West Norfolk Clinical Commissioning Group

MINUTES OF THE FINANCE & PERFORMANCE MEETING HELD ON MONDAY, 26th JUNE 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)
		Melvyn Peveritt	(MP)	Vida Healthcare
		Michelle Barry	(MB)	Lay Member
		Dr Ian Mack	(IM)	WNCCG Chair
		John Webster	(JBW)	Chief Officer
		Chris Humphris	(CRH)	Director of Operations
		Chris Randall	(CR)	Chief Financial Officer
	Attendees	Lisa Preston	(LP)	Admin Support (Minutes)
		Phil Riedlinger	(PR)	PMO Manager (attendance – Item 17.73)
		Debbie Craven	(DC)	NEL CSU Lead Pharmacist (attendance – Item 17.73)
		Judith Berry	(JB)	Project Support Officer (attendance – Item 17.73)

ACTION

17.65 APOLOGIES

Hilary De Lyon (HDL)
Emma Kriehn-Morris (EKM)

Welcome & Introductions:
RB welcomed Michelle Barry (MB) and John Webster (JBW) on behalf of the Committee.

ACTION:
Committee Terms of Reference would be updated to reflect the revised Membership. **LP/CR**

RB summarised:

- The last Committee meeting (24th May 2017) focussed on the 2016/17 Year End results.
- The Committee would be focussing on the current year, 2017/18.
- CRH & CR would alert the Committee in the event of any identifiable trends.
- Members of the Prescribing Team would be invited to join the meeting for the Best Value Deep Dive (Item 17.73).

All Papers were taken as read but authors would be invited to draw attention to items of particular interest.

17.66 REGISTER OF INTEREST

ACTION:
Register of Interest to be updated to reflect the revised Membership. **CR**

ACTION:
The Committee understood that expired items would remain on the Register of Interest register for a period of time. RB would confirm timescales with Heather Farley (HF) and establish the potential removal of expired items. **RB**

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

****Item 17.76 is considered FOI exempt****

17.68 MINUTES OF THE PREVIOUS MEETING HELD ON 24th May 2017

a) Minutes of meeting held 24th May 2017

The minutes were accepted as an accurate record without amendment.

17.69 ACTION LOG / MATTERS ARISING

Action Log:

- **20/17 –** (QEHKL escalation process involving inappropriate admissions of large substantiated value): CR would meet with QEHKL w/e 29th June 2017. Resolution and Committee update anticipated for 26th July 2017 meeting. See also Agenda (Item 17.74).
- **22/17 –** (EKM Paper regarding existing patient cases incorrectly costed to WNCCG): EKM's Paper 22/17 was noted in absentia. The Committee discussed the potential drivers and challenges in the progression of cost recovery, particularly for aged items. CR would present an update to the Committee at the 26th July 2017 meeting. See Associated Action #81/17. **CR**
- **39/17 –** (Best Value Scheme reporting process changes): Item Closed.
- **40/17 –** (A Paper documenting a WN control total (QIPP savings) and including STP totals): A Paper would be presented at the 26th July 2017 meeting. **CR**
- **43/17 –** (A report on the conclusion of contract negotiations): On Agenda (Item 17.74).
- **53/17 –** (Business Case template): Item presented to Auditors and Audit Committee on 23rd June 2017. Item Closed.
- **54/17 –** (Business Case updates to CLEX): On 6th June 2017, CLEX approved the submission of outline business cases to prevent process delays, provided that they would be ratified at the next scheduled F&P Committee. Item Closed.
- **57/17 –** (QEHKL's 62-day Cancer Wait Target update): On Agenda (Item 17.72). Item Closed.
- **59/17 –** (Summary of NHSE Recovery Plan Paper): Item was discussed at the last F&P Committee and Audit Committee meetings on 24th May 2017. Item Closed.
- **63/17 –** (Identification of Best Value Schemes for Committee review): A proposed schedule of Deep Dive reviews was submitted for consideration (Page 33, Paper 17.72). Item Closed.
- **64/17 –** (Register of Interests amendment: declaring CRH's wife's employment status): Action completed. Item Closed.
- **65/17 -** (N&NUH capacity – 18wk performance): April data unavailable for inclusion in 26th June 2017 Paper. CRH & JW would discuss the potential scope for a wider report, providing an overview and drill-down. JW to consider timings and capacity for its inclusion in the Integrated Report. **CRH & JW**
- **66/17 –** ('Part 2' Actions to be recorded accordingly): Action completed. Item Closed.
- **67/17 –** (GBAF 2.1 & 2.4 to be re-written for clarity): Agenda Item (Item 17.70).
- **68/17 –** (SMT to review and amend GBAF presentation and scoring): Agenda Item (Item 17.70).
- **69/17 –** (CRR 1.14 status and completion date to be updated for clarity): Agenda Item (Item 17.10).
- **70/17 –** (Liaison with executive colleagues for live information as part of document refinement): Item Closed.
- **71/17 –** (Cancer target - 62-day wait): CRH would circulate an update to the Committee outside of the meeting. **CRH**

- **72/17 –** (Review of IAPT position in terms of delivering metrics): Agenda Item (Item 17.72). Item Closed.
- **73/17 –** (Issue of risk to be raised with external auditors at Audit Committee on 24th May 2017): Ernst & Young confirmed M11/M12 had been audited and no issues arose (see also Minutes of Audit Committee meeting 24th May 2017). Item Closed.
- **74/17 –** (Deep Dive review – Prescribing): On Agenda (Item 17.73). Item Closed.
- **75/17 –** (Deep Dive review – Frailty): Scheduled for 26th July 2017 meeting.
- **76/17 –** (Schedule of Deep Dive reviews to be presented): On Agenda (Item 17.73). Duplication of Action #63/17. Recommend Close.
- **77/17 –** (Unsigned contract summary report): A small number of contracts were unsigned but were being progressed. CH to action a handover of this item to facilitate a Committee update at the 26th July 2017 meeting. (Part 2 discussion). **CRH**
- **78/17 – NEW:** Committee Terms of Reference would be revised to reflect the current Membership (not for return to the Committee). **CR/LP**
- **79/17 – NEW:** Register of Interest to be updated to reflect the revised Membership. **CR**
- **80/17 – NEW:** Register of Interest: Expired items remain on the register for a period of time. Timescales to be established and potential removals to be actioned. **RB/CR**
- **81/17 – NEW:** Mills & Reeves' appetite for a potential conditional fee arrangement (legal advice) to be explored and an update presented to the Committee at the 26th July 2017 meeting. See Associated Action #22/17. **CR**

Matters Arising (Minutes of Previous Meeting):

None.

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

17.70 Risk Register (GBAF & CRR Review)

ACTION:

Revised GBAF and CRR Papers, to include F&P Committee filtering, would be circulated by CR to the Committee outside of the meeting. **CR**

The Committee would respond to CR via email (Action Log items #67/17, #68/17 and 69/17 would be considered). **ALL**

Responses would be captured and reflected as part of a verbal update by CR to the Governing Body. **CR**

The Committee noted the assurance provided by the presentation of a GBAF Paper containing all risks (i.e. unfiltered for individual Committees) to the Audit Committee on 23rd June 2017.

STRATEGIC FINANCE **ACTION**

17.71 *Not Scheduled for June 2017*

The Committee noted that a strategic review had not been scheduled for May or June 2017:

- CR agreed that it was useful to reflect upon the schedule and suggested a Committee review after the July 2017 meeting (date to be confirmed).
- CRH advised that contract discussions with QEHKL were in progress.
- JW advised that STP work would also have a bearing.

FINANCIAL MANAGEMENT **ACTION**

17.72 Performance Report – Month 2

CRH introduced the revised, draft format of the Performance Report, which was intended to be clearer (e.g. one page per item). CRH invited Committee comments and suggestions for further presentational improvements.

A&E 4-hour waiting target

Page 2 (Performance Summary): CRH advised that QEHKL achieved the agreed monthly trajectory target for A&E (4-hour waiting time) for April and May 2017 but it had not sustained 95% performance.

ACTION:
Monthly trajectories (e.g. A&E and Cancer) would be included in the reporting to assist performance measuring. Clarity of presentation would be observed throughout the report. **CRH**

CRH advised that performance had declined in June 2017. The closure of the Infection Isolation Ward (Stanhoe) was a contributory factor. WNCCG advised NHSE that the re-opening of that ward (effective 25th June 2017) and the anticipated availability of cleaned escalation beds would assist in the projected restoration of performance in July 2017.

The Committee noted that no financial penalties could be imposed upon QEHKL for not achieving trajectories as this was now covered by the STF regime.

The Committee noted that WNCCG would not be penalised by NHSE for QEHKL's performance. CRH confirmed that WNCCG was in frequent communication with NHSE and NHS Improvement in regards to performance. The current picture was seen as a system issue.

CRH advised that performance reflected QEHKL's footprint, which exceeded West Norfolk:

- Cambridgeshire CCG were addressing delayed transfers.
- Lincolnshire CCG were not experiencing the same level of issues.

CRH confirmed that he was satisfied that all required actions had been identified and there was a good probability of implementation. However: the challenges to strong and sustainable performance were physical capacity (i.e. wards) and the availability of staffing. QEHKL was taking action. Intermediate care beds at Amberley were under review, but WNCCG's available funding was limited.

JW recommended a focus on system approaches in regards to scrutiny of A&E; escalations; breaches and, flow through the hospital.

As part of its statutory obligations, the Committee would continue to seek the right levels of assurance and efficiency of actions from QEHKL.

The Committee noted that escalation calls with NHSE were enabling the generation of a composite system of reporting in regards to actions taken and impact outcomes.

ACTION:
Capacity to progress the system of scrutinising A&E escalation; breaches and flow-through to be considered. An update would be presented to the Committee at the 26th July 2017 meeting. **JW**

Cancer Care

Page 4 (62-day Urgent GP Referral to Treatment): CRH advised that the 62-day target remained a major concern. A new target had been set to achieve the 85% level by July 2017.

CRH confirmed the issue was subject to a high level of scrutiny at QEHKL and they were reporting available detail to WNCCG.

The Committee noted that the issue had not been raised in teleconferences with NHSE and NHS Improvement.

The Committee repeated the requirement for monthly trajectories to be included in the Performance Report (please see the above Action).

ACTION:
Timing of Committee performance reviews (A&E and Cancer) to be considered outside of the meeting. **RB/JW**

Referral to Treatment (RTT)

Page 6 (RTT – 18-week target): CRH confirmed that at least 92% of patients still on the pathway had been waiting for less than the 18-week target. QEHKL had consistently achieved target in 2016/17 and, in April 2017.

Diagnostic Tests - Access

Page 7 (Diagnostic Tests – 6-week target): CRH confirmed that 1% of patients had been waiting in excess of 6-weeks for certain Endoscopy tests. WNCCG would continue to work with QEHKL to understand the issues and to progress better pathways.

Improving Access to Psychological Therapies (IAPT)

Page 8 (IAPT – Access & Recovery): CRH confirmed that performance figures were based upon NHSE 3-month rolling averages for access and recovery rates.

Recovery:
In April 2017 locally reported data from NSFT showed that WNCCG was achieving 44.6% (i.e. performance was below target but above trajectory):

- 45.9% - Recovery Actual
- 44.6% - Recovery Trajectory

The Committee noted that the topic summary at the top of the page was helpful but that the overall presentation required improvement for clarity.

ACTION:
The IAPT Access target would be confirmed (i.e. potential increase). **CRH**

Dementia Care

Page 9 (Dementia Diagnosis – national target 66.7%): CRH confirmed that WNCCG achieved a result of 63.7% for May 2017, which is 3% below the national target. A plan was in place to achieve the 66.7% target by September 2017.

ACTION:
Page 9 – The grey bar within the graph would be identified. **CRH**

Ambulance Turn-around Times

Separate Paper (not numbered): CRH advised that the Governing Body had requested an Ambulance Turn-around Times Paper: it was submitted to this Committee for information.

CRH confirmed ambulance waiting times at QEHKL (April 2016 – March 2017):

- 80% patients were seen/transferred within 30 minutes.
- Approximately 30x patients' transfer times were in excess of 3½ hours.

The Committee noted that waiting times were not restricted to patients in an ambulance, but included patients having arrived at hospital requiring ambulance staff support until a handover of care was affected.

Finance:

Page 13 (1.1 Summary Statement: Year to Date – May 2017):

CR confirmed that:

- It was difficult to draw any conclusions at this stage of the year.
- M2 delivered a £49k short-fall as a net result of under-performance against Acute Commissioning and overspend against Prescribing Costs.

  ACTION:
  Acute Commissioning Independent Sector breakdowns would be circulated to the Committee outside of the meeting. **CR**

- Delegated Primary Care reported a £450k overspend, of which £350k related to some un-winding of 2016/17 or, provision for the prior year.

Page 16 (1.3 Key In-year Financial Challenges – May 2017) NHSE Reported Risks and Mitigations:

CR summarised:

- A broad but conservative assumption of 5% risk had been made in regards to acute care, based upon demand.
- This had not reflected the increased level of QIPP saving as there was sufficient contingency in terms of mitigation.

  ACTION:
  Expenditure for Primary Care, Prescribing and Better Care Fund would be separated. CR would advise EKM to action a reclassification exercise to reflect this in the report. **CR/EKM**

Page 21 (2.3.2 QEHKL Performance Contract Monitoring – May 2017):

CR summarised:

- In previous years there had been significant change in elective activity.
- Assumptions in terms of growth had been borne out in M1.
- Elective admissions were performing to plan.
- Non-elective admissions were £100k lower than plan. It would be difficult to draw any conclusions so early in the financial year. However: 2016/17 performance overheated at an early stage, suggesting that the current year assumptions were more realistic.

Page 23 (2.3.3 QEHKL Performance – Referrals & Planned Care (elective & outpatients) – May 2017):

CR advised:

- Referral levels improved in April 2017.
- Demand management plans affect the key drivers.
- The impact of Easter was reflected in the year-on-year comparison of monthly performance.

Page 30 (2.8 2016/17 CCG Surplus Performance NHS East Region – M12 position):

CR advised:

- M12 actual figures included the required non-utilisation of the 1% non-recurrent reserve, where applicable. WNCCG was unable to release the 1% non-recurrent reserve.

Questions and comments were invited:

CRH advised that, due to issues of capacity, QEHKL experienced pressure on non-elective work and was not able to move activity from the independent sector. There was a need to influence GP's to refer differently. Supply sources were offering different access times via QEHKL and BMI.

The Committee noted the need for an understanding of the analysis around the independent sector and, coding.

Page 14 (1.2.1 Run Rate Analysis: Programme Expenditure – May 2017):

ACTION: **CR**
Community Expenditure overheating: CR would report detail to IM outside of the meeting.

Page 13 (1.1 Summary Statement: Year to Date – May 2017):

CR confirmed:

- From NHSE's perspective, the control total in-year was £½m.
- £3.1m was achieved in the previous year.

- NHSE historically looked at the cumulative figure, so both figures were presented in the table.

RB queried if any concerns had arisen from the current year financial performance to date. CR advised that the critical piece would be in relation to QEHKL's performance over the next two months. The Committee recognised that the system had been under pressure in June.

Page 19 (2.2 Summary of Programme Expenditure – May 2017):

ACTION: **CR**
Consistency in financial reporting conventions would be observed (i.e. use of red and brackets in financial reports).

Page 29 (2.7 Prescribing Spend by Practice – March 2017: 2 months routinely delayed data):

The Committee noted that the March 2017 data related to 2016/17, not the current financial year.

17.73 Best Value Schemes Review (including Planned Care):

11.45am: Phil Riedlinger (PR), Debbie Craven (DC) and Judith Berry (JB) were invited to join the meeting.

PR summarised :

- WNCCG had achieved a reasonable start to the financial year in terms of rag rating.
- CHC schemes were behind plan at M2.
- M3 figures would enable a clearer picture of scheme performance and direction of travel.
- There had been challenges in Planned Care. Revised performance figures would be generated in the next few weeks to reflect changes in the way numbers were being looked at.
- An area of note was Unplanned Care and Emergency Care. This included a high number of complex programmes. A lot of work had been undertaken in the previous six to nine months to put measures in place. Within the last month it had been evidenced that there was some traction in this area.
- In terms of general project delivery: the plans currently in place would provide more detail on an individual project basis. The ability to work in focussed teams would be a benefit.

PR introduced the revised, draft format of the Best Value Report. One programme had been summarised per page. The revised format would enable the project teams to articulate risks and activity on a project level, while facilitating the opportunity for a deep dive as may be appropriate.

Comments and questions were invited:

IM queried the challenge of staff capacity, as a small organisation. IM understood there was a perception amongst clinical personnel working on key note items that it had been a challenge to work internally in terms of capacity and, constraints arising via QEHKL.

PR confirmed that the five local CCG's had been meeting with QEHKL on a fortnightly basis and were conducting weekly teleconferences. Collaboration between the CCG's had significantly improved. More detailed project plans would identify potential resourcing gaps for SMT to consider.

ACTION:
PR would monitor potential barriers arising from QEHKL and highlight them to JW, as appropriate, for senior management assistance. **PR**

CH advised that SMT would discuss the challenge of resourcing support for 'Over the Counter'.

Page 33 (Best Value Dashboard 2017/18): The Committee noted the rag ratings per programme.

ACTION:
LP to incorporate the schedule of Deep Dive Reviews into the F&P Committee Programme. The schedule would be subject to the needs of the business. **LP**

Page 34 (Best Value Performance 2017/18 – QIPP Cumulative): The Committee found the graph helpful in terms of tracking targets.

Page 35 (Programme Summary): The Committee noted that the summary highlighted the headline issues. PR intended to submit an updated Risk and Issue Tracker Paper for each meeting (Paper 17.73a).

17.73a Deep Dive Review: Prescribing Quality Scheme

Page 42 (programme Summary – 07 – Prescribing)

RB noted that, in line with the M2 projection, the £1.7m figure had been rounded-up (from £1.677m).

DC summarised:

- The Prescribing team's activity needed to be cost effective; safe and clinically effective.
- The Risk and Issues Tracker (Paper 17.73a) was useful as the picture on supply and costs changed on a daily basis.
- In terms of engagement and the risk of non-delivery, mitigations were in place:
    - The Prescribing team had been working more closely with WNCCG's Commissioning teams.
    - Underpinning engagement meetings with stakeholders, community matrons and community teams were taking place.
    - Electronic prescribing and repeat dispensing would be implemented.
    - A process of escalation was in place.
    - The Prescribing team would re-link the GP Governing Body members to facilitate peer review.

The meeting paused to observe the national Minute's Silence for Victims of the Finsbury Park terrorist attack.

The Committee noted the issue of practice engagement.

Page 29 (2.7 Prescribing Spend by Practice – March 2017): The comparison of budget variances per practice was helpful.

Page 47 (Best Value 17/18 – Deep Dive – Prescribing): IM noted the potential conflict of interest for a number of drugs and advised that practices would benefit from clarity. Due to public interest, IM suggested there was a potential opportunity to focus on the issue via the Primary Care Commissioning Committee.

IM raised the potential issue of drug company rebates. The Committee noted that the member practices of WNCCG meet as a Council of Members, which provided a potential opportunity for practice responses in the public domain.

In terms of practice engagement on this issue, the Committee noted that there was a programme of practice visits:

- All member practices were visited bi-annually as a minimum standard.
- Larger practices were visited more frequently due to their impact on overall spend.
- Monthly data was circulated to all member practices via Practice Champions.
- There were good working relationships with all practices, at different levels.

The Committee noted that the improvement in working relationships with practices had delivered savings.

DC was keen to develop more triangulation of data but it would require an increase in resources. It was important for triangulated data to be interpreted in the correct way.

The Committee noted that there was a cultural challenge for patients and GPs in terms of prescribing antibiotics. WNCCG had issued clear guidelines for GPs to use. The Prescribing team was focussing on this issue.

DC advised the consistent message was producing gradual change. Data was monitored and shared with member practices. A national campaign concerning antibiotic stewardship was ongoing and there was a plan for presentations to schools.

The Committee noted there was a high level of spending on prescription items that were otherwise available for purchase over-the-counter by individuals with the economic ability to do so. IM advised that over 80% of patients did not pay for prescriptions. A Paper had been presented at CLEX regarding practice self-management and rationale engagement with stakeholder and patient groups.

IM queried the non-engagement by QEHKL in regards to drugs e.g. stroke related drugs such as DOACs (direct oral anticoagulants) and, how it would be possible to work more closely with the QEHKL to gain a consensus on the issue.

DC advised:

- The situation had been improving.
- The Prescribing team would continue to challenge QEHKL on this issue

and would welcome GP feedback.
- The Prescribing team had gone through the formulary with the QEHKL to align them to QIPP and WNCCGs formulary.
- The QIR system works well.

RB summarised:
- Relationships were being built-upon and strengthened.
- The quality of available data was good.
- The work carried-out by the Prescribing team had been noted.

PH, DC and JB left the meeting at 12.20pm.

CONTRACTUAL PERFORMANCE including CSU **ACTION**

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

CRH confirmed that positive meetings had been held with QEHKL, including discussions around tariff based non-elective activity (a guaranteed income model). Although a contract of that type would not remove financial risk it would be the CCGs preferred model. Negotiations were ongoing.

MP queried why tariff based discussions focussed on non-elective activity. CR advised that elective activity was more volatile.

CH advised that a Paper would be submitted to the Primary Care Commissioning Committee in consideration of the range of LES options available.

17.75 Transformational Spending Update

CR confirmed that there had been no further announcements since funding had been awarded. Further CAPEX bids had been submitted but were not expected to be successful.

CR would maintain appropriate levels of oversight and scrutiny of capital bids.

The Committee noted that assurance was required concerning the actual deployment of awarded funding.

COMMITTEE GOVERNANCE **ACTION**

17.76 Any Other Business and Reflection on the Meeting

Any Other Business:

**** This item is FOI Exempt****

Reflection in the Meeting:

MB reflected that the meeting had been helpful and that the available data was interesting.

JW reflected that he had gained a good sense of capacity in terms of what CRH and CR had achieved in the previous months and had noted the clarity of thought and detail that had gone into the exercise.

On behalf of the Committee, RB thanked CRH for his input, helpful perspective and support during his tenure and wished CRH a happy retirement.

17.77 The next meeting of the Finance and Performance Committee will take place on Wednesday, 26th July 2017 at 10am.

There being no further business the meeting closed at circa 12.40pm.