

Minutes of the Quality, Performance & Finance Subgroup
Wednesday 20th March 2013
Hargreaves Room, Broad Lea House, Huddersfield
1.00pm – 5.00pm

QPFC/039/12

Present:

Committee Members

Julie Elliott (JE)	Governing Body Lay Member (Chair)
David Kelly (DK)	Chair to the Governing Body
Rachael Kilburn (RK)	Governing Body Practice Manager Member
Joanne Crewe (JC)	Governing Body Nurse Member
Kathryn Greaves (KG)	Governing Body Clinical Member
Nadeem Ghafoor (NG)	Governing Body Clinical Member

In Attendance

Chris Dowse (CD)	Chief Officer
Steve Brennan (SB)	Chief Finance Officer
Helen Shallow (HSh)	Senior Finance Manager
David Boothroyd (DB)	Senior Lead – Contracting, Performance and Commercial Strategy
Helen Severns (HES)	Head of Service Transformation
Jackie Holdich (JH)	Head of Primary Care
Deborah Turner (DT)	Head of Quality and Patient Safety
Grace Duthie (GT)	Project Support, Quality and Safety
Eric Power (EP)	Head of Medicines Management
Sharon Marshall (SM)	Admin Support (minutes)

QPFC/040/12

Introductions and Apologies

Apologies for absence were received from Christina Fairhead, Designated Nurse for Safeguarding Children, Sarah Muckle, Senior Public Health Manager and Rashid Sohail, Governing Body Member.

QPFC/041/12

Declarations of Interest

There were no declarations of interest to report.

QPFC/042/12

Matters arising from the last minutes and action checklist

JE stated that there were some discrepancies on the last set of minutes, and the papers were not received by committee members promptly. The papers should be received at least 5 days before the meeting is due to commence and as a complete set.

HS suggested that the action checklist is circulated within a few days of the meeting taking place so that individual actions could be progressed. The draft terms of reference make these points clear.

It was agreed that there needed to be more discipline in how papers were prepared and circulated to committee members. It was undesirable to receive them late and not acceptable for them to be tabled. This did not lead to good decision making.

ACTION:

- All to ensure papers are prepared and submitted for circulation promptly and to agreed timetable.
- SM to circulate papers promptly and as a single package.
- Action checklist to be circulated to all no later than 5 days after each meeting.

QPFC/043/12 **Unconfirmed minutes of North Kirklees Finance and Performance Committee held on Thursday 14th February 2013**

The minutes were accepted as a true and accurate record

QPFC/043A/12 **Draft minutes of Quality and Safety Committee of 20 February 2013**

These remain outstanding and will be presented to the next meeting of QPFSC.

ACTION: DT to submit for approval to next QPFSC the Quality and Safety Committee minutes from 20 February meeting.

QPFC/044/12 **Action Log and Matters Arising**

FPSC/036/12
Contract Round 2013/2014 update

On the agenda.

FPSC/025/12
Unplanned/ Emergency Ambulatory Care

HS asked about the development of the Emergency Ambulatory Care Centre at DDH. Gaynor Connor is progressing with MYHT on cost, activity and impact on finance as part of the development of the Mid Yorkshire Transformation programme. CD said the plan was to test the model for a few pathways from June 2013 not 1st April 2013. SB said we would need to agree models and finances before we would see anything reflected in the contract. Gaynor Connor and DB will work together to make progress.

Primary Care Incentive Scheme

There followed a conversation about performance management of general practice Local Enhanced Services (LESs). The Commissioning Support Unit (CSU) has been asked to pick up monitoring. Still being pursued. DK/JH asked what the arrangements were for performance managing/ monitoring the LESs and evaluating the success/ benefits of the schemes. JH said that CSU is putting in place a plan and timetable to evaluate the LESs and this is already underway. The outcome will inform our future plans for any incentive schemes.

FPSC/026/12

MYHT Over spend regarding diabetic insulin pumps

HSh asked the group about the increased costs of diabetic insulin pumps. DB asked to carry forward this action since it needed to be explored in Mid Yorkshire Contract Management Group beforehand

ACTION: DB to follow up and report back by next meeting

FPSC/027/12

Action completed.

FPSC/036/12

Action completed - included on the agenda.

FPSC/038/12

Action completed. Performance report including 18 weeks position included in paper on the agenda.

FPSC/038/12

Action completed.

FPSC/033/12

Finance and Contracting Report.

Locala seeking extra non recurrent funding. Details not clear. SB to bring the latest update to next meeting.

ACTION: SB to bring latest position non recurrent funding for Locala to next meeting.

On CRB checking: JH reported that we did not have information on whether those voluntary and community sector organisations which are received funding from us carried out CRB checks on their staff. We agreed this was a learning point for this year which we would take into our planning for next year. [see main body of these minutes].

FPSC/034/12

Performance report

Cancer (PHQ05) –

JH advised the group that a paper is being presented to SMT for discussion and recommendation on actions.

Unplanned hospitalisation (PHQ15) – completed.

Choose and Book – amendments made.

Ambulance turnaround time Dec 2012 – no CQUIN for this but JC confirmed there is a Quality Indicator with penalties already in place.

FPSC/036/12 Terms of Reference

Completed - included on the agenda.

FPSC/038/12

Completed – included on the agenda.

Matters Arising

There was a question relating to how we would receive handover documents from the PCTs Cluster Board. CD questioned how we manage the quality handover from the Cluster. DT replied that the document would go to the Governing Body meeting on 3 April 2013. Any further information would be brought to the next QP&F meeting. *[Note: at the meeting of the Governing Body on 3 April, the members received the Quality handover Document and noted that it had not been considered by QPF subcommittee. The Governing Body requested that QPF Subcommittee consider the document in detail at its next meeting and take any action necessary as a receiver organisation].*

ACTION: DT to present the Quality Handover Document at the next meeting of QPF subcommittee.

QPFC/045/12

Terms of Reference (paper taken out of agenda sequence)

JE asked that all previous changes and amendments that were discussed be incorporated. [Note: This was also raised at Governing Body meeting on 3 April where Terms of Reference for this committee were not accurate and would need to be submitted for approval at the subsequent meeting.] There was agreement that we needed a clear and shared understanding of the remit and responsibilities of this subcommittee; we needed to be effective and efficient. Clarification is required on how administrative support will be provided.

SB stated that we need to be consistent in naming this committee – it is QPF subcommittee.

On membership, JE asked that there should be a second lay member on this committee as with the other subcommittees to ensure a strong external voice and effective challenge. This was the important subcommittee. It was recommended that we should include in the membership the Secondary Care Nurse/Clinician.

JE stated that to be Quorate, 3 members including lay members would need to be in attendance.

On member attendance, it was agreed that attendance of members would be logged and noted. Where attendance was poor, it was agreed that - as with other committees - it would be raised as part of performance review Arrangements of Governing Body members.

On Secretariat, it was confirmed that Alison Fearnley – when back from sick leave – would be supporting this Subcommittee. In setting the agenda, items would go to the chair for the agenda setting meeting. The secretariat would arrange timings. The agenda should be available two weeks before the meeting takes place and circulated to all those preparing papers promptly.

QPFC/046/12

Finance and Contracting Report

HSh presented the paper and informed the group that the CCG is expected to meet its financial targets for 2012/13. Risk levels of not achieving this are low. QIPP delivery will meet expectations of £4.3m.

Non Recurrent Funding – General Practices

The Practice Representatives declared an interest on this item.

HSh set out how the non-recurrent funding had been allocated following the bidding process. There was a good deal of debate to assure members that the process for practices was fair and transparent. SB stated that we need to continue with the decision making process. Further discussions were being had around Jayex boards and whether we fund or not. DK said that practices should bid for all equipment that is available and relevant to the practices. SB spoke about practice grants and explained that there are reasonable amounts of money to be had and every practice has an opportunity to access it. The process is to submit a bid for items that practices need. We are likely to have some flexibility to repeat this in 2013/2014 but are unable to commit just now.

NG stated that he thought the bidding process was difficult and suggested that practices should have access to all the remaining allocation even though not bid for. SB replied that there had been two bidding rounds. DK confirmed that there were 16 practices bidding in 1st round and 22 practices in 2nd round. SB stated that the rationale for the exercise was to encourage primary care innovation.

RK stated that the recent letters on outcome of exercise sent to practices from the CCG were incorrect. JH gave apologies and said correct versions were being sent out.

It was agreed that the outcome of the exercise should be shared at the next PPT/ GP Forum event at Al- Hikmah. DK needed information for this event about what the successful schemes were going to deliver as well as what schemes/ practices had been turned down and why.

ACTION: JH to ensure outcome of single use schemes/ non recurrent grants to be available for Practice Forum

Non Recurrent Funding – Voluntary Sector.

JH informed the group that because of dealing with vulnerable patients, we should check whether charities receiving grants from us are carrying out CRB checks on staff. DT thought that voluntary agencies rarely carry out CRB checks. JC thought that this it was reasonable we should seek reassurance and to include this prerequisite as part of any similar future process.

JH sought advice about how we should promote the schemes. The current approach is for the voluntary groups to approach GPs themselves to promote to patients and families.

How do we monitor progress? DT stated that the funding is a grant and not a contract. Therefore, it is not necessary for us to track. SB suggested that we discuss this in future meetings. DT said that she liked the idea of a self-assurance checklist. JE questioned whether there would be any risk to us if we did not monitor delivery. SB replied that the risk was not great and therefore tolerable. However, we should vet organisations that grant funding.

The report and contents were noted by the members of the QPF subcommittee

Update on 13/14 contracting round

Locala: We are lead commissioner for the Locala contract and now fully engaged with their senior team on 13/14 negotiations. These are progressing well. CD said that Robert Flack was anxious about the coming year and about the level of change they will be subjected to given the ambitions of the mid Yorkshire Transformation programme. For example, there is £0.5m in the contract associated with admissions avoidance schemes that we are seeking to use differently. We have agreed that we will continue to invest this with Locala but that we will, in year, work with them to assess what we get for that investment and look at what pathway redesign we need to work on. DK suggested that if we do not get good evidence for success then we should consider decommissioning services. We agreed that this was too soon to say and that we were not looking to destabilise or disintegrate services for patients in the community and intermediate tier. Indeed, we wanted to work with Locala to strengthen our community offer.

DT said that Locala has not met all its 12/13 CQINNs. She was working with them on a new set for 13/14 that would be both challenging and achievable.

DB confirmed that we are keeping the activity plan as per 12/13. Health visitor numbers target were now a NHS England issue. We expected to sign off the contract at Easter.

MYHT: Wakefield CCG is lead commissioner. Given the importance of this contract value to NKCCG, we are represented at most meetings. SB told the group that he had met with trust representatives. Non elective growth for our CCG has been agreed at 8% whilst it is 2.5% for Wakefield - given the impact of their Primary Care Incentive scheme on holding down demand. The debate about financial support to eliminate 18 week waits is ongoing. SB is not too anxious about the outcome of this negotiation and expects that we will settle with a win/win which will sit just comfortably within our financial forecasts and projections for 13/14.

JC asked for an update on CQUINS for 13/14. DB replied that they are still under discussion. JC asked about readmissions penalties. DB stated that we have not assumed that any penalties will be returned in any way to MYHT.

South West Yorkshire Partnership Foundation Trust (SWYPFT) contract management is lead jointly by Calderdale CCG and Greater Huddersfield CCG. We are not clear on progress for 13/14. Our lead officer for mental health and LD is Vicky Dutchburn from Greater Huddersfield CCG. There was general agreement that we needed a stronger focus on this area of business. It is a key strand of our Transformation programme for both care closer to home and urgent care. Our commissioning ambitions need to be strengthened.

Yorkshire Ambulance Service (YAS) contract is managed by Wakefield CCG. We are receiving regular updates on progress for 13/14 and our views and comments are sought.

JE asked for an update at the April QPF subcommittee.

ACTION: a further update on the contracting round for 13/14 to be given at April QPF subcommittee

QFPC/047/12

2013/14 Budget

SB had presented an outline paper to the subcommittee previously. The detailed budget is in line with our medium term financial plan. We will be having meetings with the Local Area Team as part of the confirm and challenge process. We are confident in our processes and not expecting any difficulties with this meeting.

We have accounted for seasonal pressures and have included risks around the implementation of 111.

SB reported that we are contributing to the cost of the mid Yorkshire Programme Management Office which may be in the region of £600,000. Proper approval for this will be sought once the figures are confirmed.

QIPP Plans

JE noticed that the date was wrong and should be 2015 not 2014.

Financial Reporting in 2013/14

SB stated that we would not be reporting the April financial position. JE asked if we could bring the mock-up of these reports to the April committee for comments.

CD stated that recognition should be noted for the Finance team and all their hard work in closing down the finances of the Primary Care Trust and setting up those for two CCGs.

Recommendation

JE reached agreement from the group that subject to agreed tweaks and information regarding non recurrent funding, then this budget would be recommended for approval to the Governing Body on 3 April.

QFPC/047/12 18 weeks Performance Monitoring Report

The report was presented by DB. He said that we are proposing to make an investment in MYHT to clear some but not all the 18 wks backlog. The exact sum was subject to negotiations. We are currently budgeting for £900k DB said that if 18 weeks is not achieved by MYHT then there are penalties. He added that, for example, dermatology is not a risk but that plastic surgery is.

The members noted the report.

QFPC/048/12 Monthly Performance Report

The report was presented by DB. The members discussed in detail the elements of the report, particularly those rated red and satisfied themselves that appropriate action was being taken where relevant. Members then noted the report.

Cancer Waiting Times - DB stated that for cancer, 62 days was a local target and more challenging than the national standard.

Choose and book performance against target was gradually improving month on month. This report continued to be across Kirklees and not split by CCG. DB stated that the plan was to report separate CCG data in June.

QPFC/049/12 Integrated Plan and Prospectus

Three draft documents were discussed: (i) the commissioning prospectus, (ii) the strategic plan, and (iii) the integrated delivery plan. They had already been discussed in detail at an earlier stage in a Governing Body development session and a Clinical Strategy Group meeting. The plan was to take them for further discussion and comment to the next Kirklees Health and Wellbeing Board.

JE asked for comments to be sent to Sam Merridale by Thurs 28th March. The expectation was that these would be formally signed off at governing Body in April.

ACTION: CD to progress draft and ensure it is taken to the Governing Body meeting at the end of April for final approval.

QPFC/050/12

Primary Care

The Practice Representatives declared an interest on this item.

JH presented the paper on the Primary Care Incentive Scheme. She was seeking support and approval for the scheme. Once received, she would be taking it to the Practice Forum for presentation and discussion. Final sign off would be through the Governing Body.

CD asked how it fitted with the Transformation Programme. JH replied that it supported delivery of improved primary care through engagement, reducing variation and improving performance across practices.

NG, RK and KG are presenting feedback at next Cluster meetings.

JC are we recommending approval of this incentive scheme, subject to be discussed and valuation to help us to achieve our plan.

ACTION: JC & JH to pick up outside meeting and check if it is in the plan from Sam.

Choose and Book

DK stated that the 42pence is for success across two elements, i.e. when all elements set out in the scheme are delivered to between 75%-89%.

Quality

DB stated that staff surveys, patient surveys and one other survey are needed for contract compliance purposes. A verbal update will be given for the Practices Forum.

DT reported that Francis sessions were planned for end of April.

QPFC/051/12

Phlebotomy Report

JH presented the paper which set out performance by practice for the year ending Dec 2012. This was specifically about the North Kirklees registered population. It had been discussed at cluster meetings. DK noted that practices are not performing consistently. JH stated that his highlights the need for a process to be put in place and that clinical leads have a role in leading improvement in their clusters. Two clinical members of the Governing Body are in the red. DK asked that it be minuted that the figures had improved. JE concluded that the paper was for our information and to note.

Quality Reports and Papers

JE did not accept the tabled papers on quality and asked DT to present them again to the next meeting. CD said that it did not make for good decision making and therefore good governance if members did not have sufficient time to read and consider the content.

ACTION: DT to represent quality papers to the next meeting of QPF.

Any Other Business

It was agreed by the group that it would be challenging to keep this subcommittee to time - doubly difficult if papers were not presented properly. It was agreed that there needed to be a 10-15 minute break in the middle.

**Next meeting: 17th April 2013 at Bradley Park Golf Club
1pm – 5pm with refreshments**

DRAFT