

**Meeting of the Governing Body**  
**Summary Sheet**  
**Date of Meeting: 05/09/2017**  
**For: Public session (Part 1)**  
**For: Information**

<b>Agenda Item and title:</b>	Finance Committee – Chair’s Report
<b>Author(s):</b>	Simon Bell, Sam Cox
<b>Presented by:</b>	John Yarnold
<b>Lead Director/GP from CCG:</b>	Simon Bell
<b>Clinical Lead:</b>	

**Executive summary:**

The Finance Committee provide monthly reports to the Governing Body in order to provide assurance and general updates on the work of the Finance Committee.

The Finance Committee meets regularly on the last Tuesday of each month.

The Minutes of the meeting held on 27<sup>th</sup> June and 25<sup>th</sup> July 2017 have been submitted to Governing Body members for information.

Agenda items discussed were:

**Risk and Assurance Framework:** The Finance Committee received the report

**Finance Report - Month 4:** The Finance Committee received and noted the report.

**BCF Submission:** The Finance Committee received an update on the BCF and iBCF schemes for Cornwall and the Isles of Scilly.

**Transforming Care Partnerships:** The Finance Committee received a report on a Capital Grant from NHS England to develop flexible accommodation for a stable and short term period for individuals, to negate the need for potential admission into inpatient services.

**Maternity Transformation:** The Finance Committee received a report to request the release of funds received in July 2017 for the purpose of delivery the Cornwall and Isles of Scilly Local Maternity Scheme in October 2017.

**Primary Care Update:** The Finance Committee received an update on the issues facing general practice including workload, premises, IT and the work being undertaken by the CCG to address these issues.

**Recommendations and specific action the Governing Body needs to take at the meeting?**

The Governing Body is requested to:

Note the Finance Committee update and the Minutes of the meeting held on 27<sup>th</sup> June and 25<sup>th</sup> July 2017.

<b>Evidence in support of arguments:</b>	Update to Governing Body
<b>Who has been involved/contributed:</b>	As noted above
<b>Cross Reference to Strategic Objectives:</b>	Financial turnaround
<b>Engagement and Involvement:</b>	Finance Committee
<b>Communications Issues:</b>	Update to Governing Body
<b>Financial Implications:</b>	As noted
<b>Review arrangements:</b>	None
<b>Risk Management:</b>	As noted
<b>National Policy/ Legislation:</b>	None
<b>Public Health Implications:</b>	None
<b>Equality &amp; Diversity:</b>	Update to Governing Body
<b>Other External Assessment:</b>	None
<b>For use with Private and Confidential Agenda items only</b>	
<b>FOI consideration – Exemption*</b>	<b>Qualified /Absolute*</b>
<b>None - item may be published</b>	<b>None - item may be published</b>
<p>If exemption is qualified then public interest test required. Check to see if the public interest in the information being released outweighs the exemption being used and record your consideration here to justify inclusion on the private and confidential agenda. Note the Information Commissioner states that there is a general public interest in transparency. For advice, contact <a href="mailto:KCCG.FOI@nhs.net">KCCG.FOI@nhs.net</a></p>	

**Minutes of the Finance Committee  
held at 13.00pm on Tuesday 27<sup>th</sup> June 2017, in  
Cade meeting room, Sedgemoor Centre, St Austell**

<b>Members:</b>	John Yarnold (Chair)	Lay Member for Fiscal Management
	Dr Rob White	GP& KCCG Governing Body Lead
	Simon Bell	Chief Finance Officer
	Judy Duckworth	GP & KCCG Governing Body Lead
	Francis Old	GP & KCCG Governing Body Lead
<b>Attendees:</b>	Anthony McKeever	Turnaround Director
	Iain Chorlton	NHS Kernow CCG Chair
	Sarah Foster	Deputy Director Finance – Informatics, Performance & Contracts Management
	Simon Bolitho	Deputy Director, Finance
	Dan Thomas	Prescribing Information Manager
	Paula Bland	Head of Locality Support
	Sam Cox (Minutes)	PA to Chief Finance Officer
<b>Apologies:</b>	Jackie Pendleton	Interim Chief Officer

<b>FC201718/028</b>	<b><u>Welcome and Apologies</u></b>
	John Yarnold welcomed all to the meeting and apologies were noted.
<b>FC201617/029</b>	<b><u>Conflicts of Interest</u></b>
	<p>Declarations of Interest made by members of the Finance Committee were circulated with the Agenda and supporting papers. The full Declaration of Interest Register is available via the Corporate Governance Team. There were no new declarations declared.</p> <p>John Yarnold reported the guidance for Clinical Commissioning Groups (CCGs) had been revised to comply with the management of Conflicts of Interest Guidance that had been issued by NHS England. These would be formally reviewed at the July Governing Body meeting.</p>
<b>FC201718/030</b>	<b><u>Minutes from the Finance Committee meeting held on 30<sup>th</sup> May 2017</u></b>
	<p>Dr Judy Duckworth raised an issue regarding the volume of individual reports to be discussed at the meeting and requested, for future meetings consideration is given to the overall content and size of the reports submitted.</p> <p>Simon Bell proposed a 'Rules' policy on content and deadlines for Committee Reports for submission be drafted to ensure the business can be properly conducted.</p> <p><b>ACTION:</b> Simon Bell to draft a Policy on 'Rules' and circulate to the Finance</p>

	<p>Committee members for consideration. Once agreed, to be proposed to all CCG Committees.</p> <p>It was further noted the Kite Works programme for viewing the Papers on-line was not user-friendly and rather clunky. Simon Bell and Samantha Cox to review possible alternatives and provide an update at the July meeting.</p> <p>The minutes of the meeting held on 30<sup>th</sup> May were signed as correct record.</p> <p><b>Action grid</b>  FC2017/020: GP Prescribing Quality Scheme: An update to be provided by Andrew Abbott at the July meeting.  FC2017/077: Estates: Francis Old to liaise with Andrew Abbott and Rachel Murray to provide an update.</p> <p><b>Matters arising</b>  An update on the CHC appointment process to be requested for the July Finance Committee.</p>
<b>FC201718/031</b>	<b>Risk and Assurance Framework (RAF)</b>
	<p>Jess James had successfully migrated across all the RAF information to IRIS, and in the process had added value to the Risk Management process. Managers were now able to update IRIS and real time reporting in future will be available.</p> <p>The Finance Committee considered the RAF Report noting Red Risk 7044 (regarding the size of the financial savings needed for 2017/18 financial plan) had been created. The high amber risk (7729: relating to costs of travel to hospital from the Isles of Scilly) was received. It was noted this risk is held by Karen Kay and a review will be carried out on 10<sup>th</sup> July.</p> <p>John Yarnold noted that the risk 7044 was very summarised and suggested that the risk was disaggregated to cover each “workstream” of the FRP or that this risk was kept as one and the risks and assurances expanded to cover those elements ( e.g CHC, prescribing, elective care and non-elective care etc.)</p> <p>Simon Bell reported the MARS scheme had concluded, with a third of the Business Information (BI) Team departing under the scheme. Supported by a business case for change, recruitment had commenced.</p>
<b>FC201718/032</b>	<b>Individual Funding Requests</b>
	There were no Individual Funding Requests received for consideration.
<b>FC201718/033</b>	<b>Finance Report: Month 2</b>
	<p>Simon Bolitho reported the CCG had submitted a further set of potential plans to NHS England on 12<sup>th</sup> June in line with the CEP process, however, the Month 2 reporting is against the last version of the Plan formally approved by the Governing Body, predicting an in-year deficit of £37.6m against the approved ‘in-year’ ‘control total’ deficit of £19.9m.</p> <p>At this stage, there is little data available in many spend areas to form a clear view on trends.</p> <p>Prescribing figures continue to fall, which is encouraging. The main areas of focus for QIPP delivery remain Continuing Healthcare, Prescribing and Acute Care.</p>

	<p><b>RECOMMENDATION:</b> The Finance Committee noted the Month 2 financial position as reported to NHS England.</p> <p>Noted the current plans and forecast will result in the NHS Kernow CCG failing to meet two of its Financial Performance Indicators under the National Health Services Act 2006:</p> <p style="padding-left: 40px;">Section 223H(1) – Expenditure not to exceed income</p> <p style="padding-left: 40px;">Section 223I(3) – Revenue Resource use does not exceed the amount specified in Directions</p> <p>The Finance Committee recommended the report be submitted to the Governing Body.</p>
<b>FC201718/034</b>	<b>Update on 2017/18 Plan Submission</b>
	<p>Simon Bell gave an update on the Capped Expenditure Process (CEP).</p> <p>Simon Bell was clear that the CCG should not submit a plan that was not clearly deliverable. A set of CEP proposals had been submitted to NHS England and NHS Improvement in early June that potentially delivered the control total, but, was reliant on regulator support for a number of possible courses of action. The submission was considered very high risk. It was noted, subsequent to submission a further letter had been issued by NHS Improvement to Trusts which potentially means that significant elements of the Cornwall proposals will not be supported. Further discussion with the regulators will now be required to determine what happens in the light of this letter.</p>
<b>FC201718/035</b>	<b>KCCG Rebate Policy</b>
	<p>John Yarnold welcomed Dan Thomas, Prescribing Information Manager, to the meeting. NHS Kernow CCG currently subscribe to PrescQIPP and consider rebates recommended by PrescQIPP, who are an independent, not for profit organisation supporting prescribing efficiency across England, Wales and Northern Ireland. There are potentially significant further opportunities to use rebates to improve the cost effectiveness of the prescribing budget and facilitate access to products for patients.</p> <p>A Policy had been drafted which aimed to provide the legal and ethical framework for managing rebates offered by the Pharmaceutical industry and outlined the internal decision making process.</p> <p><b>RECOMMENDATION:</b> The Finance Committee approved the policy and requested an update in 6 months' time (January 2018).</p>
<b>FC201718/036</b>	<b>Primary Care Update</b>
	<p>John Yarnold welcomed Paula Bland to the meeting. Paula Bland provided an update on Primary Care Finances, focusing on the following:</p> <p><b>GP Resilience Fund:</b> Created nationally to support vulnerable practices. NHS England had drafted a Memorandum of Understanding (MoU) between CCGs and NHS England (NHSE). This document proposed how funds would be distributed to support practices. Kernow Health CIC had been commissioned by NHS Kernow CCG to work with a number of partners to facilitate access to tailored packages of support to vulnerable practices. Those Practices seeking access to the funds were required to either complete the self-assessment tool or contact Kernow Health CIC direct.</p> <p><b>NOTE:</b> NHS Kernow CCG is not privy to the vulnerable practices who have applied for funds as the information is confidential.</p> <p>The Finance Committee noted the slow progress on the development of the</p>

	<p>Quality Contract for Primary Care adding it was important to disentangle enhanced services and funding from the £30m Challenge.</p> <p><b>ACTION:</b> The Finance Committee requested an update as members were not fully assured vulnerable practices would receive the funding or that practices identified as vulnerable were in need of the funding. It is essential that in the financially constrained situation that this funding is used where it is essential. It was agreed that this could be provided (via Kernow Health CIC) for Part II Finance Committee.</p> <p><b>ACTION:</b> A standing item on Primary Care to be added to each Finance Committee meeting and an update provided on a monthly basis.</p> <p><b>PMS Premium Money:</b> NHS Kernow CCG used its PMS Premium in 2016/17 (£105k) to fund a two part exercise aimed at providing baseline information relating to primary care workforce, workload and finances in general. Practices were asked to complete a self-assessment tool consistent with that used in Devon and record daily information onto Alamac. The uptake on Alamac had not been overwhelming and in order to encourage its use, the LMC published an article in its newsletter. It was proposed to continue to run the incentive scheme to encourage uptake and as a further incentive it was proposed an additional payment of £750 would be to those practices that started to use the tool in 2016/17 and continued into 2017/18. The remainder of the money would be used for primary care services but there were no clear plans yet – only a suggestion about supporting Leg Ulcer Clubs. Simon Bell expressed concern on the current situation and requested clearer information on how this would support the more strategic goals for primary care. A more comprehensive paper including all the funding streams for primary care was requested for the July meeting.</p> <p><b>Primary Care IT Budget:</b> The Finance Committee requested the PIDs be further developed and reviewed at a future meeting.</p> <p>The <b>GP Prescribing Quality Scheme</b> formerly referred to as the “Incentive Scheme” for 2016/17 needs to be finalised and payments to practices approved. A budget of £1 per patient in Cornwall (£560,000) was identified and top-sliced from the overall prescribing budget. Payments under the scheme were based on performance and unlimited, but the targets were conservative and challenging and the CCG is therefore going to deliver a significant underspend on this budget. As part of the £30m Challenge the Incentive Scheme funds of £560k would be paid ‘up front’. Anthony McKeever asked for the two payments (2016/17 and 2017/18) to be paid to practices in July 2017 to further engage practices in the £30m Challenge and this was agreed.</p>
<b>FC201718/037</b>	<b>Date of Next Meeting</b>
	The Finance Committee meeting will be held on Tuesday 25 <sup>th</sup> July in Cade Meeting Room.

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Signed by the Chair.....

Dated.....

**Minutes of the Finance Committee  
held at 13.00pm on Tuesday 25<sup>th</sup> July 2017, in  
Cade meeting room, Sedgemoor Centre, St Austell**

<b>Members:</b>	John Yarnold (Chair)	Lay Member for Fiscal Management
	Simon Bell	Chief Finance Officer
	Judy Duckworth	GP & KCCG Governing Body Lead
	Francis Old	GP & KCCG Governing Body Lead
<b>Attendees:</b>	Jackie Pendleton	Interim Chief Officer
	Anthony McKeever	Turnaround Director
	Simon Bolitho	Deputy Director, Finance (Item 6)
	Gordon Frame	Director for Integrated Care Community
	Andrew Abbott	Director of Primary Care
	Simon Currie	Director of Financial Planning and Delivery, NHS England
	Janet Meek	Interim Director of Finance, NHS England
	Kevin Davis	Head of Finance, NHS England
	Sam Cox (Minutes)	PA to Chief Finance Officer
<b>Apologies:</b>	Iain Chorlton	NHS Kernow CCG Chair
	Dr Rob White	GP& KCCG Governing Body Lead

<b>FC201718/044</b>	<b><u>Welcome and Apologies</u></b>
	John Yarnold welcomed all members to the meeting and extended a warm welcome to Simon Currie, Janet Meek and Kevin Davis, NHS England. Apologies were noted.
<b>FC201617/045</b>	<b><u>Conflicts of Interest</u></b>
	Declarations of Interest made by members of the Finance Committee were circulated with the Agenda and supporting papers. The full Declaration of Interest Register is available via the Corporate Governance Team. There were no new declarations declared.
<b>FC201718/046</b>	<b><u>Minutes from the Finance Committee meeting held on 27<sup>th</sup> June 2017</u></b>
	The minutes of the meeting held on 27 <sup>th</sup> June were agreed and signed as a correct record.  <b>Action grid</b> The Action Grid was reviewed and updated.  <b>Matters arising</b> There were no matters arising.
<b>FC201718/047</b>	<b><u>Risk and Assurance Framework (RAF)</u></b>
	Simon Bell reported the Risk and Assurance Framework had been successfully migrated across to IRIS, a web-based tool, noting this continued to be a work in

	<p>progress and consideration needed to be given on how to capture all the information required within the reports.</p> <p>The Finance Committee held one Red Risk: RR7044: The CCG does not achieve the £29.6million Financial Recovery Plan savings target, and/or costs otherwise exceeded planned budgets, and as a result the CCG financial position deteriorates more than is already planned, requiring further intervention. This is the most significant risk and continued to be the main area of focus.</p> <p>Mr Bell had updated the risk and included narrative on the individual components of the risk, but was concerned this hadn't been reported. He noted that this had been asked for at the last Committee.</p> <p><b>ACTION:</b> Simon Bell to ensure risk RR7044 is updated according to Finance Committee action.</p> <p>The Amber Risk: RR7729: relating to costs for travel to hospital from the Isles of Scilly.</p> <p><b>ACTION:</b> The Finance Committee requested an update on transport to the Isles of Scilly from Rachel Murray.</p>
<b>FC201718/048</b>	<b>Individual Funding Requests</b>
	<p>The Individual Funding Requests report was received for information.</p> <p><b>ACTION:</b> Simon Bell to request for the August Finance Committee meeting a running total of the IFRs and how much has been spent to date.</p>
<b>FC201718/049</b>	<b>Finance Report: Month 3</b>
	<p>the CCG had set an initial budget, based on the March 2017 Plan submission, that incurred an in-year deficit of £37.6million, which is £17.7million beyond the permitted deficit 'control total' of £19.9million. A further level of unresolved net risk of £5.9million had been assessed in relation to this Plan. The CCG's initial plan has not been agreed by NHS England, due to the variance from the control total, and the area has now been included in the national Capped Expenditure Process.</p> <p>At Month 3, the CCG has maintained the forecast at £37.6million deficit, with a marginal reduction in the assessed net risk to £5.55million. The budgets in the national ledger system have been adjusted to come back to the 'control total' deficit, as required by NHS England for national consolidation, by virtue of a 'single line' adjustment. Draft budgets have been prepared for internal use (including Finance Committee detailed reporting) based on the £37.6million deficit position, consistent with the 'bottom line' of the Plan approved by Governing Body. Although this inconsistency is not ideal, it does allow budgetary management to be implemented within the CCG despite the lack of an agreed position with NHS England. Internal budgets have been set to be deliverable but challenging, with any uncommitted sums being retained in reserves to mitigate other risks. A summary of the budgetary changes from the initial approval will be brought back to the Finance Committee once discussions with budget holders are completed.</p> <p>A number of points were drawn to the Committees attention:</p> <ul style="list-style-type: none"> <li>• The report identifies allocations received to date, some of which are confirmations of items highlighted during the planning phase. Future reports will track approval for release, in line with agreed financial control measures.</li> <li>• There is only limited data in key areas at month 3, due to time lags in</li> </ul>

	<p>receiving information, but growth trends on prescribing are going in the right direction.</p> <ul style="list-style-type: none"> <li>• Continuing Healthcare has a significant savings challenge to achieve, however, a reduction in main monthly payments to care homes has been noted, but further work is required to be assured of sustained improvement.</li> <li>• The position on the main acute budgets is less promising at this point, and remains a significant concern.</li> <li>• The year-to-date position is in line with Plan at this stage.</li> <li>• QIPP: The main areas of focus for QIPP delivery are broadly the same as last year: Continuing Healthcare, Prescribing and Acute Care. Delivery of QIPP, although on track to date, needs to increase sharply over the remainder of the year and this remains the key issue for CCG financial delivery in 2017/18.</li> <li>• Cash: At Month 3, the CCG had used slightly more cash than planned, but this was within normal variances. Liaison with NHS England will be required over the remainder of the year to ensure sufficient cash remains available to the CCG, as NHS England will be basing initial cash projections on control total positions, not forecast spend.</li> </ul> <p>The Committee considered the financial risks, relationships between elective activity and cost, and impact of cash on the statement of financial position.</p> <p><b>RECOMMENDATION:</b> The Finance Committee noted</p> <ul style="list-style-type: none"> <li>• The Month 3 financial position as reported to NHS England, including the level of assessed net risk to delivery and the adverse variance from the nationally set 'control total'.</li> <li>• The current expenditure projections will result in the CCG failing to meet two of its Financial Performance indicators under the National Health Services Act 2006:</li> <li>• Section 223H(1) – Expenditure not to exceed income</li> <li>• Section 223I(3) – Revenue Resource use does not exceed the amount specified in Directions.</li> <li>• The projections include uncommitted headroom of £3.7m (0.5% of resources), in line with NHS England planning requirements</li> <li>• The Finance Committee recommended the report to the Governing Body.</li> </ul>
<b>FC201718/050</b>	<b>Update on Capped Expenditure Process (CEP)</b>
	<p>Simon Bell welcomed NHS England colleagues and invited them to add their national perspective on the process.</p> <p>NHS Kernow CCG had submitted a proposed CEP Plan, in early June, in line with timescales set by NHS England. The main focus of the proposals was a significant down-sizing of elective capacity in-year acknowledging that this might impact on patient choice and RTT performance. The submission outlined the risk and difficulties that would need to be managed if implementation was to be supported by Regulators and Boards.</p> <p>NHS Improvement (NHSI) CEO Jim Mackey's letter of 26<sup>th</sup> June, although consistent with CEP, also clarified assurances expected of provider Boards in proceeding with CEP proposals, particularly in relation to patient choice and Constitutional commitments. The impact of this had been to substantially stall the elective elements of the CEP plan from an NHSI/provider perspective. Although work continues on the other elements, significant progress on the elective aspects will only be achieved with greater Regulatory alignment. Simon Bell welcomed any support from NHS England in achieving this and in ensuring that the provider sector remained firmly tied into the CEP delivery.</p>

	<p>Simon Currie noted he had been impressed with the Plan submitted by the CCG which was cohesive and ambitious adding it was important the CCG remained focused in order to achieve the targets set out in the Plan.</p> <p>Anthony McKeever had a meeting scheduled with Kathy Byrne to review the options for commissioners and providers to further the work on CEP. In order to improve the CCG's forecast outturn from month 3 the CCG will need to be confident that elective capacity can be reduced at the Trust and that commitment to reduced system spending can be translated rapidly into operational plans.</p>
<b>FC201718/051</b>	<b>In Shape for Surgery</b>
	<p>John Yarnold welcomed Gordon Frame to the meeting. In Shape for Surgery is a programme to support pre-operative health improvement in patients prior to non-urgent, planned surgery. The programme was developed by NEW Devon and there is an opportunity for NHS Kernow CCG to collaborate.</p> <p>The programme is a comprehensive attempt to improve safety, effectiveness, experience and value for money of planned surgery. The benefits are clear and evidence based:</p> <ul style="list-style-type: none"> <li>• To reduce the risk of complications and resulting length of stay in hospital</li> <li>• To maximise surgical outcomes</li> <li>• To maximise value for money of surgery.</li> </ul> <p>Patients will be asked to take responsibility for their own health and work with their GPs to manage any known risks prior to surgery. This would include asking smokers to take responsibility for their own healthcare due to complications that could arise from surgery and also provides an incentive for patients to stop smoking.</p> <p>The implementation of the programme will be phased by speciality to avoid overwhelming primary care.</p> <p>Judy Duckworth noted weight management services had not been included within the initial implementation and asked if this would be included in the programme. Gordon Frame advised weight management had already been identified and being worked into the RMS guidelines as part of Phase Two.</p> <p><b>RECOMMENDATION:</b> The Finance Committee reviewed and noted the information as set out in the report.</p> <p>Noted the cost benefits were based upon a modelling exercise, and these principles will be further tested during implementation and any changes will be taken through the change control process.</p> <p>The Finance Committee approved the required investment needed to support implementation of the In Shape for Surgery Scheme (£44k Investment for a £850k saving) requesting the savings to make sure the savings are monitored and achieved.</p>
<b>FC201718/052</b>	<b>Diabetes Transformation Fund</b>
	<p>John Yarnold welcomed Dr Alison Flanagan, as clinical lead for Long Term Conditions, to the meeting Andrew Abbott advised the purpose of the report was not to request additional funding, but to seek the Finance Committees approval to release the funding awarded by NHS England to ensure a clear audit trail on how the monies received had been spent.</p> <p>A Memorandum of Understanding has been devised for use with all providers involved in the Bid and the intention is to spend these funds as detailed with the report presented to the Finance Committee and dispensed to providers.</p>

	<p>The non-recurrent funding has been confirmed by NHS England for 2017/18 for two schemes:          To improve achievement of the NICE recommended treatment targets for HbA1c, cholesterol and blood pressure = £169k          To reduce length of stay for in-patients with diabetes in RCHT by the provision of a Diabetes Inpatient Specialist Nurse (DISNs) = £42k.</p> <p>Dr Judy Duckworth asked if the milestone were achievable and in place. Andrew Abbott advised the milestones were achievable as long as the CCG doesn't deviate from what had been stated.</p> <p>Simon Bell noted NHS England had been very clear that the transformational funding should be spent as stipulated and the Finance Committee had an additional level of due diligence to oversee the spending of this fund</p> <p><b>RECOMMENDATION:</b> The Finance Committee noted the funding received and approved the release of the funds for the sole purpose of delivering the diabetes project as set out in the received bid documents and reflected in the MOU guidance.          The Finance Committee noted NHS England had asked for the commitment for the CCG not to spend more than received.</p>
<b>FC201718/053</b>	<b>Reinvestment Schemes for 2017/18 re 30 Day Readmissions &amp; MRET</b>
	<p>Tryphaena Doyle joined the meeting via conference call. The 2018/19 National Tariff Payment System Guidance, published jointly by NHS England and Monitor, includes nationally mandated provisions for variation to the tariff payment mechanism to support prevention of avoidable hospital stays: These are:</p> <ul style="list-style-type: none"> <li>• Marginal rate emergency rule and</li> <li>• Reimbursement arrangements for emergency readmissions within 30 days.</li> </ul> <p>The report sought approval from the Finance Committee to agree that details on a further round of £9m MRET investment should be published on the website.</p> <p><b>RECOMMENDATION:</b> The Finance Committee approved the reinvestment scheme and publication of the table on NHS Kernow's website.</p> <p><b>NOTE:</b> The Finance Committee considered whether it might be sensible to review specific schemes to ensure that they continued to provide value for money.</p>
	<b>Date of Next Meeting</b>
	The Finance Committee meeting will be held on Tuesday 29 <sup>th</sup> August in Cade Meeting Room.

**FINAL COPY FOR RATIFICATION**

Signed by the Chair.....

Dated.....