West Norfolk Clinical Commissioning Group

MINUTES OF THE FINANCE & PERFORMANCE MEETING HELD ON WEDNESDAY 16th NOVEMBER 2016 AT 10.00 AM AT MEETING ROOM, KING'S COURT, CHAPEL STREET, KING'S LYNN

Present:	**Chair**	Rob Bennett	(RB)	Lay Member (Finance) (Chair)
		Dr Sue Crossman	(SC)	Chief Officer
		Dr Ian Mack	(IM)	WNCCG Chair
		Melvin Peveritt	(MP)	Vida Healthcare
		Chris Humphries	(CH)	Director of Operations
		Chris Randall	(CR)	Chief Financial Officer
		Emma Kriehn-Morris	(EKM)	Deputy Chief Finance Officer
		Rev Hilary De Lyon	(HDL)	Lay Member Audit Chair & Deputy WNCCG Chair
	Attendees	Philip Riedlinger	(PR)	Interim Project Support Officer (For Item 7.1)
		Cathy Hudson	(CaH)	Admin Support (Minutes)

ACTION

1 APOLOGIES

No apologies have been received.

2 NEW DECLARATIONS OF INTEREST

No new declarations of interest were received. Check with HF on the removal of the GP's practices names.

3 CONFIRMATION OF ANY PART OF THE AGENDA THAT IS EXEMPT UNDER THE FREEDOM OF INFORMATION ACT

Agenda item 8.1 will be exempt under the Freedom of Information Act.

4 MINUTES OF THE PREVIOUS MEETING HELD ON 19th OCTOBER 2016

Page 3, para 4 – Final sentence to be changed to *This has resulted in an adverse variance of £3.219m against the **planned surplus of** £705k.*

Page 4, para 11 – Sentence to change to *These accounts, and the risks and mitigations that are presented to the committee, reflect the reporting requirements of NHS England, namely that CCG's cannot show a forecast net financial risk against plan until such time as NHS England have formally approved it.*

Page 4, para 11 – Sentence to change to *As a committee it is recognised this is highly challenging and agreed the importance of ensuring NHS England are aware of our true financial position.*

Subject to these changes the committee approved the minutes for 19th October 2016.

5 ACTION LOG/MATTERS ARISING

- **16/16 –** CR will draft an update and circulate to the group.
- **20/16 –** A different method of measuring will reduce the risk of double counting.
- **27/16 –**This will be amber with an end date of 31.03.17.
- **29/16 –** On agenda for today's meeting. Complete.
- **34/16 –** First part of this is covered in the FRP. More detail will come back to the committee at the December meeting.
- **36/16 –** CR will circulate the paper to committee members.

ACTION

- **37/16 –** There are two measurements used for identifying breaches. One is for the total time patients spend in A&E from arrival to departure. This is how the 4 hour breaches are identified. The activity for the first six months shows 91.2% of patients are seen within 4 hours, between 4 and 8 hours is 7%, 8 to 12 hours 1.2% and over 12 hours is 0.6%. This equates to around 120 people. This is not the same measure that is used for reporting 12 hour breaches. This is calculated on the numbers of patients ready to leave the department and when they then actually leave. The data for this measure shows 3 patients. The meeting discussed the more effective method of measurement and agreed to focus on the total wait times.
- **38/16 -** On agenda for todays meeting
- **39/16 -** EKM and CR are working on this and this will go through SMT and then on to Audit Committee.
- **40/16 -** Detail will be given in the Finance report in item 7.1
- **41/16 -** This has now been superseded by the slippage around recruitment into the care home matron scheme. This is in the FRP on the list of considerations.
- **42/16 -** Will be covered in the Best Value update.

6 HIGH LEVEL FINANCIAL PLAN 2017 - 2019

CR presented his paper to give an update on the High Level Financial Plan for 2017-19 following the initial presentation to the committee at the October meeting. A set of working documents form part of the plan. Based on the assumptions with the plan, we will need to save £8.5m. CR asked for the committee to be aware that this is predicated on WNCGG hitting the target forecast outturn for the current year. Any shortfall in the outturn will have an effect on the target for next year. There is currently a risk of around £2.4m and there is potential for this figure to increase. The consequences in future years of the Financial Recovery Plan has been discussed with NHS England.

MP asked the committee asked if WNCCG would be able to achieve savings within the community if more work will be taken into the community as describing within the plan. CR responded to say that for 2017/18 we may be able to use some of the 1% non-recurrent reserve to be able to invest to create capacity. The meeting discussed how the plan is written and how this will need to be clearer when being presented in different forums.

CH told the meeting that demographic and non-demographic growth elements are written into the plan.

IM asked what the significant growth in the Primary care budget 2016/17 and 2017/18 would relate to. EKM responded to say historically we have invested a 5% growth for Primary Care. This area is a focus with our Best Value schemes. From 2017/18 this includes the full effect of the integrated palliative care service.

The committee discussed the plan and how it is presented to NHS England.

RB asked why the non-recurrent resource limit has gone negative. CR told the committee that this is because there are two changes that are being made to our allocation. One is due to the price changes from the move from the structure of PBR that being used to HRG 4 plus, a new pricing structure. The consequence of this takes around £2.2m out of our allocation but the prices charged by our acute providers will be at a lower level. It should be cost neutral. However, NHS England have provided no evidence of the calculation at this stage. Finance and Performance committee would like to see the detail behind this. Identification rules for specialist services are also being changed, this also reduces our allocation. NHS England are moving to in year control totals rather than cumulative. They want us to show this by showing our surplus as a reduction in our allocation.

CR will bring a paper with more detail to the next meeting.

SC asked for clarification on CHC spend. The plan shows a 3.7% uplift expected in activity but a decrease in expenditure. The savings are expected from efficiencies and best value schemes already in place.

ACTION

7 MONTHLY FINANCIAL & PERFORMANCE INTEGRATED REPORT AND QIPP

7.1 Finance and Performance Integrated Report – Month 7 including Better Value

Update: *Performance – QEH* - The 18 Week Wait target has always been met and the position has improved further. This will help will an increase in non-elective work over the winter period. Diagnostic testing has reached its 99% target for the second month. The target for cancer 31 day surgery is always reached but there has been one case that did not make the target. CH is waiting for detail on this. The 62 day wait had an 85% target. There have been concerns with this and the QEH has said this will be met in October. Ambulance handover performance is directly related to the A&E waiting times. The 4 hour wait in A&E is being consistently meeting the monthly trajectory. This will become 95% in January. Funding will be lost if this is not met. There has been a 12 hour breach in A&E in November. A root cause analysis report will be produced.

NSFT – The annual accumulative IAPT access target is still being met. The recovery target is not being met but there is a Remedial Action Plan (RAP) in place to reach the 50% target by the end of December. Actions are being taken to achieve the target.

Finance – The 2016/17 plan requires West Norfolk CCG to deliver a 0.6% surplus equating to £1.4m, meeting the business rules of NHS England. Month 7 has seen further increases in costs resulting in the worsening of the year to date deficit to £(3,089k from the Month 6 reported position of £(2,514)k. This has resulted in an adverse variance of £3,911k against the plan of £823k.

CR asked the committee to note the level of recovery in month 12. The FRP includes actions that will return WNCCG to the original planned surplus with the 1% non-recurrent reserve. This does not take into account the potential risk. WNCCG think there is a risk of around £2.4m. The steep incline at the end of the year is a concern.

EKM told the meeting that after initial submission to NHS England, and following the previous instructed business rules, we had to report net risk of nil. NHS England have responded to say they have reviewed these rules and we can now report a net risk of £2m.

Cambridge University Hospital has seen an improvement following the removal of some queried activity particularly for Critical Care patients. The corrections have had an impact on the pan-Norfolk risk share arrangements. Where West Norfolk CCG incur 60% of Cambridge Critical Care costs. There is now more engagement with the contract monitoring process. Cambridge and Peterborough CCG are issuing CHU with a contract query notice due to the quality of the data being received.

Meetings have been taking place with the QEH to discuss the year end position and the £8.6m gap. WNCGG have looked at the forecast and adjusted the figure by £777k, this will reduce the gap. The meetings with David Stonehouse have included discussions on ways to reduce the gap and so far a conclusion has not been reached. CR will continue to pursue a resolution.

One of the areas of challenge will be on short stay patients. Data is being reviewed where patients are coming into to A&E and then being admitted to another area for a very short period of time. This has been discussed at TIFG meetings.

More detail on the over performance in specialities at the QEH will be bought to the next meeting.

The meeting discussed the cost pressures on West Norfolk CG and lessons that have been learnt for future budget planning in future years.

ACTION

At this point, MP left the meeting.
CH told the committee that a meeting has taken place with Norfolk Surgical and Diagnostic Centres (NSDC) and asked for an agreement on a cap on spending by the end of the year. This will include an agreement on a level of activity. This has also been agreed with BMI and similar discussions will take place with other providers. A contract has yet to be signed with Anglia Community Eye Services (ACES) this can allow discussions to take place to reach a similar arrangement.
MP returned to the meeting

The over spend in community commissioning is the shortfall on the Better Care Fund and the palliative care pathway.

As part of the Financial Recovery Plan work is being done to look at high cost CHC packages. Additional Resource is being given to both the prescribing and CHC teams to assist with this work.

Better Value Update – PR attended the meeting to update the committee on the Better Value schemes. Month 7 has ended slightly behind plan but has picked up from last month. The admission avoidance schemes are waiting for data to be received before they can be counted accurately. There are also some numbers for the CHC schemes which are not included in this month's report. This should help for next month. The Best Value display board in the main office has changed to focus everyone on actions that are required to help with the FRP.

MP declared an interest in the care home matrons scheme and informed the meeting that three King's Lynn practices will each employ a care home matron as an interim measure as West Norfolk Health is not yet in a position to take the contract. A cost budget has been submitted to WNCCG and wish to discuss the performance measures. Once this is all agreed then the care home matrons can be employed. The timescales for this scheme are starting to slip.

Palliative Care – In the original contract with NCH&C data would not usually be received until December. It has been requested that this information is received earlier from now on. There are also concerns with the fulfilment of contractual requirements. These concerns will be expressed formally in writing and an urgent meeting will be arranged to discuss how they can improve. The key focus is to get the palliative care service working in the way it was originally intended.

Admission avoidance – The expansion of the virtual ward and intermediate care beds is in progress and recruitment is under way. It is hoped savings from this scheme will start to be seen from next month. There will be a priority on ensuring GPs are aware of these services and that they are fully available. Darren Russell has been working on data analysis and some streams will be able to start in the next few weeks.

Acute productivity metrics – Adrian Bellamy and Sian Kendrick-Jones will be meeting to discuss this scheme. **Once the outcome of the meeting is known PR will update the committee.** **PR**

Referral Management – Steve Lloyd has been working on the Choose and Book process and having discussions with a number of practices. There have been issues with the QEH not wanting to expand the Consultant Advice Service at present. Work is also ongoing on a standardised referral form.

Dermatology Review – SKJ is working on this with Dr Pallavi Devulapalli and Adrian Bellamy. SC told the committee that much work had been done on this last year but does not seem to progress. CH responded to say that decisions have yet to be made on where services would go if they were to cease at the QEH. PR is confident the dermatology scheme should deliver next year.

ACTION

Strategic Review of Independent Sector Contracting – There has been correspondence and a meeting with BMI and confirmation has been received that they will work to the plan. A further meeting will discuss how this will work and to confirm actions. WNCCG are seeking to confirm a figure with NSDC. Discussions are taking place with Upwell to reduce their referring in to the Fitzwilliam hospital. Conversations with ACES are also taking place.

PR explained that the FRP has involved revision of the Best Value schemes. This has included stretching schemes already in place and the development of new ones.

IM told the meeting that the engagement with staff has been amazing, with staff volunteering to help with the work.

7.2 **Financial Recovery Plan:** CR presented a paper on the Financial Recovery Plan. The plan includes new schemes which have been risk assessed. This process has identified £2.4m worth of risk. NHS England have asked for a plan to address this. These schemes have all been seen and assessed by the Clinical Executive Team. CR told the meeting that a discussion had taken place with NHS England on a number of schemes that were revisions on what the forecast outturn was likely to be. CR felt that an element of version control was needed to prevent confusion on which plan was being worked to.

8 CONTRACTUAL PERFORMANCE INCLUDING CSU

8.1 **Contract Update – Current Issues and 2017/18 – 2018/19 Negotiations: ****FOI EXEMPT ITEM******

8.2 **CSU Update:** Approval has been given by NHS England for the CSU staff to move over to WNCCG.

9 ANY OTHER BUSINESS AND REFLECTION ON MEETING

Clinical Academic Reserve – HDL told the meeting that a new Audit chair at NHS England is in place. HDL will discuss the issues with her.

Capita – Patient travel claims have become an issue. These were previously paid by Serco. This has been escalated by the Caldicott Guardians.

13 DATE OF NEXT MEETING

The next meeting of the Finance and Performance Committee will take place on Wednesday December 21st 2016 at 10am.

There being no further business the meeting closed at 1.05pm.