

**Minutes of the Finance and Performance Committee Meeting**  
**on Thursday 26<sup>th</sup> February 2015 from 2.00 to 4.00 pm**  
**held in Shibden Meeting Room, Dean Clough, Halifax**

**Present:**

Nigel Taylor	GP Member (Chair)
Matt Walsh	Chief Officer
Julie Lawreniuk	Chief Finance Officer
Penny Woodhead	Head of Quality
John Mallalieu	Lay Member
Martin Pursey	Head of Contracting and Procurement
Caroline Taylor	GP Member
Debbie Graham	Head of Service Improvement
Lesley Stokey	Head of Finance
Tim Shields	Performance Manager
John Taylor	GP Member
Alan Brook	Chair of Calderdale CCG

**Also present:**

Gillian Cowen	Senior Administration Assistant – Minute Taker
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		<b>Action</b>
<b>17/15</b>	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Debbie Robinson – Head of Primary Care Quality and Improvement</p> <p>Hazel Carsley – GP Member</p>	
<b>18/15</b>	<p><b>DECLARATIONS OF INTEREST</b></p> <p>None</p>	
<b>19/15</b>	<p><b>MINUTES OF THE MEETING HELD ON THURSDAY 27 November 2014</b></p> <p><i>7/15 Performance Report</i></p> <p>Should read 'IAPT highlighted in the report, local data reports good recovery at <u>50%</u>.'</p> <p><i>9/15 Better Care Fund</i></p> <p>Subgroup should be:</p> <p>Alan Brook, Deputy Chief Calderdale CCG</p> <p>Matt Walsh, Chief Officer</p> <p>John Mallalieu, Lay Advisor</p> <p>Julie Lawreniuk, Chief Finance Officer</p>	
<b>20/15</b>	<p><b>MATTERS ARISING</b></p> <p><i>06/15 Contract report</i> - Clarification that 'missing indicators' related to appointment slot issues.</p>	

21/15	<p><b>ACTIONS FROM THE MINUTES</b></p> <p><i>05/15 Transformation/QIPP</i></p> <p>Look at how we engage with other partners regarding delivery of QIPP, using alcohol prevention and intervention as an example – Caroline Taylor is working on this aspect.</p> <p><i>09/15 Better Care Fund</i></p> <p>Circulate Section 75 update when received – email sent today, Anne Dray awaiting responses.</p> <p>Provide clarification of BCF working in section 2.1.1 of the report in relation to ‘<i>if no more money available</i>’. To be responded to once Section 74 finalised.</p> <p><i>10/15 Commissioning Community Diabetes Services</i></p> <p>CCG Chair will circulate the agreed Diabetes Service Proposal to Finance and Performance Committee members via email for their information.</p> <p>Chief Officer to feedback to provide update on Local Medical Committee discussion/decision in the March meeting following discussion at Executive LMC in March.</p>	<p>AD</p> <p>AD</p> <p>AB</p>
22/15	<p><b>TRANSFORMATION (QIPP) REPORT updated</b></p> <p>Head of Service Improvement updated the Committee on the key messages within the report.</p> <p>For 2014/15 we are confident of being able to deliver QIPP plans by the end of the year as highlighted in the QIPP plan 2015/16 and month 11 update.</p> <p>For 2015/16 we have start dates for the majority of the schemes. The new RAG ratings are included and relate to our confidence that we have the capacity to deliver and also assurance on the savings assumptions. Ratings are based on the information we have at the moment. The aim is for £3.5m saving initially with a view to building this up to £4.0m. Currently the Service Improvement Team are reviewing options with CSU and any other potential savings such as Pathfinder programme where the QIPP is aligned but not currently included.</p> <p>The Committee looked closely at those projects which are rated red and include:</p> <ul style="list-style-type: none"> <li>• Alcohol – working on coding which may change the outcome – and would need support from HWBB to deliver.</li> <li>• Loneliness &amp; Prevention of Isolation – it is not clear we can track the monetary value at present</li> <li>• Dementia and Autism – CCG have asked for a clear view from CMBC on whether these projects will deliver a saving and remove if not. We will be doing more work on Mental Health schemes, potentially focused on crisis.</li> </ul> <p>The Committee agreed that it was appropriate to focus capacity on our flagship schemes - setting high targets and stretching to meet them. Also to influence partner agencies to maximise benefit.</p> <p>The Committee <b>NOTED</b> the report.</p>	<p>DG</p>

23/15	<p><b>FINANCE REPORT</b></p> <p>The Head of Finance outlined the key messages in the report. The rag rating of financial performance duties and targets for 'achieve better payment practice code' has been changed from amber to red as it was not feasible to achieve approval of non-contracted activity. The Finance Team will work with Commissioning Support Unit to understand these delays. There is no negative impact on audit opinion associated with this as it is an indicator and not a target and explanation of this was given.</p> <p>The Chief Finance Officer will put together a report on the plans for the £1.8m surplus which will be submitted to Governing Body. The Committee agreed that The Chief Officer and Chief Finance Officer will work within Standing Orders and Standing Financial Instructions towards implementing investments as outlined on the spending plan seen in the meeting today (<i>appendix 1</i>).</p> <p>The Committee <b>NOTED</b> the report.</p>	
24/15	<p><b>CONTRACT REPORT</b></p> <p>The Head of Contracting and Procurement outlined the key messages in the report. He also outlined the private briefing papers from the Continuing Care Team and the Yorkshire Ambulance Service.</p> <p>The contract report shows the continued forecast outturn for month 9 and trading position. The final tariff choice to be confirmed by 4<sup>th</sup> March 2015. The 2015/16 tariff proposal consists of two proposals for consideration a) extended tariff with CQUINS b) Roll forward 14/15 tariff which has no CQUINS and there is approximately £5m difference with the preference expected to be for the extended tariff option although there will be no tangible difference for CCGs. Pricing of contracts have not been finalised due to this uncertainty but these are expected to be signed on 31<sup>st</sup> March 2015.</p> <p>There was discussion around the funding for the proposed tariff choices and the issues around the potential downfall which could be approximately £600,000. The Chief Finance Officer is working alongside other CFOs with Paul Baumann, CFO of NHS England, to press for CCGs receiving an equal share of money which will be made available to CCGs to cover the projected shortfall.</p> <p>The Contracting and Finance team are focusing on the forecast out-turn as a basis for plans and looking at signing contracts on a basis of the floor of costs rather than a block payment which feels safer and is expected to deliver value for money.</p> <p>CHFT reported a high percentage of ASIs which they expect to be caused by a technical problem which meant that Choose &amp; Book referrals could not be processed for 4 days. There have also been problems with Cancer patient ASIs.</p> <p>Standard Contracts Sanctions account adjusted in view of RTT backlog work and will be discussed at Partnership Steering Group's next meeting.</p> <p>NHS 111/Urgent Care – the difficult December was reflected in 999 figures with 463 calls missing the &lt;8 minute target, this covers the area overall.</p> <p>The March contracting report will include updated turn around information.</p> <p>Head of Service confirmed that further details have been requested from LOCALA around the increased Walk-in Centre activity in October/November/December.</p>	

	<p>Good Wheelchair Service information is now being received enabling us to track new, urgent and backlog of referrals.</p> <p>AQP scheme update including Adult Hearing for &gt;55, direct access MRI and obstetric ultrasound. It is proposed to extend accreditation for a further 12 months along with IAPT.</p> <p>The Committee discussed the CAMHS 3 tier service contract which ends in March 2016. There was discussion around this contract which is a 3 year contract with no option to extend. Both Calderdale and Greater Huddersfield Finance and Performance and Quality Committee's will be kept updated again as discussions continue.</p> <p>The YAS briefing was discussed. The Committee agreed that it would be appropriate for a briefing paper be shared when it is signed off by YAS.</p> <p>The Continuing Care Team briefing was discussed. This is a private document due to the person identifiable nature of some of the contents. This report was also taken to the Quality Committee today. There were questions around what the Continuing Care Team are involved in, where they should be situated and Governance assurance. The committee recommended that there should be a set of KPIs in relation to the internal governance of continuing care developed with a high level dashboard to demonstrate that these are met.</p> <p>The Committee <b>NOTED</b> the report.</p>	<p><b>MP</b></p> <p><b>MP</b></p>
25/15	<p><b>PERFORMANCE REPORT</b></p> <p>The Performance Manager updated the Committee on the key messages within the report.</p> <p>Urgent Care is still underperforming. Delayed transfers of care is still concerning and continues to be discussed in Urgent Care Board. This is now monitored weekly by NHS England and weekly teleconferences continue. A recovery plan has been submitted to NHS England this week by Local Authority and CHFT with a target of reducing volume of delayed transfers of care to 22 by end of Q1.</p> <p>Breaches to targets in cancer patients were reported and The Chief Officer questioned whether we should put our concerns around breaches formally to the organisations with breaches and The Head of Service Improvement confirmed that enquiries have been made but will write formally to Bradford Teaching Hospitals NHS Trust and Tameside Hospital NHS Foundation Trust.</p> <p>NHS Planning 2015/16: 3 submissions are to be made in draft on 27<sup>th</sup> February 2015 as highlighted in the report. It has been challenging in regards to the Operational Plan relating to changes in methodology and terminology, The Primary Care Team and NHS England have agreed our submission regarding the NHS Constitution and this is on target to be completed. These will be discussed at Governing Body on 12<sup>th</sup> March 2015, returning in April with a report to outline the changes before final submission on 10<sup>th</sup> April 2015.</p> <p>The Committee <b>NOTED</b> the report.</p>	<p><b>TS</b></p> <p><b>MP</b></p>
26/15	<p><b>RISK</b></p> <p>Discussion was had about risk register and change which resulted in Right Care risks being presented as part of the organisational risk register.</p> <p>The following points were agreed:</p>	

	<ol style="list-style-type: none"> <li>1. The current paper should be sent to Audit Committee as is</li> <li>2. At the next risk cycle the Chief Officer would undertake to ensure that wherever there is duplication between existing organisation risk register and the risks on the Right Care Programme, this would be rationalised.</li> <li>3. We would maintain an agreement whereby an overarching risk for Right Care Programme would be expressed on the organisational risk register.</li> </ol> <p>The Committee <b>NOTED</b> the report.</p>	
<b>27/15</b>	<p><b>REVIEW TERMS OF REFERENCE</b></p> <p>It was agreed that the reviewed Terms of Reference would be circulated electronically to Finance and Performance Committee members who will feed back any comments by return. The revised Terms of Reference will then be brought back to Finance and Performance Committee in March for sign off.</p>	
<b>28/15</b>	<p><b>WORK PLAN FOR 2014/15</b></p> <p>Annual report to be added to agenda in February 2016.</p> <p>Assurance Framework to be added to be added to every agenda.</p>	
<b>29/15</b>	<p><b>SELF-ASSESSMENT</b></p> <p>Finance and Performance self-assessment forms have been assimilated into the draft annual report. It was agreed that the draft report will be circulated to Committee members and returned by close of day on Wednesday 4<sup>th</sup> March in order for accepted report to be tabled at March Audit Committee.</p> <p>Work plan to be updated for 2015/16 to include self-assessment appropriately.</p>	<p><b>MW</b></p> <p><b>GC</b></p>
<b>30/15</b>	<p>Matters for the Governing Body/Senior Management Team:</p> <p><u>Governing Body</u></p> <ol style="list-style-type: none"> <li>1. Self Assessment</li> <li>2. Annual Report</li> <li>3. Terms of Reference</li> <li>4. Finance Report Spending Plan</li> </ol> <p><u>Senior Management Team</u></p> <p>None</p>	
<b>31/15</b>	<p><b>ANY OTHER BUSINESS</b></p> <p>CCCG Chief asked that reports to Finance and Performance Committee have the CCG Lead updated to read Dr Nigel Taylor who is now the Chair of this Committee.</p>	
	<p><b>DATE AND TIME OF NEXT MEETING</b></p> <p>Thursday 26<sup>th</sup> March 2015, from 2 to 4 pm in Shibden Meeting Room.</p>	

**Finance and Performance Committee**  
**Actions from the meeting on 26<sup>th</sup> February 2015**

Report Name	Agenda Number	Action Required	Lead	Status	Action Completion target date	Completion Date
Transformation/ QIPP	4	Look at how we engage with other partners regarding delivery of QIPP, using alcohol prevention and intervention as an example	Caroline Taylor	Ongoing		
Better Care Fund	4	Circulate Section 75 update when received.	Anne Dray	Ongoing		
	4	Provide clarification of BCF wording in section 2.1.1 of the report in relation to 'if no more money available...'	Lesley Stokey	Ongoing	26/3/15	
Commissioning Community Diabetes Services	4	Provide update on LMC discussion/decision	Matt Walsh	Ongoing	26/3/15	
Transformation/ QIPP	5	Update the Committee on how the outcomes are being checked	Debbie Graham			
Contract report	6	Forum to bring back clear proposal about the procurement of CAMHS	Martin Pursey	Ongoing		
	6	Update on Wheelchair Service	Martin Pursey	Ongoing	26/3/15	
Performance Report	7	Write to Bradford Teaching Hospitals NHS Trust and Tameside Hospital NHS Trust regarding breach patients	Debbie Graham	Ongoing		
	7	Bring an updated report back to Finance and Performance Committee outlining the changes to submissions.	Tim Shields	Ongoing		
Finance Report	8	Produce a report based on the Spending Plan 2015	Julie Lawreniuk	Ongoing		
Finance Report	8	Confirm what date the confidential YAS report will be made public	Julie Lawreniuk	Ongoing		

Report Name	Agenda Number	Action Required	Lead	Status	Action Completion target date	Completion Date
Self-Assessment	12	Amalgamate and circulate completed self-assessment forms into Annual Report for comments	Matt Walsh		26/3/15	