Camden Clinical Commissioning Group  
Finance and Performance Committee  
Meeting 26 July 2017 and 23 August 2017

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<td>Dr Birgit Curtis</td>
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<td>Report author</td>
<td>Brenda Thomas, Governance Lead (Interim)</td>
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<td>Performance Committee on 26 July and 23 August 2017.</td>
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<td>Recommendation</td>
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**Strategic objectives links**

The strategic objectives are:

- To lead the development of the local healthcare system with our partners and the people of Camden;
- To ensure access to and the delivery of safe, effective and responsive services that reduce inequalities, meet identified needs;
- To ensure maximum positive health impact within the resources available.

**CPPEG representative comments**

- Comments to be added following the meeting
Summary of the Meeting Held on 26 July 2017

Items of Business

Finance Report: Month 3 - The key issues noted were as follows:

- Overall, the CCG forecasts to achieve its control total at the end of the year;
- The Acute position worsened in month 3 by £2.7m predominantly due to £3m over performance at Royal Free London (RFL). This £3m takes account of back ended QIPP. Circa £7m is estimated to be the actual overspend taking account of the data being received;
- The Acute run rate needs to reduce by circa £1m a month for the CCG to achieve the forecast;
- £0.5m overspend is forecasted for non-acute, primarily in mental health and children's services.

Further financial pressures and risks were noted.

The acute over performance was discussed at the Executive Team meeting, where it was agreed that a forensic deep dive should be undertaken of University College London Hospital (UCLH) and RFL by the CCG and the Commissioning Support Unit (CSU). The results will be brought to the Committee in August.

QIPP Planning Update: Month 3 - The Committee considered the following key highlights:

- The overall CCG rating within the finance templates reported to NHS England (NHSE) was amber, based on reporting year to date (YTD) underachievement of £153k at month 3, and a negative variance of £726k against 2017/18 forecast outturn (FOT). This is an improvement of £171k from month 2 position. Majority of the underachievement is driven by integrated care, mainly Better Care Fund (BCF);
- The CCG slipped on some STP (Sustainability and Transformation Plan) related schemes (planned care and integrated care schemes), recognising these will not go live until mid-year and the continued risk of slippage through delivery remains.
- Weekly QIPP Challenge Panels were scheduled for July to gain complete oversight of all projects within the month to get clear mitigating actions to address challenges of schemes mobilising at planned start dates.

Integrated Performance Report (IPR) including CPOP Report - The Committee noted the following key issues highlighted:

- Although below standard, UCLH achieved the national Sustainability and Transformation Fund (STF) requirement of over 90% for quarter 1;
- The CCG narrowly missed its diagnostic targets by 13 breaches, with RFL and UCLH achieving their targets. The CCG is expected to return to compliance in June;
- UCLH met the standard for urgent request referrals in May with RFL narrowly missing the target. The CCG is liaising with commissioners to ensure Camden patients are not affected;
- UCLH performance for 62 day cancer waits in May was largely driven by surgical capacity issues in Urology.

Camden Integrated Musculoskeletal Service (CIMS) Update - The Committee discussed the issues around the new Value Based Commissioning (VBC) contract awarded to UCLH for a new fully integrated pathway for musculoskeletal (MSK) in Camden from 1 April 2017 for the five years. The implementation of UCLH’s mobilisation plan has been delayed due to a number of reasons, primarily, the ongoing negotiations between UCLH and the other MSK providers. The Statement of Readiness and Provider’s Mandatory Material Subcontracts still remain outstanding. UCLH is not currently reporting on activity and finance under new the CIMS contract and this lack of reporting has been raised with the Medical Director and Head of Performance at UCLH.
A monthly Commissioning Review Group (CRG) has been set up to review all aspects of the CIMS service including quality, safety and performance.

**Mental Health Performance update** - The Committee received an update on Camden and Islington Foundation Trust’s (CIFT) overall performance in relation to the agreed Key Performance Indicators (KPIs) in quarter 4 2016/17. Concerns had been raised regarding the flow of patients throughout the mental health pathway, with long waiting times. The 21 day target wait for assessment is not met, given the amount of referrals into the system and largely due to the detrimental impact of the significant number of referrals by the Police to the advice and assessment team. Analysis of these referrals suggests these contacts do not require mental health assessment and this is impacting the team’s capacity. This is being reviewed with the Police. Further update will be provided to the Committee at its meeting in September.

**Finance and Performance Committee Revisions to Terms of Reference** - The Committee approved the proposal for Sarah Mansuralli, Local Executive Director/Chief Operating Officer to be added as a voting member of the Committee.

**Primary Care Finance update** - The Committee received an update on primary care finance. Since the CCG assumed full delegated commissioning responsibility for the Primary Medical Services budget from NHSE, a number of financial challenges have been identified, including a significantly reduced allocation compared to previous years; financial liabilities associated with historic and new estate developments, delivery of primary care QIPP for both the delegated commissioning budget and existing CCG primary care programme. The Committee will receive quarterly updates on Primary Care Finance to include year-end forecasts on expenditure within the LCS and Primary Care Programme budget.

**University College London Hospital IT** - The Committee was updated on UCLH IT, noting the downstream systems at UCLH were intermittently not receiving information for newly registered patients from the Patient Administration System, particularly on the week commencing 7th July. Messaging affected included admissions, discharges, transfers, registrations, orders. Downtime procedures and business continuity plans were activated. No patients were affected. Integration Engine fault which was diagnosed as the cause was rectified and service availability re-communicated.

Communication was sent out to all local referrers advising to revert to paper or telephone bookings. This was co-ordinated by NHSE and the CSU. UCLH worked with the Quality and Safety team on e-referrals to ensure any urgent referrals coming through are dealt with. The steps taken so far on UCLH IT resilience were noted and the Committee was assured of better management on the UCLH integration platform and Camden Integrated Digital Record (CIDR).

**Summary of the Meeting Held on 23 August 2017**

**Items of Business**

**Finance Report: Month 4** - The key issues noted were as follows:

- Overall, the CCG forecasts to achieve its control total at the end of the year;
- The Acute position has worsened in Month 4 by £4.439m predominately due to a budget adjustment made to RFL of £4.0m and over performance at RFL in direct access (diagnostics) £0.339m where activity is up 21% year to date (YTD);
- The Acute run rate needs to reduce by c£0.6m a month for the CCG to achieve the forecast;
- Non-Acute is forecast to be £0.9m overspent primarily in mental health £0.2m and Children’s Services £0.5m. The forecasted overspend has been offset by the release of contingency and use of non-recurrent reserves;
- Further financial pressures and risks were noted.
QIPP Planning Update: Month 4 - The Committee noted as follows:

- The CCG submitted its monthly position with an underachievement of £411k. The overall CCG rating within the finance templates reported to NHSE is amber based on a negative variance of £486k against 2017/18 forecast outturn (FOT). This is an improvement of £240k against the month 3 FOT position;
- The majority of QIPP lines rated as Red or Amber are associated to transformation and STP work streams with start dates now adjusted for mid-year delivery;
- The increase in underachievement at month 4 is highlighting the slippage of transformation projects in the first half of 2017/18. The improved FOT position is a result of the CCG seeking to identify alternative QIPP in July to offset this performance with two new lines incorporated into the plan at a total of £902k;
- The CCG has introduced a new process of monthly team reviews of QIPP to understand the current and forecast QIPP positions, with any mitigating actions agreed including additional QIPP identified where appropriate.

Integrated Performance Report (IPR) including CPOP Report - The key issues noted were as follows:

- A&E 4 hour waits and cancer waiting times continue to be the key areas of concern for the CCG;
- Diagnostics 6+week waiters - the standard of 99% was narrowly missed for a second month (98.7%);
- The CCG’s headline rating for the Improvement and Assessment Framework (IAF) for 2016/17 has been announced as Good. NHS England have released ratings for three of the six clinical priority areas for 2016/17 - Cancer, Dementia, Mental Health. Ratings positively improved for Dementia and Mental Health. The rating for Cancer remained unchanged;
- Improving Access to Psychological Therapy (IAPT) Recovery Rate - local data shows the CCG achieving this target 52.65% (Jul 17).

InHealth Contract Review - The Committee considered a report on InHealth contract, noting that InHealth’s Quality report have undergone a number of reiteration and Commissioners are not assured that there is a robust process for identifying and managing serious incidents and responding to complaints in a timely manner. These concerns have been raised with InHealth and a Contract Performance Notice (CPN) was issued at the Contract Review Group (CRG) meeting on 23 August 2017. The Commissioning Support Unit (CSU) will conduct an audit/deep dive of the InHealth activity data. Findings from the audit/deep dive will be fed back to the Committee.

Insights around 2016/17 over performance at RFL and UCLH - The Committee considered the findings of a deep dive into over performance at RFL and UCLH in 2016/17. The report provided a coherent narrative regarding acute over performance in 2016/17 and to develop an understanding of data assurance which underpins contract performance.

Multiple interrelated issues unfolded in the data and the conclusion on UCLH and RFL’s issues were noted. A number of next steps were highlighted and a further report will be provided to the Committee at its meeting in September.

Finance and Performance Committee Revisions to Terms of Reference – The Committee approved the proposed amendments to its Terms of Reference to reflect the agreed revised Governing Body Members’ portfolios as follows:

- Increase the number of elected Governing Body members from two to three;
- Remove Chair of Integrated Commissioning Committee as a member.