

<b>Subject:</b>	<b>Finance &amp; Performance Committee Chair's Report</b>
<b>Presented by:</b>	<b>Hilary De Lyon – Lay Member (Audit)</b>
<b>Produced by:</b>	<b>Rob Bennett - Lay Member Audit &amp; Finance</b>
<b>Submitted to:</b>	<b>NHS West Norfolk CCG Governing Body 24<sup>th</sup> May 2018</b>
<b>Purpose of Paper:</b>	<b>For noting</b>

**Key matters discussed at the Finance & Performance Committee meeting on 19 April 2018.**

**Introduction**

The following is a summary of the key matters discussed at the Finance & Performance Committee meeting held on 19 April 2018. The minutes of the meeting will be available when approved at the next meeting.

The main focus of the meeting was on the CCG's performance in relation to A&E waiting times and Cancer 62 day GP referral to treatment. The Committee was also briefed on the draft financial results for the year to the end of March 2018.

**Integrated Performance and Finance Report**

Due to the timing of the meeting, the latest performance data was not available.

The Director of Operations provided an update on the recent performance in relation to A&E Waiting Times. The latest data shows that performance is fluctuating widely and has been as low as 50% against the target.

This continues to be a focus of attention, including NHS England. The Committee discussed the underlying reasons for the current levels of performance, including staffing at the QEH. The hospital has been asked to provide a detailed plan to deliver better performance and the CCG is discussing a "Discharge to Assess" model with its management.

The CCG is continuing to provide daily support to the QEH and there are procedures in place to escalate issues around discharging patients. Extra bed capacity is also being funded in the community.

The Committee noted that the latest data for performance against the Cancer 62 day GP referral to treatment target is 80% and is still below the target of 85%. The Cancer Delivery Board has started meeting again and a remedial action plan is in place. The CCG will continue to monitor the further work required to improve performance.

The Interim Chief Financial Officer reported the CCG's draft financial results to the end of March 2018 compared with the budget. The draft overspend for the year is £5.8m compared with a budgeted surplus of £3.6m. This represents a variance from budget of £9.5m which is in line with the position approved by NHS England as part of the financial recovery plan. The main areas of overspending were acute commissioning, Continuing Healthcare, Community Commissioning and GP Prescribing.

The Committee was informed of the risks which could impact on the draft results although these are not considered to be significant. The Interim Chief Financial Officer also confirmed that there has been no financial support from other CCGs in delivering these results.

The finance team is in the process of finalising the draft accounts which will then be subject to an external audit. The accounts will then be reviewed by the Audit Committee at its meeting in May prior to Governing Body approval.

### **Closing Remarks**

This report is my last as chair of the committee and I would like to thank my fellow committee members and all officers of the CCG for their input and support during my term. I would also like to wish the CCG every success in the future.

I would welcome feedback on the content of this report and if there are any queries, please email them to me via the CCG's website.

Rob Bennett

Chair

23 April 2018

### **KEY RISKS**

**Clinical:** The Committee reviews mitigation with clinical quality risks as part of provider performance discussions, alongside the Patient Safety & Clinical Quality Committee.

**Finance and Performance:** The Committee's role is to review the effectiveness of mitigation strategies for all finance and performance risks.

**Impact Assessment (environmental and equalities):** N/a

**Reputation:** The Committee reviews the impact of risks on CCG's reputation as part of its role.

**Legal:** The Committee reviews the CCG's ability to meet statutory obligations.

**Patient focus (if appropriate):** The Committee reviews mitigation with clinical quality risks as part of provider performance discussions, alongside the Patient Safety & Clinical Quality Committee.

**Reference to relevant Governing Body Assurance Framework (GBAF):** All risks on GBAF

**RECOMMENDATION:** The Governing Body is asked to note the Chair's Report