

**Minutes**  
**Finance and Information Group**  
**Tuesday 08 March 2016, Meeting Room 1 Civic Centre Arnold**

**Present:**

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

**In attendance:**

Janet Champion (JC)	Lay Chair NNE CCG
Debbie Stiles-Powell (DSP)	Senior Finance Manager QIPP/BCF
Carly Ball (CB)	Minute Taker

**Apologies:**

Sam Walters (SW)	Chief Officer
Maxine Bunn (MB)	Director of Contracting – South CCGs

**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 16/022	<p><b><u>Apologies &amp; Welcome</u></b></p> <p>TA welcomed the group to the meeting. Introductions were made for Janet Champion.</p>	
FI 16/023	<p><b><u>Declarations of Interest</u></b></p> <p>No declarations of interest were made.</p>	
FI 16/024	<p><b><u>Minutes of the previous meeting</u></b></p> <p>FI 16/017 IL requested for the following amendments to be made:</p> <p>For bullet point 7 the sentence to be amended to ‘the remaining reserves are being used to support the current financial situation.</p>	

	<p>For bullet point 6 the word 'rephased' to be changed to 'rephased'.</p> <p>The minutes were otherwise approved as a true and accurate record.</p> <p>IL confirmed that a draft Continuing Healthcare report had been received but is a more strategic and broader view than anticipated. It was shared that 360 Assurance may be asked to extend the review. IL also confirmed that a job advert to fill a vacant senior post will soon be going to market which will continue the CHC work. SPa suggested that any review needed to look closely at new referrals with the data management team to validate new records.</p> <p>16/017 SPa confirmed that the information regarding emergency hospital admissions at Sherwood Forest was shared after the meeting on 9<sup>th</sup> February.</p>	
FI 16/025	<p><b><u>Financial Plan Update</u></b></p> <p>IL confirmed that the plan has been submitted again last week (w/c 29.02.2016) and will be submitted once more in April. IL shared the summary of the front sheet which highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• Net QIPP savings- Recurrent will be a challenge for next year. The amount is high for all CCG's in the South Notts patch and was even higher for Mid Notts. NHSE are also focused on this.</li> <li>• Overall QIPP targets are slightly above average but are not exceptional.</li> </ul>	
FI 16/026	<p><b><u>Financial Performance Report</u></b></p> <p>IL presented the report and highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• Month 11 report results were in line with the year end plan therefore on track to deliver surplus targets.</li> <li>• There was in an increase in prescribing for December by £300k but this can be covered by slippage on the reserves.</li> <li>• A year end position has been agreed with NUH. This includes additional funding for the D58 ward. NNE funded for three months but the ward did not close so NNE are now funding for nine months. A settlement to close D58 has now been confirmed.</li> </ul> <p>The group acknowledged and confirmed their approval of the report.</p>	
FI 16/027	<p><b><u>Activity Report Month 10</u></b></p> <p>SPa presented the report and confirmed that activity has consistently continued as previous reports.</p> <p>The following key points were highlighted:</p> <p><b><u>Outpatient Attendances</u></b></p> <ul style="list-style-type: none"> <li>• GP referrals to outpatient first appointments in 2015/2016 YTD are 1.8% lower than in the same period last year.</li> </ul>	

- There has been an increase in GP referrals for gastroenterology, respiratory medicine, obstetrics, nephrology, hepatology.
- Outpatient first attendances from all referral sources are down by 0.8% from last year.
- Outpatient follow up attendances are up by 1% from last year.

#### **Day Case and Elective Admissions**

- Day case admissions have increased by 6% compared with last year, this has been seen mainly at NUH (8%) and Ramsay (23%)
- Day case activity has increased in gastroenterology, pain management, T&O, clinical haematology and oncology, hepatology and ENT
- Fast track data from NUH and Circle continue to show an increase in year to date activity (7.6%)
- Ordinary Elective admissions with overnight stay have increased by 1.4%

#### **A&E**

- The number of ED attendances in 2015-2016 YTD has increased by 3.2% from last year, mainly seen at QMC (2.5%) and Kings Mill Hospital (4%)
- The increase shows predominantly across most age groups but particularly 0-4 and 20-39, 55-59 and 75+
- The number of calls to NHS 111 in April – February 2016 is 9.1% higher than last year.

#### **Emergency Admissions**

- There was a noticeable increase of admissions in December but admissions decreased in January 2016
- Emergency admissions from GP are significantly lower than the last two years by 26%
- NUH activity shows that activity in February 2016 has slightly increased but is in line with last year.
- 28 day emergency readmissions this year are down by 5% from last year.
- Emergency admissions at Sherwood Forest Hospitals have increased by 18%

TA questioned how elective cases have maintained a consistent position during winter. SPa explained that NUH have seen a shift to more day case admittance rather than overnight inpatient stay. JH suggested that confirmation is needed to clarify what is regarded as a day case due to the sometimes differing views of NUH and the CCG's. SPa confirmed that a clinical audit looking at the D/C pathway has been suggested.

The group discussed the possible cause in the decrease of NHS 111 calls in February 2016 as a continued increase was originally predicted. SPa suggested that this decrease may be a blip.

FI 16/029	<p><b><u>Risk Register</u></b></p> <p>IL confirmed that there have been no changes to the register since the last meeting.</p> <p>No questions or amendments were raised by the group.</p>	
FI 16/030	<p><b><u>Brief for clinical review of services funded by local prices</u></b></p> <p>SP confirmed that as part of the proposed review of the services 15 key areas have been identified; task and finish groups, with clinical and managerial roles, are in the process of being established. SP shared that it was felt by colleagues that CCG's would not have the capacity to look at all 15 groups and therefore has been liaising with the contracts team to take forward and reduce the number groups.</p> <p>IL confirmed that the option to introduce an envelope contract with NUH is currently under discussion; therefore this could affect the list of groups, costs and priorities.</p>	SP/MB
FI 16/028	<p><b><u>QIPP Highlight Report Month 11</u></b></p> <p>DSP presented the report and confirmed there has not been a significant change since the previous report.</p> <p>The key risks were highlighted as:</p> <ul style="list-style-type: none"> <li>• Continuing care</li> <li>• Contracting (NUH and Circle)</li> <li>• Prescribing</li> <li>• Community Services</li> <li>• Planned Care</li> <li>• Unplanned Care</li> </ul> <p>TA commented that it was positive that the support from reserves remained constant rather than increasing.</p>	
FI 16/031	<p><b><u>AOB</u></b></p> <p>It was suggested that due to the high number of apologies for April the meeting may need to be arranged.</p>	CB
<p><b>26<sup>th</sup> April 2016 09:30-11:00am, Meeting Room 1, Civic Centre, Arnold NG5 6BU</b></p>		