

<b>Committee:</b>	Governing Body Meeting
<b>Venue:</b>	Boardroom, Dominion House
<b>Date:</b>	25 July 2017
<b>Status:</b>	<b>FOR REVIEW AND NOTE</b>

<b>Title of Report</b>	<b>Commissioning, Finance and Performance Committee Report</b>	
<b>Presented by</b>	Karen McDowell, Chief Finance Officer & Deputy Chief Executive	
<b>Author</b>	Vicki Taylor, Deputy Chief Finance officer	
<b>Finance Lead sign off</b>	Karen McDowell, Chief Finance Officer & Deputy Chief Executive	12/07/17
<b>Conflict of Interest</b>	Noted where relevant to the agenda item.	
<b>Governance and reporting-</b> at which other meeting has this paper been discussed	N/A	
<b>Freedom of Information</b>	Author considers that no exemption applies:	<input checked="" type="checkbox"/>

**Executive Summary:**

The report highlights the issues for attention or disclosure to the Governing Body following the meetings of the Commissioning, Finance and Performance Committee in April, May and June 2017.

**Implications:**

Health/ CCG strategic objectives	None specific to this report
Financial/ Resource	None specific to this report
Legal/ Compliance	None specific to this report
Equality Analysis	None specific to this report
Patient and Public Engagement	Lay Member (PPE) is a member of the Committee
Risk (including reputational) and rating	Risks covering financial balance and service transformation/QIPP delivery are reflected in risk registers for Committee oversight.

**Recommendation(s):**

**To note** the contents of the report

**Next Steps:**

Next Committee meeting date 18<sup>th</sup> July 2017

## 1.1 Introduction

In line with the terms of reference for the Commissioning, Finance and Performance Committee and following the meetings held in April, May and June 2017, this report serves to highlight any issues for attention or disclosure to the Governing Body covering a number of key requirements listed below:-

- a) A summary of Strategic commissioning decisions reached
- b) A summary of business cases prioritised
- c) Declared conflicts of interest and how they are managed
- d) Record of frequency of attendance by members and quoracy
- e) Any areas of particular interest or concern as highlighted by the Committee chair

## 2.1 Summary of key issues from the April 2017 meeting

There were no conflicts of interest declared for any agenda items with the exception of that noted below.

Chair identified a conflict of interest for the GPs re the PMS Release monies (agenda item 12), noting that advice had been taken from the Conflict of Interest Guardian that, whilst GPs needed to declare an interest in the paper, it had been concluded that the potential personal financial difference between the two options is immaterial. Therefore agreed that the GPs could be involved in the discussion and decision making around the options.

The following areas represent the key areas of discussion and note by the Committee:-

- All areas of adverse performance as updated in the Month 11 (February 2017) **performance report**.
- Year to date Month 12 (March 2017) financial performance and forecast for the year.
- Detail of performance against all elements of the **Service Transformation Programme** at Month 12 (March 2017).
- **2017/18 Financial Planning** overview
- **QIPP 2017/18 schedule** reviewed
- **Critical Care Co-ordinator business case** reviewed and agreed with the proviso that joint funding is pursued with the RSCH
- **A&E Very High Intensity Users business case** reviewed and approval of recurrent investment of £146,847 with a quantifiable evaluation in February 2018.
- **Hydration in Care Homes business case** investment of £24,677 was approved as part of the Out of Hospital QIPP programme.
- **PMS Release Monies 2017/18 for New Locally Commissioned Service** approved
- **Clinical Forum Group Terms of Reference** agreed
- **Amendments to the Terms of Reference for the Commissioning, Finance and Performance Committee** reviewed and approved
- **Richmond Fellowship Contract Extension to 2020** was reviewed and recommended to the Governing Body to approve.
- **Enteral Feeding Briefing paper**, the Committee agreed to meet the increased cost pressure to RSCH in-patients (from actual data provided), capped at £30,000 for 2017/18 and agreed new cap on an annual basis based on activity and to confirm funding point for adult enteral feeding ancillaries for 2017/18 and

to ensure adult enteral feeding ancillaries line is included in community services contract going forward.

- **Procurement Board** update
- **Risk paper** noted, QIPP risk will continue as the highest risk rating of 25
- Updates received from reporting in and related sub groups:
  - Medicines Optimisation Group – February 2017 meeting minutes
  - Clinical Forum Decision and Action notes – February 2017
- Declarations of interest were confirmed as correct.
- Top 3 risks following the meeting were identified as:-
  1. Alliance working/relationships with other providers
  2. Community Contracts
  3. Financial position

- Apologies received for the April 2017 Meeting are shown in the table below

Member	Designation
Jacqui Burke	Lay Member, Corporate Governance and Audit Chair
Niki Baier	Director of Contracts

- Further areas of particular interest of concern raised:  
Public Mental Health Service are no longer funding a telephone support service, paper discussed in the May meeting

The following business cases were approved:

- Critical Care Co-ordinator
- A&E Very High Intensity Users
- Hydration in Care Homes

### 3.1 Summary of key issues from the May 2017 meeting

There were no conflicts of interest declared for any agenda items unless specifically noted below.

The following areas represent the key areas of discussion and note by the Committee:

- **Performance report** - All areas of adverse performance as updated in the Month 12 (March 2017) performance report.
- **Finance Report** - Year to date Month 12 (March 2017) financial performance and forecast for the year.
- Detail of performance against all elements of the **Service Transformation Programme** as at Month 12 (March 2017).
- Review of the **Financial Planning and QIPP report**
- **Revised Critical Care Co-Ordinator Business case** reviewed and agreed to fund the post for 6 months and for the scope of the role to include additional work in developing clear equipment and consumables pathway in the community with the proviso that the business case be amended to show non

recurrent funding and continue to encourage the RSCH to joint fund

- **Public Mental Health Service** update received
- Changes to the **Treatment Not Routinely Funded Policy** agreed
- **Procurement Board** update
- **Contract Management** update
- **RSS and Advice and Guidance Training and Support** discussed and has been referred to the Executive Management Team
- **Outcome of Macmillan Integrated Cancer Care Bid** update
- **End of Life Care Strategy Delivery Group** update
- **Risk paper** noted, agreed that this will no longer be a standing item as the data is out of date when reviewed at the committee.
- Updates received from reporting in and related sub groups:
  - Medicines Optimisation Group – April 2017 meeting minutes
  - QIPP Delivery Assurance Group (QDAG) – April 2017 meeting minutes
  - Clinical Forum Group Decisions and actions – April 2017
- Declarations of interest were confirmed as correct
- Top 3 risks following the meeting were identified as:
  1. Alliance working and relationships with other partners
  2. Financial Position
    - a. unbalanced plan
    - b. overspend against unbalanced plan
  3. Capacity and resource/workload resilience
- Apologies received for the May 2017 Meeting are shown in the table below

Member	Designation
Dominic Wright	Chief Executive
Julie George	Consultant in Public Health

- No further areas of particular interest or concern were raised by the Chair of the Committee.

The following business cases were approved:

- Revised Critical Care Co-ordinator

#### 4.1 **Summary of key issues from the June 2017 meeting**

There were no conflicts of interest declared for any agenda items unless specifically noted below.

Justine Hall confirmed for the Chair her temporary status as a non-voting GP member and this was noted accordingly.

The following areas represent the key areas of discussion and note by the Committee:

- All areas of adverse performance as updated in the Month 1 (April 2017) **performance report.**

- Year to date Month 2 (April 2017) financial performance and forecast for the year.
- **2017/18 Budget Summary** reviewed
- Detail of performance against all elements of the Service Transformation Programme as at Month 2 (May 2017).
- **Treatment Not Routinely Funded Policy** revisions approved
- **Procurement Board** update
- **Contract Management** Update
- **Locally Commissioned Service for Direct Oral Anticoagulants Invitation and Annual Review business case** reviewed and approved with the final decision on costs to be agreed by EMT
- **Public Health Substance Misuse Re-procurement** update
- **Frailty Initiative 2017/18 Service Specification** approved the service specification for implementation from 1 July 2017
- **GP Forward View** reviewed and quarterly updates agreed
  
- Updates received from reporting in and related sub groups:
  - Medicines Optimisation Group – May 2017 meeting minutes
  - Procurement Board – May 2017
  - Clinical Forum Group Decisions and action notes – May 2017
  
- Declarations of interest were confirmed as correct
- Top 3 risks following the meeting were identified as:
  1. Financial Position
    - a. Unbalanced plan
    - b. Overspend against unbalanced plan
  2. Capacity and resource/workload resilience
  3. Finance including Ambulatory Care Unit – financial pressured
  4. Alcohol and Substance Misuse Budget Reduction
  
- Apologies received for the June 2017 Meeting are shown in the table below

Member	Designation
Julie George	Consultant in Public Health

- Other areas of particular interest or concern raised were:-
  - Clinical Forum in July cancelled
  - Quoracy for July CFP committee discussed, Deputy Chair to Chair the meeting; meeting will not be quorate
  - Apologies from Karen McDowell for the August meeting, to be quorate Matthew Tait will need to attend

The Following Business Cases were approved:

- Primary Care Locally Commissioned Service (LCS) for Direct Oral Anticoagulants (DOACs) initiation and annual review