

Finance and Performance Committee
Thursday 25th August 2016 from 2.00 to 4.00pm
Shibden Meeting Room, Dean Clough, Halifax

FINAL minutes

Present:

Dr Matt Walsh	Chief Officer – Chair
John Mallalieu	Calderdale Lay Advisor
Penny Woodhead	Head of Quality
Lesley Stokey	Interim Chief Finance Officer (arrived at 2:55pm)
Rhona Radley	Service Improvement Manager
Martin Pursey	Head of Contracting and Procurement
Debbie Robinson	Head of Primary Care Quality and Improvement
Dr Alan Brook	GP, Chair of Calderdale Clinical Commissioning Group

Apologies:

Dr Nigel Taylor	GP Member
Dr Caroline Taylor	GP Member
Debbie Graham	Head of Service Improvement
Tim Shields	Performance Manager

In Attendance:

Helen Wraith	Project Manager, Service Improvement – Agenda Item 115/16
Neil Smurthwaite	Chief Finance Officer – Airedale, Wharfedale Craven CCG – Observing
Dr Lubna Saghir	GP Member – Observing
Veronica Hirst	Corporate Support – Taking Minutes

		Action
111/16	<p>DECLARATION OF INTEREST</p> <p>Dr Lubna Saghir and Dr Alan Brook declared an interest under agenda item 3.</p>	
112/16	<p>MINUTES OF THE LAST MEETING AND MATTERS ARISING</p> <p>The minutes were APPROVED and recorded as a true and accurate record of the meeting.</p>	
113/16	<p>ACTIONS FROM THE MEETING</p> <p>Outstanding action in relation to the draft 3 year plan will be raised with the Interim Chief Finance Officer.</p> <p>To amend the minutes to read the 'Recovery Checklist' under item 102/16</p>	<p>Secretary</p> <p>Secretary</p>
114/16	<p>REPORT ON SPEND – General Practice</p> <p>Head of Primary Care Quality and Improvement presented an overview of the paper to the committee. A lengthy discussion was had which covered the following areas;</p>	

	<ul style="list-style-type: none"> • The relationship between the focus on primary medical services at F&P and that provided by the Quality Committee • The relationship between contract management of individual practice providers, and the performance of primary medical services across the district. • The need to be well placed as a system to tap into available funding opportunities, particularly those flowing from the 5 Year Forward View for General Practice. <p>Agreement was reached that the committee needs to be able to monitor on a regular basis the following areas;</p> <ul style="list-style-type: none"> • Access to general practice. • Financial allocations and spend at practice level for Core GP services and additional contracted activity. • Prescribing allocations and spend. • The committee requested that work be commenced so that the CCG was in a position to be able to describe through a process whereby allocations for hospital services can be described at locality level. A suggestion was made that Right Care might provide a useful starting point for that work. • The committee accepted that a single report for primary care performance would be the most expedient way to service the requirements of F&P, Quality Committee and the CPMSC, though chairs would need to ensure that their committee did not tread too often into the territory of another. <p>Action: After testing to discuss at SMT on the 26th September.</p>	<p>Debbie Robinson</p>
<p>115/16</p>	<p>TIER 3 WEIGHT MANAGEMENT</p> <p>The Project Manager gave an update following approval of the service specification at Quality Committee (with minor changes) and is now seeking approval of the funding.</p> <p>Discussions were suspended until the arrival of the Interim CFO, as it emerged early in the conversation that the committee required assurance on the finances.</p> <p>On resuming the discussion, concerns were raised about the regional increase in spend on Tier 4 services year on year and the relationship between the Tier 3 service and that at Tier 4. There is the potential to use Tier 3 as a more effective filter to reduce demand on Tier 4. Confirmation was received from the Interim CFO that the funding required to support the implementation of Tier 3 is not reflected in the financial plan. However, it was agreed that we should progress following the ICFOs description of the opportunities afforded to the CCG in taking on the commissioning responsibility for Tier 4 in the autumn. Funding agreed for 18 months.</p> <p>Action: To evaluate and review the Tier 3 service within the 18 month period and for the provider to deliver the service aligned to the principles of Care Closer to Home.</p>	<p>Helen Wraith</p>
<p>116/16</p>	<p>STRENGTHENING FINANCIAL PERFORMANCE AND ACCOUNTABILITY</p>	

	<p>The Chair gave an update on the proposed recovery plan and as reported recently at GB and SMT. He reiterated the concerns raised at the August Governing Body meeting, and reminded the committee of the responsibility placed upon it by the Governing body, to oversee and assure the development and delivery of the recovery plan. The committee was reminded that the Governing Body expects to see the recovery plan at its next meeting in public in October. An overview of the framework for the plan was presented. The committee discussed and strengthened proposed principles that we would apply to our development of the plan. The proposed approach to developing content was discussed and agreed</p> <p>Once the content of the plan has been agreed a need to focus on pace and on the gains and have a manageable set of schemes as well as faith in our QIPP process by having representation from all areas. It was suggested that whilst F&P should have oversight of this for Governing Body, there was a clear view that the Quality Committee should take responsibility for assuring the approach in relation to QIA and EIA processes.</p> <p>Action: A detailed proposal to F&P in September which will go to GB in October 2016</p>	<p>Chair</p>
<p>117/16</p>	<p>PERFORMANCE REPORT</p> <p>The Head of Contracting and Procurement gave an update on the report in that the system failed to deliver the constitutional standard last year, achieving 93.8% during 2015/16, although A&E performance during 2016/17 continues to underperform, the capability to sustain the constitutional standard improved in June.</p> <p>The committee discussed the appropriate response to continued provider failure to deliver the Constitutional Standard. It was agreed that whilst the provider had effectively agreed with its regulator a revised trajectory for delivery which means that they are ‘allowed’ to underperform from a regulatory perspective, the CCG needs to demonstrate its commitment to the constitution by taking appropriate action. Whilst contractual penalties are not allowed to be applied under the terms of the Financial Reset, that is in the context of an assumption that the revised trajectories would be delivered. It was agreed that the CCG should satisfy itself that this was the case, and if not, formal notification of our intention to issue contractual penalties should be served. It was recognised that this action may provoke a response from both provider and their regulator.</p> <p>The committee was reminded that as a consequence of the participation of the Yorkshire Ambulance Service in a national pilot, there has been a change in the way that Ambulance response times are being reported. We understand that this arrangement is being extended and will continue beyond its initial 3 month period. Some concern was raised about our ability to properly monitor delivery.</p> <p>Action: To work through appropriate contractual processes to formally raise our concern about the under delivery of the 4 hour standard.</p>	<p>Tim Shields/Mart in Pursey</p>
<p>118/16</p>	<p>CONTRACT REPORT</p> <p>The Head of Contracting and Procurement gave an update on CHFT and the analysis in relation to the CHFT position, also highlighting issues around the wheelchair contract and CAMHS procurement.</p>	

	<p>Key points raised were;</p> <ul style="list-style-type: none"> • CHFT continue to over-trade in Month 3 of £1.6m against the plan which is a significant increase from an over-trade of £749k at Month 2. Alth • There is an apparent increase in GP referral by 10.4% to date • An update was given on the work being led by the contracting team on the development of hypotheses to support contract challenge. It was agreed that we should set an expectation of at least £1m being saved through the process of challenge. <p>The wheelchair service is under pressure both from a volume of activity and increasing activity year on year which is starting to affect our performance target. With no more money and increase of demand will all add pressure to the waiting list and the patient experience.</p> <p>Action: SMT to discuss the wheelchair service.</p> <p>Update on CAMHS being in the process of a re-procurement with only one response which was above the envelope set. After considering the options will go out again once the specification has been revised. The committee agreed that it would be appropriate for the Chief Officer to sign off any additional financial requirements within Delegated limits.</p> <p>Action: A briefing note to be circulated to F&P.</p>	<p>Martin Pursey</p> <p>Martin Pursey</p>
<p>119/16</p>	<p>FINANCE REPORT</p> <p>The Acting Chief Finance Officer gave an update on a net unmitigated risk of £2.2m for which we need to identify further mitigations in order to deliver our planned surplus with a QIPP gap of £1.3m. Our total cost pressures of £8.2m which are recurrent with £6m being mitigating actions of which £3.8m are non-recurrent actions. This means there is a recurrent cost pressure going into next year of £6m.</p> <p>Currently to date we have an additional financial risk a potential £800m cost pressure within the prescribing budget. Further information will be provided at the next meeting in relation to the scale of risk and potential mitigations. An approach to the forthcoming quarterly review meeting with NHSE was agreed.</p> <p>There has been an addition of a new risk on the risk register relating to the growth in the community nursing prescribing budget by going up 15% last year.</p>	
<p>120/16</p>	<p>TRANSFORMATION (QIPP) REPORT</p> <p>The Service Improvement Manager gave an update on the QIPP target cash releasing of £1.3m and there are six projects which are red rated due to lack of financial information such as for frailty with an exception report for each of the red rated projects.</p> <p>The team have seen the benefits of the new contracting analysis and arrangements with CHFT and where we have challenged CHFT around some of the tariffs – hot clinics.</p> <p>An update was provided on the CCGs Right Care approach.</p>	

	<p>The committee was asked to express a view about our participation in a pilot on CVD working with 3 practices and the Y&H Academic Health Science Network to increase anticoagulation that has untreated Atrial Fibrillation. The view was expressed that whilst the offer from the AHSN to work with 3 practices was interesting, we would need to understand the potential opportunity costs both to practices and to the CCG before indicating support.</p> <p>Action: To consider whether this would be prioritised within our recovery plan.</p>	Rhona Radley
121/16	<p>RISK REGISTER</p> <p>The Risk Manager gave an overview of the paper. update on risk cycle 3 starting 25th July to 15th August, on the current 37 risks, including 3 risks marked for closure, leaving 34 open risks compared with 30 open risks at the last risk cycle. 25 of the total risks (68%) fall for consideration for F&P, with the remaining 12 risks (32%) for Quality Committee. Of those for F&P, 2 risks (557, 785) are marked for closure, leaving a total of 23 open risks with 4 new risks (849, 866, 865, 867) added to the risk register. There are no critical risks and 5 serious open risks compared to 6 at the last risk cycle. There are 10 open risks with a score of 12 and 5 risks that have been static for 6 or more risk cycles.</p> <p>In relation to financial risks 829, 826 and 849, it was agreed that we should change the risk scoring from 4 x 4 to a 3 x 5.</p>	
122/16	<p>REVIEW OF WORK PLAN 2016/2017</p> <p>Work plan to be updated following discussions held in the meeting.</p> <p>For September: Primary Care – quarterly review STP to include content on a 5 year forward for general practice</p>	Secretary
123/16	<p>MATTERS FOR THE:</p> <ul style="list-style-type: none"> • Governing Body – Recovery Plan, Actions to be taken against CHFT • SMT – Wheelchairs • CHFT Partnership Board – Contract challenge process, System Financial Recovery • LMC – Recovery Plan 	
124/16	<p>CONSIDERATION OF MINUTES</p> <p>The August meeting of the System Resilience Group was cancelled.</p>	
125/16	<p>ANY OTHER BUSINESS</p> <p>None to report.</p>	
126/16	<p>DATE AND TIME OF THE NEXT MEETING</p> <p>Thursday 29th September 2016 from 2:00pm to 4:00pm in Shibden Room,</p>	

**Finance and Performance Committee
Actions from the meeting on 25th August 2016**

Report Name	Agenda Number	Action Required	Lead	Status	Action Completion Target	Completion Date
Actions from the meeting	113/16	Draft 3 year plan to be raised with Acting Chief Finance Officer Amend the minutes to add 'Recovery Checklist'	Lesley Stokey Secretary	Completed	Completed	Completed
Report on Spend	114/16	After testing the data to discuss at SMT	Debbie Robinson	26 th September	26 th September	October
Tier 3 Weight Management	115/16	To evaluate and review the Tier 3 service within the 18 months period and for the provider to move it closer to the patient.	Helen Wraith	5 th October Tier 3 Weight Management for 18 months	Add to work plan	Completed
Financial Recovery Plan	116/16	A detailed proposal in September	Matt Walsh	For September meeting		Completed
Performance Report	117/16	To work through appropriate contractual processes to formally raise our concern about the under delivery of the 4 hour standard	Martin Pursey/Tim Shields			Completed
Contract Report	118/16	SMT to discuss the Wheelchair service CAMHS - A briefing note to be circulated to F&P.	Martin Pursey Martin Pursey	RR to send out update	Discussed at SMT Not circulated	Completed
Transformation (QIPP) Report	120/16	To consider whether this would be prioritised within our recovery plan.	Rhona Radley	Part of the Business Case/QIPP benefits		Completed