

**MINUTES OF THE FINANCE & PERFORMANCE MEETING
HELD ON WEDNESDAY 16 DECEMBER 2015 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 Ian Mack	(IM)	WNCCG Chair
		John Ingham	(JI)	Chief Financial Officer
		Hilary De Lyon	(HDL)	Lay Member
		Melvyn Peveritt	(MP)	Practice Representative (to item 10)
		Lauren Sibbons	(LS)	(For item 9)
	Attendees	Simon Wade	(SW)	Financial Recovery Director (to item 9)
		Cathy Hudson	(CH)	Minutes

ACTION**1 APOLOGIES**

Apologies were received from Dr Sue Crossman (SC) and Emma Kriehn-Morris (EKM).

2 NEW DECLARATIONS OF INTEREST

No new.

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

None

4 MINUTES OF THE PREVIOUS MEETING HELD ON 18 NOVEMBER 2015

Amendments will be made to the minutes of the meeting held on 18 November to reflect the following changes;

*Page 3, para. 1 – Therefore, **one CCG is not experiencing** the expected savings.*

*Page 4, para. 1 – The meeting discussed in detail the purpose of the £5 per head schemes and IM expressed concerns on any potential damaging of relationships in schemes ending **without proper evaluation.***

With the requested amendments the minutes were approved.

5 ACTION LOG/MATTERS ARISING

- **5/15** – This report was seen by the Audit Committee Meeting. Comments have been submitted subsequently. These comments will be reviewed. A report will come back to Finance and Performance Committee once a deep dive on capacity and recruitment is complete.
- **12/15** – JI has spoken to AB to set up a monitoring process. A paper will come to the January meeting.
- **23/15** – This will be covered under item 9.
- **26/15** – This will be covered under item 9.
- **30/15** – WNCCG and SNCCG have formally submitted arbitration papers to NHS England. A response has been requested and if this is not received it will be followed up at the end of the week.

- **31/15** – The refinements have been made to the TOR. The next meeting will be in January.
- **32/15** – RB and HDL fed back with their comments.
- **33/15** – The prescribing team are advertising for additional pharmacy support. The use of a student over the summer will be reviewed nearer the time.

6 KEY FINANCIAL ISSUES

- 6.1 Month 8 Report:** The full finance report will be prepared for the Governing Body meeting. The deficit as at month 8 of £0.3m is in line with what was expected within the Financial Recovery Plan trajectory.

Risks that have been reported to NHS England which include QIPP delivery. Our biggest area of spend and biggest risk is around WNCCGs contract with the QEH. Work is under way to agree a year end position with the QEH. This will be agreed by January and should help manage the risk for both parties. The monthly transformation board monitoring the post contingency planning process and system sustainability have requested the QEH and WNCCG align their forecast for this year.

IM told the meeting that the QEH are still performing elective surgeries whilst underperforming heavily with the 95% Four Hour Wait target in A&E. Meetings are underway to discuss the increase in activity and activity management. HDL highlighted that although the activity levels at the QEH are increasing, activity is also on the rise at the other providers used by WNCCG. The meeting discussed the best way of engaging with the QEH to help improve the performance and activity concerns.

A meeting will be taking place this week to discuss the transformational agenda. This will include NHS England and Monitor.

The CSU are reviewing invoices from the QEH and are currently querying around £400k every month. This would likely recover around £150k per month and this figure is taken in account on the FRP. This review will be part of an ongoing quarterly review.

RB asked JI if he was confident of the full mitigation of the £1.5m as described in Appendix B. JI responded to say there is an issue with around £500k. A full report will be seen by the Governing Body.

- 6.2 QIPP Update:** The forecast QIPP savings have been down rated this month to take into account the prescribing quality scheme. Last month it was reported that we would expect to deliver the whole £900k expected savings. This month this has been halved based on the data coming through the medicine management team. This should not have an impact on the overall financial position as this is not the data used to prepare this report.

Other changes could come through once another month's data has been received.

HDL asked JI to clarify the dramatic increase in anticipated achievement from January to March. JI explained that some of the schemes involved changes where the impact would not be seen until this time.

The benefits of Eclipse live were discussed. It was felt that some practices will benefit from the use of Eclipse live through initiatives where Eclipse Live can be used for its data.

A paper on the Better Care Fund will come to a future Finance and Performance Committee meeting.

There have been improvements within the spending for Continuing Health Care.

7 2015/16 FRP UPDATE

SW presented his paper giving an update on the Financial Recovery Plan. SW highlighted the Better Care Fund where £487k has been removed this month. Another £220k is attributed around negotiations with the BCF on the Care Act. This could be a risk. A ramping up of targets will happen from January meaning breakeven still remains likely but the 1% surplus position will be impacted and there is a significant risk to this. The pipeline ideas that have been discussed will be moved forward rapidly. Around £550k has been badged within the pipeline ideas so far. This will be an ongoing process.

There are now much better controls over the schemes already in place for Prior Approvals, Dermatology, Pain Management, Prescribing and dermatology. These plans have all been reviewed. The GPs are being engaged in all of the process discussions. The Governing Body GPs are being asked to support and encourage other practices by being assigned to a cluster.

The interim evaluation of the remaining £5 per head schemes will be completed by Friday. There will be recommendations from this review that will be seen by SMT. Originally, there was around £250k attached to this scheme. Following the review, there will be around £150k unspent.

MP asked for SW to be mindful that when services are being taken away from providers and re commissioned elsewhere, these services are like for like or better.

The report for next time will include a consolidated position of the Financial Recovery Plan for clarity. IM requested more detail to be provided in future reports about the delivery of individual schemes including timescales.

8 2016/17 QIPP PLANNING

SW updated the meeting to say that an initial review of the 2016/17 QIPP plans has taken place. There is a £10m QIPP requirement for 2016/17. The plans we submitted to NHS England were for £6.5m. Other schemes are being looked into to increase these plans. A set of controls and measures are being put into place to monitor the schemes to ensure they are effective and show benefits. This will challenge the schemes and make sure they are deliverable. A six week process has begun, where all the work stream leads will meet to look through any potential opportunities for schemes and simplify the process.

The QIPP schemes that have been submitted to NHS England are very much transactional and there are very little in the way of transformational schemes. This will need to be a focus for the future. This will include looking at the RATS team and virtual ward. The Better Care Fund will also be a focus. IM informed the meeting of the issues that arise from the ineffective data that is received through the SRG which prevents better models of care being designed.

SW told the meeting that he is meeting with other local CCGs and sharing recovery and QIPP plans along with other information to see if there are learnings from other CCGs we could incorporate within our schemes.

There will be a refresh of the plans in the new year taking into account the NHS allocations from NHS England.

RB asked about resourcing. Are the right people in the right positions? Aidan Fallon is in position as the Interim Director of Planning in place of Kathryn Ellis. He is in post until the end of April by which time a permanent replacement for Kathryn should be in place. The operational element of Kathryn's role is as yet uncovered and this is being looked into. The structure of the team and any remaining vacancies will be discussed at the Governing Body development day.

9 PERFORMANCE MATTERS BY EXCEPTION

- 9.1 Ambulance Handover:** LS updated the meeting on the current performance for ambulance handover. Performance had dipped again this month. There has been 216 incidents of over 30 minute handovers and 109 for over an hour.

A joint review is underway. Work with EEAST is ongoing, looking at the increase in calls as they are operating at 5.2% above plan in terms of activity at present. Patient data is being looked at in detail as part of the joint review and this will be concluded by January 6th. Each handover delay does incur a financial penalty to the QEH. Reinvestment of these fines is an option if a particular area is highlighted and investment would be a benefit.

IM told the meeting that blame is aimed at the discharge of patients where the beds are not available in the community. WNCCG have requested the detailed data on delays of discharge to be able to pin point where the issues are. This data has yet to be received.

MP asked if the hospital are flexible with the use of male and female allocated beds when A&E are trying to find beds for patients. The rules for beds are strict to prevent mixed sex breaches.

9.2 A&E Waits: A Contract Query Notice (CQN) has been issued due to the increase in A&E waiting times. WNCCG requested a Remedial Action Plan (RAP) for improvements but the QEH have refused and asked for a joint review. This process has been started and has been escalated to NHS England and a meeting has taken place between WNCCG, QEH, Monitor and NHS England. It was agreed a plan would be delivered by December 18th. LS, SC and Nikki Bartrum (NB) will be meeting with the QEH to look through point's prevalence data ward by ward to look at discharge issues. IC24 is being cited by the QEH as having an impact on the attendances at the hospital. IC24 have been asked for a report showing the gaps in their staffing but have not provided this information.

9.3 Cancer 62 Day Target: The RAP for Cancer 62 day wait is having a positive impact. The October data shows this has achieved 100% during the month. The pathology lab at Addenbrookes is due to be refurbished in Dec15/Jan 16. The possible impact on performance will need to be kept under review.

9.4 Any Other Exception: IM updated the meeting that NSFT are having issues with their ability to assess patients within A&E. There have been some almost 12 hour waits. WNCCG have significantly invested into this service this year and therefore they have been asked to provide details on how this investment has been spent.

Ambulance response times are still an issue. It is understood this is down to the rural location as this can make achieving the national target difficult with the level of current investment. This is more of a problem with the Red 2 calls.

HDL has spent time with the ambulance service and from this visit it was apparent that a large problem for EEAST is when ambulances go out of area due to the location of West Norfolk.

IM shared the data from a report seen by the SRG which show the percentage of calls that came through from 111 sources was 24.9% against a national benchmark figure of 9%. EEAST have said if they were able to re triage some of these 111 calls they would be able to reduce some of the calls. This is something that NHS England will not allow. **IM and HDL will discuss if this can be changed.**

IM/HDL

10 CONTRACTING EXECUTIVE MEETING

Jl presented a paper with the draft Terms of Reference (TOR) and minutes from the newly established Contracting Executive Team. The purpose of the meeting is to better manage the contracts between WNCCG and the CSU. The meeting is chaired by Helen Hughes, the Anglia POD Director and this enables any local issues with the team to be addressed at the meeting.

The meeting discussed whether the group should report back through the Finance and Performance Committee as opposed to the Audit Committee. JI felt the discussions at the Contract Executive Meeting do tie in the discussions had at the Finance and Performance Committee. The meeting discussed the possibility of a joint chair for the committee and agreed this should be actioned.

HDL asked JI if it was appropriate for the meeting to be chaired by CSU. This could cause issues if the committee would ever need to vote. The meeting discussed the possibility of a joint chair for the committee and agreed this should be actioned JI explained that it was important to ensure there was continuity in attendance while there were staff changes within the CCG. IM suggested the Accountable Officer attends the meetings while these changes are taking place.

The minutes of the meeting showed it was an open meeting for both the CCG and CSU and would be beneficial to both sides. Priorities were discussed due to the impact of the Financial Recovery Plan on the CSU. There have been staff changes within the CSU team which have had an impact on the deadlines with the action log of the meeting.

The Service Level Agreement for the CSU has all been agreed and the final draft has been read through and comments sent back. This should be signed this week.

The FRP dashboard has been shared with the CSU by SW.

As well as the monthly contract meeting WNCCG do meet weekly with the CSU.

11 CSU UPDATE

Covered under item 10. JI told the meeting that most of the local CSU team will be interim that should be with us over the contracting period. It has been agreed to include additional managerial support locally.

12 AOB

Clinical Academic Reserve – No update had been received from NHS England. IM told the meeting that Gt Yarmouth and Waveney CG have been told their budget could be top sliced.

The committee thanked Kathryn Ellis for her hard work and support during her employment with WNCCG.

12 DATE OF NEXT MEETING

There being no further business the meeting closed at 12.45pm.

The next meeting of the Finance and Performance Committee will take place on Wednesday January 13th at 10am.