

Finance and Performance Committee Meeting

Tuesday 23rd October 2018, 3.00 – 5.30 pm
St Paul's Church, Hammersmith, London W6 9PJ

Present

Name	Role and Organisation	Initials
Governing Body Members:		
James Cavanagh	Vice Chair and GP, Hammersmith and Fulham Governing Body (Chair)	JCa
Janet Cree	Managing Director, Hammersmith and Fulham CCG	JC
Trish Longdon	Lay member	TL
Smitha Addala	GP member, H&F Clinical Commissioning Group	SA
Vicki Cooney	GP and Governing Body member	VC
Pritpal Ruprai	GP and Governing Body member	PR
Katie Embleton	Site Operations Manager and Elected Governing Body Member	KE

Name	Role and Organisation	Initials
Officers in attendance:		
Sue Roostan	Deputy Managing Director, H&F Clinical Commissioning Group	SRo
Sharon Robson	Associate Director Acute Finance, H&F Clinical Commissioning Group	SR
Owen White	Interim Head of Finance	OW
Sue Hillyard	Interim Financial Recovery Director	SH
Nathan Whiting	Contract Manager, Imperial, H&F Clinical Commissioning Group	NW
Margaret Kelly	Business Support Manager, H&F Clinical Commissioning Group (minutes)	MK

Apologies

Name	Role	Organisation
Paul Skinner	GP member, H&F Clinical Commissioning Group	Hammersmith and Fulham CCG
Nick Martin	Lay member Hammersmith and Fulham Governing Body	Hammersmith and Fulham CCG
Andy Petros	Secondary Care Clinician	Hammersmith and Fulham CCG

1.	Welcome	
1.1	JCa welcomed everyone to the meeting.	
2.	Minutes of the Previous Meeting	
2.1	The minutes of the previous meeting were approved as an accurate record of the meeting.	
3.	Conflict of Interest	
3.1	The previously acknowledged potential conflicts of GPs as commissioners and providers were noted.	
4.	Matters Arising/Action Log	
4.1	<p>The action log and matters arising were discussed. The majority of actions were deemed as closed, with the exception of the following:</p> <p>ACT 4.1 (26.6.18) - NWL outpatients programme payment proposals for general practice - Further detail of the assumptions around the transfer of patients and the discharge. The committee noted that Sue Jeffers was working on an alternative proposal.</p> <p>ACT 6.1 (24.7.18) - A review of the entire SEPSIS dashboard to be undertaken (Imperial): The criteria for a planned wider audit include a review of SEPSIS.</p> <p>ACT 6.1 (25.9.18) – Update on the main Imperial contractual Issues to be provided to include:</p> <ul style="list-style-type: none"> ○ AEC readmission rates ○ Pathology costs ○ additional 50 beds over the winter period and potential cost pressure for the CCGs <p>The committee noted that an internal commissioner meeting was held to agree the way forward and business as usual changes. The slide pack was being finalised to take on board the outcome of the clinical audit and position to be put forward with the Trust, with Huw Wilson-Jones, Director of Acute Contracting NWL CCGs to send a letter to Richard Alexander, Chief Financial Officer and his counterpart at Imperial Trust on the 28th of October. The committee noted that Huw and Richard were scheduled to meet on the 5th November, with an update to come back to November’s meeting on the outcome of these discussions.</p>	

5.	HFCCG Financial Position at M6	
5.1	<p>OW presented the paper. He reported that the forecast outturn was on plan, with pressures generally offset by the release of full H&F CCG reserves totalling £4.6m, including the 0.5% required by business rules in agreement with Neil Ferrelly, NWL Chief Financial Officer. However, sustaining the position would depend on receipt of in-year support of £1.6m across NW London, to offset a range of other pressures. OW added that the expectation was for H&F CCG to delivery QIPP of £12.6m in year, with the current forecast £4.7m off the £17.3m plan (27%).</p> <p>OW stated that acute was on plan with costed activity less than the previous forecast, with the main issues for the CCG associated with QIPP delivery.</p> <p>OW highlighted that the net risk/opportunities position was a net risk of £2.8m, and includes £3m for QIPP schemes and a further £5.5m for possible provider over-performance. The main opportunity was a £4m QIPP stretch for a specific QIPP scheme and potential further support from NW London of £1.4m.</p> <p>OW reported that year to date (YTD) it showed a breakeven position, but was £0.5m worse than plan, due to QIPP under-delivery. OW highlighted that YTD the CCG spent £3m more cash than planned and that this could present a risk to the ability of the CCG to pay its bills later in the year. Consequently, a detailed review and forward look was being conducted to determine the cause, risks for the year and mitigating actions required, with initial findings showing that this was driven by a number of historic invoices, primary care and GP at Hand costs.</p> <p>OW indicated that the true full year position for H&F CCG was an in-year deficit of £5,057k, before recognising the historic drawdown and NW London support.</p> <p>TL said as NHS England had agreed to cover the GP at Hand costs including those associated with acute questioned why the GP at Hand costs might affect the H&F CCG position. OW explained that as mitigations arise in the second part of the year owing to for instance greater costs in primary care, GP at Hand costs and historic invoices in the ledger, that the CCG would be required to make changes and militate against this. The committee noted the on-going discussions at NWL CFO level to ensure the appropriate GP at Hand mitigations materialise to offset the intra-NWL transfers.</p> <p>OW highlighted that as H&F CCG was only in M6; it was not a true reflection of the full year position, and noted that the underlying position was a deficit ranging from £10m-£15m.</p> <p>The committee noted and deliberated the M6 finance and activity report.</p>	
6.	Imperial Contract Performance and trend analysis month 5 – 2018/19	
6.1	<p>SR introduced the M5 Imperial Report. She highlighted that the focus was to address the outstanding issues, which once resolved should improve the position significantly.</p> <p>SR reported that the M5 position showed a favourable variance of £248k after CCG mitigations of £212k were applied, which represents a favourable in month movement of £257k, continuing the underspend against plan seen in M4.</p>	

<p>SR said that the YTD forecast remained adverse in month; due to a reduction in back ended QIPP and an increase in the estimate for seasonality. The current forecast showed a £0.64m favourable position and if QIPP were removed, would present a £2.5m favourable position. The committee noted that the GP at Hand impact was estimated to be circa £300k.</p> <p>SR stated that the main issues were driven by non-electives (NEL) activity, which was currently adverse to plan by £1.08m due to higher than planned volumes of activity, also an increase in Ambulatory Emergency Care (AEC) and stroke activity. SR added that NEL activity would continue to be monitored and would provide an update following the outcome of the executive meeting.</p> <p>SR reported that critical care activity reduced in month with spend showing an in month favourable variance of £93k and £89k on trend.</p> <p>SR mentioned the emerging issue associated with the additional 50 beds at Imperial Trust from December, which could present a pressure to the position of circa £0.5m, therefore has been factored into the position as a risk at 50%. SR explained that this issue would be picked up as part of the executive level escalation meeting between the commissioners and provider counterparts. JC said that an acceptable financial position would need to be reached between the commissioners and provider. SR said 20 of the 50 beds were in H&F, and if the beds were open, a great deal of activity could be generated, with circa £3.2m of gross costs. SR reported that discussions are being had concerning the type of beds and patients using them.</p> <p>JC said that of the 50 beds that 26 would be sub-acute and used for patients that require greater medical care, with 24 beds across the St Mary's and Charing Cross sites, but will need to be closely monitored, as the beds could be used differently. VC highlighted that the stable patients may not be reviewed as frequently, therefore could end up staying too long in acute.</p> <p>TL commented on the forecast outturn and reliance on back-ended QIPP being delivered and asked whether the CCG was assured this would be achieved. OW said that H&F CCG was not fully assured of delivery, explained that back ended QIPP was made up of predominantly non-electives, but measures were being implemented to support delivery. SR noted that the AEC benefits were not encompassed in the position but required both to achieve the plan.</p> <p>SH explained that back ended QIPP was predominantly made up of two big contracts with the remainder of activity phased with any shortfall to be made up. OW said that H&F CCG had more assurance on the delivery of back ended QIPP than for some of the other QIPP schemes.</p> <p>VC asked when H&F CCG should expect to see NEL activity increases. SR clarified that activity should start to increase from December onwards.</p> <p>The committee noted and discussed the M5 Imperial performance report and debated the concerns raised in detail</p>	<p>SR</p>
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7.	H&F Financial Recovery Programme	
7.1	<p>SH presented the paper. SH explained that the Financial Recovery Programme Group (FRPG) as a working group was now meeting weekly to consider the ideas put forward, track progress on the 18/19 actions and to oversee pipeline development put forward for 2019/20. Furthermore, it would assess the robustness and deliverability of plans, prior to going to the fortnightly meetings for further deliberation, to agree the direction of travel and set of actions being taken forward.</p> <p>SH said that a formal paper would be presented to this committee after the next FRPG meeting and would follow the outcome of the Financial Recovery Plan (FRP) meeting on the 30th October. SH reported that H&F CCG was being asked to pull together the clinical actions in preparation for the 30th October meeting. SH added that NHSE would hold H&F CCG to account for the 18/19 positions, also in maintaining the QIPP lines and actions that derive out of the meeting, with the Imperial challenges critical to this.</p> <p>SH mentioned that an update paper on the H&F CCG plans would be produced for the next governing body meeting in public, following the 30th October FRP meeting. JC said the paper would include actions taken to date, plans going forward and what H&F CCG was required to do. The committee agreed that the investment paper and decision making principles discussed during the joint part of the meeting should be taken to the governing body meeting in public for ratification, once virtual sign off was obtained from James Cavanagh, deputy Chair of the Finance and Performance Committee. JC asked for MK to link in with Mark Jarvis, Head of Governance and Engagement to ensure the paper was added to the part 1 governing body agenda.</p> <p>TL said at the last Primary Care Commissioning Committee it mentioned presenting the primary care budget in a different way to make it easier for GP member practices to comprehend the figures and asked whether this paper should be taken to the next PCCC. JC said the CCG would continue to work towards presenting the primary care budget in a different way, and asked MK to clarify with Mark Jarvis whether the Financial Recovery Programme paper needed to go to the PCCC meeting. JC said that H&F CCG would need to abide by and reference any decisions taken by the PCCC.</p> <p>TL made reference to the action around “the review of all community-based acute services: looking to reduce/terminate where there has been no corresponding drop in HRG activity at acute trusts since go live, or where the original business case may not have been delivered”. TL said that the conversation had at the governing body seminar was to stop one or other of the services, therefore asked for the wording to be reviewed and amended in the paper to reflect this.</p> <p>TL queried the contract areas considered a priority for review, and sought clarify on return on investment and sought assurance that all areas shown as green would be reviewed. SH clarified that the CCG planned to work down the list and would ensure that all areas were reviewed.</p> <p>JC informed the committee that a new CFO across NWL was appointed, with John Brown taking up his post from 19th November. JC said as part of his induction programme, a series of meeting were being scheduled and the new CFO should be able to attend November’s F&P committee. JC said that she and James had scheduled a 1:1</p>	<p>OW/SH</p> <p>MK</p> <p>MK</p> <p>SH</p>

	<p>with the new CFO and John would be attending the Ops Group and planned to meet with Owen and the Finance Team. OW stated that the new CFO had worked in the Health Service for 15 years and had also worked as a consultant for a further 15 years, and was familiar with the patch. The committee noted that, as part of the new CFO induction programme, that key facts and information on the H&F CCG financial position would be shared.</p> <p>The committee noted the paper and approved the summary of proposals which were agreed at the governing body seminar, pending the suggested change being incorporated</p>	
8.	Contract Register and Pipeline	
8.1	<p>NW presented the Contract Register and Pipeline. NW highlighted that the focus for the committee was on table 1 which required immediate decision.</p> <p>SH said she had approached all contract leads and asked for the first section of the register to be reviewed. NW said an update was awaited for in-health diagnostics and the diabetes user group.</p> <p>NW stated that the Community Independence Service (CIS) and Partnership for Health UCC services were in progress with a decision to be reached by the three borough CCGs on the extension arrangements for CIS. JC stated that business cases were required.</p> <p>SH highlighted that queries were raised with Central London CCG concerning in-health repeat tests. SRo said that Carol Lambe would chase the response; noted that a single tender waiver for a 6-month period was produced by Angela Caulder, but awaited CCG sign off.</p> <p>NW reported that the contract for latent TB Infection (LTBI) Screening and Testing was funded by NHSE and asked whether it should remain on the register. JC suggested that the contract remains on the register to maintain focus and to keep H&F CCG up to date on decisions taken. SRo indicated that this contract would be reviewed at the end of the financial year.</p> <p>NW said that Louise Maile asked if a business case was required for Trinity Hospice (Palliative Care). SRo explained that this was a pan-London contract with H&F CCG an associate and Lambeth CCG the lead commissioner. JC said as part of the overall review further detail was required to understand what H&F CCG were contributing and the level of service provided. SRo clarified that a piece of work was underway to review all hospices.</p> <p>JC asked for the clinical leads to be added to the tracker. NW said that currently the tracker only includes the contract lead. JC asked for VC to be added as the clinical lead for Trinity Hospice (Palliative Care) and CIS.</p> <p>SRo said that she had requested an update from Ray Boateng on neuro-rehab. SRo added that a paper was due to come to the Ops Group on the CLCH contract with neuro-rehab part of this.</p>	<p style="text-align: right;">SRo</p> <p style="text-align: right;">NW</p>

	<p>NW said that the AJM Healthcare Integrated Wheelchair Service and Heads Up (User involvement) were under review. NW asked if six months' notice was being issued for all of these contracts. SRO clarified that the Heads Up contract had transferred over to the H&F Engagement Team and Bethany was producing a paper for the Ops Group to consider next week.</p> <p>NW mentioned the Air Liquide UK Home Oxygen supplies and appliances contract, and that no contract leads from NW London attend the NW London contract meetings. JC asked NW to check who from the NEL CSU Contracts Team leads on this contract and attends the contractual meetings.</p> <p>NW reported that the second section was out for agreement on the AQP contracts.</p> <p>NW said the third section did not require immediate review. SRO said this section would require review in terms of additional capacity owing to the CCGs financial position.</p> <p>NW stated that the last section listed those contracts that had expired or were expiring.</p> <p>SH queried why some of the contracts had a six-month notice period whereas others had a 12-month notice period, in particular the AQP TOPS contracts. NW agreed to review the notice periods.</p> <p>SH agreed to add to the FRPG agenda an item for CCG leads to feedback at the meeting on their contracts.</p> <p>JC said that the clinical leads would need to be aware of the contracts that they are responsible for and when they are due to expire.</p> <p>NW suggested that the FRPG agree the forums and dates where business cases needed to be presented.</p> <p>SH said that the three borough contracts would require discussion with other CCGs. SH stated that a status update on these contracts would be presented to the next FRPG to agree dates and forums and come back to the F&P committee afterwards. JC asked for all contracts to which H&F CCG are a signatory, but are managed elsewhere on our behalf, to be added to the register. SRO agreed to cross check and ask teams to ensure that any such contracts are added.</p> <p>The committee: Noted the contracts due for procurement decision and decide upon whether a business case is required. This will determine the appetite for renewal, extension, re-procurement or termination. Agreed for appropriate dates and forums for those contracts listed in the first table to have business cases presented to be agreed at the FRPG</p>	<p>NW</p> <p>NW</p> <p>SH</p> <p>NW</p> <p>SRO</p>
<p>9.</p>	<p>Minutes of the NWL shadow finance committee</p>	
<p>9.1</p>	<p>The committee noted the draft minutes.</p>	

10.	CWHHE Workforce Report	
10.1	The committee noted the report.	
11.	Any other Business	
11.1	No other business was discussed.	
Date of next meeting: Tuesday 27th November, 3.00 - 5.30 pm, St Paul's Church, Hammersmith		