

**MINUTES OF THE FINANCE & PERFORMANCE MEETING
HELD ON WEDNESDAY 17 JUNE 2015 AT 14.30 PM
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
		Kathryn Ellis	(KE)	Director of Operations & Strategic Planning (For items 1 to 6.3)
		Hilary De Lyon	(HDL)	Lay Member

ACTION**1 APOLOGIES**

Melvyn Peveritt (MP), Cathy Hudson (CH), Dr Sue Crossman (SC) and Emma Kriehn-Morris (EKM).

2 NEW DECLARATIONS OF INTEREST

There were no new Declarations of Interest

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

Items 7.4 and 9 will be exempt under the Freedom of Information Act.

4 MINUTES OF THE PREVIOUS MEETING HELD ON 13 MAY 2015

Page 2, Para 6: Should read 'System Resilience Group'.

Page 4, Para 5: Should read 'The £6.3m dedicated to the Better Care Fund is for the Social Care element and not the health part'.

5 ACTION LOG/MATTERS ARISING

- **4/15** – This is now covered under item 14/15 and can be removed.
- **5/15** – To be discussed at the July Audit committee meeting. Once this is done this item can be closed.
- **7/15** – Covered under item 13/15 and can be removed.
- **10/15** – the Terms of Reference for this committee has been approved by the Governing Body. This item is now closed.
- **11/15** – KE will circulate the Silver call paper to the committee members. This item can then be closed.
- **12/15** – The issue had been with the potential primary to secondary care shift and this would be tracked throughout the year. No activity information has been received as of yet to enable any tracking to take place. The letter from NHS England following the Q3 Assurance discussion had stated an overall assured with support. It was assumed this support was due to issues with IAPT and Dementia targets not being met. The Q4 meeting takes place on June 23.
- **13/15** – A detailed QIPP update giving a position on the progress of the schemes will be seen at the September Finance & Performance meeting.
- **14/15** – JI had met with DC and AB to discuss the triangulation of prescribing data and acute data. This work is ongoing and an item will come to the July Finance and Performance meeting.
- **15/15** – JI and RB have discussed the options for the July meeting. Due to other commitments, there is not a date that would be suitable for everyone. Therefore the original date of July 22 will remain.

6 KEY PERFORMANCE ISSUES

- 6.1 RTT:** KE has attended a meeting with QEH to discuss outstanding performance issues. The RTT position has not changed since the previous report, the admitted target is still being achieved at aggregate level across all specialities. Urology was due to hit target in May but this was not met. This was due to locum consultant who had been lined up to take on some work then pulled out. KE has had assurance that over the coming months this will be back on track. All the other specialities are on track. KE feels RTT is now in a good position.

Diagnostics targets were met in February and March but were not met in April. This was because every month there are a number of patients who are scoped who then need to be re-scoped for some reason. A certain amount of capacity is built in to take this into account. During April, the number of patients who required a re-scope was higher than usual. This issue was not escalated soon enough. Assurance has been given that the internal process for escalation has been reviewed. It is expected to be back on track for May and June.

Cancer: There are three core issues affecting Cancer. These are histopathology, internal pathways within the trust and the volume of shared breached both with the N&N and Addenbrookes for more complex patients. There has been correspondence with the trust on a number of performance areas. We have asked them for an updated Remedial Action Plan (RAP). The trust has responded to say it will be difficult to prepare a RAP due to the histology issues. After further discussions, it has been agreed that an updated RAP will be presented taking into account changes that can be made within the trust and assurances from Addenbrookes of a return to compliance. There is a full review of the whole pathway held every other month and WNCCG has been invited to this.

IM reported that he has identified a Governing Body GP (Dr Mark Funnell) to give clinical input to the cancer discussions.

A&E: A&E is looking positive. If they hit the target this week it will be 8 out of the last 10 weeks that they have achieved the 95% target. They had a bad week last week which has not been attributed to patient flow or bed capacity. One of the reasons behind this could have been a high attendance of children and a shortage of paediatricians. The RAP on A&E was reviewed today and amendments were made. We have been waiting for a while to see the trusts internal plans around improving flow around the hospital. A revised version of the plan will be shared with us by the end of the week. They are expecting to deliver 95% for this month and next. They are also expecting to meet the 95% for the quarter.

KE highlighted a key risk in relation to discussions with the QEH on the usage of the CCG's £1.4m operational resilience funding and the Trust's expectation that the majority of this funding is used for extra beds over winter.

IM expressed concerns with the interim staff members within the QEH management team and how this can have an effect on hospitals ability to meet the 95% target.

There is an opportunity to complete a vanguard application for urgent care, which would raise the profile of the WN system and potentially give access to wider support.

KE told the group that a meeting has taken place with NHS England local team to discuss what is happening in other areas with having a system wide dashboard to help with day to day performance management and longer term reporting and metrics. There are daily telephone calls with WNCCG and other partners in the system to see how A&E is doing and whether any issues need to be resolved. This is supported by manual data collection. Details on electronic data used by

other systems were shared. NHS England has commissioned KPMG to develop a tool for inputting variables to see the impact of any changes to the system. We also shared work that we are doing locally on information that is shared with SRG.

RB asked KE there had been any update to the issue raised last month in relation to the potential with holding of payments to the QEH taking into account performance. KE responded to say that while there has been no change to our position at present, the continued improvements at the QEH are encouraging.

IM updated the meeting to say discussions are still taking place at the QEH with the use of the beds within the Sandringham Hospital and that he will continue to highlight this opportunity with the QEH.

IM asked the meeting to be mindful of underlying data relating to performance at the QEH in particular to standards required for stroke. IM is the chair of the Norfolk and Waveney Stroke Network and detailed data on stroke care is scrutinised at this meeting. The data shows significant under performance in a number of areas at the QE in comparison to the N&N and James Paget Hospital. IM has written formally to Dr Raj Shekhar with some of the detail and asked to meet with him to discuss as Dr Shekhar believes this may be due to the manner in which data is collected.

HDL asked KE if, taking into account the rural challenges in West Norfolk, the Ambulance Service are confident they will be able to meet the national standards and if so, when? KE feels that some time should be spent looking into this more locally with in depth analysis being carried out. The EEAST Locality Manager Terry Hicks, has attended an SRG meeting and gave an in depth briefing looking at activity volumes into the trust in terms of ambulance calls, of which there has been a 10 – 12% increase. The meeting discussed the issues within this part of Norfolk with ambulance response times.

- 6.2 IAPT Recovery Plan:** Following the Q3 Assurance Meeting two areas of concern were highlighted. These concerns centred on the IAPT and Dementia targets. An action plan has been developed for both of these and they have been seen by the Clinical Executive Team and shared with Helen Geall at NHS England. Following feedback and discussion additional information has been added to the plans. We are confident that all aspects are covered within the plans.

KE told the meeting that at present, the plans are missing a clear set of anticipated improvements that gives rise to a measurable trajectory. For Dementia achieving the 67% diagnosis rate by the end of Q2. The 15% access target for IAPT is expected to be met by the end of Q1.

The challenge with IAPT is around the data that we have. There is a gap in data with how the service is performing at a CCG level. It has been difficult to evaluate previous actions the service has taken to improve performance as they have not captured good data. KE will be attending the county wide IAPT Performance and Improvement Group to gain assurance of sharing of data and progress on some of the actions. KE feels that, after having seen the most recent data on referrals into the service, we will not meet the 15% access target by the end of Q1.

IM explained to the meeting some of the issues GP practices in West Norfolk are having with the IAPT service.

- 6.3 Dementia Recovery Plan:** KE explained to the group how the diagnosis rate converts into patient numbers. To get to our 67% diagnosis target an additional 400 patients across the year need to be diagnosed. Jan Sanders will be looking into the payments already made to practices for diagnosis. A discussion will be had at a future Clinical Executive Team meeting on any incentives for practices. Part of the £5 per head scheme will be for a specialist Admiral nurse to identify patients through care homes.

A monthly report pulls information from the QOF register and gives a monthly diagnosis rate across West Norfolk practices. The last set of data was received in March and a national issue will mean that the next set of data will not be available until September. This does cause issues when it comes to monitoring the improvements. This will be raised with the regional team.

At this point KE left the meeting

7 KEY FINANCIAL ISSUES

- 7.1 Month 2 Update:** A full report will be seen by the Governing Body next week. Information expected from the QEH on acute activity for April had not been received at the time of the report being prepared. Therefore assumptions are made that this is on plan. The QEH have been asked for robust information which includes a proper plan that is validated and proper actual information that is validated for month one as this will be needed for the Q4 assurance meeting on June 23.

Jl told the meeting of a risk surrounding the funding in respect of the transfer of patients from Watton into three Swaffham practices in 2014. In our plan for this year there was an assumption that we would have £500k coming across from South Norfolk CCG with the hope of a bit extra being reflected in the risks schedule as a potential mitigation. Jl has met with the South Norfolk interim CFO last week and discussed the issue. A funding agreement has yet to be reached for this year and it appears that the planned £500k may now be at risk. This would be escalated to Chief Officers if an agreement is not reached. Jl will bring this to the attention of NHS England.

RB asked Jl if the effect of the national rebasing would be beneficial to West Norfolk CCG. Jl responded to say there is talk of the methodology being reviewed. The meeting discussed how funding allocations are currently calculated and **IM requested a briefing to a future meeting on the committee.**

Jl

The NSFT contract has still yet to be signed. There has been progress and an agreement made on wording within the contract in relation to out of area bed placements following a meeting with NSFT. The detail needs to be finalised then this will be ready for signing. To date NSFT have continued to be paid despite the unsigned contract as the delays in signing have not been entirely due to NSFT.

Jl highlighted concerns with a significant risk with QIPP savings not being met. The lack of QEH data was also highlighted as a concern. This information is expected by Friday (June 19) to ensure this is ready for the Q4 meeting on June 23.

- 7.2 Letter From NHS England about Oversight of Financial Risk:** Jl shared with the meeting a letter from Dr Paul Watson explaining how NHS England will be managing the oversight of financial risk in CCGs during 2015/16. This has been written in response to financial issues in the wider East of England area. Jl will ensure that the letter's contents are taken into account in future reports to the Governing Body, in particular the focus on underlying financial positions.
- 7.3 Update on 2015/16 Finance & Activity Plans:** Jl informed the meeting there has been some work undertaken on delivering challenging QIPP expectations and reduce activity by around 3.5% on emergency admissions to reflect the national BCF ambitions. Simon Stevens had recently expressed concerns that commissioners collectively had not commissioned enough activity. The concern would be that as winter approaches there would not be enough capacity within the system causing problems with urgent care. Each region was given control totals of increased activity that had to be delivered to CCG financial plan. We have been able to deliver ours through a technical adjustment and achieve NHS England's request.

7.4 2015/16 Draft Risk Sharing Agreement: **FOI EXEMPT ITEM******

7.5 Update on Practice Budgets: A report will be prepared monthly and sent out to practices to keep them informed of their practice's share of the CCG's spending. The first of these will be ready at the end of June.

This reporting will also enable practice-level performance to be reported to the Finance and Performance Committee. IM asked if there would be any risk to practices changing processes when they see other practices information. This may be different once the GP contracts are renegotiated. Practices will be able to feedback on the information they receive, and the report can be changed to ensure the data is useful and relevant to them.

JI will ask MP for feedback before the report is sent out.

JI

8 QIPP UPDATE

8.1 Overview of 2015/16 QIPP Programme: The report was sent out to committee members prior to the meeting. The meeting agreed the changes to the report were an improvement.

The top schemes have been pulled out into the CCG's priority work streams. This will help to show how work is focused. There are a number of projects at gateway 0 and gateway 1. These will be put through the next steps to get them through to gateway 2 by the end of June unless there is a good reason why they cannot progress at this stage. There has been a change in the PMO lead within the CCG. The role is currently filled on an interim basis but an advert will be placed for a substantive post.

Since this report was prepared meetings have taken place on a couple of schemes including ICES and progress has been made.

The CHC optimisation has no update on the report but an update has been received from the project manager which offers some assurance. A weekly panel meets to discuss CHC spending. **JI will circulate any more recent QIPP project updates not included in the report.**

JI

It was agreed that the September meeting of the Committee will be mainly devoted to QIPP, to include an in depth review of the Top 5 projects. **RB asked if the updates within the report could be of a standardised format, preferably similar to that used for the Prescribing update.**

JI

8.2 Update on Top 5 Schemes: covered in Item 8.1.

9 CSU UPDATE

****FOI EXEMPT ITEM****

10 AOB

IM asked JI where the letters from Jeremy Hunt relating to agency staff and levels of remuneration would be discussed internally. JI responded to say Jean Clark would be organising a meeting of the Remuneration Committee to discuss. Any further discussion would then be brought to the Finance and Performance Committee.

11 DATE OF NEXT MEETING

The next meeting of the Finance and Performance Committee will be on July 22 2015 at 10.00am. There being no further business the meeting closed at 5.10pm