

**Minutes
Finance and Information Group**

9th October 2017, 9.30—12.00

Committee Room, Civic Centre, Arnot Hill Park, Arnold, NG5 6LU

Present:

Terry Allen (TA)	Lay Member – Financial Management & Audit (<i>Chair</i>)
Hazel Buchanan (HB)	Director of Operations
Maxine Bunn (MB)	Director of Contracting – South CCGs
Dr James Hopkinson (JH)	Clinical Lead
Ian Livsey (IL)	Deputy Chief Finance Officer – South CCGs
Sergio Pappalettera (SPa)	Contracts & Information Manager
Sharon Pickett (SPi)	Deputy Chief Officer

In attendance:

Louisa Hall (LH)	Corporate Admin Officer (<i>Minute taker</i>)
Debbie Stiles-Powell (DSP)	Senior Finance Manager QIPP/BCF

Apologies:

Sam Walters (SW)	Interim Accountable Officer
------------------	-----------------------------

Cumulative Record of Members Attendance (2017/18)

Name	Possible	Actual	Name	Possible	Actual
Terry Allen	6	6	Sam Walters	6	1
Hazel Buchanan	6	3			
Maxine Bunn	6	6(4x deputy)			
Dr James Hopkinson	6	5			
Ian Livsey	6	6			
Sergio Pappalettera	6	6			
Sharon Pickett	6	6			

Purpose of Group

As per the Terms of Reference of the Finance & Information Group (FIG), this group has delegated authority from the Governing Body to monitor budgets and activity and ensure their delivery against plan, reporting all deviations and respective corrective action to the Governing Body. The FIG will also oversee the financial planning process, agreeing the financial plan assumptions and principles.

Item		Action
FI 17/075	<u>Welcome and Apologies</u> Terry Allen (TA) welcomed members to the meeting. Apologies were noted as above.	

	<p>Quoracy was confirmed.</p>	
FI 17/076	<p><u>Declarations of Interest</u></p> <p>The Chair reminded committee members of their obligation to declare any interests they may have on any issues arising at Finance and Information Group meetings that might conflict with the business of the CCG.</p> <p>Declarations of Finance and Information Group were listed in the CCG's Register of Interests. Terry Allen (TA) noted that the Register was available either via the secretary to the FIG Group or the CCG website at the following link:</p> <p>http://www.nottinghamnortheastccg.nhs.uk/contact-us/freedom-of-information/conflicts-of-interest/</p> <p>No Declarations of Interest were made in relation to the agenda.</p>	
FI 17/077	<p><u>Minutes and Actions of the previous meeting</u></p> <p>The minutes of the meeting held on the 11th September 2017 were approved as a true and accurate record with the following agenda items revisited:</p> <p><u>Actions:</u></p> <p>17/063: Jonathan Bemrose gave an update on the action plan and confirmed that this is now in process with Governing Body papers including the recommendations given by Deloitte. The Committee discussed its role in continuing to support the action plan and requested to see a draft before the Governing Body meeting.</p> <p>17/069: Ian Livsey (IL) informed the Committee that the issue of the No Cheaper Stock Obtainable (NCSO) and Cat M savings has been raised with NHSE and have so far had no response.</p> <p>17/070: Maxine Bunn (MB) confirmed that a contract performance paper has been produced to be discussed later on the agenda.</p> <p>17/071: Escalation data and M4 data had been circulated by Debbie Stiles-Powell (DSP)</p> <p>17/073: Action completed to ensure all columns are completed fully.</p>	<p>JB</p>
FI 17/078	<p><u>Finance update</u></p> <p>IL gave an update for Month 6 with the following points highlighted to the Committee:</p> <ul style="list-style-type: none"> Overspend by £698,000 in month, total to reach £3.3 million by 	

	<p>end of M6 or year??</p> <ul style="list-style-type: none"> • Mitigations around £4 million, since last month other areas have been looked at to find potential savings. Could go to £4.5 million for full year. • Acute QIPP stands at £1.6 million with a potential to reach £8 million for full year. <p>A discussion took place surrounding the surplus figures and what is required each month to meet targets. The Committee commented on the overspend on CHP and NHC Trust on un-transacted community QIPP and the ongoing continence issue.</p> <ul style="list-style-type: none"> • QOF (Quality & Outcomes Framework): budget was set on estimated level, earnings were high than payments last year. • NUH: contract position on un-transacted acute QIPP. Stroke is not factored into this. • Circle overspent and continuing care was £200,000 over in month but at a slower rate. • Prescribing reached £104,000 over in the month with £205,000 year to date. Factored in no cheaper stock obtainable (NCSO) along with a £35,000 one off hit around solutions for health relating to the smoking cessation contract. The Committee was made aware of the remit of Solutions for health previously charging through the Council; however the council will now not fund this now. James Hopkinson (JH) informed the group that the CCG is writing to GPs to ask them to go into partnership with this. • Reserves: key aspect to be monitored closely. The committee agreed that there is the need for continuing with QIPP schemes and clinical support in practices etc. <p>The Committee members commented on the importance to work as Greater Nottingham to support the position for NNE as a CCG. It was emphasised that the joint Governing Body Committee will play a key role in looking at a single controlled total and figures of a single statutory body.</p>	
<p>FI 17/079</p>	<p><u>Financial Turnaround:</u></p> <p>DSP presented an update on financial turnaround to the Committee with the following key points highlighted:</p> <ul style="list-style-type: none"> • Deep dive escalation data went to NHSE. Positive feedback received however the focus on financial turnaround is now daily. • Forecast to deliver significant QIPP. Offline risk has increased by £1.2 million. Pressures on acute but work is being carried out to further understand what is driving the increase in un-elective admissions. • Net shortfall of £3 million with challenges on what Senior 	

	<p>Responsible Officers (SROs) have put forward to possibly deliver.</p> <ul style="list-style-type: none"> • Changes and limitations to schemes due to NICE guidance including weight management, waiting lists and BMI limits. • Outpatient block number puts £4 million QIPP at risk. Phase 1 is now complete with phase 2 accommodating this risk. • Savings drift off plan due to £2 million not actioned for M05 and £0.6 million savings against Mental Health. Investment review not positive so this has affected the target. More pressure on activity reductions for remaining activity. • Mental Health: potentially reviewing the investment. Awaiting detail for the PID8 from medicines management team to generate further savings. • Started work with Centene: proposals reviewed to see if these can be brought forward into this year and Centene to support us on current work. • SROs have now submitted highlight reports. • Final QIPP dashboard to be completed soon. It was commented that this needs to highlight Greater Notts or NNE. • 18/19 planning taking place requesting SROs to highlight potential schemes and confidence rate each scheme for the next financial year. £23.5 million across the South CCGs. Schemes to be worked into PIDS and submitted by October for review by the PMO team. <p>DSP added that the new turnaround director, Janet Soo-Chung has now started 4 days a week. It was requested that Janet meets with the Chair of the Finance & Information Group for a discussion around reporting.</p>	
<p>FI 17/080</p>	<p><u>M04 Contract Challenges Report</u></p> <p>MB presented the M04 Contract Challenges Report to the Committee. Due to issues with SLAM data M05 will be circulated in due course.</p> <p>Stroke has been on the report for past months. MB confirmed that money is being withheld on stroke.</p> <p>Year to date has seen an issue with non-elective, this had an AQN open which is now closed.</p> <p>It was highlighted that 6 further issues and impacts were found and these need to be addressed with a review being sent once discussed. Unusual activity has been found which was non-accountable.</p>	
<p>FI 17/081</p>	<p><u>Provider 30th September Letters:</u></p> <p>MB informed the Committee of the letters sent to the providers with the main points highlighted as follows:</p> <ul style="list-style-type: none"> • To manage capacity in line with affordability, and based on 	

	<p>demand for 18/19.</p> <ul style="list-style-type: none"> • National expectation that contracts will not be renewed for 18/19. • Changes in coding and counting may lead to increased expenditure without additional clinical benefit, which will require disinvestment in other services and reduced access to services by patients. Threshold criteria will be put in place. • System F12 has partially been introduced in NNE. Locally developed alongside System One with various restrictions to contribute to unwanted clinical variation. Additional resource to accelerate roll out. 	
<p>FI 17/082</p>	<p><u>Activity Report Month 5:</u></p> <p>Sergio Pappalettera (SPa) gave an update on M5 activity: Key Points were as follows:</p> <ul style="list-style-type: none"> • April to August activity has seen a reduction from last year in GP referrals, which has been reinforced by data from e-referrals. • Consultant to consultant referrals increase has been raised with NUH. A deep dive has been completed and a contract query is being put together to share findings. This will include a query on coding for outpatients and to be more specific from Outpatient First to others (unbundled, radiotherapy etc.) • Data has shown an increase in day cases, however, this is slightly more stable than previous months. • Fast track does not show any changes. • A&E data is stable. 111 calls are increasing; however, this is in line with increase in activity. • Emergency admissions are the biggest pressure: HRG4+ is costing more alongside sepsis costings and IR rule changes behind data. Increase in emergency admissions is entirely driven by NEMS. This has primarily affected the County CCGS with short stay patients. This was expected due to more complex admissions. An audit has been done for a specific cohort of patients (cardiac) however findings highlight a difference in patients. MB discussed the process that they should be following and explained that a higher number of patients are being sent to NEMS due to capacity issues. It was requested for SPa to collate the GP admission data without NEMS. Some places with walk in centres have not seen this impact such as the urgent care centre which sees a high usage. Mel Sims and Nikki Pownall are working though this to discuss a possible different structure for AMRU. • Apart from un-transacted QIPP, non-elective is the main area of focus alongside frailty, sepsis, stroke and trauma. Critical care increased. It was noted that it would be worthwhile reviewing the NUH critical care outreach specification. • National push on Sepsis this year and an event which will be attended by Nikki Pownall. • Circle has TNO pressures. 	<p>SPa</p>

FI 17/083	<p><u>Finance Risk register:</u></p> <p>IL presented the list of risks that has been updated to reflect comments from last FIG meeting.</p>	
FI 17/084	<p><u>*Risks identified during the course of the meeting</u></p> <p>None identified</p>	
FI 17/085	<p><u>*Any Other Business</u></p> <p>None received</p>	
	<p align="center">Date, Time and Venue of Next Meeting</p> <p align="center">13th November 2017 10am-12.30pm, Meeting Room 1, Civic Centre, Arnot Hill Park</p>	

Ratified