

**Minutes**  
**Finance and Information Group**  
**15<sup>th</sup> January 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
Debbie Stiles-Powell (DSP)	Senior Finance Manager QIPP/BCF
Sergio Pappalettera (SPa)	Contracts & Information Manager
Sharon Pickett (SPi)	Deputy Chief Officer

**In attendance:**

Louisa Hall (LH)	Corporate Administration Officer ( <i>Minute taker</i> )
Penny Harris (PH)	Chief Commissioning Officer

**Apologies:**

Ian Livsey (IL)	Deputy Chief Finance Officer – South CCGs
Sam Walters (SW)	Accountable Officer

**Cumulative Record of Members Attendance (2017/18)**

Name	Possible	Actual	Name	Possible	Actual
Terry Allen	8	8	Sam Walters	8	1
Hazel Buchanan	8	5			
Maxine Bunn	8	8(4x deputy)			
Dr James Hopkinson	8	7			
Ian Livsey	8	8 (1x deputy)			
Sergio Pappalettera	8	8			
Sharon Pickett	8	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 18/098	<p><b><u>Welcome and Apologies</u></b></p> <p>Terry Allen (TA) welcomed members to the meeting. Apologies were noted as above.</p> <p>Penny Harris (PH) was introduced as the new Interim Chief Commissioning Officer.</p> <p>Quoracy was confirmed.</p>	
FI 18/099	<p><b><u>Declarations of Interest</u></b></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><a href="http://www.nottinghamnortheastccg.nhs.uk/contact-us/freedom-of-information/conflicts-of-interest/">http://www.nottinghamnortheastccg.nhs.uk/contact-us/freedom-of-information/conflicts-of-interest/</a></p> <p>No Declarations of Interest were made in relation to the agenda.</p>	
FI 18/100	<p><b><u>Minutes and Actions of the previous meeting</u></b></p> <p>The minutes of the meeting held on the 13<sup>th</sup> November 2017 were approved as a true and accurate record with one amendment to attendance. The following agenda items revisited:</p> <p><u>Actions completed:</u></p> <p><u>Actions:</u> 17/095: Comments regarding the new financial recovery report were made and reflected in the Greater Nottingham Finance group. Paper in agenda item 18/102 is the refreshed version after feedback.</p>	
FI 18/101	<p><b><u>Finance update</u></b></p> <p>Debbie Stiles-Powell (DSP) gave an update with the following points highlighted to the Committee:</p> <ul style="list-style-type: none"> <li>• M9: £4.7 million reserves and mitigations to balance.</li> <li>• Main areas are acute overspend, continence pressures and</li> </ul>	

	<p>prescribing for No Cheaper Stock Obtainable (NCSO) still continuing with a £734,000 pressure to date. As a national pressure, all CCGs have been told to put this as a risk against Control total delivery for the time being pending further discussions.</p> <ul style="list-style-type: none"> <li>• Acute: £4.3million over plan.</li> <li>• NUH £4.2 million over plan to date with main causes of pressure being non elective and stroke rehab. Maxine Bunn (MB) confirmed contracting team is doing some urgent work on improving patient discharge.</li> <li>• Circle is 0.5 million over plan with elective (T&amp;O) and day case as the main key drivers.</li> <li>• Free Choice Network providers continue to be under plan.</li> <li>• CHC is under plan due to the release of 2016/17 year-end accruals that were not anticipated.</li> <li>• Overall Forecast Outturn pressure estimated at just over 5 million so need to identify further mitigations.</li> <li>• Currently reporting delivery of Control Total to NHSE at M9, based on M8 activity and M7 prescribing data.</li> <li>• Expected QIPP full-year forecast is for delivery of £10.0m recurrently against the £12.4m target.</li> <li>• Teleconference arranged with NHSE to go through the QIPP plan. New planning guidance will also be realised in the next few weeks.</li> <li>• Referral to Treatment: PH queried the number of services ahead of 18 weeks target and suggested it would be appropriate to set a minimum waiting time in line with other communities.</li> </ul> <p>Members <b>noted</b> the financial position.</p>	<p><b>DSP/IL</b></p>
<p>FI 18/102</p>	<p><b><u>Financial Turnaround:</u></b></p> <p>DSP presented the financial recovery plan to the group with the following points raised:</p> <ul style="list-style-type: none"> <li>• No further escalation meetings currently scheduled by NHSE. The December deep dive presentation was received very positively.</li> <li>• Greater Nottingham CCGs are forecasting at M7 circa £39 million delivery against £44 million target, a shortfall of just over £5 million.</li> <li>• Key areas not delivering: <ul style="list-style-type: none"> <li>○ Transforming outpatients with a contract variation value actioned of £2m. NUH have an internal process starting to identify how and when they will remove costs associated with the activity downturn. It was added that local incentive would be part of the ACS.</li> <li>○ Primary Care contracts, Mental Health and Smoking cessation programmes.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>○ Urgent MH Helpline scheme to be removed from the FRP due to lower than expected levels of activity.</li> <li>○ Reducing ambulance conveyance will form part of a wider STP programme which will be discussed at a meeting with EMAS in mid-January 2018.</li> <li>● Big differential identified between City and County for Mental Health access. Further work underway with the Provider to agree a savings plan.</li> <li>● Mitigations in place to offset risks:             <ul style="list-style-type: none"> <li>○ Contract challenges continue to be successful.</li> <li>○ Clinical variation reduction with Sharon Pickett to monitor and deliver as SRO for the Greater Nottingham Primary Care work stream. To date, the South County CCGs are over delivering and City has been asked to undertake an impact review. The group emphasised the importance of sharing relevant comparative practice data.</li> </ul> </li> <li>● 2018/19 planning is underway. Across Greater Nottingham the required savings are estimated to be £49-55m, with £34 million schemes generated by SRO's to date.</li> <li>● Five additional opportunities have been further scoped for review including:             <ul style="list-style-type: none"> <li>○ The increased use of Avastin for the treatment of wet AMD.</li> <li>○ The introduction of minimum waiting times and fit for surgery criteria. PH advised looking at other CCGs who have far stricter requirements for the latter (and also CHC). DSP to discuss with Nina.</li> </ul> </li> <li>● Over the counter campaign is proving positive so currently reviewing further savings opportunity for not prescribing paracetamol for chronic pain.</li> <li>● Community services: dietetics and podiatry may see revised criteria added. The adopted model in Sheffield goes further in terms of a self-care approach.</li> </ul> <p>TA highlighted that FRG meeting has now moved to Monday but should not have an impact on FIG quoracy at future meetings.</p> <p>The Committee also agreed that Practice Feedback should be removed from the agenda as a standing item as it is now routinely embedded and James will in future report verbally where escalation is appropriate.</p> <p>Members <b>noted</b> the report.</p>	<p><b>DSP</b></p>
<p>FI 18/103</p>	<p><b><u>M07/ M08 Contract Challenges Report</u></b></p> <p>Maxine Bunn (MB) updated the group further on the M08 Contract challenges report. The following elements were discussed:</p>	

	<ul style="list-style-type: none"> <li>• Reporting as non-recurrent opportunities but agreed this should be recurrent.</li> <li>• Previous challenge around stroke has now reached resolution through third party discussions and work is being carried out around mitigating impact.</li> <li>• New challenges continue to be identified but confidence ratings are difficult to assess at an early stage.</li> <li>• PH asked what percentage the challenges represented of total contract value suggesting up to 30% was not unusual.</li> <li>• The rate of return on challenges was discussed together with the limitations on capacity in the Contracting Team. There may be a case for more technical support (internal or external) further down the line.</li> </ul> <p>TA noted that the proposed change to Out of Area invoice validation and authorisation has not yet been implemented and members agreed that this should be followed up with Mark Sheppard.</p> <p>Members <b>acknowledged</b> the report.</p>	<p><b>MB</b></p>
<p>FI 18/104</p>	<p><b><u>Activity Report Month 8:</u></b></p> <p>Sergio Pappalettera (SPa) gave an update on M8 activity: Key Points were as follows:</p> <ul style="list-style-type: none"> <li>• Elective: GP referrals continue to be lower with an approximate 10% reduction (in e-referral and outpatients.)</li> <li>• Diagnostics are mainly coded as outpatients, and this correlates with SLAM data.</li> <li>• Day cases remain high against last year and contract plan.</li> <li>• Significant increase remains in emergency activity. A&amp;E attendances are comparable with last year but there is a shift in age groups with a significant increase in elderly. Bigger reduction in Urgent Care Centre (London road) and SPa added that he intends to analyse this and will feed back to the group. JH added that he believes this correlates to a reduction in provision there.</li> <li>• Spend from SLAM against contract: non-elective as the major area followed by stroke rehab and outpatient unbundled.</li> <li>• Drop in referrals in Ophthalmology due to introduction of new CAS with HealthHarmonie.</li> <li>• December data will forecast a worsening of the financial position around non-elective.</li> </ul> <p>Members <b>noted</b> the report.</p>	<p><b>SPa</b></p>
<p>FI 18/105</p>	<p><b><u>Increase in non-elective admissions:</u></b></p> <p>MB introduced this agenda item. The Committee discussed the paper</p>	

	<p>with the following comments made:</p> <ul style="list-style-type: none"> <li>• Potential impacts regarding urgent care are being reviewed with the intention of identifying linked issues.</li> <li>• Concern that Pathway change and revision to service models may be looked at from a clinical perspective in isolation and not include financial risk. JH added that discussions had taken place with Keith Girling at NUH and agreed there is a need to look at behaviours.</li> <li>• The growth in reported NEL activity of 1500 episodes to M7 is represented by QIPP non-delivery, GP Front Door referrals from A&amp;E and hospital re-admissions, broadly in equal measure. From the GP Front Door referrals it is clear that over 200 “same day discharges” should not have been charged as admissions and will be raised with the Trust.</li> <li>• In terms of the identified case-mix impact as a result of HRG4+ unless the Trust can be shown to be upcoding inappropriately there is likely to be no immediate redress. The significant increase in Sepsis coding is part of a national drive to enhance the sophistication of coded episodes in this area and guidance has been issued to reflect any financial impact in 2017/18 (estm. £2.9m gross to M7 across all commissioners) as a coding and counting change. This should negate the in-year impact on commissioners and will be followed up with the Trust.</li> <li>• An update on progress to be provided at the next meeting.</li> </ul> <p>Members supported the next steps and <b>noted</b> the report.</p>	<p><b>MB</b></p>
<p>FI 18/106</p>	<p><b><u>Finance Risk register:</u></b></p> <p>DSP presented the list of risks:</p> <p>A new risk was identified: STFR6 around potential non-delivery of the 18/19 plan that was agreed.</p> <p>PH highlighted the importance of having all mitigations clearly identified to show that they reduce the risk in appropriate areas. DSP to discuss with Ian Livsey.</p> <p>Reference to ‘PMO teams’ needs to be changed to ‘all teams’.</p> <p>The changes to the finance risk register were <b>agreed</b>.</p>	<p><b>DSP</b></p>
<p>FI 18/107</p>	<p><b><u>*Risks identified during the course of the meeting</u></b></p> <p>None identified</p>	

<p>FI 18/108</p>	<p><b><u>*Any Other Business</u></b></p> <p><b><u>Corporate Risk register:</u></b>          HB informed the group that the corporate risk register used to be reviewed at the executive team meeting but with the organisational changes this meeting no longer exists on a CCG specific basis. HB requested that the FIG be asked to review the register in future due to its senior membership and to add rigour to the assurance provided to Governing Body. The Committee agreed that this was a pragmatic solution and supported the proposal.</p> <p>The following elements were raised from the corporate risk register:</p> <ul style="list-style-type: none"> <li>• A&amp;E: performance is not improved against assurance framework. The Committee agreed that the risk should be increased to 16 (4x4) linked with impact.</li> <li>• Timescales to move to a single management structure currently at 20 due to potential staff attrition and motivation. HB advised that the structure is taking longer than expected. Regular communications and the HR integration team are working on this alongside Gary Thompson (COO) to support (with focus wider than the PMO team). The Committee agreed this should stay at current risk, 20. It was added that the formal consultation now has a potential start date of 29<sup>th</sup> January.</li> <li>• Joint commissioning structure and statutory duties are currently at 10. This could increase during transition so revisit next month.</li> <li>• The Committee agreed that the Treatment Centre re-procurement should be added to the register following discussions at the last Governing Body meeting.</li> </ul> <p>Members <b>supported</b> the revised risk ratings and that the register be included on future agendas as required.</p> <p><b><u>QIPP Assessment tool:</u></b>          DSP informed the Committee that NHSE have developed a QIPP assessment tool that considers readiness to deliver projects and also focuses on high value schemes. NHSE will shortly be holding a teleconference with PMO regarding our arrangements.</p>	
	<p align="center"><b>Date, Time and Venue of Next Meeting</b></p> <p align="center"><b>12<sup>th</sup> February 2018 10am-12.30pm, Meeting Room 1, Civic Centre, Arnot Hill Park</b></p>	