

**NHS CUMBRIA CLINICAL COMMISSIONING GROUP
MINUTES OF FINANCE & PERFORMANCE COMMITTEE
Wednesday 22 October 2014, 13:00-15:00
Meeting Room 1, Lonsdale Unit, Penrith Hospital**

Present:	Hugh Reeve Ruth Gildert Les Hanley Nigel Maguire Peter Rooney Jon Rush Peter Scott Charles Welbourn Anthony Woodyer	Clinical Chair (HR) (Chair) Nurse Member (RG) Lay Member for Health Improvement (LH) Chief Officer (NM) Director of Strategic Planning and Performance (PR) Lay Member (JR) Lay Member - Finance & Governance (PS) Chief Finance Officer (CW) Clinical Member (AW)
In Attendance:	Richard Garrett Sharon Kelly	Senior Management Assistant (RG) Head of Contracting (SK)

FP 27/14 **Agenda Item 1: Welcome and Apologies**

The Chair welcomed everyone to the meeting. An apology was received from David Rogers.

FP 28/14 **Agenda Item 2: Declarations of Interest**

HR declared a pecuniary interest on agenda item 5 (Network Investments) as he is a Director in a practice which could receive funds under this scheme.

FP 29/14 **Agenda Item 3: Minutes of the meeting held on 24 September 2014**

The minutes of the above meeting were approved as a true record.

FP 30/14 **Agenda Item 4: Action Log of the meeting held on 24 September 2014**

The actions were confirmed and updated accordingly.

FP 31/14 **Agenda Item 5: Network Investments**

CR and AG presented the report and gave an overview on the proposed network investments for North and South Cumbria. Approval of investments was to be agreed at this committee and a note be made of how the locality will spend the investment.

CR advised that pages 18,19 and 20 of the North Cumbria report described in detail savings that could be achieved from the investment. Page 47 also detailed the cases

that were looking to be approved.

General discussion took place regarding the cases for approval which ranged from a flexible medical officer to the use of tele-health in care homes. The use of tele-health involved using iPad's and could result in a reduction in admissions

In response to a question from JR, CR advised that although lots of projects are ongoing the evaluation of the work would be undertaken at 3 levels. These were:

- Locality
- North Cumbria wide
- Quantitate and qualitative.

The collation of statistics would be done with support by NECS. Following this PR also advised that the better care fund had 5 indicators of success ranging from if the programme was delivered to what impact it had. Using this data a decision would be made on if each individual project was viable to continue. AW advised that the targets were challenging and that it could have been difficult to measure effectiveness.

JR questioned the acute provider's involvement in this investment. CR advised that the North Cumbria programme board had involvement.

For South Cumbria AG advised that on page 2 of the South Cumbria report contained detailed figures on where the investment would be spent. General discussion took place regarding the investment and questions around co-ordination centers, single point of access and tissue viability nurses.

Resolved:

1. The locality investment plans be noted.
2. The planned network investment of £535,000 for South Cumbria be approved
3. The planned network investment of £899,000 for North Cumbria be approved

FP 32/14

Agenda Item 6: NECS Audit Report

CW presented the report and gave a brief overview on the audit. CW advised that the 2014/15 costed data at tariff was completed by NECS although work was ongoing at contract level in the reviewing of raw data.

SK stated that issues with personal identifiable data (PID) and the CCG not being able to access this data had caused difficulties/delays in analysing the statistics. A third party would be anonymising this in future. In response to a question from JR, CW advised that the collective CCG's had lobbied as a whole to get access to PID as it had a negative impact on being able to make decisions quickly. PS advised that the issue could be a focus on a future external audit review. CW agreed to discuss this with John Whitehouse.

General discussion regarding coding took place. PS advised that the CCG could no

longer check the coding for an individual and therefore the trust could code to an incorrect area. Overall activity was down but costs had gone up. This could be over the incorrect coding issue. It was agreed that an update be provided in the January meeting.

Resolved: The report was noted.

FP 33/14 **Agenda Item 7: Internal Audit Report:
Performance Monitoring & Management**

PR presented the internal audit report and explained how the CCG managed the monitoring of performance. Discussion took place around the contents of the report.

Resolved: The report was noted and approved

FP 34/14 **Agenda Item 8: Finance Report & Financial Recovery Plan**

CW discussed the significant cost pressures that the CCG were facing including drug and wound management cost. CW advised that the overseas visitors grant would not be applicable and was last implemented 2 years ago. GP prescribing cost had been reduced but overall CPFT costs had risen. The Continuing Health Care team were now meeting every two weeks to review packages.

Following discussions NM advised that the CCG were still yet to receive the trusts cost improvement plan. A formal letter was due to be sent W/C 27 October 2014. The trust was addressing the workforce issues.

Resolved: The report was noted.

FP 35/14 **Agenda Item 9: Performance Report**

PR presented the report advising that trend data was at the rear of the report, Cancer waiting times at UHMBT had met all the standards, and that issues with ambulance handovers and cancelled operations were detailed.

Resolved: The report was noted.

FP 36/14 **Agenda Item 10: Keys Messages for Staff**

1. Network investments
 - North
 - South
 2. Financial reporting
 3. Internal audit report
 4. Progress with NCUHT
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FP 37/14 **Agenda Item 14: Date and time of next meeting:**

7 January 2015, 10:00 Meeting Room 1, Lonsdale Unit, Penrith Hospital
