



	<p><b>Action:</b> A more detailed comprehensive report on spend on General Practice will be presented to the committee in August 2016.</p>	<p><b>Robinson/Martin Pursey</b></p>
<p><b>100/16</b></p>	<p><b>PERFORMANCE REPORT</b></p> <p>The Performance Manager gave an update on the progress being made on achieving the standards required by the NHS Constitution. Calderdale continues to sustain good progress with the delivery of the majority of the constitutional standards.</p> <p>Performance against the 4 hour standard in A&amp;E did improve during June but the system continues to underperform for Q1.</p> <p>The data on the volume of emergency admissions shows an increase during Q3 and Q4 combined with increases in the length of stay during Q4 and Q1. Issues remain due to the flow of patients medically fit for discharge.</p> <p>Awaiting update on the Ambulance Response pilot that will run for a 3 month period with evidence reviewed on a bi weekly basis by NHS England, who will assess the impact on the patients both in terms of quality and performance. CCGs are awaiting advice and guidance from NHSE on how the trial period will be accounted for as part of the assessment of the NHS Constitution and Quality Premium in 2016/17.</p> <p>The breaches against the Two week and Two month wait for Cancer patients will be reviewed by the Cancer Locality Group and the Transformation Group. However the provisional data for June indicates the standard forecast should be achieved.</p> <p>Performance Manager to review the DToC dashboard that was recently commissioned through THIS to reflect daily position.</p>	
<p><b>101/16</b></p>	<p><b>CONTRACT REPORT</b></p> <p>The Head of Contracting and Procurement (HoC&amp;P) presented the Contract Report and gave an update which focussed on: the independent sector, the trading position with CHFT including early indications of Month 3 using Day 2 reporting analysis, the work developing around the hypotheses of the causes impacting on the CHFT position; and what is currently ongoing within procurement primarily CAMHS and Patient Transport Services.</p> <p>It was asked that when contracts are raised whether an assessment is made by the CCG of the facilities where the services are to be delivered are suitable for patients with complex needs as well as if there is appropriate access for wheelchair users. The HoC&amp;P advised that the CCG would not routinely undertake this type of assessment, but would request confirmation that the provider complied with appropriate regulation. It is the provider's responsibility to ensure they are DDA compliant and such compliance would be checked under any CQC inspection.</p>	

	<p>The CHFT Month 2 position is showing an over-trade of £749k which represents a significant shift from an over-trade of £275k at Month 1. The early view of Month 3 is indicating a further deterioration in the position to an over-trade of £1.5m with a potential forecast over-trade by the end of the end of the year of £5.7m from a forecast over-trade of £3.3m. There are key variances across the contract. In addition there has been an increase in referrals for Month 2 compared to the same period last year by 13.8%. GP referrals up by 10.8% to last year. A practice level analysis is in the process of being updated. Other referrals are also increasing and further intelligence to understand the reasons for this has been requested from the trust.</p> <p>In light of the trading position, representatives from Calderdale and Greater Huddersfield CCG's Service Improvement, Quality, Contracting and Finance teams are formulating and testing hypotheses regarding the overtrade with CHFT. The Hypotheses have resulted in at least 16 lines of enquiry. In each case we are using data and local insights in order to identify a single point of understanding on what we consider to be the underlying factors, in order that we can; discount them or determine the mitigating actions needed. The 16 lines of enquiry are set within 6 key themes which are: Demand; Money; Patient Flow; Effectiveness of other services; Staff; and Regulation.</p> <p><b>Action:</b> The Head of Contracting and Performance to provide update on the CHFT analysis work.</p>	<p><b>Martin Pursey</b></p>
<p><b>102/16</b></p>	<p><b>FINANCE REPORT</b></p> <p>The Interim Chief Finance Officer gave an update on Month 3 on planning to deliver a surplus of £6.4m with a cash releasing QIPP target of £3.5m. However the CCG has estimated cost pressures of £7.9m including the QIPP gap. Of this £7.3m is attributed to acute cost pressures above budgeted levels. The CCG has a £1.4m contingency in place and £4.6m mitigating actions yet to be mitigated against a risk of £1.8m. With a cash releasing QIPP requirements of £3.5m with current overall QIPP cash releasing gap of £1.3m and non-cash releasing gap of £0.5m further plans are to be developed.</p> <p>Reporting for the first time of the financial risk due to CHFT which has impacted on meeting budgets as well as meeting the QIPP gap.</p> <p>There are some areas that will help in meeting the mitigating gap from the Emergency Threshold; Primary Care contingency; accruals from previous years and as yet no plans in place for the Quality Premium with a reserve from the repricing of Cat M drugs, and last year's BCF as a non-recurrent reserve on any emergency activity currently sitting with Council.</p> <p>There is £1.8m risk at this stage where there are no actions, and what we need to do to find further mitigations for this year.</p> <p>Using the checklist as a guide to where we are as to the financial recovery around making savings. The impact is not just for this year but for next year as our uplift will be £2m less than last year's £3.8m.</p> <p><b>Action:</b> To populate the Recovery Checklist and to look at next steps within the Finance Report.</p>	<p><b>SMT</b></p>

	<p>A financial plan for next year was circulated in the meeting, with a 1.3% growth, showing the cost pressures coming in of £6m, based on 0.5% contingency and assumes to draw down £1.7m of our brought forward surplus. This would leave us a cash releasing QIPP of £6.3m savings or efficiencies to deliver next year which would increase if we can't use any of the drawn down.</p> <p>With the revised changes in having a 2 year contract would mean cultural changes to deliver and for mitigating any risk.</p>	
<b>103/16</b>	<p><b>TRANSFORMATION (QIPP) REPORT</b></p> <p>The Performance Manager gave an update on Month 3, with a QIPP target of £5.5m of which £3.5m is cash releasing, and currently there is a cash-releasing gap of £1.3m.</p> <p>There are two key areas being developed including the review of 6 commissioning for value packs to identify value opportunities at each point of delivery. The findings will be reviewed at the QIPP Monitoring Group meeting and with updates to F&amp;P on progress relating to Right Care.</p>	
<b>104/16</b>	<p><b>REVIEW OF WORKPLAN 2016/2017</b></p> <p>The Chair gave an update regarding the work plan with a number of changes to be made in relation to timings of reports and to rename the NHSE Assurance Framework to the 'Improvement and Assessment Framework. The Committee was informed that the CCG had received our annual rating of 'Good' and with a report being presented at the next F&amp;P in August.</p> <p><b>Action:</b> The work plan to be updated as per discussions.</p>	<b>Secretary</b>
<b>105/16</b>	<p><b>MATTERS FOR THE:</b></p> <p><b>Governing Body</b> – Update on current financial situation</p> <p><b>SMT</b> - Financial Checklist and next steps – Member Connect update</p> <p><b>CHFT Partnership Board</b> - Update on current financial situation</p> <p><b>LMC</b> – Increase of referrals and rates for Practices</p>	
<b>106/16</b>	<p><b>CONTRACTING REGISTER</b></p> <p>The Contracting Register was for information and will be presented on an annual basis from September 2016.</p>	
<b>107/16</b>	<p><b>TERMS OF REFERENCE 2016/2017</b></p> <p>The Terms of Reference for the Finance and Performance Committee</p>	

	have been approved by the Governing Body.	
<b>108/16</b>	<p><b>CONSIDERATION OF MINUTES</b></p> <p><b>System Resilience Group – 12<sup>th</sup> July 2016</b></p> <p>To note that the group will have a name change to Local A&amp;E Delivery Board as from September 2016.</p> <p>The meeting was informed that Dr Majid Azeb and David Hughes are chairing a group to review the outcomes from previously funded schemes with a recommendation for funding schemes in the future.</p>	
<b>109/16</b>	<p><b>ANY OTHER BUSINESS</b></p> <p>None to report.</p>	
<b>110/16</b>	<p><b>DATE AND TIME OF THE NEXT MEETING</b></p> <p><b>Thursday 25<sup>th</sup> August 2016 from 2:00 pm to 4:00 pm, Shibden Room, Dean Clough</b></p>	

**Finance and Performance Committee  
Actions from the meeting on 28<sup>th</sup> July 2016**

<b>Report Name</b>	<b>Agenda Number</b>	<b>Action Required</b>	<b>Lead</b>	<b>Status</b>	<b>Action Completion Target</b>	<b>Completion Date</b>
Finance Report From June 2016	<b>69/16</b>	To bring a draft 3 year plan to a future F&P meeting.	Lesley Stokey	Draft for next meeting	August 2016	Completed
Actions from the meeting – June 2016	<b>99/16</b>	A more detailed comprehensive report on spend on General Practice will be presented to the committee in August 2016	Debbie Robinson/Martin Pursey	August meeting	As a separate report for August meeting.	Completed
Contracting	<b>101/16</b>	The Head of Contracting and Performance to provide update on the CHFT analysis work.	Martin Pursey	For August meeting	August 2016	Completed
Finance	<b>102/16</b>	To populate the Recovery Checklist for reviewing and to look at next steps.	SMT	F&P assurance that we have described the process.		Completed
Work Plan	<b>104/16</b>	The work plan to be updated as per discussions.	Secretary	Completed	July 2016	Completed