

**Finance & Performance Committee**  
**16<sup>th</sup> September 2015**  
**The Thames Room, Civic Offices**

<b>Present:</b>	Dr S Das (SD)	Chair of the Committee, Secondary Care Consultant
	Ms M Ansell (MA)	(Acting) Interim Accountable Officer
	Mr A Olarinde (AO)	Chief Finance Officer
	Ms F Otukoya (FO)	Head of Financial Management
	Mr A Ahad (AA)	Head of Financial Strategy
	Mr M Tebbs (MT)	Head of Integrated Commissioning
	Mr R Chaudhari (RC)	Head of Primary Care Development
	Ms G Curtis (GC)	Deputy Business Manager, Minutes
<b>In Attendance:</b>	Ms J Hucey (JH)	Primary Care Lead
	Ms J Mason (JM)	BBCCG
	Ms M Tompkins (MTom)	Head of Medicines Management
<b>Apologies:</b>	Dr A Deshpande (AD)	Chair of the Board
	Ms L Buckland (LB)	Lay Member, Deputy Chair of the Board & Deputy Chair of the Committee
	Dr Nimal-Raj (NR)	GP Board Member, Safeguarding Lead
	Mr J Buschor (JB)	Head of Performance

<b>1.</b>	<b>Welcome &amp; Apologies</b>
	<p>SD welcomed all to the meeting. The apologies were noted above.</p> <p>It was stated that the meeting was not quorate and that no decisions could be made. It was confirmed that for items that need decision, recommendations are to be made to the Extra Ordinary Finance &amp; Performance Committee planned for the 23<sup>rd</sup> September. It was confirmed that the minutes of this meeting will be present at the Extra Ordinary Meeting.</p> <p>SD asked if there were any declarations of interest that were not already on the register, none were declared.</p>
<b>2.</b>	<b>Minutes of the meeting held on 19<sup>th</sup> August 2015 and Action Log</b>
	<p>The minutes of the meeting held on the 19<sup>th</sup> August 2015 were reviewed and the following points were noted.</p> <p>AO asked for the following to be changed within the minutes:            Action point 1 to be deleted.            Carry forward action 3, Alistair McIntyre to be added            Typo on page 3 under KPI, this should state QIPP            IAPT discussion to be adapted as this is a commercially sensitive item, this is to state that</p>

discussions took place and the Committee made recommendations to the Board.  
Item 8 to state SEEDS Out of Hours Contract, £300k is an initial estimate  
Item 13, state that risks are noted under the respective agenda items

Action Log:

1. **Welcome & Apologies** – SD asked for a schedule showing the ledger close dates and other information flows that feed into the Finance Report. – **Update 16<sup>th</sup> September 2015** - this is on the agenda and papers shared
2. **CAMHS** – This should be presented to the Finance & Performance Committee, QIPP Committee and Quality & Patient Safety Committee. CB advised that she will ask for this to be presented to the NELFT contract meeting. – **Update 16<sup>th</sup> September 2015** - FO confirmed that this has happened
3. **CAMHS** – The committee workplan is to be amended to ensure CAMHS updates are resented at timely stages through the progression. It was agreed for this to be in October, December and February. – FO this is in the papers and complete
4. **IAPT** – AO requested monthly updates to be brought to the committee as part of the commissioning paper. – **Update 16<sup>th</sup> September 2015** - this is also on the agenda, AO asked for the owner to be changed to MT. **Action GC**
5. **Dermatology Procurement Waivers** – There were some comments by LB about the appropriateness of the details of the papers being had at the committee and some questions about these being held before the paper is presented. It was agreed for this to be discussed at QIPP and this assurance to be given. Paper to be brought to the QIPP committee. – **Update 16<sup>th</sup> September 2015** - this is on the agenda
6. **Waivers** – AO to circulate the SFIs. The relevant pages will be detailed within the minutes. SFIs state that any waivers must be presented to Audit Committee. – **Update 16<sup>th</sup> September 2015** – AO confirmed that this action is complete, Audit Committee is being held on the 18<sup>th</sup> September. AI confirmed that SFIs were circulated following the last meeting, it was noted that section 17.4.3 was for noting, this sets out the provision of the waivers and implementation. AO stated that the responsibility for agreement of waivers sits with the CFO, however AO stated that he presents these to the committee for discussion.
7. **Better Care Fund** – GC to add to the September agenda. – **Update 16<sup>th</sup> September 2015** – Action complete
8. **Finance Update** – FO to ensure the letter from Mr A Pike circulated with the minutes. – **Update 16<sup>th</sup> September 2015** – FO confirmed that this is within the papers
9. **CCG Performance** – FO to review the workplan. – **Update 16<sup>th</sup> September 2015** - FO confirmed that this is on agenda
10. **AOB, CHC** – FO/GC to include CHC on the relevant month's agenda. – **Update 16<sup>th</sup> September 2015** – FO confirmed that this action is complete and this is on the workplan

Carry Forward:

1. **QIPP Project Progress & System Redesign Delivery** - It was noted that in some areas there is an under estimation of 100%. The document needs to be reviewed. – **Update** – CFO advised this is under continuance review - **Update 16<sup>th</sup> September 2015** - AO stated that this is on-going, assessment of QIPP delivery is going to be on-going. AA to be changed to be the action owner. Action to be closed as in monthly report.
2. **Continuing Healthcare Costs** – The Chair of the Committee suggested that a senior person from Arden/GEM is to attend the meeting. – **Update** - This will be carried out when the item is next on the agenda - **Update 16<sup>th</sup> September 2015** – FO confirmed that this will be on the agenda in October. Closed
3. **Continuing Healthcare Costs** – The Lay Member asked for clarity regarding retrospective cases and that they have not changed within the last 2 months. – **Update** – This will be carried out when the item is next on the agenda - **Update 16<sup>th</sup> September 2015** – FO confirmed that this will be on the agenda in October.
4. **NEL & Arden CSU Performance** - It was noted for the Chief Finance Officer to present a formal paper at the next meeting. – **Update** - Outstanding, this will be when Arden/GEM is in attendance - **Update 16<sup>th</sup> September 2015** – This will be presented today, action

	<p>closed.</p> <p>5. <b>Review Operational &amp; Strategic Plan</b> - It was discussed for timelines to be added - <b>Update</b> - Action Outstanding - <b>Update 16<sup>th</sup> September 2015</b> – AO confirmed for this to be added to next months report. Action Open. <b>Action MT</b></p> <p>6. <b>Paediatrics</b> – The Lay Member asked with regard to Sickle Cell, has patient experience work been carried out for this. The Head of Integrated Commissioning stated not as this stage but this will be taken back. - <b>Update</b> - Action Outstanding - <b>Update 16<sup>th</sup> September 2015</b> - MT updated that there is a small sickle cell community provision, this is not tied up with the acute commission, community services is generic training. It is an idea to novae community provision into acute provision. Haven't made as much progress as hoped, when we get to a stage more progressed we will involve family members, not at this stage yet. CB is leaving in 6 weeks. This is to be moved to November. <b>Action GC to add to November agenda</b></p> <p>7. <b>Performance</b> – Head of Performance to confirm with Chief Nurse regarding data sharing at the Quality &amp; Governance Committee - <b>Update July</b> – CFO to obtain this information and circulate to the committee virtually. – <b>Update August</b> – The Head of Performance will be attending the meeting today and will present this - <b>Update 16<sup>th</sup> September 2015</b> – SD stated that JB was meant to be here but he is on leave. FO stated that JB was on standby at last meeting but we over ran. Going forward we will give more time and will circulate report.</p> <p>8. <b>Performance</b> – The Head of Performance to speak with Irene Lewsey regarding Dementia targets – <b>Update July</b> – CFO to obtain this information and circulate to the committee virtually. – <b>Update August</b> – Head of Performance to give an update - <b>Update 16<sup>th</sup> September 2015</b> – FO stated that JB will provide an update in October</p>
<p><b>3. Committee Workplan</b></p>	<p>FO went through the workplan, the following items were noted:</p> <p>The frequency for CHC to attend the committee has been updated following discussions at the last meeting. CAMHS will be presented a further 3 times to the committee in October, December and February.</p> <p>FO noted that as the business of the committee has grown, when the workplan is created for the next year items will be staggered throughout the year to ensure that there is sufficient time to cover all business items.</p> <p>SD stated that the presentation of procurement items do not seem to be factored into the workplan. If we know about these in advance can these be factored in. AO stated that there is a procurement workplan and this can be presented to the committee. MT stated that IAPT has been through the procurement process 3 times, therefore the timescales within the plan were different. <b>Action AO to share the procurement timetable with the committee</b></p> <p>SD stated that CHC is to be presented in October and November, can this be reviewed as to whether this is needed in November. FO stated that this can be discussed following the October presentation to assess if the committee has received adequate assurance.</p>
<p><b>4. Reporting Timelines</b></p>	<p>AA presented the paper on reporting timelines. This paper shows the timescales between the ledger closure, returns and meeting reports being written.</p> <p>AO explained that returns have to be completed prior to the reports being written.</p> <p>AO stated that he met with AD, MA and Christine Celentano yesterday to discuss this going forward. It was discussed that the best way in which to get the Board Papers out the Friday</p>

before the meeting was to move the Board Meeting to the 1<sup>st</sup> Wednesday of the month instead of the 4<sup>th</sup>. The papers that are presented at this committee need to be amended to enable them to be presented to the Board, at present the papers are due on the same day as this meeting, making the timescales unsuitable. It was discussed that there should be only 1 binder sent for each committee and Board meeting.

It was suggested and discussed moving this committee by a few days as this could also assist with the preparation of reports. However we need to ensure that we take into account the commitments of all committee members. This is yet to be approved by AD, but a timeline proposal is being created and to be presented to AD at the next Corporate Meeting.

SD stated that she would be able to accommodate Mondays and must be finished by 12noon.

## 5. Finance & Performance Month 5 Report

FO presented the month 5 finance report. It was stated that we are looking at developing the report further and presenting paper differently. The following items from the report were noted:

### Overview

Year to date the financial position as at month 5 is £852k underspend against a budget of £83,398k. The forecast position is to deliver the surplus of £2,090k which is an outturn of £197,005k against a budget of £199,095k.

### Key Performance Indicators

- Surplus/Deficit – The CCG is on track and is forecast to deliver its surplus of £2,090k
- Programme Budget – Year to date position indicates a slight pressure on programme budget. Acute, prescribing and continuing healthcare budgets are highlighted as a risk. Variance of £62k.
- Running Costs/Admin budget – The running cost budget is on track and forecast to deliver an underspend in the current year of £62k
- QIPP Performance – Current position of delivery against plan is 95% achievement. The forecast is amber as some schemes will not deliver to plan in 2015/16. Variance of £333k YTD
- BPPC Non NHS – The CCG BPPC rating is affected by any invoices which are not paid within the terms. For month 5 98.7% of invoices were paid within the agreed timescale.
- BPPC NHS – This will include any performance and NCA invoices which will need validation before paying. For month 5 96.2% of invoices were paid within the agreed timescale.

### Running Costs

The running costs budget for 2015/16 is £3,737k, this is a 10% reduction of the 2014/15 budget. The year to date position is an underspend of £23k. This budget is forecast to slightly underspend by £62k at year end, this will be closely monitored as vacant posts are filled during the year.

### Key Risks

The key risks for the CCG were noted from the paper.

- CHC Current Adult Cases – CHC costs have increased over the past 2 years and this is being closely monitored in order to highlight any further pressure on this budget.
- Prescribing – There is a risk that prescribing costs and volume increase above budget and forecast during the year.

### Appendix A – Thurrock CCG Outturn Summary

AO noted that under the summary, acute month 5 forecast, £898k, a forecast overspend, this is currently below the amount at this time last year. CHC overspend of £434k forecast. Pressures are being managed by the contingency and this is helping to offset the pressures. The pressure on SEEDS and contract with IC 24, this will be funded through this.

Questions:

SD asked for the use of brackets to be consistent throughout the reports.

**Action FO to ensure that the use of brackets is consistent throughout the reports.**

SD noted that under Key Risks, we do not quantify the risks. AO stated that within the BAF this was not quantified. SD stated that it would be useful to add the BAF reference numbers to these risks. FO stated that the Non-IFSE report is to be presented to the committee quarterly, this will be presented to the committee at the October meeting.

SD noted that the tables in appendix B and appendix C do not correlate. FO stated that this is due to the timings that the reports are written.

**Action FO to speak with the Finance Team and ask for the reports to be run on the same day**

SD stated that it would be helpful for the Financial Controller to attend a meeting to give an understanding of the statements presented.

**Action FO to arrange for the Financial Controller to attend the meeting**

AO suggested a targeted session to go through this in detail. It was discussed for the workplan to be reviewed and cash flow management to be added.

**Action FO to add cash flow management to the workplan**

MA stated that a point was made at the Board regarding the sensitivity of the running costs, 5% reduction over the next 5 years. It was also stated that co-commissioning is likely to be coming to the CCG.

**Action FO running costs to be added to the risk register**

AA presented the following areas of the report to the committee.

Acute Summary

The year to date month 5 finance position is showing an overspend of £262k with slight improvement on the previous month. The forecast is showing an overspend of £897k. The biggest overspend is at Dartford & Gravesham at £230k, followed by Barking, Havering & Redbridge by £113k.

The year to date finance position within BTUH is break-even, with a forecast overspend of £691k compared to a previous forecast of £827k. The forecast is showing that it has improved due to significant progress in the reconciliations between the CCG and Trust, reduction of overall risk in financial position.

AA confirmed that he has undertaken a piece of work to analyse information for our main contracts. This paper was tabled and the committee reviewed. AA confirmed that he has asked for a detailed breakdown with regard to A&E attendance.

RC stated that with regard to the information for pain and tonsillectomies, we have enforced prior approval for this through the service restriction policy. This seems to have had a positive effect.

AO stated that we need assurance with regard to coding. It may be that an audit of this needs to be arranged to gain assurance.

AA stated that with regard to Major Complications with Septicaemia, we are looking into this to see if the reporting of this has been changed and this is the reason for the increase.

AA expressed concern relating to the critical care information. It was stated that this needs to be raised with the trust to confirm if this data is from the critical care unit. SD stated that she is happy to assist in reviewing any data if this can be of assistance. AA confirmed that he has

asked the CSU to undertake a deep dive of this area.

Further updates on the actions will be presented to the committee at future meetings.

FO stated that we need to monitor the T&O. AO confirmed that this sits with the commissioners and they should be taking this forward. It was confirmed that GPs do not have confidence in this service. We have a trajectory in place to bring this down to an acceptable place and we are hoping to be back within acceptable levels by February 2016.

**Action MT to take forward the monitoring of T&O.**

SD asked when we will get the extra information. AA confirmed that an update on progress will be at the next meeting.

#### QIPP

AA presented the QIPP update to the committee. It was stated that the position for month 5 is an underspend of £111k year to date before inclusion of estimates. Estimates are included for schemes which could not be verified in the current month due to data lag. The year to date under performance improves to £29k under after inclusion of estimates. The forecast under delivery is £347k full year effect with commissioners tasked with finding new schemes to reduce the gap. AA stated that there will be a further deep dive session taking place.

AA notes that mental health schemes are currently under performing and that the dementia ward closure has been delayed by 2 months. Paediatrics, the SARC project, it was thought that there would be significant savings attached to this project, however the actual saving is £13k.

The 2016/17 QIPP target was discussed. It was confirmed that a refresh of the financial plan had taken place and submitted to NHS England for the next 3 years. The targets were confirmed as £7.7million for 2016/17, £9.5million for 2017/18 and £11.4million for 2018/19.

AO stated that the actual MTFP needs to be presented to the next Finance Committee for noting.

**Action AO to bring the MTFP to the October Committee for noting**

#### 6. Mental Health Update – Including IAPT

MT presented the Mental Health Update to the committee. MT confirmed that the IAPT section within the paper would be recommended to the Board for agreement. It was stated that IAPT at present is commercially sensitive. This was discussed with the committee and recommendation was made to the Board that will take place on the 23<sup>rd</sup> September.

#### Questions:

MA stated that she would like to thank Jane Itangata, Mental Health Commissioner on the brilliant piece of commissioning work completed.

SD viewed to go with this proposal and make recommendations to the Board. It was also recommended for extra detail to be added to the paper prior to it being presented to the Board. MA detailed that even though they are the only provider, if they did not meet the criteria we would not be taking this forward.

**Action the committee cannot make a decision as we are not quorate. Recommendation made to the Board next week for decision. It was confirmed that the committee has accepted this recommendation and that this is commercial sensitive.**

#### General Mental Health Update

MT gave the general update to the committee. It was stated that IAPT is not currently on track and we have issued an exception report. We have made our position clear and we are applying the financial penalties. We are awaiting confirmation of dates from SEPT, where we will also discuss the extension periods.

Winterbourne, we still have 3 patients and we are looking at care and plans for these patients, this is on track. One patient did not pass CHC review and the Local Authority are taking their responsibility forward. It was stated that there will still be patients admitted, however there is a task force in place to ensure there is not another Winterbourne. The Accountable Officer and Chief Nurse are informed in real time of admissions. AO stated that the Winterbourne financial implications need to be reflected within the forecast outturn.

Dementia, we are on track for the 67% target.

**Questions**

AO asked that within the action plan for SEPT, what is the financial value of the penalties. MT confirmed that this is £10k.

AO suggested for Crisis Care Concordant to be an OD session regarding the explanation of the sections referred to. It was also asked for this to be added as a foot note to the reports.

**7. Community Services Update**

MT presented the community services update to the committee. The paper provides an update regarding the financial issues within community services.

The issues with regard to NELFT and the Basildon & Brentwood CCG decommissioning position was explained in detail to the committee, along with the position of Thurrock CCG. The next steps were all explained to the committee. MT explained that the fine detail will be presented and discussed at the QIPP committee. MT confirmed that CQUINs have not been signed off. It was stated that there were issues between commissioners, hopefully we are now moving forward. MT stated that there has been a group set up to look at the detail of this. There may be some service lines that are difficult to split.

**8. Procurement Papers**

RC presented the Ophthalmology paper to the committee. This is presented to the committee for their recommendation for this to be agreed at the extra-ordinary Finance & Performance Committee on the 23<sup>rd</sup> September.

SD detailed that these were presented at the last committee where there were many questions. These have been detailed within the papers this month. SD detailed that the meeting is not quorate and this will be recommended following discussions.

**Ophthalmology.**

JM attended the meeting to present the paper to the committee. JM stated that she is aware of transformation plans. SUFTH is not working effectively with regard to Ophthalmology and a lot of patients within the service do not need to be there and can be seen within the community. The clinical network is well attended and has developed a transformation plan, their overarching plan is to make a reduction of 10%. The GRR Service is already in place across South Essex. We are proposing to have a single contract with the LOC. There will be no change for the patients. This is to ask the CCG to approve the association. In terms of shared care glaucoma. It was stated that the consultant will inform which patients are stable and can be monitored within the community. The patients can be referred back into the hospital if required. It was stated that we will not be developing the IT programme, the hospital will fund their element of this and we are asking for funding for the LOC to purchase this system as an add on.

SD stated that the paper title is for GRR approval. JM confirmed that approval was granted in December 2014 for the first waiver. This paper is to ask for £11.4k in funding for the IT programme.

AO asked that if this is going to the LOC, they are not an organisation that can hold a contract. JM confirmed that it is an arm's length organisation that they have set up for contracts.

AO in terms of spread of providers in Thurrock, is this sufficient. JM stated that there are about half a dozen in Thurrock that are signed up. There is an even spread.

AO from finance perspective we are looking at a saving of 1£4k, when will this be seen. JM stated that this will be in January 2016. AO stated that there will be a part year affect and that there is not a net saving for this year.

AO asked that in terms of IT, is it agreed that the provider will own the platform. JM confirmed this and informed that there will be a memorandum of understanding in place. This will be a 1 off payment.

AO from patient quality and experience perspective he supports this proposal.

AA asked that the new provider rate is reduced from £45 per patient as opposed to the £120 per patient currently in place, is this realistic. JM confirmed that this is the cost that has been agreed with the LOC.

AO asked who the representative for Thurrock is within the clinical network. RC confirmed that Dr A Bansal is the nominated representative, the specification has been shared and reviewed by him.

FO noted that the paper notes that the proposal states this is a 3 year contract, will there be any on-costs. JM confirmed that this is a 1 off cost and not recurrent.

SD noted that the paper states that it would be ideal to have the IT system in place from the start of the contract. JM confirmed that a scanning and emailing system was tested prior to the approval of the IT system and it was found that this was not suitable. The start time for this has now moved from October 2015 to January 2016 to ensure the IT system is in place.

AO noted that on page 55 of the papers, this states contract costs of £75k, this should state savings.

**Action RC to amend the paper prior to presentation to the Extra-Ordinary Finance & Performance Committee**

SD asked if all members present were in agreement for this paper to be presented to the Extra-Ordinary Finance & Performance Committee on the 23<sup>rd</sup> September for agreement.

All present agreed to recommend the paper for agreement by the Extra-Ordinary Finance & Performance Committee.

#### Dermatology

RC went through the paper and the current service that is in place. The paper proposes to award contract to the community provider and monitor this contract robustly. As part of the service remodelling a review took place with regard to the block contract. As part of specification triaging has been built in and a pathway between acute and community service. It was stated that at present there is duplication within the service.

AO asked for clarification on the current BTUH 18 weeks. RC stated that since April 18 weeks have been met. They now want to bring this target down to improve the access to the service. BTUH have increased dermatology capacity.

FO there was a community increase in activity last year and this was reviewed. Has there been detailed work on inappropriate referrals. RC stated that we are putting a block to the community contract and building in robust monitoring. There will also be responsibility to the provider to bounce back to Primary Care where there is an inappropriate referral.



FO this is asking to award the contract for 3 years to the community provider. Given historic should be going in for 3 years. RC 1 year is a short time, we are going to be mapping pathways with the provider, and we need to allow them time to embed this service. This also gives time for medicines formulary to be implemented. SD asked why the contract could not be awarded for 2 years. RC stated that 3 years gives more assurance. There is always an exit clause. SD what do we do if we are not happy. RC we can serve notice.

FO this is a block but if activity goes over and validated then we have to pay for it. RC this is no different to what we have in place now. BTUH also provides the service for Southend. AO maybe we should consider tolerance limits. Given current performance there is no other option. We already have a referral management QIPP to stop inappropriate referrals.

AO stated that after last months' meeting, there were issues between the acute and community providers. Where has this got too? RC stated that we have now got a sign up from both to work together. Once we know the outcome we can share the service specifications and set up a network. Basildon & Brentwood CCG are pressing for this to be completed. This is in our interest to get this up and running.

FO asked why do we need a waiver. RC the contract is coming to an end and the savings are small, the amount of time spent to go out to procurement this would not be viable. We went out to the market within the PCT and there was no market. RC we have been working with the providers to make sure that they are up to standard. Outcomes are good.

SD asked if all members present were in agreement for this paper to be presented to the Extra-Ordinary Finance & Performance Committee on the 23<sup>rd</sup> September for agreement.

All present agreed to recommend the paper for agreement by the Extra-Ordinary Finance & Performance Committee.

## **9. Prescribing Update**

MTom presented the prescribing update to the committee.

MTom confirmed that all figures are at month 3, there is a degree of retrospection. It was confirmed that the prescribing budget has now been allocated.

AO detailed that in relation to the detail of GP prescribing expenditure, we will need a plan in place with practices to manage this. The areas that are not covered by QIPP need work.

MA stated that we have had a number of issues within the patch and we need to unpick these costs as there have been practice closures. We also need to detail the changes in list sizes. There is a deep dive in the diary.

AO expressed concern as this is due to this committee in November, we need to understand a plan for practices to take this forward before then. SD stated engagement to be taken forward.

MTom stated that Jonathan Andrews and Marie McIlwain from the Medicines Management Team have been going out to practices to explore what the practice need to take on to change. Once allocations have been set, those action plans will be clear. We will also provide support for these practices. We should have an update for the November meeting.

SD wanted to thank MTom for all her hard work.

AO recommend that this report goes to the QIPP committee to ensure they are aware of this and that there will be another report in November. Clinicians need to take this on board. Prescribing incentive schemes, some of this is linked to the budgets. MA if someone can give assurance that communication with collage health is in place.

	<p><b>Action MTom to take the report to the QIPP committee and ensure that communication is in place with Collage Health, assurance is required</b></p>
<b>10.</b>	<p><b>Better Care Fund</b></p> <p>AO referred to the papers within the paper binder. It was confirmed that in terms of activity this is going to plan.</p> <p>AO confirmed that assessments will be carried out by the end of the financial year, following this we can assess the amount to be committed next year.</p> <p>AO stated that we need to discuss this with council as we want some efficiencies from this, as do the council.</p> <p>MT with relation to key projects, we now have additional capacity to carry these forward.</p>
<b>11.</b>	<p><b>NELCSU Performance Update</b></p> <p>AO gave a verbal update with regard to the NEL CSU Performance. A copy of minutes from the quarterly SLA review meeting that took place. These were tabled.</p> <p>The contract with NEL CSU is for another 12 months, there are on-going contract meetings that take place.</p> <p><b>Action AO to send copies of the minutes to GC for these to be added to the papers.</b></p>
<b>12.</b>	<p><b>Risk</b></p> <p>Risks are noted under each respective agenda item.</p>
<b>13.</b>	<p><b>AOB</b></p> <p><b>Matters Arising</b></p> <p>AO stated that on page 7 of the papers binder, SEEDS, we now have confirmation that all Thurrock and Basildon &amp; Brentwood practices have confirmed that they all want to opt out. There is currently engagement with IC24 in discussions.</p> <p>AO confirmed that he has received feedback from the final iteration from NHS England in relation to the Assessment of Financial Governance. This was presented to the Board last month and will be re-presented to this committee. This will also be presented to the Audit Committee on the 18<sup>th</sup> September.</p> <p>AO confirmed that the structure of the minutes of the committee have been discussed and agreed.</p>
<p><b>Date of Next Meeting</b></p> <p>24<sup>th</sup> September 2015, Extra Ordinary Finance &amp; Performance Committee, Orsett Hall 21<sup>st</sup> October 2015, 9.00am, The Thames Room</p>	