

Minutes
Finance and Information Group
12th February 2018, 10.00-12.30pm
Meeting Room 1, 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

In attendance:

Louisa Hall (LH)	Corporate Administration Officer (<i>Minute taker</i>)
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Apologies:

Sharon Pickett (SPi)	Deputy Chief Officer
Debbie Stiles-Powell (DSP)	Senior Finance Manager QIPP/BCF
Sam Walters (SW)	Accountable Officer

Cumulative Record of Members Attendance (2017/18)

Name	Possible	Actual	Name	Possible	Actual
Terry Allen	9	9	Sam Walters	9	1
Hazel Buchanan	9	6			
Maxine Bunn	9	9(4x deputy)			
Dr James Hopkinson	9	8			
Ian Livsey	9	9(1x deputy)			
Sergio Pappalettera	9	9			
Sharon Pickett	9	8			

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 18/109	<p><u>Welcome and Apologies</u></p> <p>Terry Allen (TA) welcomed members to the meeting. Apologies were noted as above.</p> <p>Quoracy was confirmed.</p>	
FI 18/110	<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 18/111	<p><u>Minutes and Actions of the previous meeting</u></p> <p>The minutes of the meeting held on the 15th January 2018 were approved as a true and accurate record with one minor amendment to attendance. The following actions were revisited:</p> <p><u>Actions completed:</u></p> <p><u>18/101:</u> IL to pick up NCSO position in finance update.</p> <p><u>18/102:</u> Introduction of minimum waiting times and surgery criteria will have an ongoing focus in turnaround options so this action can be removed.</p> <p><u>18/103:</u> MB & IL provided an update on the Out of area invoice function coming into finance. Currently the City team are clearing the backlog with the hope to move into one joint process when aligned. This is with the intention of moving away from Mid-Notts who are processing current invoices but have not recruited to the vacant role. Discussions continued around the volume of invoices that come in and scope to routinely pick up once the backlog is cleared. MB/IL to feedback progress as appropriate.</p> <p><u>18/104:</u> SPa confirmed that he has analysed the activity reduction in the Urgent Care Centre. JH confirmed that this has been related to</p>	

	<p>the reduction of provision (no GP there) and change in staff.</p> <p><u>18/105</u>: MB provided an update on the sepsis coding issue. It has been included in contract challenges and a deadline of end of February has been issued in an attempt to resolve. It was requested that this requires escalation to the Contract Executive Board (CEB) if progress is slow with Mark Sheppard picking this up. Update via the contract challenges report.</p> <p><u>18/106</u>: A discussion was held around the need to ensure that risks do alter after relevant mitigations are highlighted.</p>	
<p>FI 18/112</p>	<p><u>Finance update</u></p> <p>Ian Livsey (IL) gave an update on M10 based on M9 NUH and M8 prescribing and Continuing Care with the following points highlighted to the Group:</p> <ul style="list-style-type: none"> • Overspend by £750k with all reserves, including slippage, totalling £5.45m now exhausted. • NUH sits at £637k over in month. Un-transacted QIPP totals £4.8m year to date. NUH discussions have now started for year end with approximately £3.5/£4m requested. The Group discussed the inclusion of deferred elective in the suggested figure. IL to provide update on final agreement at the next meeting. • Circle has seen a consistent overspend however this appears to have plateaued in December (profile issue?). • £0.5m received from NHSE as additional funds. • Continuing Care is underspent with the underlying position slightly over. • Prescribing in budget in month despite the NCSO pressure, the latter being £700k over YTD. • Updated planning guidance distributed last week for 2018/19. Proposed increased to allocations subject to NHSE Board meeting ratification on 8 February. Nationally this amounts to £1.4bn extra resources available to CCGs comprising:- <ul style="list-style-type: none"> ○ £0.6bn (0.8%) further growth (to 3% overall). ○ £0.4bn released from removing the requirement to underspend allocations by 0.5%. ○ Creating a £0.4bn Commissioner Sustainability Fund to support CCGs to deliver financial balance. • In addition the existing requirement to use 0.5% of CCG allocations solely for N/R purposes has also been lifted. • Alongside additional resources, new service requirements and indicative activity growth assumptions need to be considered. • Draft plans for March are being put together for all 4 Greater Nottingham CCGs. <p>Members noted the current financial position and the additional resources and service planning requirement for 2018/19. Update on plans to be shared at the next meeting.</p>	<p>IL</p> <p>IL</p>

<p>FI 18/113</p>	<p><u>Financial Turnaround:</u></p> <p>IL presented the financial recovery plan to the group. The Group noted that the M8 report was previously presented at the January Governing Body session. Further points were raised:</p> <ul style="list-style-type: none"> • Mark Sheppard and Maxine Bunn will now be leading on Mental Health to look at specified savings going forward. • NHSE risk assessment tool impacts significantly on schemes at early stage of planning. • Further discussions to be had at February Governing Bodies and GN Development Workshop (27 Feb 2018) on opportunities and risks. <p>Members noted the report.</p>	
<p>FI 18/114</p>	<p><u>M09 Contract Challenges Report</u></p> <p>Maxine Bunn (MB) updated the group further on the M09 Contract challenges report. The following points were discussed:</p> <ul style="list-style-type: none"> • The major challenge relates to the coded activity for sepsis (already discussed) that is estimated at £0.9m for NNE and £3.2m across the contract (gross) to M9. It was added that the neutralised in-year impact should not form part of any aggregated year-end agreement. <p>Members acknowledged the report.</p>	
<p>FI 18/115</p>	<p><u>Activity Report Month 9:</u></p> <p>Sergio Pappalettera (SPa) gave an update on M8 activity: Key Points were as follows:</p> <ul style="list-style-type: none"> • December elective has dropped more than usual linked with the national mandate. Monitor fast track for subsequent spike. On average outpatients and day patients are on trend with last year. • GP referrals have dropped in line with e-referrals data for January showing consistency in the reporting. Perceived confusion within NUH on what is coded as non-GP or consultant-to-consultant. MB requested that this challenge is put in progress and to flag through Leon Blackwell. • Non-elective increase. Fast track also shows increase in January. • A&E activity is stable although target achievement has declined. Discussion took place around how this is being effectively measured. SPa added that there is a noticeable shift between age groups; increased for 65+ and with a significant reduction in younger patients. This clearly supports the non-elective IP increase. • A backlog currently exists in coding at NUH. SPa shared that NUH sends a summary each month of un-coded activity and an 	<p>SPa</p>

	<p>indication of where they think the activity should be recorded. MB added that this is not always consistent and that the activity does not get funded if the un-coded episodes are not cleared by the required flex and freeze dates.</p> <p>Members noted the report.</p>	
<p>FI 18/116</p>	<p><u>Finance Risk register:</u></p> <p>IL presented the Risk register to the Group. The following proposed adjustments were discussed:</p> <ul style="list-style-type: none"> • Residual risk down on the first 5 risks. • Following receipt of the additional funding from NHSE and the improved Y/E forecasts, Control Total and Cash achievement now reduced to Amber ratings. • Better Payment Practice Code (BPPC) consequently reduced to Amber/Green rating. • 360 Assurance Internal Audit has awarded significant assurance opinion on Financial Controls assessment hence reduced to Amber/Green. • Reduced NCSO risk to Amber/Green based on previous discussions re NHSE risk treatment. CCGs advised that there are to be no financial pressures around NCSO next year. <p>The changes to the finance risk register were agreed.</p>	
<p>FI 18/117</p>	<p><u>Corporate Risk register</u></p> <p>Hazel Buchanan (HB) gave an update on the Corporate risk register:</p> <ul style="list-style-type: none"> • It was highlighted that the Transformation team has requested that their action be removed as this to be managed by transformation team going forward. The Group agreed this should be raised at Governing Body to provide assurance around the governance process. • Treatment Centre procurement risks not yet added. Following discussion it was agreed that the risks are complex and need further consideration to fully assess impact on local systems. • Joint Commissioning arrangements revisited: continuing as individual CCGs in terms of statutory requirements. From April onwards, alignment around governance arrangements will take shape. The Chair commented that positive work has taken place around Terms of Reference and clinical majority and that this should impact on maintaining the CCG's good governance arrangements and statutory duties. Likelihood consequently placed at 3. <p>The group acknowledged the risk register.</p>	

FI 18/118	<p><u>Risks identified during the course of the meeting</u></p> <p>None identified</p>	
FI 18/119	<p><u>Any Other Business</u></p> <p>None received</p>	
	<p>Date, Time and Venue of Next Meeting</p> <p>12th March 2018 11am-1.30pm, Committee Room, Civic Centre, Arnot Hill Park</p>	

Ratified