West Norfolk Clinical Commissioning Group

MINUTES OF THE FINANCE & PERFORMANCE MEETING HELD ON WEDNESDAY, 27th September 2017 AT 10.00 AM AT MEETING ROOM, KING'S COURT, CHAPEL STREET, KING'S LYNN

Present:	**Chair**	Rob Bennett	(RB)	Lay Member (Finance) (Chair)
		Rev Hilary De Lyon	(HDL)	Lay Member, Audit Chair & WNCCG Deputy Chair
		Michelle Barry	(MB)	Lay Member
		Melvyn Peveritt	(MP)	Vida Healthcare
		John Webster	(JW)	Chief Officer
		Chris Randall	(CR)	Chief Financial Officer
Attendees		Lisa Preston	(LP)	Admin Support (Minutes)
		Mark Wheeler	(MW)	Interim CFO
		Phil Riedlinger	(PR)	PMO Manager (Item 17.117)

ACTION

17.109 APOLOGIES

Dr Ian Mack	(IM)	WNCCG Chair
Dr Imran Ahmed	(IA)	GP Member
Ross Collett	(RC)	Director of Operations
Emma Kriehn-Morris	(EKM)	Deputy Chief Finance Officer

Welcome:
RB welcomed Mark Wheeler to the meeting.

17.110 REGISTER OF INTEREST

MP declared an interest regarding Part 2 Agenda Item 17.123

There were no changes to the Register of Interest.

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

****Items 17.121; 17.122; and 17.123 were considered FOI exempt****

17.112 MINUTES OF THE PREVIOUS MEETING HELD ON 23rd AUGUST 2017

a) Minutes of meeting held 23rd August 2017

HDL noted the use of the word "*advised*" within the minutes, which would put an authority on the related comment. The Minute Taker would, in future, use the words "*said*" and "*advised*" as appropriate. The Committee agreed that no changes in this regard were required for the Minutes of the 23rd August 2017 meeting.

Page 13, penultimate paragraph: MP confirmed that he did not attend the 23rd August 2017 meeting and referred to a comment regarding Vida's position regarding the provision of the

Care Home Matron Scheme. "*IA advised that Vida had been reluctant to provide the service in the past*" would be amended to read, "*Vida Healthcare had been unable to agree a mutually agreeable contract to become involved with the Care Home Matron Scheme*."

As the original minute was attributed to IA, the Committee required the requested amendment to be referred to IA for approval or comment before a formal change would be made to the minute.

> ***Scribes Note:***
> *IA confirmed his approval of the proposed amendment in an email to RB and LP, dated 2nd October 2017.*

Subject to the above changes being made, the Committee accepted the Minutes as an accurate record of the meeting.

17.113 ACTION LOG / MATTERS ARISING

Action Log:

- **NEW – 123/17**: To progress the Committee's formal approval of the minutes of the 24th May 2017 and 26th June 2017 meetings, EKM would submit suggested amendments to items attributed to her (Finance) for the Chair's consideration. **EKM**
- **20/17 –** (QEHKL escalation process involving inappropriate admissions of large substantiated value): The Committee noted that the issue was raised at SPRG but had not moved to resolution. Contractual mechanisms would be used to resolve the matter. CR would present an update at the 25th October meeting.
- **22/17 –** (Existing patient cases incorrectly costed to WNCCG): CR advised that WNCCG would be unable to discuss issues with its solicitors without prior agreement by the patients concerned. WNCCG would follow the required procedure. CR would present an update at the 25th October meeting.
- **40/17 –** (A Paper documenting a WN control total (QIPP savings) and including STP totals): WNCCG and the Trust would manage the process to progress issues through to resolution. Item Closed.
- **43/17 –** (A report on the conclusion of contract negotiations): On Agenda (Item 17.118).
- **71/17 –** (Cancer target - 62-day wait): The Committee found the circulated Paper helpful. A recovery plan setting out actions would be required: it was noted that more than one speciality would be involved. WNCCG would sustain its pressure on QEHKL and would report to the Governing Body. The national position indicated that many Trusts were in a similar position and, under scrutiny. QEHKL had re-engaged with WNCCG (a failure to hold meetings would affect a breach). Item Closed.
- **77/17 –** (Unsigned contract summary report): On Agenda (Item 17.118).
- **94/17 –** (GBAF 3.1: SMT would redefine the risk and review the scoring and actions): On Agenda (Item 17.118). Item Closed.
- **95/17 –** (Risk Register to be reviewed to reflect both the ongoing development and, implementation of plans): On Agenda (Item 17.118). Item Closed.
- **96/17 –** (GBAF 2.1: The definition of the risk and the actions would be reviewed): On Agenda (Item 17.118). Item Closed.
- **97/17 –** (The CRR would be reviewed and updated): On Agenda (Item 17.118). Item Closed.
- **98/17 –** (A joint committee meeting - WNCCG & QEHKL - would be scheduled and an update would be reported to this Committee): A Joint Committee (WNCCG/Trust) would progress issues. Item Closed.
- **99/17 –** (Dr Watson had requested a meeting with JW and John Green on 11th August 2017): JW and John Green attended a further meeting with Dr Watson who thought progress had been made. Item Closed.
- **101/17 –** (Cancer Care: QEHKL's remedial action plan would be circulated to the

Committee): QEHKL Cancer Information was circulated via email following the last meeting. CR/LP would recirculate to the Committee.

- **105/17 –** (A Primary Care Delegated Commissioning update would be presented to the Committee at the 23rd August 2017 meeting): CR confirmed that EKM would meet with NHSE to progress. Item Closed.
- **110/17:** (A&E: The Committee's discussion would be relayed to the QEHKL Delivery Board at the meeting scheduled for 23rd August 2017. Delivery Board activity and impact would be reported back to this Committee): On Agenda (Item 17.115).
- **111/17:** (A&E Delivery Board's performance would be discussed with John Green): JW advised that issues around effectiveness were discussed with Dr Watson. As Chair, John Green had written to the Chief Executives of QEHKL's partners to request more senior representation at meetings to enable decision making. Item Closed.
- **112/17:** (The Cancer Action Plan would be circulated to the Committee and included in future reports): Item re-dated to 25th October 2017.
- **113/17:** (A review of non-acute performance by exception would be presented, highlighting where the Committee would need assurance): A fuller data set would be presented at the 25th October 2017 meeting.
- **114/17:** (A consistent format of reporting would be considered, to include 2016/17 figures for comparison): Action completed. Item Closed.
- **115/17:** (Summary Statement – YTD: the commentary regarding budget and QIPP would be clarified in the reporting): Action completed. Item Closed.
- **116/17:** (Key in-year Financial Challenges: the Risk Mitigation table would be updated with data received during August 2017): On Agenda (Item 17.115).
- **117/17:** (An update on QEHKL repatriation/BMI would be presented to the Committee in September. The Risk Register would be updated in terms of the financial position): CR confirmed that repatriation was an ongoing issue. At the last SPRG meeting WNCCG asked QEHKL for assurance: QEHKL would provide a plan of action within 7-days (due 29th September 2017). Failure to provide the plan would affect a formal Contract Variation.
- **118/17:** (Key In-year Financial Challenges: other areas of risk – e.g. prescribing and acute - would be added to the report to show the overall position): On Agenda (Item 17.115).
- **119/17:** (PR would be invited to respond to the Committee regarding a summary update on the consequence of the joint CCG QIPP review): RB was awaiting a response from PR.
- **120/17:** (The Deep Dive programme would be reviewed, setting priorities for the future. The action would be discussed outside of the meeting): The Action was re-dated to the 25th October 2017 meeting.
- **121/17:** (An update regarding ACES and SDC would be presented at the September 2017 meeting): Action re-allocated to RC and re-dated for 25th October 2017 meeting.
- **122/17:** (Reflection would be required to identify potential Committee responsibilities relating to the Rebate Policy. The review would require SMT sign-off. F&P Committee responsibilities would be identified and built into the programme of work, as appropriate): Work was progressing but required refinement. CR would present an update at the 25th October 2017 meeting.

The Committee would identify and prioritise appropriate actions to be added to the Action Log in future.

Matters Arising (Minutes of Previous Meeting – 23rd August 2017):

Page 5 (Agenda Item 17.98): HDL confirmed that the CCG's relationship with Primary Care and Members was discussed at the GB Development Session on 31st August 2017.

STATUTORY DUTIES (inc. Financial Management & Value For Money) **ACTION**

17.114 Risk Register (GBAF & CRR Review)

a) GBAF

CR confirmed that SMT had reviewed GBAF and that CR and HF would consider the inclusion of a 'summary of the current position'. The biggest risk would be the discharge of financial duties, which would come under significant focus.

HDL said that it was critical for GBAF to reflect progression made and, that WNCCG needed to work on culture change.

JW acknowledged HDL's comment and observed that progress had been slow. A number of key issues that would have a bearing on risk (but were not reflected in the current GBAF) would be discussed at the GB meeting on 28th September 2017.

ACTION:
JW would update GBAF and CRR following the GB meeting on 28th September 2017. **JW**

The Committee noted the red rag-rating for GBAF items:

- 4.1 (Risk of failure to achieve Best Value).
- 4.2 (Risk of failure to discharge financial duties).
- 4.3 (Risk of significant over-performance on acute contracts).

GBAF 3.1 (Risk of failure to engage member practices with CCG financial challenge): HDL confirmed that the issue was discussed at the GB Development Session.

JW confirmed that the issue of engagement had been well received at the Council of Members forum on 26th September 2017 and that Members had been enthusiastic about more GP's being given a voice regarding performance. JW advised that the difficulties in agreeing LES' had been addressed by IM in accordance with the Constitution.

RB said it was positive that work to improve engagement had started and that results were expected to follow. HDL agreed. The Committee noted that further improvements in engagement would be required. Updates reflecting the latest position of GBAF items 3.1 and, 2.1 (Risk of failure to deliver system sustainability) would be a Committee priority.

GBAF 4.2 (Risk of failure to discharge financial duties): JW noted the Current Risk Rating was 5 x 5. CR advised that scoring was linked to recovery and in terms of the potential impact on the CCG. HDL queried scoring a current risk higher than the inherent risk. CR said inherent risk would be treated as the starting point when a risk was first identified. RB said that risks needed to be red-rated as scoring would be a distraction.

b) CRR

CRR 4.70 (Reductions to the CCG's allocation to reflect changes to the HRG4+ tariff and specialist services exceed the amount of monies that the CCG actually saves): CR advised that crystallisation of the risk had been reflected in the Financial Report.

CRR 5.1 (Risk that Better Care Fund will not deliver greater efficiencies through integration): CR hoped that additional investment from the County Council would have an impact, although the metrics would not be lifted.

JW said that there had been additional funding for the BCF with c£4m for West Norfolk for the remainder of the financial year. JW had written to James Bullion setting out his expectations about how the CCG would apply that resource which would be more specific to West Norfolk; to target Winter issues and, establish how resource would be applied for the rest of the year.

The Committee noted that the red rag-rating represented the monies put into services, which would be a significant investment should the BCF not deliver. MB queried the identification of areas of non-delivery and the potential re-direction of money to areas of delivery where a difference would be achieved. CR advised the BCF was a mandatory minimum requirement of contribution. JW said difficult decisions and conversations regarding repatriation would be required. CR confirmed that a suite of performance reports would be shared with the Committee as they become available. **CR**

CRR 6.2 (Performance problems with the CCG IT provision impacts on the team's ability to deliver reliable information for decision making or meet external and internal deadlines for returns and submissions): Unusually, two Committee Members were unable to access meeting Papers wirelessly. CR advised that WNCCG would progress its video conferencing facility.

CRR 6.3 (Performance problems with the CSU finance and contracting provision impacts on the team's ability to deliver reliable information for decision making or meet external and internal deadlines for returns and submissions): CR confirmed that CRR 6.3 required further revision to reflect work done, e.g. in Contract Management. CRR 6.3 would be part of the Recovery Plan.

CRR 6.5 (The Financial Recovery process along with the requirements of the IG Tool Kit and various GB recruitment requirements has identified significant resource shortages in the Corporate Services team): The Committee noted that updates from other meetings regarding operations and metrics would be required.

STRATEGIC FINANCE **ACTION**

17.115 Review of the CCG's Medium Term Financial Plans

RB recapped that QEHKL had a plan for the current year but did not have a model for long-term planning. The availability of QEHKL's plan would assist WNCCG's medium-term planning.

CR confirmed that no feedback had been received from QEHKL. No long term financial model (LTFM) for planning was available. JW said it would be timely for the Joint Committee to discuss the resolution of issues: QIPP delivery would require joint focus and the drivers would lead to a discussion on the medium term.

HDL advised that she attended the STP Chairs' group that repeatedly referred to the money agreed between CCG's and providers and, the use of the STP as a means of creating more pressure to resolve issues, by looking at the system as a whole. The Committee noted that NHSE's approach widened at the beginning of the year concerning the in-year forecast agreed with providers. JW advised that he attended an Executives Group which discussed

the need for a crack-down on the system, which was interconnected and complex. CR said a change in approach had been asked for, to ensure there would be no gaps in the systems plans. HDL said the Chairs' group alluded to that approach being the critical way forward.

ACTION

FINANCIAL MANAGEMENT

17.116 Integrated Finance & Performance Report – Month 5

RB summarised that the focus would be on:

- Performance.
- Finance.
- Best Value.

Performance:

JW highlighted A&E Waiting Times; Cancer 62-day Waits and, Referrals to Treatment (RTT):

Page 6 (A&E Waiting Times – Target 95%):

A&E remained a significant focus for WNCCG. When JW joined the CCG in June 2017 performance was c83%. Since then, QEHKL had experienced some difficult months, with infections and ward closures effecting capacity. September 2017 data showed a 10% improvement over recent performance, achieving c93%.

JW referred to a meeting with Dr Watson at which Andrew Pike said that to reach and sustain 92% performance to the end the financial year would put WNCCG in an encouraging position.

The tracking of delayed discharge and admission avoidance schemes had been beneficial. Moving into winter, WNCCG would continue to monitor performance closely. Performance in the previous week had exceeded 95%. The Trust's team was focussed on addressing issues. The Committee noted that QEHKL experienced staffing related issues over the summer but agency usage would be tightened.

Page 6: HDL compared the August 2016 and 2017 performance figures, noting that the numbers dealt with in 2017 had decreased, and asked what problems had resulted in less effective performance.

JW advised that QEHKL's staffing position had declined since 2016. Achieving the numbers seen within 4-hours at A&E would be subject to fine margins: the absence of one member of staff would have an impact upon performance. Other factors included variations in discharge and flow-through. A&E was an area of focus as it was so complex and depended upon the whole system interacting at one time.

The Committee noted the combined issues of staffing for the immediate term and, strategic recruitment to the available roles. Quality of service, and knock-on effects, would be a fundamental issue for the medium to long term. In financial terms, the situation was unsustainable. JW said the Trust would share its plans to provide WNCCG with assurance that issues were being addressed. QEHKL did not have an HR Manager until Summer 2017.

MP said there was a national shortage of nurses and there was a similar picture in primary care. Recruitment to A&E would be difficult. It was not possible to plan the numbers presenting at A&E. JW said it was critical that everything possible would be done to ensure that all presentations at A&E would be appropriate. The Committee noted that injury

claimants were encouraged to attend A&E if a GP appointment was not available. JW was confident that appropriate actions were being taken and expected to see a sustainable improvement in performance.

MP asked if QEHKL provided staff wellbeing services. JW confirmed that QEHKL provided wellbeing sessions.

Page 7 (Cancer 62-day Waits – Target 85%):

JW confirmed that QEHKL achieved target in July and August 2017. A dip in performance would be expected for September 2017, due to management of the backlog. In terms of the trajectory agreed between NHSE; NHSI; WNCCG and QEHKL, progress was being made: it was anticipated that the trajectory would be achieved in the Autumn.

There was a focus on issues around longer waits which would continue to be monitored. Cancer was a complex area and some issues were related to certain types of cancer and, associated capacity. JW confirmed that should QEHKL not have capacity, an onward referral would be managed through the Trust.

HDL had understood that the problems were occurring in various specialities with different reasons for delays that would need to be looked at as individual specialities to resolve. JW advised that if diagnosis required multiple specialities, the receiving Trust would potentially work to a shorter timeframe. The Trust intended to bring diagnostics forward to assist with the issue.

Page 9 (Referral To Treatment (RTT) – 92% Target):

JW confirmed that July 2017 performance had dipped to 88%. A number of specialities were problematic, some of which were long-standing issues. WNCCG initiated a recovery plan from the Trust to the end of the financial year.

The Committee noted that there would be a risk of increased costs for more elective work undertaken.

As part of WNCCG's recovery plan, contract management issues would be considered.

JW confirmed that July 2017 had been the first month in over a year that performance had been off-course and that action was in train.

RB invited questions on the M5 report.

Page 3 (2017/18 Commissioner National Standards Performance Tracker):

MP noted the dip in performance for routine and urgent eating disorder referrals which were 30% lower than target and would potentially have an impact upon other mental health services. There would be a potential risk of cases presenting at A&E.

HDL said it would be useful for the Committee to know the patient numbers concerned. JW confirmed the numbers were small. EH10 (waiting times for routine referrals to CYP eating disorder services) had been within the 4-week target but needed to be looked at in more detail.

RB said mental health was of equal priority and the Committee must not lose sight of improvements.

Finance:

The Committee noted JW's email dated 15th September 2017 advising that the CCG had been placed into formal financial turnaround.

Page 17 (1.1 Summary Statement: Year to Date – August 2017):

CR summarised:

- WNCCG was c£500k behind plan for current year performance.
- Forecast outturn showed a balanced position by the end of the financial year (it was a requirement of the NHSE process for the re-forecast to show a zero balance).
- The approach taken in 2017/18 was based upon the expectation that the CCG's main acute provider would not deliver on its control totals there would be a need for 0.5% of CQUIN payments to be retained by the CCG in accordance with NHSE requirements.
- Although WNCCG had a target of £3.6m, NHSE's expectation would be £3.6m plus £1.2m of non-recurrent reserves and £500k of CQUIN monies (i.e. a total expectation c£5.4m surplus against a target of £3.6m).

Page 21 (1.4.1 Key In-year Financial Challenges – Net Risks and Mitigations (Non-ISFE) – August 2017):

CR had circulated the CCG's presentation to NHSE to the Committee on 26th September 2017.

Issues in relation to non-recurrent fixes in 2016/17 included:

- Challenges in relation to the agreements with other CCG's.
- The risk of historic issues relating to CHC.
- Other non-recurrent changes (due to the planning process with NHSE, the assumption had been that they would be fixed recurrently. It became clear that they would be non-recurrent and would need to be saved again in the current year, which would create a cost pressure).

CR summarised:

- NHSE forecast WNCCG had assumed a potential unwinding of £1.8m to provide for the need to add £3.7m in the current year. CR advised that during previous discussions with NHSE the CCG has assumed that the use of existing provision from the current year would be used to match it. The reforecast exercise in M5 utilised all of the available reserves for in-year business performance pressures, so no reserves would be available for mitigation.
- WNCCG was looking at an under-delivery in terms of QIPP. RC had been involved in a deep dive for all schemes ahead of a meeting with NHSE scheduled for 4th October 2017.
- There was a cost pressure in regard to GP LES' which were in excess of £200k.
- There was risk in relation to the work that N&N was doing about improving their RTT.
- Additional resourcing to address CCG capacity issues (e.g. in Contracting and Finance) would be c£300k.
- There would be a reinstatement in the budget of the CEPN monies already received at c£100k.
- The total additional risk would be c£5.5m which would be the scope of the recovery plan that would be developed.
- CR advised that the reforecast covered everything as it would be important for the Committee to have sight of the full picture. However, the reforecast had been

completed quickly and required validation and reforecast to enable the production of a final risk position.

RB queried if the £5.5m was the worst case scenario. CR confirmed that it was not. RB suggested it would be helpful to know the worst case would be and, how performance would be managed to deliver a better than worst case scenario. The Committee noted that £5.5m would be over a 6-month period. JW said discussions with NHSE reflected a full year position of upwards of £11m.

CR advised that the forecast took into account some winter cost coming from QEHKL based upon previous experience and plans. The reforecast of repatriation to QEHKL would require revision, as it was based upon the best information at the time. The Committee agreed it would be preferable for the CCG to flag issues with NHSE at an early stage while detail would be worked-up.

The Committee noted that Best Value was £12m. CR reflected that the CCG needed to be clear about what could be achieved and the likelihood of delivery. Conversations with NHSE had commenced but knock-on effects would be anticipated as a consequence of addressing problems. JW said WNCCG's approach had been to set out its position very early and honestly with NHSE, so that focus would be applied to solving genuine issues (medium terms), rather than 'fixes' for the year end position.

JW had a direct conversation with Andrew Pike (AP) during which AP agreed that it would be appropriate for WNCCG to bring-in capacity; work the plan logically and, expose problems.

The Committee noted that it would be difficult to produce figures for a worst case scenario when the CCG had little control of unexpected figures imposed by NHSE. RB confirmed that it would be difficult for WNCCG in the current climate but CR would work-up the shortfall by revalidating the data: action would need to be taken to address that figure.

MP asked if WNCCG owed any monies to other CCGs or, if monies were owed by them to WNCGG. CR anticipated an arbitration process but advised that it would be preferable for resolution to be achieved between CCGs. There was a c£0.9m non-recurrent year arrangement relating to 4 patients that were now attributed to Leicestershire; South Norfolk and, Cambridgeshire CCGs. WNCCG believed it would be able to recover some monies but the process would require patient consent which would be more difficult to secure as they were no longer under WNCCG.

RB recalled that the unwinding 2016/17 positions had been discussed at the Audit Committee and asked what had changed since sign-off (e.g. in regards to judgements). CR would present an update at the 25th October 2016 Audit Committee.

Page 25 (2.2 Summary of Programme Expenditure):

CR summarised:

- Acute Commissioning was broadly under plan but was made up of significant variances.
- The Committee had previously discussed the misalignment of BMI in the budget at c£900k. A slight underperformance against Acute Care costs had been added but the forecast outturn was significantly worse, which would create an impact in terms of the recovery plan and the current year position.
- Mental Health Commissioning was in line with the budget.
- Continuing Healthcare packages had a combination of underperformance on QIPP schemes in the first 3 or 4 months of the year plus a number of high cost of individual cases that had come through that would affect budget but had time limited finites in

terms of potential impact.

- In relation to Community Commissioning there had been the ongoing issue in relation to QIPP on long term conditions which had not yet delivered and resulted in a variance.
- GP prescribing had been disappointing: the M4 data confirmed the in-month position was £250k, with a forecast outturn showing at over £1m variance. An action plan would be needed to address the issue, targeted at identified GP practices.
- The non-acute variance related to the unwinding of 2016/17 and would be picked up in the reforecast.

Page 28 (2.3.2 The Queen Elizabeth Hospital Performance Contract Monitoring – August 2017):

CR referred to the risk log and the CCGs concerns regarding changes to the tariff (HRG4+ changes): the elective in-patients showed the activity was at 90% of the planned activity but the cost was currently overspent by 4%. Some related to case mix but does not account for the significant swing. CR's in-month calculations were c£230k worth of risk, which would be c£500k of additional risk projected for the remainder of the year. There would be more risk due to the pricing structure. This issue had been flagged-up at the time that the budget had been set.

RB thanked CR for the update and said the Committee was squarely in support of the methods CR had adopted to addressing the issues.

17.117 Best Value Schemes Review (including Planned Care):

12.00 noon: JW left the meeting. PR was invited to join the meeting.

PR summarised:

- The Paper had been written approximately two weeks previously, when the M5 position was reasonable. Since the submission of the Paper, a line-by-line review of every scheme had been conducted to de-risk and establish tangible savings going forward. The process would be ongoing.
- To date, Demand Management and Emergency Care had been subjected to a deep dive review.
- Limited resource was available. An SRO was due to leave WNCCG that day, and another SRO was on sickness absence. The recent changes in senior leadership had been challenging.
- The deep dive reviews would be conducted in two stages:
    - The establishment of tangible savings that were in train.
    - The identification of schemes requiring activity. Incoming resources would enable attention to be directed to appropriate and practical areas.
- Analysis of the deep dive outcomes was still in train. For clarity of data, PR would be guided by JW and RC to avoid 'potential' figures and focus on known savings. PR would feed-in data when tangible milestones were in place.

The Committee would appreciate having a realistic view and, the identification of what WNCCG would need to do. PR confirmed the approach had been a step-change in WNCCG's thinking.

PR advised:

- CHC work continued to move forward positively.
- A member of the Prescribing team was due to leave, resulting in a resourcing challenge. Recruitment of the right candidate would be required to maintain momentum. WNCCG would monitor support provided.

- Quality team changes were ongoing.
- Emergency Care schemes had been rationalised down from approximately 12 schemes to around 6 schemes to allow focus to be diverted to activity that would be delivered in-year. The remaining schemes would be moved forward for progression in 2018/19.

Page 48 (Programme Summary – 07 – Prescribing):

HDL queried the meaning of the black rag-rating under 'Programme Risks and Issues' and if it indicated an area of concern. PR confirmed that rag-ratings were subjective and that the black rating highlighted a single issue for his own attention.

12.11pm JW re-joined the meeting.

Planned Care:

PR advised that Sian Kendrick-Jones (SKJ) would be available to present and update to the Committee. SKJ collaborated with other CCGs and QEHKL to identify the next steps would be. Resourcing would be a challenge across the programme. SKJ met with North Norfolk CCG yesterday. The Committee agreed that Planned Care had been discussed as part of the financial recovery plan.
Page 47 (Programme Summary – 06 – Planned Care):

RB noted the financial rag-rating was red. PR hoped that a clearer view of the plan (and who would be focussing on what), would be available within approximately 4 weeks. The Committee would review the plan when the information was available.

12.14pm PR left the meeting.

CONTRACTUAL PERFORMANCE including CSU **ACTION**

17.118 Contract Update – Current issues and 2017/18 – 2018/19 Negotiations (including QEH):

JW summarised:

- The under resourcing of contracting had led to a shift in the available resource for large programmes of work, leaving WNCCG exposed in a range of areas.
- SPRG (Service Performance Review Group) had been reinstated and would be a vehicle to manage the contract with QEHKL and a range of issues.
- 2016/17 issues that were outstanding in the first quarter of the current year had been returned.
- There had been changes in the way WNCCG would pay for non-elective admissions. As part of the financial recovery, a key piece of work would be required to secure a fair price. The current price was c£600; WNCCG considered a fair price would be in the region of £300.
- The Joint Committee (WNCCG and the Trust) enabled issues to be discussed at Chief Executive / Accountable Officer level. Financial benefits were expected. The CCG had restated its performance requirements e.g. RTT.
- The 2-year contract with QEHKL had been discussed at STP level. The Commissioning would clarify what WNCCG's intentions were. Contract variations were a possibility and would be tied into the contract for 2018/19.
- The imbalance between QEHKL and BMI was a focus of attention.

MB asked how WNCCG would challenge QEHKL in terms of delivery if terms were not included in the current contract. CR confirmed that the contract did not have specific terms and there was not a standard approach or tariff. JW agreed that if terms were not in the contract, WNCCG would not have leverage. CR advised that the standard approach to

contracting as that, if no terms were in place, the previous terms would apply until superseded by an alternative agreement.

RB recommended that WNCCG should stipulate that performance would be monitored against the contract. JW recommended that capacity should be added. From April 2018 the CCG would have a new arrangement with NEL CSU. The Committee noted that the standard contract was a large document. JW advised that the CCG would form a plan to address it and that incoming resources would assist in the facing of issues.

The Committee noted that there had been no progress in terms of unsigned contracts for ACES or SDC.

ACTION:
CR would review the status of unsigned contracts for ACES and SDC and report back to the Committee outside of the meeting. **CR**

a) Deep Dive: Planned Care

Please see Agenda Item 17.117, above.

b) Future Commissioning Intentions

JW referred to the STP process and would bring updates back to the Committee.

c) STP Update

ACTION:
CR would update the presentation regarding the changes in leadership and circulate it to the Committee outside of the meeting. **CR**

HDL said she had seen the presentation at the Chairs' meeting and had been impressed with the approach.

17.119 Transformational Spending Update

CR advised that WNCCG had submitted a bid for £400k. It was not a unified STP bid, which reflected that the CCGs were in different places. WNCCG also intended to develop IT in practices.

HDL said that Chair's meeting had discussed the sharing of good ideas between CCGs and asked if it would be too late for the other CCGs to submit a bid. CR confirmed that it was too late. Strategic bidding was a difficult exercise and CR recommended WNCCG to consider its potential needs and prepare plans in advance.

COMMITTEE GOVERNANCE **ACTION**

17.120 Any Other Business and Reflection on the Meeting

AOB:

None.

Reflection on the Meeting:

HDL reflected that a lot of business, and ground, had been covered in a short time. It had been a useful discussion. MB said it had been reassuring to note that WNCCG was not simply looking for 'quick fixes'.

RB reflected upon the reassurance around performance issues, updates and the financial position. Issues were out-on-the-table and WNCCG was addressing them.

MB reflected her concerns regarding contracts: MB accepted that NHS contracts were lengthy but was concerned that they did not include punitive lines.

RB asked JW if the meeting had been useful utilization of his time. JW confirmed that it had been useful, particularly in terms of the financial position and, surfacing capacity. It had also been useful to acquire an overall sense of what needed to be looked at closely. JW felt reassured and positive: WNCCG had a good team. Discussions would be a balance between the short term requirements of NHSE and the CCGs medium term activity to address issues.

CR had found the meeting useful, particularly in terms of the Committee's support of the approach to the recovery plan. MW had found the meeting very informative.
RB recommended a co-ordinated approach in discussing performance issues with QEHKL, as it would be possible for numerous committees to have separate conversations with QEHKL on the same subject. JW agreed that some reflection of the matter would be required and that the GB needed to be clear in its delegation of expectations to the appropriate committee. HDL noted the potential risk of spending time servicing committees.

ACTION:
JW would reflect on the delegation of GB expectations to appropriate committees to avoid the duplication of performance discussions with QEHKL. **JW**

RB advised that IM sent his apologies for this meeting and wished for a low-key departure from WNCCG. RB would telephone IM to express the Committee's appreciation.

Paper for information without discussion:

None.

The next meeting of the Finance and Performance Committee will take place on Wednesday, 25th October 2017 at 10am.

There being no further business the meeting closed at circa 1pm.