

**ANNEX A**

**Minutes of the Finance and Performance Sub Committee Meeting held on Tuesday, 28 August 2012 at 8.30 am in Meeting Room A, Town Hall, Peterborough**

**Present**

Peter Southwick (Chair)  
Glen Clark  
Professor Colin-Coulson Thomas  
John Barratt  
Maureen Donnelly  
John Leslie  
Alan Mack  
Sharon Fox  
Catherine Mitchell  
Sarah Shuttlewood  
Anna Gillard  
Dr Geraldine Linehan  
Keith Mansfield

**In attendance**

Melissa Mottram  
Simon Barlow (Minutes)

**1. Apologies for Absence**

Apologies for absence were received from Sally Williams, Sushil Jathanna, Dr Neil Modha, Andy Vowles and Jill Houghton.

**2. Declarations of Interest**

There were no declarations of interest.

**3. Notification of Any Other Items of Business**

There were no additional items of business.

**4. Minutes of the Last Meeting**

The minutes of the last meeting were agreed as a true record subject to the following amendments

- Add Anna Gillard to the list of those present.
- *Minute 8 – Wheelchair Contract:* Correct typographical error on Catherine Mitchell's name.

## 5. Matters Arising

### 5.1 Actions List

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

## 6. Finance Report / QIPP

### 6.1 NHSC and NHSP Month 4 Finance Reports

The Finance Reports for NHS Cambridgeshire and NHS Peterborough had been circulated prior to the meeting. The Committee noted that NHSC was forecasting a break-even position at year-end with a small underspend of £10K being reported at Month 4. NHSP was also forecasting a breakeven position with a reported £10K surplus at Month 4.

John Leslie emphasised that the pressures arising from the current under performance on the QIPP programmes and the on-going over-performance of the acute contracts across the cluster remained a significant concern and risk for both of the Trusts. It was recognised that the forecast position for both Trusts' would be achieved through a combination of non-recurrent resources and identifying further savings. John Barratt requested that further explanation regarding the planned use of contingency funding in this process be provided at the Board Development session taking place tomorrow (29 August 2012). **ACTION: John Leslie.**

The observation was made that some of the individual QIPP schemes were delivering savings as required, but that savings from most of the larger schemes, such as those led by the acute providers, were unlikely to be realised in-year. John Leslie commented that currently there was nothing to indicate from the activity data being received from the acute trusts that current QIPP programmes were having a tangible impact in terms of reducing current trends. The Committee were informed that there were some areas where better outcomes were anticipated, such as prescribing.

Anna Gillard highlighted that the CUHFT activity data presented in the Finance report and Acute Contract Performance report (Minute 7 below) were not fully aligned due to an error in the data received. The problem had been identified and would be addressed in the subsequent month's report.

John Leslie reported that he would be meeting with the External Auditors in October to discuss the 2012/13 annual accounts process and to confirm the approach to be adopted for any exit costs / provisions on the basis that this would be the PCTs last year in existence.

It was noted that the Finance and Performance Committee would also receive a monthly CCG finance report at future meetings as a standing agenda item.

The Committee **noted** the Finance Reports for Month 4 for NHS Cambridgeshire and NHS Peterborough.

## 6.2 QIPP Update

No further discussion on QIPP was held under this items as the pertinent points had been raised during the NHSC and NHSP Finance report discussion.

## 7. Combined Acute Contract Performance Report

Sarah Shuttlewood and Anna Gillard presented the Month 4 acute contract performance overview. The report as received provided an overview on performance, quality and escalation issues for each of the main providers across the cluster, namely; Cambridge University Hospitals NHS FT (CUHFT); Hinchingsbrooke Healthcare NHS Trust (HHCT); Peterborough and Stamford Hospitals NHS FT (PSHFT); and Queen Elizabeth Hospital Kings Lynn NHS FT (QEHKL).

In terms of PSHFT Sarah Shuttlewood reported that there was currently a significant reported year to date gross variance of £3.5M against the fixed £116M contract profile. The Committee were advised that the Acute Trust had written to the PCT to request a formal escalation and review of the current level of over-performance against the indicative activity plan. It had been communicated to the Acute Trust that in accordance with the Head of Terms the PCT would not be willing to adjust the agreed contract value, but would be willing to work with them to manage activity down to within the agreed envelope. A meeting with the acute trust's management team would be set up to discuss this within the next two-weeks.

Sarah Shuttlewood also advised the committee that efforts were being made to set up a meeting with PSHFT to share and discuss their Cost Improvement Plan (CIP). Similar 'Star Chamber' meetings were being set up with all of the Cluster PCT's main providers.

The Committee again expressed concern regarding the current performance of CUHFT and PSHFT in relation to cancer, A&E and Referral Treatment. The formal action being taken to address issues and improve performance in these areas was noted.

During the discussion on the performance at HHCT, Dr Geraldine Linehan raised concerns regarding activity in Urology and highlighted the need to discuss and seek the involvement of Public Health in this area as soon as possible. **Action: Geraldine Linehan / Anna Gillard** to progress this action.

The Committee **noted** the acute performance report.

*Sarah Shuttlewood left the meeting at 9.30am*

## 8. Combined Performance Report

The monthly progress report against key performance deliverables across both NHS Cambridgeshire and NHS Peterborough was received. The exception report

focused on those areas that were currently RAG rated as Red or Amber. Performance areas reported as RED (16) across the cluster were identified as:

- Referral to Treatment
- Six-week Diagnostic Waits
- Cancer – first definitive treatment within one month
- Cancer – subsequent surgical treatment within one month
- Cancer – Radiotherapy
- Cancer – first definitive treatment within two months of GP or dentist referral
- Choose and Book
- Breastfeeding at 6-8 weeks
- DTOC
- Smoking Quitters
- Health checks received
- Never Events reported
- MRSA and C.Diff infections
- TIA Scanning and treatment within 24 hours
- Pressure Ulcers

Specific points raised during the consideration of the report were briefly noted as follows.

RTT – In view of the current backlog it was considered unlikely that the agreed recovery dates would be achieved at CUHFT.

Cancer (Radiotherapy) – An improved position from the previous month's report was noted. NHSC had confirmed they had achieved their target for June as had NHSP.

Choose and Book – Feedback/clarification was currently awaited on a way forward e.g. approach for incentivizing current performance.

Delayed Transfers of Care – Cathy Mitchell confirmed that the date for the secondment of CCS staff to CUHFT had now been confirmed as 3 September. A specific issue relating to the original decision that had been taken for all providers across the local health system to allocate 1% CQUIN money into a single 'pot' was raised. The Committee **agreed** that this issue should be escalated back up to the Chief Executives Group for Cambridgeshire and Peterborough Health Economy for discussion. Alan Mack to produce a briefing note on this issue for Sushil Jathanna.  
**ACTION: Alan Mack.**

Smoking Quitters - Alan Mack advised that at it was too early in the year to determine whether the annual targets for either Trust were likely to be achieved. It was anticipated that the position would become clearer once the next set of data became available in September.

Never Events – The Committee expressed its concern regarding the latest Non Event case that had been reported at Addenbrookes.

Pressure Ulcers – The Committee was advised that the issue of how sustainable this performance indicator was had been raised with the SHA. Cathy Mitchell also reported that a financial impact had been created due to an increase in the amount

of pressure ulcer equipment being ordered through ICES (approximately a 10% increase). It was noted that CCS data was not included in the performance data. The Committee therefore asked that this be addressed for the next meeting.

**ACTION: Alan Mack.**

Alan Mack informed the Committee that he would be meeting with Victoria Corbishley in the near future to discuss the format and accessibility of the current performance dashboard.

The Committee **noted** the Month 4 performance report.

## **9. Update on General Medical Services at Littlehey Prison**

Further to a verbal update provided by from Cathy Mitchell, the Committee **agreed** to an interim contract being awarded to provide General Medical Services into Littlehey Prison from 1 October 2012 for the next eighteen months, during which time the contract would transfer to the National Commissioning Board (NCB).

The Committee also **noted** that a Contract variation would be issued to Medacs who currently provide General Medical Services to Whitemoor and Littlehey Prison in order to terminate the service into Littlehey Prison only.

## **10. PCT Assurance Framework**

The latest version of the PCT Assurance Framework was received for review. Specific points raised were noted as follows.

- It was noted comments raised by the Quality and Patient Safety Committee at its last meeting had still to be incorporated into the received draft.
- BAF 14 – *Risk of potential poor governance in the services which the PCT commissions*: Sharon Fox reported that a sub-set to this risk (BAF 14.1) was to be added to reflect RRT issues at CUHFT. As a public document consideration to the wording used in this risk would need to be given.

Sharon Fox confirmed that an Assurance Framework for the CCG was now in place and had been received by the CCG Governing Body. As part of the on-going review and monitoring process it was agreed that both the PCT and CCG Assurance Frameworks would be received at future meeting. **ACTION: Sharon Fox**

The Committee **noted** the latest version of the PCT Assurance Framework.

## **11. CCG Virement Policy**

Keith Mansfield presented a paper that set out a proposed Virement Policy and guide for the Clinical Commissioning Group (CCG). The Committee noted that a virement was the agreed transfer of money from one budget head to another within a financial year. A virement was intended to provide a measure of flexibility to enable budget holding managers to reflect budget variances within a year. Keith Mansfield confirmed that the CCG would be required to have an agreed virement policy in place.

Whilst recognising the need for this policy, the observation was made that it would be helpful to specify when a virement could be most appropriately done. e.g. quarterly. **ACTION: Keith Mansfield**

The Committee **approved** the Virement Policy and Guide subject to the above amendment.

## **12. Annual Cycle of Business**

The Committee received and noted the latest annual cycle of business. It was noted that for future meetings CCG finance and CCG Assurance Framework would be added as standing agenda items.

## **13. Date of Next Meeting**

The date of the next meeting was confirmed as Tuesday 25 September 2012 – The Cedar Room, Lockton House, Cambridge.

**Simon Barlow**  
**Integrated Governance Manager**  
**5 September 2012**