

APPROVED 151118

**Minutes of the NWL shadow finance committee**

held on 4 October 2018, 15:00 – 17:00hrs  
87-91 Newman Street, London, W1T 3EY

Item A3

**Members in attendance**

Lindsey Wishart (LS)	Chair, Lay member and CCG Finance committee chair, Brent CCG
Dr Andrew Steeden (ASteed)	CCG Finance and activity committee chair, West London CCG
Nick Martin (NM)	Lay member and Chair CCG finance committee, Hammersmith & Fulham CCG (via 'phone)
Mark Easton (ME)	Accountable Officer, NW London CCGs
Neil Ferrelly (NF)	Chief Finance Officer, NW London CCGs
Dr Vidhya Kumaranayakam (VK)	Clinical Director, Brent CCG
Dr Raj Chandok (RC)	Vice Chair, Ealing CCG
Javina Sehgal (JS)	Managing Director, Harrow CCG
Mary Clegg (MC)	Managing Director, Hounslow CCG
Sue Roostan (SR)	Deputy Managing Director, Hammersmith & Fulham CCG
Tessa Sandall (TS)	Managing Director, Ealing CCG
Caroline Morison (CM)	Managing Director, Hillingdon CCG
Jules Martin (JM)	Managing Director, Central London CCG.
Allison Seidler (AS)	Lay Member, Hillingdon CCG
Diane Middleditch (DM)	Lay Member, Central London CCG

**Non-members in attendance**

Dr Nicola Burbidge (NB)	Chair, Hounslow CCG
Dr James Cavanagh (JC)	Chair, Hammersmith & Fulham CCG
Dr Ian Goodman (IG) (minuted items 1-6)	Hillingdon CCG Chair
Dr Genevieve Small (GS)	Chair, Harrow CCG
Dr MC Patel (MP) (minuted items 1-6)	Chair, Brent CCG
Simon Carney (SC)	Head of Governance (secretary)
Jonathan Wise (JW)	Financial Recovery support
Ben Westmancott (BW)	Director of Compliance
Huw Wilson-Jones (HWJ)	Interim Director of Commissioning

	<b>Business Items</b>	<b>Action</b>
<b>1.</b>	<b>Welcome/Apologies</b>	
1.1	Apologies were received and noted from: <ul style="list-style-type: none"> <li>• Dr Paul O'Reilly, GP member and Chair CCG finance committee, Central London CCG;</li> <li>• Richard Smith, Lay member, Harrow CCG;</li> <li>• Dr Steven Shapiro, Finance committee chair, Hillingdon CCG; and</li> <li>• Dr Neville Pursell, Chair, Central London CCG.</li> </ul>	
<b>2.</b>	<b>Declaration of interests</b>	

	There were no further declarations to those recorded on the Registers of Interest.	
<b>3.</b>	<b>Minutes of the previous meeting held on 26 July 2018</b>	
3.1	The minutes were approved as a true and accurate record of the meeting.	
3.2	Action 0168 relating to amendments to the financial framework was closed as they had been completed.	
3.3	The remaining two actions remained open.	
<b>4.</b>	<b>NWL Finance Committee Terms of reference</b>	
4.1	The terms of reference were noted and it was agreed to remove the erroneous reference to Chief Operating Officers.	
<b>5.</b>	<b>2018/19 North West London CCGs' month 5 financial position</b>	
5.1	Neil Ferrelly introduced the report highlighting areas where CCGs were off plan drawing attention to acute contract over performance and variations in prescribing spend. He referenced the £41m aggregate risks and opportunities	
5.2	There was a discussion on the mechanism to offset overspends with underspends in order to achieve the shared financial control total across the CCGs which included the question of how best to present the underlying deficit in Harrow CCG.	
5.3	It was agreed that we need an independent view on taking a consistent approach to assessing risk across the CCGs.	
5.4	<b>The group noted the report.</b>	
<b>6.</b>	<b>2018/19 North West London CCGs month 5 QIPP report</b>	
6.1	NF introduced the paper and drew attention to the areas of red risk. This report summarises the QIPP position for all NWL CCGs at month five of 2018/19 as reported to NHS England. NWL CCGs showing a year to date under achievement of £9.5m, and full year forecast of £24.5m under delivery. Main reason for forecast adverse variance is slippage of schemes, particularly on acute NEL activity	
6.2	The report includes in-year pipeline initiatives for Central London and Harrow CCG to cover the unidentified QIPP values reported via NHSE assurance process. A recovery plan for all red schemes was underway.	
6.3	for each red scheme, the questions we need to ask ourselves are: <ul style="list-style-type: none"> <li>• is the opportunity genuinely there or has realisation of the opportunity been delayed; and</li> <li>• how are we recovering any delays in realisation?</li> </ul>	
6.4	And for areas where good progress had been made we need to know: <ul style="list-style-type: none"> <li>• how we are sharing what works well so more can benefit;</li> <li>• where there is merit in planning for longer than a year, how should we best do this?</li> </ul>	
6.5	It was noted that only 13 practices in North West London had appeared to have successfully lowered their costs in relation to prescribing of over the counter	

6.6	medications.  GS drew attention to the number of QIPP schemes that relied on GP interventions and conversations with patients and questioned the achievability of all these.	
6.7	There was a discussion on Harrow CCG and was generally agreed that all potential areas of saving this year had been identified.	
6.8	<b>It was agreed that:</b> <ul style="list-style-type: none"> <li>regarding over the counter medications, Hospital trusts needed to press home the message to consultants' letters encourage the same behaviours: ACTION, NF to raise at the forthcoming CFO's meeting.</li> <li>Ealing CCG's approach to releasing 'Over the Counter' savings to be shared with other MDs.</li> </ul>	NF 247  TSa 248
6.9	<b>The group noted the report.</b>	
<b>7.</b>	<b>2018/19 North West London CCGs' contracts update</b>	
7.1	HWJ introduced the report which set out the month four position against acute contracts. The paper included an update on The Royal Free, an out of area contract where financial pressures were apparent. The committee was asked to discuss and note the main sector contracts' performance as at month four.	
7.2	There was a discussion about the high percentage of arrivals at Hillingdon A&E that did not require that level of intervention and how an integrated emergency care and out of hospital strategy could be of great benefit.	
7.3	ME stated that we need to identify the four key things that drive over-performance and reduce variation and cost. Achieving pathway improvements is one thing but we also need to release costs from acute Trusts. Part of the problem is about coding and tariff issues and on coding of 'chairs' in A&E.	
7.4	<b>It was agreed that for acute activity reports it was often unhelpful to show aggregated Trust performance. It was requested that future reports split out West Middlesex Hospital from Chelsea and Westminster Hospital and show Paediatric Assessment Unit and children's activity separately.</b>	HWJ 249
7.5	<b>The group noted the report.</b>	
<b>8.</b>	<b>North West London 2018/19 draft financial recovery plan</b>	
8.1	NF introduced the draft financial recovery plan, including a letter from NHS England expressing their concern at the forecast financial risk in North West London of £41.1m. The committee was asked to review the proposed approach to developing an in-year financial recovery plan, for recommendation to the Joint Committee and CCG Governing Bodies. It was noted that the risk to the CCGs was moving into special measures and/or negative impact on the wave four capital bid.	
8.2	He talked the Committee through the steps being proposed and stated that there	

	was only six months of the year remaining in which to effect an improvement.	
8.3	JW added that work was underway to understand each CCG and each shared team's position. It was noted that by the time of the meeting with NHS England on 17 October, we would not have a detailed plan for recovering the £41.1m but we will need to be able to demonstrate that we are well on the way to achieving this.	
8.4	ASteed stated that, where possible, we need to identify things we can change that will bring benefits to both the commissioner and the provider, Building relationships across the Sustainability and Transformation Partnership and nurturing the right behaviours to help achieve these wins was stressed.	
8.5	TSa stated that a joined up approach to utilising winter bed capacity was required.	
8.6	<b>In conclusion, the committee approved the working up of the plan as outlined in the paper and agreed that a report be submitted to the Joint Committee and Governing Bodies accordingly.</b>	<b>NF 250</b>
<b>9.</b>	<b>Any Other Business</b>	
9.1	There were no items raised.	