

Minutes of the Finance and Performance Sub Committee Meeting held on Tuesday, 26 June 2012 at 8.30 am in The Ramparts Room, (Bailey Suite), Shire Hall, Castle Hill, Cambridge, CB3 OAP

Present:- Peter Southwick (Chair),
John Barratt
Dr Sushil Jathanna
John Leslie
Anna Gillard (from 10,00 am)
Dr Gerald Linehan
Keith Mansfield
Alan Mack
Dr Neil Modha
Maureen Donnelly
Andy Vowles
Catherine Mitchell
Sarah Shuttlewood
Professor Colin-Coulson Thomas
Melissa Mottram

1. Apologies for Absence

Apologies for absence were received from Glen Clark, Sally Williams Dr Neil Modha and Russ Platt. Peter Southwick chaired the meeting in Glen Clark's absence/

2. Declarations of Interest

There were no declarations of interest.

3. Notification of Any Other Items of Business

There were no items of any other business to be discussed during the meeting.

4. Minutes of the Last Meeting

The minutes of the last meeting were agreed as a true record.

5. Matters Arising

5.1 Actions List

The Action List was updated and is appended to the minutes.

5.2 Budget Allocation 2012/13 – Outcome from CCG

The Committee noted that work was underway to finalise the CCG and LCG budget allocations and they would be sent out by 30 June 2012.

6. Finance Reports

6.1 NHS Cambridgeshire

John Leslie presented the Finance Report for Month 2. The Committee **noted** that the PCT was currently forecasting breakeven, with a small surplus. There were, however, a number of risks to achieving financial balance, most notably the over-performance on acute contracts which has come to light at CUHFT and Hinchingsbrooke.

John Leslie advised the Committee that there was currently no Month 2 Data for Specialised Commissioning. Dr Sushil Jathanna agreed to raise this at the SCG Board meeting, and to also flag this to Paul Watson. **ACTION: Dr Sushil Jathanna**

Peter Southwick commented on the Fast Track data, noting that the Hinchingsbrooke Conversion rate was up by 2% since the day that CIRCLE took over. He added that GP referral rates to CUHFT were up by 10% and non-GP referrals were up 30%. First Attendant Outpatient Rates were also 15% over plan.

6.2 NHS Peterborough

John Leslie presented the Finance Report for Month 2. The Committee noted that the PCT was currently forecasting breakeven, with a small surplus. There were, however, a number of risks to achieving financial balance, most notably the over-performance on acute contracts which has come to light at CUHFT and Hinchingsbrooke.

7. QIPP 2012-2013

In Russ Platt's absence, John Leslie provided a brief summary on QIPP progress. The Committee expressed concern about the current status of the QIPP Savings Programme. The Committee discussed that the External Auditors had issued a qualified value for money opinion in relation to QIPP delivery. The Committee **noted** the update.

8. Combined Acute Contract Performance Report

The Committee **noted** the Combined Acute Contract Performance Report which had been circulated prior to the meeting.

Sarah Shuttlewood advised the Committee that the GP in ED pilot at PSHFT was not working and an escalation meeting would be held next week.

9. Emergency Readmissions

Anna Gillard presented the latest activity data in relation to emergency readmissions. The Committee **noted** the Report.

10. Combined Performance Report

Alan Mack presented the Combined Performance Report for NHS Cambridgeshire and NHS Peterborough. The Committee **noted** the following issues:-

Referral to Treatment (RTT) - Admitted performance for NHSP is below the operational standard at PSHFT and CUHFT. Recovery plans are in place for both Trusts. CUHFT performance is forecast to improve over Quarter 1 for the majority of services and extending into Quarter 2 for Orthopaedics, Ear, Nose and Throat (ENT) and Urology. This means national standards for every specialty will not be met during this period. At PSHFT, admitted performance will be resolved during Quarter one at Trust level.

A&E 4 Hour Waits - The 95% operational standard is not being delivered at CUHFT or PSHFT. Quarter 1 to 6th May 2012 is 90.41% for CUHFT and 91.34% for PSHFT, although daily and weekly performance is notably improved on the recent past. An action plan has been developed and agreed between the PCT and PSHFT following the Intensive Support Team (IST) review. At CUHFT an Action plan to improve processes is underway and is being closely monitored by the PCT. There will also be an Intensive Support Team visit to the Trust.

Cancer - Cluster level performance has been above threshold for all standards except 62 days. CUHFT has not delivered the 62 day standard for five consecutive months to February 2012 and 62 day screening for three consecutive months. HHT and PSHFT also failed the 62 day standard in February. Long term sustainable recovery plan is in place for CUHFT cancer services, where particular issues exist around urology capacity. Additional consultant appointments are underway, with posts anticipated being taken up in June/July. HHT has a remedial action plan in place which the PCT monitors through the Service and Performance Review Group (SPRG) and the Cambridgeshire Cancer Board.

Stroke - Further progress needs to be made in order to meet targets at all main providers to NHSC. Whilst there have been improvements, there is an ongoing failure to deliver the high risk Transient Ischemic Attack measure. As such, specific project support has been arranged for the Anglia Stroke and Heart Network to work with CUHFT on a TIA improvement plan which is being closely monitored by the PCT. NHS Peterborough performance against the TIA indicator has dipped and reasons are currently being investigated.

Delayed Transfers of Care (DTC) – DTC levels have reduced at NHSC providers, but remain high compared to other providers in the region. Work is being undertaken to review demand on step down services from CUHFT patients and to model capacity requirements going forward.

Hospital Acquired Infections - All organisations have performed well for CDifficile showing a considerable reduction in cases. NHSP is over the full year ceiling for MRSA (4 cases). For 2012/13 all elements of the cluster have challenging HCAI ceilings which will require further notable improvements. Full investigation of the reported cases will be performed and necessary actions taken in order

Andy Vowles advised the Committee that an escalation review meeting had been held with CUH, in light of the breadth of issues that Trust faces – performance, quality and finance. It had been agreed to hold review meetings with the Trust every two weeks.

The Committee **noted** the Combined Performance Report.

11. **Choose and Book**

A report setting out the key issues in relation to Choose and Book had been circulated prior to the meeting.

12. **Board Assurance Framework**

Sharon Fox presented the Board Assurance Framework working document.

The Committee made the following comments:-

BAF1 QIPP The Committee noted that the Audit Committee had requested that this risk be raised to 25

BAF2 Finance The Committee noted that the Audit Committee had requested that this risk be raised to 25

BAF 5 Specialised Commissioning -The Committee requested that the risk was increased to reflect the lack of Month 2 data.

BAF4 – Performance – The Committee requested that the risk was increased to reflect current performance

ACTION: Sharon Fox to update.

The Committee **noted** the Version 2 Assurance Framework

12. **Workforce Performance Reports**

Alan Mack presented the workforce performance reports for NHS Cambridgeshire and NHS Peterborough. The Committee commented that the section on appraisals had not been completed with the latest statistics. **ACTION: Alan Mack to address.**

13. Finance and Performance Sub-Committee – Annual Cycle of Business

The Committee **noted** the Annual Cycle of Business

14. Date of Next Meeting

The date of the next meeting was confirmed as Tuesday 17 July 2012 at 8.30 am in the Ramparts Room, Shire Hall, Cambridge

Sharon Fox, Trust Board Secretary
20 June 2012

Circulation

Glen Clark (Chair)
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