Vale of York
Clinical Commissioning Group

Item 16

Minutes of the Finance and Performance Committee Meeting held on 26 January 2017 at West Offices, York

Present

Mr David Booker (DB) - Chair	Lay Member
Mr Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Mrs Michelle Carrington (MC)	Chief Nurse
Mr Phil Mettam (PM)	Accountable Officer
Dr Shaun O'Connell (SOC)	GP Governing Body Member, Lead for Planned Care and Prescribing
Dr Andrew Phillips (AP) - part	GP Governing Body Member, Lead for Urgent Care/Interim Deputy Chief Clinical Officer
Mrs Rachel Potts (RP)	Chief Operating Officer

In attendance

Mr Andrew Bucklee (AB) – for item 16	Senior Innovation and Improvement Manager
Mr Jim Hayburn (JH)	Interim Executive Director of System Resources and Performance
Mrs Sheenagh Powell (SP)	Lay Member and Audit Committee Chair
Mrs Helen Rees (HR)	Assistant Head of Finance, NHS England North (Yorkshire and the Humber)
Ms Michèle Saidman (MS)	Executive Assistant
Mr Jon Swift (JS)	Director of Finance, NHS England North (Yorkshire and the Humber)

Apologies

Mrs Fiona Bell (FB)	Deputy Chief Operating Officer
Ms Natalie Fletcher (NF)	Head of Finance
Mrs Tracey Preece (TP)	Chief Finance Officer
Mr Keith Ramsay (KR)	CCG Chairman
Mrs Liza Smithson (LS)	Head of Contracting
Mrs Elaine Wyllie (EW)	Interim Executive Director of Joint Commissioning

1. Apologies

As noted above.

2. Declarations of Interest in Relation to the Business of the Meeting

There were no declarations of interest in relation to the business of the meeting. All declarations were as per the Register of Interests.

3. Minutes of the meeting held on 22 December 2016

The minutes of the previous meeting were agreed, additionally noting concern, expressed during the meeting, that the forecast deficit position in the month 8 Financial Performance Report did not reflect the actual position which was a larger deficit than

that reported. The need for clarity of reporting was emphasised. Following discussion with NHS England the position was now clear in financial reporting.

The Committee:

Approved the minutes of the meeting held on 22 December 2016.

4. Matters Arising

QF63 QIPP Report – Procedures of Limited Clinical Value/Clinical Thresholds: MA-M reported that the BMI and Smoking Thresholds had been implemented with effect from 23 January; the CCG Practices had been advised accordingly. The impact was being monitored and reporting to the Committee on a quarterly basis was proposed. Members noted that the list of Procedures of Limited Clinical Value, inherited from the North Yorkshire and York Primary Care Trust, was being reviewed by the Clinical Executive.

PM reported in respect of the BMI and Smoking Thresholds that City of York Council had written to the Secretary of State about the policies and that Rachael Maskell MP had also requested their withdrawal. PM emphasised that similar approaches were being adopted nationally noting that SOC was liaising closely with the NHS England Medical Director regarding formal correspondence and there was no additional corporate risk to the CCG.

QF66 Corporate Risk Report – Public/Patient Engagement in Service Developments: RP confirmed that the CCG's proposed Engagement Plan would be presented at the February meeting of the Quality and Patient Experience Committee with a view to implementation from March. This would support conveying of a consistent message across the system. PM added that a number of engagement events were being organised to discuss the financial challenge advising that he had invited the local MPs to take part on a non political basis.

F&P03 Financial Plan 2017-19: Update on review of the Partnership Commissioning Unit functions: MC reported that reconfiguration had taken place of the service model and that consultation with the Partnership Commissioning Unit staff would commence on 1 February. Clarification was being sought on financial aspects, however if staff were in post for services being brought in house they would transfer into the CCG and be aligned with the staff reorganisation.

In response to JS referring to the national collaborative of continuing healthcare MC advised that further information was awaited from NHS England.

F&P03 Financial Plan 2017-19: PM to meet with representatives from eMBED to discuss risk relating to business intelligence and data quality and timeliness: PM noted concerns expressed by other eMBED customers regarding their BI service emphasising the need for clarity of the CCG's requirements. MA-M advised that the CCG's concerns had been discussed at the eMBED Contract Management Board the previous day.

JS reported on a national initiative to provide targeted commissioning support type assistance for delivery of programmes of work to CCGs that were challenged and under legal Directions. He would seek access to this support for NHS Vale of York CCG to complement eMBED services.

A number of other items were noted as completed, ongoing or on the agenda.

The Committee:

1. Noted the updates and ongoing work.
2. Agreed that the impact of the BMI and Smoking Thresholds be reported to the Committee on a quarterly basis.
3. Noted the potential for national commissioning support type assistance.

"Good News"

MA-M reported that the CCG had been nominated for two Healthcare Financial Management Association (HFMA) Yorkshire and Humber awards - Innovation Award for Community Equipment and Wheelchair Services Integrated Procurement and Close Partnering and Collaboration Award for the Dermatology Primary Care Gain-Share Project – and a Health Services Journal Value for Healthcare award for HealthNavigator. *Post meeting note: The CCG won both HFMA awards.*

MC reported on arrangements that had been put in place to support a patient with premature baby requirements.

5. Finance and Performance Committee Terms of Reference

RP presented the Committee's proposed terms of reference that had been redrafted in the context of the role of overseeing the CCG's financial recovery under legal Directions. Discussion included the context of the CCG's new governance structure with emphasis that the Committee's role was scrutiny and assurance, not decision making. The Committee should consider taking cost out of the system and containment of spend relating to acute services, continuing healthcare and the mental health contract.

Members requested further amendments relating to clarification in terms of:

- Providing assurance to the Governing Body that appropriate actions were being taken relating to financial and performance recovery
- Enhancing requirements relating to performance trajectories
- Ensuring implementation of corrective actions
- The need to take costs out of the system

It was additionally emphasised that the approval process for any proposed scheme must include clear metrics for measurement of outcomes and milestones.

Discussion ensued on "the right thing to do" for patients in the context of no investment due to the financial position of the CCG. JS emphasised that financial recovery was the fundamental aim therefore any investment required reliable return and assurance of contribution towards financial recovery. In response to AP referring to schemes that were scheduled to end on 31 March from which there was potential for cost impact if ceased, such as those implemented through the previous system resilience funding. The Committee agreed that no business case would be considered if a funding source

was not identified. RP additionally advised that the Executive Committee was undertaking a full review of current work in the context of the six priorities and four programmes of the Operational Plan. Decisions would be taken on prioritisation with programmes of work being ceased if they did not align.

In response to DB seeking further information on cost containment PM explained that JH was working with providers emphasising the need for the cost base to be in line with the CCG's £450m allocation. PM also noted the potential for impact on national targets, such as referral to treatment, which would require consideration.

SP additionally highlighted the requirement for a review of the CCG's Scheme of Delegation and noted the need for addition of procurement to the terms of reference as agreed at the last meeting.

The Committee:

Noted that RP would liaise with TP to further refine the draft terms of reference for consideration at the next meeting.

6. Finance and Performance Risk Report

RP referred to the report which advised that the A & E four hour target performance had been classified as an event and described the actions being taken to address the impact, and the Partnership Commissioning Unit level of spend continued to be classified as an event. RP noted that the report was being reviewed in the context of the new Executive Team structure.

DB highlighted the level of corporate risk and the need for the Committee to consider mitigation for areas of concern through discussion of items.

The Committee:

Received the Finance and Performance Risk Report highlighting the need to consider mitigation for areas of concern through the agenda items.

7. Financial Performance Report Month 9

MA-M presented the report which advised that the CCG's month 9 financial position was a forecast deficit of £28.1m, an increase from £24.1m. In discussion with NHS England the forecast had been adjusted and now incorporated all risks and mitigations expected to materialise. MA-M noted that there would be an impact on the CCG's financial plan which was based on the figure of £24.1m deficit. He explained that there had been no deterioration in month of the contract position with York Teaching Hospital NHS Foundation Trust; continuing healthcare had stabilised in line with forecast; and there had been a significant improvement in month in prescribing both in general trends and in delivery of QIPP.

MA-M also noted that the £28.1m deficit included £1.2m of efficiencies to come in, including £200k from the new Community Equipment and Wheelchair Services contracts, a further £300k from prescribing and £200k from the BMI and Smoking

Thresholds. Although the thresholds had been delayed, he explained there may still be an impact in both outpatient activity and the independent sector; this would be reviewed for the month 10 report.

MA-M referred to the potential impact from the arbitration process with York Teaching Hospital NHS Foundation Trust advising that the CCG position was premised on £3.4m of challenges. Discussions were also ongoing regarding system support which was assumed at £2m in the current forecast position; repayment would be phased over future years in agreement with partner organisations.

In response to DB seeking clarification of the QIPP element of the financial position detailed discussion ensued in the context of historic performance in this regard. SP additionally expressed concern at the current assessment of £2.35m QIPP delivery against the £12.2m programme requesting assurance that lessons had been learnt from previous years. MA-M explained that all schemes had now been operationalised, but information was not yet available as to whether the impact would be in line with plan. JH additionally referred to the £2.15m overspend on mental health out of contract placements noting that discussions, including the potential of a risk share arrangement, were taking place with Tees, Esk and Wear Valleys NHS Foundation Trust to manage this with effect from 2017-18. MA-M was writing to them in this regard.

JH referred to agenda item 14, NHS England's *A Menu of Opportunities,* and explained that for 2017-18 there would be agreement with York Teaching Hospital NHS Foundation Trust in terms of a realistic activity assumption, an agreed forecast outturn for the contract, and a robust assessment of activity for the baseline following review of growth by directorate. The Heads of Terms included agreement to reduce the baseline by the agreed QIPP schemes through joint processes via planned and unplanned care workstreams with forecast savings of £13.7m and £9.3m respectively over two years. JH explained that the planned care review of specialties would be in two tranches; any changes resulting from this would be implemented through contract variation. Unplanned care would be reviewed on the basis of the three localities in terms of existing schemes and community beds, better integrated community services, primary care, mental health and proactive care of the frail elderly.

In terms of providing assurance to members MA-M advised that the contractual agreement and executive level response required was more robust than previously and programmes of work would be formally monitored via the Contract Management Board. JH explained that an executive level review would be triggered in the event of the joint programme of work not achieving reduced activity or if at any point the joint plan was not being met. He confirmed that the Committee would receive the joint programme of work, which would be agreed by 31 March, and noted that performance management arrangements, including in terms of assurance to the Committee, were still to be agreed. JH also noted that discussion was taking place about the potential to move to a risk based contract.

PM emphasised that the CCG must achieve the £28.1m forecast deficit position. Any perceived risk to this required escalation outside of the Committee schedule to enable extraordinary action to be taken. JS highlighted that the legal Directions had set the figure of a £13.3m deficit therefore the forecast £28.1m comprised a breach, although the consequences of this were not understood at this stage.

JS referred to the 31 January date for signing Heads of Terms with York Teaching Hospital NHS Foundation Trust and the requirement for NHS England agreement due to the legal Directions. He noted the significance of JH's work in respect of joint responsibility, the more active approach to contract management and risk than previously, and the aim of reducing the cost base. JS also advised that NHS England and NHS Improvement were working more closely.

JH informed members the plan was that a contract with York Teaching Hospital NHS Foundation Trust would not be signed until the programme of joint work was finalised and a reduced baseline had been agreed. He also confirmed that the Heads of Terms would be updated prior to being signed.

JS emphasised the need for system change, a view supported by both NHS England and NHS Improvement, and referred to discussions across the system about the potential for a control total achieved by cost reduction in the system.

DB reiterated the £28.1m forecast deficit as that which the CCG must deliver at year end.

Members received an update on the arbitration position regarding the CCG's contract challenges to York Teaching Hospital NHS Foundation Trust, the associated work and potential financial implications. PM advised that NHS England had written jointly to himself and the Chief Executive of York Teaching Hospital NHS Foundation Trust advocating that they resolve the issues locally by the following day, 27 January, avoiding formal arbitration. Members noted that the potential cost of formal arbitration would be c£100k per organisation.

The Committee:

1. Received the Financial Performance Report as at 31 December 2016.
2. Agreed £28.1m as the end of year forecast deficit, noting that this would constitute a breach of the CCG's legal Directions.
3. Noted the advice from NHS England that a local resolution with York Teaching Hospital NHS Foundation Trust should be reached on the 2016-17 contract challenges to avoid formal arbitration.

8. Review of previous 3 years financial performance and impact on 2017-18 financial plan

MA-M tabled information presented in response to the Committee's request for explanation as to how the CCG's financial position had deteriorated from a surplus of £3.9m at the beginning of 2015-16 to a forecast cumulative deficit of £45.5m by the end of 2017-18. He noted that the information would be further developed and used as a basis for public engagement on the CCG's financial challenge. In this regard inclusion of total spend for each area was requested alongside the surplus / deficit information for clarity.

PM noted the expectation that the Medium Term Financial Strategy would be presented at the next meeting of the Committee and proposed a graph of expenditure accompany it. He highlighted the role of the Committee in advising the Governing Body on addressing the £45.5m deficit challenge.

The Committee:

Noted the information on the previous three years financial performance and impact on 2017-18.

9. Partnership Commissioning Unit Report

This was discussed under item 4 above.

10. Engagement with York Teaching Hospital NHS Foundation Trust Board Members

PM reported that an informal Executive to Executive meeting between the CCG and York Teaching Hospital NHS Foundation Trust was taking place on 6 February. At KR's request discussion would include establishing a new relationship between the CCG's Lay Members and the Non Executive Directors of York Teaching Hospital NHS Foundation Trust. PM would provide a verbal update at the next Committee meeting.

The Committee:

Noted that an informal Executive to Executive meeting was taking place between the CCG and York Teaching Hospital NHS Foundation Trust on 6 February 2017.

11. Contract Report

JH referred to discussion under the Financial Performance Report at item 7 above.

Members sought and received clarification on a number of aspects of the data.

SOC referred to the 50/50 arrangement between the CCG and York Teaching Hospital NHS Foundation Trust in relation to savings from drug switches from tariff to biosimilars. In this regard JS noted that in other areas the commissioner received 100% of such savings. JH emphasised the need for savings to be quantified and taken into account in the context of the ongoing work with York Teaching Hospital NHS Foundation Trust.

In response to JS asking about the approach for agreeing individual contract lines with York Teaching Hospital NHS Foundation Trust MA-M explained that an assessment was made by each party at specialty level and then compared to reach agreement.

The Committee:

Noted the Contract Report.

12. Performance Report

In presenting the performance report JH highlighted that the areas of concern remained unchanged and noted that currently the target against which the CCG was reporting was not that used by York Teaching Hospital NHS Foundation Trust. Work was taking place to agree revised trajectories to the end of the year, particularly in respect of

referral to treatment. In this regard a capacity review was taking place and £455k non recurrent funding had been confirmed by NHS England to support managing the ophthalmology backlog during quarter 4 of 2016-17. Further opportunities, both funded and unfunded, were being sought.

With regard to A and E performance JH emphasised that work was required across the system via the A and E Delivery Board. PM however highlighted that performance had deteriorated since establishment of this Board noting that volume of demand was not the issue. He advised that a proposal for a piece of strategic work to reshape the system to improve performance would be considered at the Board's next meeting. MC added that a Quality Review meeting, excluding providers, had been proposed, noting she would confirm NHS Improvement attendance, and JS reported that nationally a request had been made for detailed analysis of fragile systems, including York. AP referred to the GP at the Emergency Department Front Door model, performing at 100%, but noted that discussions were taking place with York Teaching Hospital NHS Foundation Trust to improve triaging of patients. Members noted that A and E performance was affected by multi factorial issues. In this context SP sought clarification regarding out of hours performance where all measures had failed to achieve target and activity had risen by 27% in December 2016 compared with 7% in December 2015. AP explained that this related to flow of work between NHS 111 and out of hours which was being discussed with Yorkshire Doctors Urgent Care through contract management meetings.

DB referred to the request from the Governing Body that the Committee agree realistic year end performance targets and associated financial impact on the CCG.

Referral to treatment: JH reported that 900 additional clock stops were required; work was taking place to agree a position. He did not expect this to have a financial impact.

Improving Access to Psychological Therapies: Specific actions to improve the current position were being developed. Tees, Esk and Wear Valleys NHS Foundation Trust had submitted a trajectory to improve performance which would ensure achievement by January 2017. Assurance was being sought from them regarding the revised trajectory.

Dementia Diagnosis Rate: The CCG, with support from NHS England, was working with Practices during the final quarter of 2016-17 to improve levels of dementia diagnosis focusing on Practices that reported the lowest levels. Additionally a list of patients being treated for dementia in secondary care and/or residential care was being checked against primary care records. PM emphasised that all efforts should be made to achieve the 66.7% target, a required improvement of c10%.

Child and Adolescent Mental Health Services: MC reported that the data validation process had resulted in a reduced number of waits. Options for additional capacity were being sought across all providers which may incur additional cost. This would be closely monitored and was not expected to be excessive. MC noted that information was awaited regarding confirmation of the trajectory.

Cancer 62 days from referral to treatment: SOC advised that the number of patients affected was small and there were individual reasons for the 77.1% performance against the 85% target for patients seen following urgent referral for suspected cancer and 84.6% against the 90% target following referral from an NHS cancer screening. He proposed case by case active management.

Yorkshire Ambulance Service: PM reported that representatives from the Yorkshire Ambulance Service had attended the January Council of Representatives to discuss performance. AP advised that he was now working with Yorkshire Ambulance Service to scope potential resolutions to the times in the day which were a pressure on the system. Discussion had also included the potential for use of authorised taxis to transport patients.

PM requested that the Interim Head of Planning and Assurance be asked to provide an update by email on expected performance against the targets. *(Post meeting note: MC emailed her with this request).*

Discussion took place on the format of performance reporting, currently validated information. MC noted the option of the latest unvalidated data to be reported verbally at the meeting. DB requested for the next Committee a single page narrative of unvalidated data assessing the latest performance against targets.

JH reported that the Assurance and Delivery Group sought confirmation that each target would be met and reasons why if this was not expected. PM emphasised that if delivery was not expected authority should be sought from the appropriate Executive Director to implement change.

The Committee:

1. Received the performance report.
2. Noted that discussion would take place at the next A and E Delivery Board on proposed strategic work to reshape the system to improve performance.
3. Noted the ongoing work in respect of targets.
4. Requested for the next meeting a single page assessment of the latest position against each target.

13. Urgent Care 2016 Data Summary

PM referred to the data illustrating the overall pattern of urgent care activity across the CCG during 2016 in respect of NHS111 call patterns, Yorkshire Ambulance Service performance and the four hour A&E standard at York Hospital. He highlighted that this described a system with falling attendances and static admissions but that performance at York Teaching Hospital NHS Foundation Trust continued to deteriorate. AP added that the impact of system resilience schemes could not be attributed individually noting that these had been discussed at the A and E Delivery Board.

JS highlighted that there was no longer a budget for system resilience schemes and that other areas had brought them in to core services. Discussion ensued on the approach to the current system resilience schemes in the context of legal Directions.

MA-M advised that providers of the system resilience schemes had contracts with the CCG that ended on 31 March 2017 but had not been formally informed that the CCG would no longer directly commission the services. Members discussed concerns at the potential impact if certain schemes were stopped. The Committee therefore requested that PM ensure that full consideration be given to the system resilience schemes at the next A and E Delivery Board on behalf of the wider system. PM additionally referred to

the CCG's new governance structure and requested that MC, JH, MA-M and AP identify political and operational risks of ceasing the schemes and escalate to the Executive Committee by email as soon as possible.

The Committee:

1. Noted the attendance/admission and performance data at York Teaching Hospital NHS Foundation Trust: against a background of falling attendances and static admissions during 2016, performance continued to deteriorate.
2. Requested that PM ensure that full consideration be given to the system resilience schemes at the next A and E Delivery Board on behalf of the wider system.
3. Noted that MC, JH, MA-M and AP would identify political and operational risks to ceasing the system resilience schemes and escalate to the Executive Committee.

14. NHS England's *A Menu of Opportunities*

This was included in discussion at agenda item 7 above.

15. Primary Care Rebate Schemes Policy – Minor Amendments

MA-M referred to the report which sought approval of addition to the Primary Care Rebate Schemes Policy of the CCG contracting team having oversight of rebate contracts. Members noted that they received assurance that rebates presented for approval had followed all processes required.

The Committee:

Approved the minor amendments to the Primary Care Rebate Schemes Policy.

AB joined the meeting; AP left the meeting

16. RightCare Progress Report

AB presented the report which provided an update on RightCare in respect of cardiovascular disease, musculoskeletal service and gastroenterology, including areas of risk to delivery. In response to JS emphasising that financial savings, as well as patient benefit, must be an objective of RightCare work JH advised that the three areas in the report were all within the first phase of the joint planned care work programme with York Teaching Hospital NHS Foundation Trust as described at item 7.

JS highlighted RightCare in the context of benchmarking information which provided evidence that the CCG was spending £4.5m more than peer groups and emphasising the need to reduce cost.

In respect of cardiovascular disease, the area that impacted most on the workload of primary care, SOC reported on a meeting to discuss protocols that had been attended by representatives from across the system.

Members discussed the format of the report noting that it would be helpful for the specific RightCare data for each of the three areas to provide the context of the CCG's work. In response to assurance sought that lessons from RightCare were incorporated in the current QIPP programmes JH confirmed that the planned care review of specialties would be clear in terms of objectives, resources and prioritisation.

JS reported that he had proposed to TP that the CCG request flagship status for delivery of RightCare and noted the potential for additional resources. In this regard AB agreed to liaise with TP and the CCG's NHS RightCare Delivery Partner.

Further discussion ensued on the reporting of QIPP and RightCare. JH proposed that RightCare be incorporated in QIPP reporting and agreed to discuss with DB and SP an appropriate format to provide assurance to the Committee.

The Committee:

1. Received the RightCare progress report.
2. Requested that AB liaise with TP regarding support with a view to the CCG potentially becoming a flagship for delivery of RightCare.
3. Noted that JH would meet with DB and SP to discuss combining QIPP and RightCare reporting.

AB left the meeting

17. Key Messages to the Governing Body

- The Committee emphasised the aim of achieving the end of year position of £28.1m deficit and requested that all staff strive to achieve this

- The Committee acknowledged the result of the arbitration and accepted the spirit of the letter to PM and the Chief Executive of York Teaching Hospital NHS Foundation Trust. They authorised and encouraged work to reach a resolution.

The Committee:

Agreed the above would be highlighted by the Committee Chairman to the Governing Body.

16. Next meeting

23 February 2017, 9am to 1pm (due to room availability).

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP FINANCE AND PERFORMANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 26 JANUARY 2017 AND CARRIED FORWARD FROM THE PREVIOUS MEETING

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
QF61	22 September 2016 20 October 2016 24 November 2016	Quality and Performance Intelligence Report	• Report from the York Contract Management Board following its review of the Ambulatory Care Unit activity.	TP	20 October 2016 Report to go to the new Finance and Performance Committee Ongoing
QF63	20 October 2016 24 November 2016 26 January 2017	QIPP Report	• Clinical Executive to review progress with Community Diabetes and prepare a bid for submission to NHS England against available funding following review by Senior Management Team • Procedures of Limited Clinical Value / Clinical Thresholds communications plan for 1 December implementation • Quarterly reporting of impact to the Committee	AP MA-M, MC,SOC	November 2016 Ongoing Implementation delayed to January 2017 27 April 2017

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
QF66	20 October 2016	Corporate Risk Report	• Report on public/patient engagement in service developments	RP	Proposal to be considered by February meeting of the Quality and Patient Experience Committee
F&P02	24 November 2016 22 December 2016 26 January 2017	Draft Terms of Reference	• Amendments to be made for further consideration at the next meeting • Transitional terms of reference to be drafted for consideration at the next meeting • Further amendments required	PM TP RP/TP	22 December 2016 26 January 2017 23 February 2017
F&P03	22 December 2016 26 January 2017	Financial Plan 2017-19	• Engagement with York Teaching Hospital NHS Foundation Trust Board members to be considered • Verbal update on Executive to Executive meeting	All PM	26 January 2017 23 February 2017

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
F&P05	26 January 2017	Financial Performance Report	• Letter to be sent to Tees, Esk and Wear Valleys NHS Foundation Trust regarding management of the mental health out of contract placements overspend	MA-M	
F&P06	26 January 2017	Performance Report	• Single page assessment of the latest position against each target.	JH	23 February 2017
F&P07	26 January 2017	Urgent Care 2016 Data Summary	• Full consideration to be given to the system resilience schemes at the next A and E Delivery Board on behalf of the system • Political and operational risks to ceasing the system resilience schemes to be identified and escalated to the Executive Committee	PM MC/JH/ MA-M/AP	16 February 2017 3 February 2017
F&P08	26 January 2017	RightCare Progress Report	• Potential for the CCG to become a flagship for delivery of RightCare to be followed up • Discussion of combining QIPP and RightCare reporting	AB/TP JH/DB/SP	