlighted such as food standards. Questions were raised around SWYPFT IAPT service standards. It was noted that accreditation for AQP expires September 2015.</p> <p>The Committee NOTED the report.</p> <p style="text-align: center;">Action: 2.6 – change Greater Huddersfield to Calderdale. Action: Impact of missing these indicators to be raised at Partnership Steering Group.</p> <p>Action: Take YAS issues to Emergency & Urgent Care Network. Action: Share YAS issues with West Yorkshire Chief Officers.</p>	<p style="text-align: center;">GC</p> <p style="text-align: center;">DG AB MW</p>
<p>07/15</p>	<p>Performance Report: Head of Service Improvement presented the report updating the Committee on the standards associated with the NHS Constitution and progress with the Quality Premium.</p> <p>Generally performing well but we are awaiting month 9 results. Urgent care and IAPT were amongst key pressures which were highlighted. Urgent Care system still pressurised. Q3 A&E standard failed to achieve. Today's figure for year to date performance is 94.55%. Work is being undertaken by Performance Manager to understand what is needed to achieve the required standard by year end. Q4 target looks attainable, but only just.</p> <p>Increasing trend in volume of admissions in Q3 but this is still lower than Q3 last year so we believe that the pressure this year is caused by the following factors;</p> <ul style="list-style-type: none"> • Patient flow within the hospital. • Discharge from hospital into community services i.e. the availability of appropriate home care packages. • Complexity <p>Head of Quality requested further information on Quality Impact Process around assurance of bed status to measure quality and Head of Service Improvement will bring details to the next Finance and Performance Committee meeting.</p> <p>Head of Service Improvement also highlighted the difference in reported and actual figures by CHFT due to the lack of consistency between CMBC and CHFT.</p> <p>IAPT highlighted in the report, local data reports good recovery at 50% with the forecast standing at 12% so work going on nationally to resolve conflicts in data. Caroline Taylor, GP member, has attended a meeting regarding data received from insight and the problems are acknowledged by providers and reassured the committee that they are working resolving the issues within an acceptable timeframe.</p> <p>This will be escalated to System Resilience Group to sign off the plan of action.</p> <p>Q2 has been assured by NHSE. Baselines and trajectories for contracting and finance have been submitted along with narrative submission of 15/16 plan.</p> <p>The Committee NOTED the report.</p>	

	<p>Action: Further information on Quality Impact Process around assurance of bed status to come here in February.</p> <p>Action: Action plan for reporting standards to come here for sign off in February.</p>	<p>DG</p> <p>DG</p>
08/15	<p>Finance Report: The Head of Finance presented the report updating the Committee on the financial position for 2014/15 including associated risks.</p> <p>Head of Quality gave an update on the approach to allocation of the Quality Premium reward funding. This will be reported to the Finance and Performance Committee meeting in February.</p> <p>The Committee NOTED the report.</p> <p>Action: Review Quality Premium Budget Plan in February.</p>	<p>LS</p>
08.1/15	<p>Finance plan for 2015/16: The Head of Finance presented the draft financial position for 2015/16.</p> <p>Key financial targets for 2015/16 are:</p> <ul style="list-style-type: none"> • Planned surplus - £6.4m (1.8%) • To spend at least 1% of our allocation non recurrently - £2.7m (1%) • Delivery of our QIPP target <p>Calderdale CCG remains 8.4% over target for so receives the minimum growth.</p> <p>The Head of Finance updated the committee on emerging risks in relation to agreement of the tariff and assured the committee that our financial plan would continue to be updated as guidance was published up until formal sign off by the March Governing Body.</p> <p>The Committee NOTED the report.</p>	
09/15	<p>Better Care Fund:</p> <p>The Head of Finance Improvement provided an update on the current position in relation to the Better Care Fund.</p> <p>At the time of this meeting formal proposal in relation to a section 75 agreement has been received. This is currently being reviewed by the solicitors. An update will be circulated by Anne Dray once received, hopefully in time to be signed off by Governing Body on 12th February 2015.</p> <p>It was agreed that Finance and Performance identify a subgroup would make themselves available should the Governing Body not be in a position to sign off the formal agreement at its meeting on 12th February. It was agreed that this group would comprise:</p> <ul style="list-style-type: none"> • Chief Officer • Governing Body Chair • Lay Member – John Mallalieu • Chief Finance Officer <p>Clarification on how Governance is managed for Health and Wellbeing by the Council was requested as transparency is</p>	

	<p>necessary on both sides.</p> <p>The committee requested The Head of Finance Improvement provides clarification on section 2.1.1 of the report wording 'if no more money available'. This will be provided at the February Finance and Performance Committee meeting.</p> <p>The Committee NOTED the report.</p> <p style="text-align: center;">Action: Circulate Section 75 update once received. Action: Provide clarification of BCF report section 2.1.1.</p>	<p>AD AD</p>
10/15	<p>Commissioning Community Diabetes Services: The Head of Contracting and Procurement presented the report outlining a strategy setting out future plans for care and support for people with or at risk of diabetes across the two areas.</p> <p>The Finance and Performance Committee is asked to review and approve the recommendations in the report prior to consideration and approval by the CCG Governing Body.</p> <p>The GP members registered a conflict of interest in this item the committee was reminded about the quoracy arrangements. The committee agreed that GP members should withdraw from active participation in the conversation about the recommendation although Nigel Taylor would stay in his capacity as Chair.</p> <p>The Head of Contracting and Procurement outlined the purpose and background of the report. Lengthy discussion followed around the report and recommendations.</p> <p>The Committee AGREED the following action: The report will be taken to The Local Medical Committee in March to consider option 4 with a 1 year transition plan</p> <p style="text-align: center;">Action: Provide update on LMC discussion/decision.</p>	<p>MW</p>
11/15	<p>Terms of Reference:</p> <p>The Committee reviewed the Terms of Reference</p> <p>The wording for the approach to risk management needs to be consistent with the wording in the Terms of Reference for The Quality Committee.</p> <p>With regard to the recommendation relating to the approval of policies, there was a view that the Audit Committee had already indicated a willingness to take on this responsibility.</p> <p>The Committee NOTED the report.</p>	
12/15	<p>Work Plan for 2014/15:</p> <p>Minutes of the System Resilience Group and Urgent Care Board to come to this Committee.</p> <p style="text-align: center;">Action: Contact Clare Gordon for minutes.</p>	<p>GC</p>
13/15	<p>Matters for the Governing Body/Senior Management Team:</p>	

	<p>Governing Body – Commissioning Community Diabetes Service to go to March meeting.</p> <p>Senior Management Team – none.</p>	
14/15	<p>Any Other Business:</p> <p>No further business.</p>	
16/15	<p>DATE AND TIME OF NEXT MEETING:</p> <p>Thursday 26 February 2015, 2 to 4 pm in Shibden Meeting Room.</p>	

Finance and Performance Committee
Actions from the meeting on 29th January 2015

Report Name	Agenda Number	Action Required	Lead	Status	Completion Date
Transformation/QIPP (December 2014)	182/14	Need to ensure clarity in future QIPP updates around the differences between delivery of reductions in non-elective activity and emergency activity, and provide clarity on where schemes for 15/16 will deliver benefit. Test with clinical insights where needed.	Debbie Graham		
	182/14	Once assessment unit specifications in place use clinical insights to test that coding and counting is being appropriately applied.	Debbie Graham		
Contract Report (December 2014)	185/14	Bring further information to February Finance and Performance Committee relating to assurance of ambulance performance – particularly the role of the Lead Provider and actions being taken.	Martin Pursey		
Performance Report (December 2014)	186/14	Minutes from the UCB and SRG committees to be made available for the Finance and Performance Committee meetings instead of reports.	Debbie Graham		
	186/14	Update Work Plan.	Gillian Cowen		
Risk Report (December 2014)	187/14	Report regarding CHC scoping element and specialist work to go to SMT and Finance and Performance Committee in February.	Martin Pursey		
Review of Terms of Reference (December 2014)	188/14	Circulate self-assessment forms, these need to be completed by the February meeting.	Matt Walsh	Completed	17/2/15
	188/14	Put Terms of Reference on agenda for review in February.	Gillian Cowen		

Report Name	Agenda Number	Action Required	Lead	Status	Completion Date
Transformation/QIPP	05/15	DG to present draft 15/16 QIPP plan to February meeting.	Debbie Graham		
	05/15	Look at how we engage with other partners regarding delivery of QIPP, using alcohol prevention and intervention as an example.	Debbie Graham/ Caroline Taylor		
Contract Report	06/15	Contract report 2.6 – change Greater Huddersfield to Calderdale.	Gillian Cowen	Completed	30/1/15
	06/15	Impact of missing indicators to be taken to Partnership Steering Group.	Debbie Graham		
	06/15	Take YAS issues to Emergency and Urgent Care Network.	Alan Brook		
	06/15	Share YAS issues with West Yorkshire Chief Officers.	Matt Walsh		
Performance Report	07/15	Further information on Quality impact process on assurance of bed status to be brought to February's F&P meeting.	Debbie Graham		
	07/15	Action Plan for reporting standards to come here for sign off in February.	Debbie Graham		
Finance Report	08/15	Quality Premium Budget Plan to be reviewed at February meeting.	Lesley Stokey		
Better Care Fund	09/15	Circulate Section 75 update when received.	Anne Dray		
	09/15	Provide clarification of BCF wording in section 2.1.1 of the report in relation to ' <i>if no more money available</i> '..	Lesley Stokey		

Report Name	Agenda Number	Action Required	Lead	Status	Completion Date
Commissioning Community Diabetes Services	10/15	Provide update on LMC discussion/decision.	Matt Walsh		
Work Plan for 2014/15	12/15	Contact Clare Gordon for minutes of the System Resilience Group and Urgent Care board.	Gillian Cowen		