

Finance and Performance Committee

Meeting: 25 June 2020, meeting was quorate in accordance with 'lean' arrangements

N.B. The meeting originally scheduled for 28 May 2020 was postponed, with the month 1 business presented to the Board.

A meeting of the Finance and Performance Committee will take place on the morning preceding the Board meeting on 23 July 2020

Overview of business – including summary of key issues for Board

The following items of business were discussed:

- Received and reviewed the 2020/21 Financial Report for the period ending 31 May 2020:
 - In response to COVID-19, a temporary financial regime has been put in place by NHS England to cover the period 1 April 2020 to 31 July 2020.
 - As a result NHS England has given CCGs non-recurrent allocations for the first four months of the financial year to reflect expected monthly expenditure.
 - Under the terms of the new regime the CCG can expect to receive a retrospective non-recurrent allocation for *reasonable variances* between actual expenditure and the expected monthly expenditure.
 - The financial performance position to the end of May 2020 is £13.4m adverse of the plan set by NHS England and is forecast to be £30.2m adverse of plan by the end of the year; key drivers for the year-to-date overspend position are detailed in report reference FPC20/044
 - The CCG is expecting NHS England to issue an additional £30.2m non-recurrent allocation for the first 4 months of the financial year in order that the CCG can report both a break-even year to date and forecast position.
- Received and provided comment on the Performance Oversight Report detailing overall performance for West Hampshire CCG and its main NHS providers, noting that there has been a clear deterioration against a number of key performance indicators as a result of services being reduced during the first phase of the COVID-19 pandemic. Key areas of concern highlighted are as follows:
 - An increase in overall wait times for elective patients
 - An increase in patients waiting over 26 weeks and 52 weeks
 - Diagnostics, with 44% of patients waiting over 6 weeks; this is better than the national average position but performance at Royal Bournemouth Trust is of significant concern
 - Cancer treatment activity, with the exception of first and subsequent chemotherapy, has maintained close-to-normal treatment volumes. Subsequent radiotherapy has increased, perhaps in compensation for a reduction in the chemotherapy volumes
 - Child and Adolescent Mental Health Services
 - Wheelchair waiting times
 - Mental health service delivery in light of COVID-19.

There were no new items identified which required escalation to the Board.

A verbal update will be provided on the discussions which will have taken place at the Committee meeting scheduled for 23 July 2020. Copies of the Finance and Performance Reports considered at this meeting are appended to this paper.

Key reference documents

- Minutes of the meeting held on 25 June 2020 (attached)
- Financial Position 2020/21 – Month 3 (paper appended WHCCG20/043Ei)
- Performance Oversight Report (paper appended WHCCG20/043Eii)

- Financial Position 2020/21 – Month 2 (paper reference FPC20/044)
- Performance Oversight Report (paper reference FPC20/045)

Papers are accessible on Board Packs and are available on request.

Date of next meeting: 27 August 2020

Minutes

Finance and Performance Lean Committee

Minutes of the Finance and Performance Committee Virtual meeting held on Thursday 25 June 2020 from 11.30am to 12.20am

Present:	Alison Rogers Charlie Besley Ruth Colburn-Jackson Jenny Erwin	Lay Member Strategy and Finance (CHAIR) Locality Clinical Director Totton and Waterside Managing Director: North and Mid Hampshire Director of Mental Health Transformation and Delivery
	Mike Fulford Simon Garlick Judy Gillow Karl Graham	Chief Operating Officer and Chief Finance Officer Lay Member Governance/Audit Lay Member Quality Locality Clinical Director Eastleigh Southern Parishes and Clinical Director, ICT
	Adrian Higgins Rachael King Johnny Lyon-Maris Lorne McEwan Ellen McNicholas Sarah Schofield Andrew Short	Medical Director Director of Commissioning: South West Locality Clinical Director, West New Forest Locality Clinical Director, Winchester Director of Quality & Nursing (Board Nurse Clinical Chairman Deputy Chief Finance Officer, Financial Accounting and Reporting
	Jim Smallwood Caroline Ward Stuart Ward	Secondary Care Consultant Lay Member New Technologies and Digital Locality Clinical Director, Eastleigh North and Test Valley South
	Jon Vaughan	Deputy Chief Finance Officer, Contracting

In

Attendance:	Ian Corless Terry Renshaw Jackie Zabiela	Board Secretary/Head of Business Services Governance Manager (Minutes) Governance Manager
--------------------	--	---

Apologies:	Rory Honney Maggie Maclsaac	Locality Clinical Director, Andover Chief Executive for Hampshire and Isle of Wight Integrated Care System
-------------------	--------------------------------	---

Summary of Actions:

Minute Ref:	Action	Who	By
6.2	Performance Oversight Report : Wheelchairs – Briefing paper to Board on wheelchair commissioning to include volumes and percentages.	MF/JE	ASAP

1.	<u>WELCOME, APOLOGIES AND CONFIRMATION OF QUORACY</u>
1.1	Alison Rogers welcomed members present to the virtual lean meeting of the NHS West Hampshire Clinical Commissioning Group (West Hampshire CCG) Finance and Performance Committee and noted apologies for absence.
1.2	It was confirmed that the meeting was quorate.
2.	<u>DECLARATIONS OF INTEREST (FPC20/041)</u>
2.1	Alison Rogers directed members to the Declaration of Interest Register.
2.2	Attention was drawn to the fact that should a conflict arise at any point during the meeting members will need to declare this fact.
2.3	AGREED The West Hampshire CCG Finance and Performance Committee: <ul style="list-style-type: none"> • Received and noted the Register of Interests.
3.	<u>MINUTES OF THE PREVIOUS MEETING (FPC20/0042)</u>
3.1	The Finance and Performance Committee received the draft minutes of the meeting held on the 30 April 2020.
3.2	Attention was drawn to the fact that the meeting scheduled to be held on the 28 May 2020 was suspended.
3.3	AGREED The West Hampshire Finance and Performance Committee: <ul style="list-style-type: none"> • Approved the minutes of the meeting held on the 30 April 2020 with no matters arising. • Noted that the meeting scheduled to be held on the 28 May 2020 was suspended.
4.	<u>ACTION TRACKER (FPC20/043)</u>
4.1	Alison Rogers introduced paper FPC19/043. The following updates to the action tracker were provided:
	1. <u>FPC19/006b) Savings Programme: Add resourcing the scale/challenge around the change programme and pressures driving the system onto the action tracker</u> – It was reported that this has been added to the action tracker rather than the risk register. Alison Rogers commented that it is important not always to imply/reference that a system solution is the answer to everything and that we need to keep our eye on the ball locally. Alison Rogers reminded the Committee that this is not a true action, but an AIDE MEMOIRE .
	2. <u>FPC19/014a Performance Report CAMHS : Provide Committee with an update on national benchmarking performance</u> - It was reported that further discussion has taken place since the last meeting of this Committee and a separate CAMHS briefing session with Alison Edgington will be taking place next week following Clinical Governance Committee (2 July 2020). Following this briefing this action will be reviewed in terms of the plan for moving forward, service options for improvement and including investment.

	<p>3. <u>FPC20/002d) Performance Report : Wheelchairs Clinical Governance Committee to revisit deep dive into clinical triage process</u> – It was reported that the deep dive will not be undertaken until after Covid however wheelchairs features as a regular agenda item at Clinical Governance Committee with updates from the quality team. It was stated that this is a performance issue and should not be closed at this point as performance is still poor and needs monitoring. Clarification was sought as to what is the formal action on the tracker as this will continue to be monitored as ‘business as usual’. It was agreed that this should remain on the action tracker as an aide memoire to pick up again as a performance issue when we emerge from Covid. AIDE MEMOIRE</p>
4.2	<p>AGREED</p> <p>The West Hampshire Finance and Performance Committee:</p> <ul style="list-style-type: none"> • Received the updates from the action tracker.
5.	<p><u>FINANCE</u></p>
	<p><u>Financial Report 2020/21 – Month 2 (FPC20/044)</u></p>
5.1	<p>In addition to the information provided within paper FPC20/044 circulated for the meeting the following points were highlighted/noted:</p> <ul style="list-style-type: none"> • We are in a new temporary financial regime with allocations received up to 31 July 2020. Any reasonable variances to allocations will be funded by NHSE. Up to the end of May we have spent £13.4m more than the allocation that NHSE has given us. They had not given us any allocation in respect of Covid-19 and we can expect that this should be a reasonable variation. £12m of the overspend is directly related to Covid whilst the other is a shortfall in the allocations, £1.4m, that NSHE have given us based on the formula they have used. This is based on the extrapolated Month 11 position and does not reflect total cost for year. • End of Month 4 forecasting £30.2m adverse against plan. £23m forecast expenditure on Covid related services. NHSE have announced a price rise in the amount we pay for Funded Nursing Care, as yet we are not funded for this price related pressure, which has yet to be funded by NHSE. • Not yet received absolute confirmation that NHSE Month 2 overspend will be funded; this is not unique to WHCCG it is the same for all CCGs. We are being questioned/scrutinised about what we have spent to which we have provided responses. • Also to date we have not received confirmation regarding what our allocations/finance regime will look like post 31 July 2020. This is the same across the country.
5.2	<p>As a result of discussion it was:</p> <ul style="list-style-type: none"> • Questioned if Covid funding will cover excess prescribing. It was responded that at the moment it is. • Asked if there is any update on historic debt. It was responded that this does not apply to WHCCG as we were within the thresholds and until they announced it that year we did not have any. Cumulate deficit is to be managed in going forward and we are assuming it will be part of new financial regime. • Asked in terms of the ‘remote management’ of patients will there be more financial help that is if this carries on are we able to highlight this as a risk and send it up ‘the line’ as a concept/recognised problem. It was responded that there are challenging conversations going on at the centre between DoH and the Treasury in terms of the amount that is being spent. WHCCG are currently spending substantial amounts, recognising that we are not out of kilter with others. There will clearly need to be a reckoning and it will need to be controlled/managed going forward. Whilst we are in Covid there will be inefficiencies and we need to look at the cautious management of patients/services as we begin to stand services back up.

	<ul style="list-style-type: none"> • Attention was drawn to slide 5 where assumptions are indicated that expenditure will trigger a payment and the forecast that £306.7m will trigger NHSE to issue an additional non recurrent allocation of £30.2m in order that CCG can forecast break-even position for the first four months of the year. It was responded that the way the allocations have been made is that we don't have any Covid funding in there and the fact that we are able to reclaim any reasonable overspend would assume the Covid funding will be in there. Therefore, these are reasonable and prudent assumptions. If we are told not to spend the money this will have substantial implications across all sectors. The challenge and scrutiny is increasing but we are very confident that we are spending in line with what we are asked to do/fund and so expenditure is reasonable and should be refunded under the current framework we are operating in. • Charlie Besley declared an interest in palliative care and said he was interested in the £12m related to Covid expenditure. Allocation of £3.2m invested in hospices and palliative services and he was interested in knowing where this went. It was responded that there is a little bit in the language used as this is palliative and community provision. We have provided some support to our local hospices where we can do within the current financial regime, but they can also source some funding from the centre. • Highlighted that the primary care baseline budget has been maintained with no savings indicated and it was questioned if the same principle has been applied to all other providers across the system so that effectively everyone is operating on historic block contract. Therefore, should we expect no overspend as costs have decreased to a certain extent. It was responded a number of things are on block contract so would not see an underspend that is for primary care we were expecting to have a real pressure on the budget this year but now expecting to break even given Covid expenses. All NHS are on block contracts, private sector have differential arrangements in place depending on where staff are deployed/different services. So not expecting any underspends. Do have a gap with recurrent underlying position as explained in report over and above Covid expenditure. • Clarification was sought regarding expenditure covering homeless people staying in hotels as to whether it is separate or covered by Covid, as the paper seems to indicate that the CCG has this funding. It was responded that it comes under Local Authorities (LA) and the way that the LA get their funding is through the NHS (i.e. CCGs) from the Treasury, which is why we have the £6m pass through in our budgets.
5.3	<p>AGREED</p> <p>The West Hampshire Clinical Commissioning Group Finance and Performance Committee:</p> <ul style="list-style-type: none"> • Received and reviewed the update on the risks in relation to the West Hampshire CCG financial position 2020/21 and the report on the Month 2 financial position.
	<p><u>PERFORMANCE REPORTING</u></p>
6.	<p><u>Performance Oversight Report (FPC20/045)</u></p>
6.1	<p>In addition to the information provided within paper FPC20/045 circulated for the meeting the following points were noted/highlighted:</p> <ul style="list-style-type: none"> • In general terms we have seen an improvement in ED performance 4 hour waits, however this was with the numbers of reduced attendances. Starting to see increasing attendance and some days performance below 90% in some providers. • Seen improvement in size of waiting list as there has been a substantial reduction in referrals. However, now seeing substantial increase in over 52 and over 26 week waiters with substantial rise in numbers in March which we expect to increase further. This will need to be a key element of the recovery plan.

	<ul style="list-style-type: none"> • For urgent cancer referrals, there is a more positive picture, with Two Week Wait referrals back to 80% of expected levels. • Elective activity is currently around 50% of expected levels, and planned to rise to circa 55% during July is leading to an increase in overall wait time for significant numbers of non-urgent patients. • Biggest area of concern is diagnostics in the sense that activity should be all patients seen within 6 weeks is now down to about 50% and substantial challenges around capacity in a Covid environment. This is not just being seen locally but also identified regionally and nationally. It was reported that team is currently working through options across the piece to be able to expand capacity. <p>Attention was drawn to the Mental Health highlight report appended to the report which is a document for information only which outlines the current position on mental health service delivery in light of Covid-19.</p>
6.2	<p>As a result of discussion it was:</p> <ul style="list-style-type: none"> • Reflected that CAMHS is a bit of a 'mixed bag' in that we have seen a lower number of referrals, recognising that some of this could be positive but could also be negative in that children may not be presenting as they have been taken out of school environment and there is also the chance that by individuals not being at school they are not receiving the wider support/acknowledgement of their issues. There are still a range of issues around CAMHS who have maintained urgent waiting times and increased number of face to face, but are still missing a number of key targets. This is an area of focus and a full briefing will be provide at the session scheduled to be held on the 2 July with Alison Edginton. • Attention was drawn to wheelchairs and the fall off in performance due to Covid, with further deterioration. Surprise was expressed in that this seems to have been ongoing for a long time and it was questioned should we have put additional resource in to tackle this or is it not that easy. It was explained that it is not as simple as that. The main thing in the re-procurement is the ability to flex the service model to make it more responsive. Given there is a significant national workforce issue regarding mechanical assessment specialists so re-procurement has been to make service quite different to how it is now and to flex the need. Will also be a challenge until can make role more attractive for clinical professionals. It was asked if there is there any mileage in cutting the workforce so that things are done slightly differently. It was responded that until the new service model comes in a lot is being done in the meantime to try and flex the workforce including retraining staff, a Single Point of Access and shared processes/referral processes across providers. Building on what has previously been said it was suggested that we should think of wheelchairs more along the elements of a specialist requirement. For those that need a standard wheelchair this should not be coming through this service. This is for those that have very specific postural needs and if we get this wrong could be quite catastrophic in terms of level of harm, so it is not as simple as giving skills to others; the specialist Occupational Therapist skills are essential, for which we have national shortages. It was agreed that it would be helpful if a briefing paper was shared with the Board as we already commission thousands of wheelchairs through different routes also to include volumes and percentages being dealt with. <p>ACTION: Mike Fulford/Jenny Erwin</p> <p>It was stated that all of these issues will be fully contained within individual recovery work streams and are being looked at as part of this focus to get access and capacity up to the levels we want and need.</p> <ul style="list-style-type: none"> • Questioned is there a way the wait for diagnostics should/could be communicated to the public. It was explained that there is a need to ensure that patients are coming forward for diagnosis, the key focus is to get the capacity up and ramped up very rapidly. Part of the programme through recovery is ongoing communication to the public which is very

	<p>important and there is a specific piece of work in relation to this. It was subsequently raised as to whether we should be communicating this to GP colleagues to assist the management of expectations. Mike said that we need to communicate that this is what waits look like, but we also need to be cognisant that we do not discourage referrals.</p> <ul style="list-style-type: none"> • Questioned if there are any CAMHS indicators around level of preventative activity. It was responded that it would be helpful to pick this up next week as part of the briefing session. However, it is part of the prevention work that we are doing. Sussex Partnership has been a national leader in rolling out their digital work for example access to digital resources, text messaging etc. Mental health in school teams has been rolled out so there is a lot of work that is being undertaken that needs to be captured. Also needs to be seen in the broader context and not just in the CAMHS service. • Reflected that in the summary report we highlight over 250 patients waiting over 52 weeks and it was questioned as to whether they are triaged and reassessed in some form. It was responded that Jo Clifford and the quality team are undertaking a specific piece of work looking at harm using some of the methodology they developed as part of the review of wheelchair waits and learning and will bring something back through Clinical Governance Committee at a later date. It is too early to say what findings could be. A lot we won't know yet however we do know from quality monitoring that there has been a slight increase in things like pressure ulcers (nationally as well) and so exploring as quickly as we can but too early to give any real meaningful feedback. It was stated that a lot of work is underway examining potential harm for example drop off with 2 week wait referrals where there will be patients with cancer not identified who will be starting their treatment late. Also not just about elective waiting lists, but also had issues with things like ophthalmology follow ups so need to look across the piece/other areas that we need to not lose sight of. To provide assurance it was stated that the quality team are particularly focusing on these areas, with ophthalmology being a key area they are looking at. • Clarification was sought as to whether HHFT figures include patients attending for swabs in their A&E numbers. It was explained that they did and data error is being normalised as we speak and so will share a revised data set when available. It was reflected that the normalised position is 'more health'.
6.3	<p>AGREED</p> <p>The West Hampshire CCG Finance and Performance Committee:</p> <ul style="list-style-type: none"> • Noted and provided comment on the performance report. • Agreed the action outlined at paragraph 6.2.
7.	<p><u>ANY OTHER BUSINESS</u> – There were no items raised on this occasion.</p>
8.	<p><u>RISKS ARISING FROM DISCUSSION OF AGENDA ITEMS TO BE INCLUDED ON THE CORPORATE RISK REGISTER</u> - There were no items identified on this occasion.</p>
9.	<p><u>DATE OF NEXT MEETING</u> – The Finance and Performance Committee will next meet on Thursday 23 July 2020. Timing to be confirmed.</p>