

Minutes
FPQ Meeting
Wednesday 26 August 2015
10.30-12.00

31-37 Greenwich Park Street, Large Meeting room

PRESENT:

Maggie Buckell (MB)	Registered Nurse Member (Chair FPQ Committee)	NHS Greenwich
Annabel Burn (AB)	Chief Officer	NHS Greenwich
Chris Costa (CC)	Chief Finance Officer	NHS Greenwich
Diane Jones (DJ)	Director Integrated Governance	NHS Greenwich
Anu Knight-Jones (AKJ)	Associate Director Acute Contract CSU	CSU
Chris Soltysiak (CS)	Associate Director of Strategy and Performance	NHS Greenwich
Langley Gifford (LG)	Associate Director for Commissioning	NHS Greenwich
Sylvia Nyame (SN)	GP Executive	NHS Greenwich
Seelan Gunaseelan (SG)	Head of Finance	NHS Greenwich

IN ATTENDANCE

Honey Ajayi(HA)	Executive Assistant	NHS Greenwich
Mike Hyne	Management Accountant	Deloitte
Mike Parr	Risk Advisory Service	Deloitte
Simon Carr	Operational Management	Deloitte

APOLOGIES FOR ABSENCE

Jim Wintour	Lay Member	NHS Greenwich
Ellen Wright (EW)	Chair GCCG	NHS Greenwich
Sam Jones (SJ)	Director of Delivery and Service Transformation	NHS Greenwich
Simon Hall (SH)	Deputy Chief Officer	NHS Greenwich
Ranil Perera	GP Executive	NHS Greenwich

1.	WELCOME AND INTRODUCTIONS	ACTION
	The chair welcomed delegates to the meeting.	
2.	APOLOGIES FOR ABSENCE	
	As listed above.	
3.	DECLARATION OF INTEREST	
	None	
4.	TO AGREE MINUTES OF PREVIOUS MEETING	
	It was agreed that the minutes of the previous meeting held on 26 June is an accurate record.	
5.	MATTERS ARISING	
	None	
FINANCE & PERFORMANCE		
	<p>Finance and QIPP</p> <p>CC informed the Committee that the report was prepared based on available data, to provide an update on GCCG's financial position for the period ending 31st July 2015. Achievement of 1% surplus was achieved as agreed with NHSE.</p> <p>Financial plan not assured by NHSE. The following points were highlighted:</p> <ul style="list-style-type: none"> • CCG's reporting a 1% surplus the underlying position has deteriorated from surplus of £10.2m to an underlying deficit of £2.6m, possible reasons are cost pressures on contracting round and failure to deliver QIPP. • Use of previous year surplus to fund expenditure not allowed 	

	<p>and contravenes business rules.</p> <ul style="list-style-type: none"> • Projections presented to NHSE have changed materially throughout the planning submission. • Report attached under Appendix B further explains the deterioration of underlying position and changes required to move CCG back to underlying surplus. • CCG has updated the QIPP program, it will still generate recurrent savings of £7.3m by the end of the year. • CCG has set aside Non-Recurrent funds of 1% Head Room reserve and 0.5% Contingency reserve as required by NHSE. <p>It was note that acute contracts are overspending by £0.3m at month 4, £1.6m by the end of the year. GCCG on target to achieve surplus as planned.</p> <p>CC stated that regarding the Key Financial Indicator CCG achieved all. Except cash management showing red due to limited cash available, this has been exhausted. A meeting has been arranged with CSU to avoid reoccurrence.</p> <p>AB suggested an amber rating on page 5 that indicated CCG cash balance as red, CCG has pulled back investment with an over performance in non-elective.</p> <p>QIPP Programme – Original QIPP Plan is £7.3m, which reflects the Commissioning Plan to be submitted to NHSE. BCF working to a rounded figure of £2.3m.</p> <p>BCF – Report was completed on the 29th of August which reflects activities increasing. Reduction of Alliance investment shows £1.5m. £500,000 will be committed in 2015/16.</p> <p>CC informed the meeting BCF had an investment of £964,000. Other BCF investment – Care Home Support Team.</p> <p>MB inquired if investment of £964,000 has been formalised</p> <p>AB stated that the investment has been formalised through Section 75 agreement.</p> <p>AB requested the green rating in the report to be changed to amber.</p> <p>Action: CC to amend rating.</p>	<p style="text-align: center;">CC</p>
--	--	--

	<p>Integrated Report</p> <p>Growth in emergency admissions – pressure point with LGT. Contributing factors are :</p> <ul style="list-style-type: none"> • Pressure on LGT to improve A&E performance • Capacity created through reduced length of stay • Discharge improvements within the wider Health Community. <p>Every CCG is over performing against Kings contract due to increased referral to Primary Care.</p> <p>Month 4</p> <p>LG informed the Committee that there was an overspend of £949,000 including health care review plan. £100,000 under budget down to £449,000. Neuro-rehabilitation high cost care cost quarter of a million – reduction by 50% due to early clinical review.</p> <ul style="list-style-type: none"> • The overspend on CHC is due to three high cost patients in two care homes. • The over spend on Community Services is due to additional UCC activity at QEH and QMS. <p>DJ enquired about CCG AQP rate.</p> <p>Action: LG to investigate.</p> <p>AB requested an update on Neuro Rehab Patients by the next FPQ meeting.</p> <p>Action: LG to request information.</p> <p>Corporate Costs – it was noted there was an underspend on Non-Recurrent Programme – over spend of £57,000. £25,000 on depreciation and £32,000 on specialist service.</p> <p>MH queried the figure on page 15 of the report. AB advised SG to adjust the report.</p> <p>Action: SG to make necessary correction as required. To be attached to the minutes.</p>	<p>LG</p> <p>LG</p> <p>SG</p>
--	--	--

	<p>It was noted that pay performance had slipped in terms of value, due to a large invoice from RBG. Recovery Plan Report (For Information Only)</p> <p>Month 3 Performance Report</p> <p>CS Mental Health:</p> <ul style="list-style-type: none"> • New referrals into the Adult Mental Health service have increased in the last 3 months. <p>4 Hour Wait:</p> <ul style="list-style-type: none"> • QEH and LGT failed to meet the national target at 95%. Action plan in place. • Increase in attendance and admissions. • A&E recovery plan performance and LAS handovers continue to be monitored. <p>BCF scheme plan:</p> <ul style="list-style-type: none"> • Achieving target regarding performance payment. • Good BCF robust programme to focus on elderly pathway. <p>AB reported that 14 schemes were developed 2 years ago to be aligned with older person pathway. Investment is being held back on frail and elderly.</p> <p>CCG to submit a Quarter 1 submission to NHSE on the 29th of August 2015.</p> <p>Better Care Better Value(BCBV):</p> <ul style="list-style-type: none"> • Work in progress on how to avoid unavoidable admissions. <p>LAS:</p> <ul style="list-style-type: none"> • No 60 minute breaches reported for months May and June at UHL. • 60 Minute breaches decreased at QEH. • 30 minute breaches increased. • Ambulance handovers are monitored at System Resilience Group and Contract Management Board. 	
7.	ANY OTHER BUSINESS	
	None	

8.	BUDGET SETTING FRAMEWORK	
	Reflects the most recent plan submitted. Individual budgets out and signed.	
12.	Date of next meeting The next meeting date is 28 October 10.30 – 12.00 at Greenwich Park Street (Large Meeting Room).	