Working together for better health and care

NHS Thurrock Clinical Commissioning Group

Finance & Performance Committee
18th November 2015, 9.00am - 12.00pm
The Thames Room, Civic Offices

Present:	Dr S Das (SD)	Chair of the Committee, Secondary Care Consultant
	Ms M Ansell (MA)	(Acting) Interim Accountable Officer
	Ms L Buckland (LB)	Deputy Chair of the Committee, Lay Member, Deputy Chair of the Board
	Mr A Olarinde (AO)	Chief Finance Officer
	Dr Nimal-Raj (NR)	GP Board Member, Safeguarding Lead
	Ms F Otukoya (FO)	Head of Financial Management
	Mr M Tebbs (MT)	Head of Integrated Commissioning
	Ms Mary Tompkins (MTomp)	Head of Medicine Management
	Ms Francoise Price (FP)	Senior Pharmacist Medicines Management Team
	Ms Kirandeep Chana (KC)	Trainee Finance Assistant
	Ms Alison Restick (AR)	Arden Gem CSU
	Jane Kettlewell (JK)	Arden Gem CSU
	Ms Urszula Pucilowska (UP)	Office Administrator, Minutes
In Attendance:	Mr J Buschor (JB)	Head of Performance
	Mr Gavin Mckenzie (GM)	Programme Manager
Apologies:	Dr A Deshpande (AD)	Chair of the Board
	Mr A Ahad (AA)	Head of Financial Strategy
	Mr R Chaudhari (RC)	Head of Primary Care Development

1.	**Welcome, apologies & declaration of interest**
	SD welcomed all to the meeting. The apologies were noted above. SD asked if there were any declarations of interest that were not already on the register, none were declared.
2.	**Minutes and Action Log of the meeting held on 21st October 2015**
	The minutes of the meeting held on the 21st October 2015 were reviewed and it has been suggested to make changes in AOB, p.14 - Pension Pod replaced by Pension Pot. Action Log: **See Appendix 1**
3.	**Performance**
	JB presented CCG Performance Report to the Committee.

It has been noted that occupancies for patients will not be discussed.

JB detailed Ambulance, A&E; Referral to treatments waits: Percentage of Patient waiting 18 weeks or less; Diagnostics and Cancer Waits data target regarding three KPIs from his report.

Ambulance
Ambulance performance is detailed in separate EEAST report and is monitored through the operational locality meeting hosted by North East Essex CCG. All three standards are below target.

A&E
Performance against the 4 hour target has dropped below the 95% standard. Performance is below standard across our local providers. BTUH have flagged that 95% standard will not be met for the remainder of this year as we approach the winter period. BTUH have committed to providing a trajectory to show expected performance for the remainder of the year. Daily escalation calls across the system are on-going to manage demand between the trust and community providers. BTUH are carrying out further analysis of breaches over night as this time period has been identified as having a surge of activity.

MT informed that regarding the ambulance performance indicators it was discussed with LS that the main issue is the gap for Commissioning Team. Plan will be to create new phase to follow up with ambulance contract.

JB responded that four hour target potentially could increase daily cost.

Committee discussed A&E report data and concern has been raised regarding data accuracy.

AO requested further update if the case of patients has not been able to be discharged in the morning.

JB detailed 18th Months Treatment from his report.

Referral to treatment waits: Percentage of patients waiting 18 weeks or less
Despite the trust achieving the incomplete 92% standard, the standard was missed for the CCG by less than 1% for three consecutive months. Analysis is required to see where this small shortfall can be made up.

MT proposed uploads the data to Thurrock website as per national standards of transparency. JB to liaise with Head of Communication - **Action JB**

Cancer waits was presented to the Committee.

JB stated that Cancer 2 week wait standard has breached in September. Initial improvement plan received for November recovery of the two week wait standard. Cancer 62 day performance remains on the improvement trajectory with recovery for November. However it will be more likely February 2016 after taking into account performance of other trusts.

MT informed that new leaflet has been printed and TCCG will have a meeting suggest to launch them successfully.

Committee discussed two week referral standards and it has been suggested by LS to analyse minimum of four clinic data re capacity issues.
IAPT and Dementia

IAPT: The Access standard has failed again. The CCG has successfully procured service provision from an alternative provider. The plan is on track for the new IAPT provider service to be fully

transition by the end of march ready for 2016/17.

AO commented regarding feedback data from BTCM meetings and asked if they can be minuted for monitoring purposes. JB responded that currently there is only an action log available.

4. Finance & Performance Month 6 Report – including QIPP Progress & Acute Services Update

FO presented the Month 6 Finance Report to the Committee and the following points were noted from the report:

Resource: The opening resource allocation for 2015/16 is £192,824k, comprising £189,097k Programme budget and £3,727k Running costs budget. The total resource at month 7 to £199,201k.

Financial Position: The year to date financial position for the CCG as at Month 7 is as follows: £1,1911k underspend against a budget of £116,906k. The forecast position is to deliver the surplus of £2,090k; which is an outturn of £197,111k against a budget of £199,201k.

Programme budget: The report also outlines the current position and pressures across the Acute services, Prescribing and Continuing Healthcare services. There is further detailed analysis of the main acute contracts year to date performance contained in the report and appendices.

Running Costs budget of £3,727k for 2015/16 has a slight underspend of £26k year to date and is forecast to deliver a slight underspend of £32k at year end.

QIPP performance: There is some slippage in the performance against QIPP targets year to date (achievement of 88%) and forecast delivery is 90% with an amber rating. Further details by portfolio are contained in the report.

Better Payments Practice Code (BPPC): The report also contains a summary of the CCGs performance as at month 7 against the BPPC target indicating that the CCG is achieving most of the targets as required.

Risks and Pressures- Risks over and above the current pressures are identified across the Acute portfolio and possible risk in the Continuing Healthcare services portfolio and also Prescribing.

FO detailed Acute Summary from her report.

The CCG is currently reporting £135k overspend on acute contracts with a forecast deficit of £530k full year effect (FYE). Pressure is indicated across Barking, Havering & Redbridge (BHRT) and Dartford and Gravesham (D&G) are over plan. A detailed analysis is included in Appendix E.

Basildon Hospital

The analysis is based on 4 months of freeze data which has been reconciled with Basildon Hospital. This ensures that the data can be relied upon for accurate analysis. Flex data was not included due to level of uncoded data.

Critical Care activity is significantly over as new ward activity is being counted here. There will be a quality audit around usage of these beds.
MSK activity is down at BTUH but up at D&G, BHRT, Ramsey and Nuffield. This needs to be reviewed with commissioners to understand why activity is not flowing through the MSK hub managed by connect.

The financial position shows underperformance of £141k after allowing for estimates for schemes affected by this. The estimates are based on previous run rate delivery and forecasted for missing months on straight line bases.

	The Forecast position is expected to deliver £6.5m against original target of £7.3m resulting in under performance of £767k. This would still equate to QIPP delivery of 89%, however the commissioners will need to ensure that their schemes are on track to deliver the full amount and new schemes are developed to cover the under-performance gap. **QIPP 2016/17 Update** The CCG have identified provisional QIPP target for 2016/17 in the region of £7.7m being financial gap between funding and forecast expenditure. This number is only indicative at this stage based on financial plan refresh. However new financial planning guidance is expected which will provide key planning assumptions to be used for financial modelling. These will then be used to understand the expected financial gap for the CCG.
5.	**Prescribing update**
	FP presented Medicine Management Financial update to the Committee and specifically detailed the Month 5 Financial position for GP Prescribing, which is currently forecasting an overspend of approximately £796k (3.7%) against the target budget of £21.237 million. The paper also describes performance against QIPP, and current activities being undertaken to minimise the overspend position for GP Prescribing. AO responded that in terms of total Primary Care budget is set and divide by practices. BTUH has stated its target already. It will need to be checked further if TCCG have regular report. A full prescribing detail report is expected in January 2016. FP responded that there are no changes in the process. EPC has been introduced through Primary Care in national prescriptions service in terms of managing repeats. The message is to collect medicines ordered early to prevent wastage. One way to manage is to encourage issuing by tokens. MTomp added that public has been concerned by wasted on MTA. Medicine Management Team created reporting to make sure that the practices are aware with repeat dispensing.
6.	**NHS 111 / Out of Hours Service**
	MT shared presentation NHS 111 and Out of Hours Service with the Committee. MT informed Committee that Report has been prepared by Emily Hughes, Head of Commissioning, NHS Castle Point& Rochford CCG and Southend CCG. NHS 111 activity remains lower than expected with overall performance of the service remaining within expected national standards. OOH activity remains variable, with significant growth compared to the same period last year and against contract. This report summarises the activity, performance and contract position of the NHS 111 and Out of Hours services delivered by Integrated Care 24 (IC24) for the second quarter (Q2) of 2015/16. **NHS 111 Performance** The NHS 111 service did not meet National Quality Requirement '2' during Q1, relating to the provision of records to the registered Practice by 8am the following morning, recovery actions were taken and the requirements was compliant throughout Q2. Following a pilot period, the permanent Enhanced Clinical Review service within NHS 111 commenced in May. This service reviews G2 and G4 ambulance dispositions prior to dispatch. The service is successfully delivering the requirements of the specifications and the recent clinical audit raised no issues or concerns. NHS 111 activity has remained lower than contracted levels with the exception of September. There has been an overall growth in activity of 11% compared to the same

period last year.

AO commented that all of the practices will be transfer to IC24; the question is what would be additional cost? Non recurrent funds will be cover by 1%. TCCG are going to plan financial model in next year and agreed with the QIPP.

7. Arden/GEM Representatives Continuing Healthcare Costs (including Retrospectives)

Ms Alison Restick and Ms Jane Kettlewell have been introduced to the Committee. JK presented Continuing Healthcare Costs report to the Committee.

The purpose of this report is to inform NHS Thurrock CCG the current status of the Continuing Healthcare Service.

Clinical activity - Referral and activity review

On average the team continue to receive around 40 referrals a month. The new referrals are from a variety of settings, for example, through a fast track application, a new positive checklist or via family requests.

When comparing March to October 2014 there was a total of 303 referrals into the service for the same period this year we have received 221. Making a net decrease in referral activity of 82 cases.

CHC Core update

JFT updated Committee about the changes within last few years. TCCG have been served notice. Although we haven't received answer for our concerns and we expecting negotiations. JFT informed the Committee that separate meeting between TCCG and Arden Gem Representatives will be on 19th November 2015 and Ms Maria Whelan will provide a further update regarding CHC Performance report.

FO raised concern on behalf of the Committee regarding letter sent regarding Arden GEM CSU colleagues attendance to deliver the paper. No acknowledgement was received. TCCG will expect further explanation.

8. PTS Procurement Paper

MT provided the Patient Transport Services Update to the Committee, it was noted that this report was for agreement.

The CCG has agreed to commence a procurement programme for Patient Transport Services.
We seek your approval to enter into negotiations for a further six month period. We are also seeking approval to provide some additional specialist capacity from Attain to enable partners to deliver this complex work within the above amended timeframe.

This proposal is supported by both CPR and BB CCG's. Southend CCG has yet to confirm.
In order for this new timetable to be delivered, we would need to extend our existing contracts with both EEAST and Thames for a further six month period. They are currently due to end in September 2016.

The principles of negotiating an extension would be:

- Application of the national deflator
- No significant changes to contract terms and conditions

Given the complexity of the procurement (4 CCGs, 2 incumbent providers, high risk of challenge) and the requirement for a reasonable mobilisation period, the procurement is likely to take a minimum of 12 months. This would take us through to November 2016. However, we do not want to mobilise PTS services during a winter period due to the potential operational impact on all providers but in particular the acute providers (BTUH/SUHT).

The committee is requested to:

- Approve the extension of 6 months for the PTS procurement project
- Approve the additional funding for Attain to provide additional specialist support for the project

LB added that TCCG have to make sure that financial expenditures are allocated to that plan. It could be another 3 potential practices. I have been reassured that they can be included.

MT presented **Attain Proposal - BB Project Management Support**.

Attain Proposal - BB PTS Project Managem

LB commented that she found this disappointing. Procurement contract must be efficient in the system; there are issues around quality of the patients care. It has been addressed on the previous QIPP and need to be reviewed on the next Finance and Performance Committee meeting. Current report does not provide sufficient data.

AO confirmed that in terms of resource we attain into the process for this to continue. TCCG will produce further update they are flexible for deliver relevant data.

The committee approved the extension and the funding for Attain to provide specialist support.

9. Les Wound Care Paper

MT detailed update on Waiver for the provision of Wound Care under Local Enhance Services to the Committee for information.

Recommendation: The Committee is asked to note the content of the paper and agreed a waiver to allow interim arrangements for practice reimbursement for the provision of Wound Care Management.

The waiver was agreed.

10. Home Eternal Fees Update

This report has been previously consulted on QIPP Committee June 2015.

Future options:
Option 1 – do nothing – let the contract roll for at least 1 more year, possibly 2 until March 2018 or 2019.
Option 2 – Re-tender to give a new contract to commence at the end of the 3 year initial phase of the contract in April 2017.
Option 3 – As Option 2 agree to re-tender, but meet with Abbott in December 2015/January 2016 and negotiate signing up to the 2 optional years of the contract in exchange for them holding prices (or limiting price rises to an agreed level.)

The recommended option 3 gives best chance of securing stability on prices whilst also giving continuing to improve service levels to service users.

Option 3 is recommended. This gives continuity of service, avoids the cost of a re-tender, and secures prices at a known level until April 2019 whilst giving an opportunity to improve service levels.

AO updated the Committee about plans to discuss fees increase with ABOTT. TCCG might consider 2 year extension on the contract. Fees could increase by 10%. The subject will be addressed for consideration on December's Board meeting. AO part of the reason was to improve patients experience outcome returned from reports and match standards of expectation.

Option 3 was agreed.

11.	**Risk**
	AO discussed with Committee Board Assurance Framework and Corporate Risk Register.  BAF CRR - Q2 - F and P Committee.pdf It was suggested that risk has to be reduced to 12. This was agreed.
12.	**AOB**
	Following items has been discussed by Committee for information only: 1. The next Finance and Performance meeting – agreed face to face 2. AO presented Terms of Reference the update to the Committee. LB that papers should be prepared five working days. Committee agreed. AO to review Board meeting dates. **Action AO/FO** To obtain steer from corporate leadership and plan relevant discussion around board meeting and future dates. **Action FO** to circulate report to the Member of the Committee. 3. NHS Right Care is looking nationally into programme and budgeting. Pilot includes different providers and 56 CCGs. It will generate potential opportunities in QIPP areas, e.g. to improve quality and patient satisfaction. Previous circulation of the report has been set up as The Wave 1. Concerns will be addressed to the next QIPP session. January and March 2016 has been confirmed as the date of the final performance report. Subject matter will be presented to the Board meeting.
Date of Next Meeting	
16th December 2015, 9.00am - 12.00pm, The Thames Room, Civic Offices, Grays	