NHS Cambridgeshire and Peterborough Clinical Commissioning Group

MEETING:	CCG GOVERNING BODY MEETING IN PUBLIC
AGENDA ITEM:	3.1
DATE:	4 JUNE 2013
TITLE:	FINANCE & PERFORMANCE COMMITTEE OVERVIEW REPORT
FROM:	EDWARD LIBBEY, CHAIR, FINANCE AND PERFORMANCE COMMITTEE
FOR:	INFORMATION

1 ISSUE

- 1.1 The Finance and Performance Committee is a formal sub-committee of the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) Governing Body. It meets on a monthly basis and its aim is to monitor finance and performance on behalf of the Governing Body, to forecast future performance, and engender a high performance culture.
- 1.2 The last meeting of the CCG Finance and Performance Committee was held on 28 May 2013. A brief summary of the main issues raised at this meeting is set out below.
- 1.3 The minutes of the inaugural meeting held on 25 April 2013 are attached for Information at **Appendix A**.

2 STRATEGIC AIMS/ EQUALITY AND DIVERSITY GOALS AND CCG ASSURANCE FRAMEWORK REFERENCE

This report is linked to Strategic Aims 2 (Finance), 4 (Contracts Management & Performance) 6 (Governance). It is also linked to a number of CCG Assurance Framework Risks, including F1 – *risk to delivering financial balance*; F2 – *risks associated with on-going CHC claims process*; CMT1 – *risks to delivery of QIPP and System Reform Plan*; CMP2 – *failure to achieve key performance targets* and G2 – *Risk to on-going development of CCG Governance arrangements.*

The report is also linked to EDS Goal 4 – Inclusive leadership at all levels.

3 SUMMARY OVERVIEW OF THE MEETING

3.1 Monthly Finance Report

The Committee endorsed the new format adopted for the monthly finance report.

The CCG was reporting a year to date surplus of £192k, comprising £82k programme and £110k running costs. A year end surplus of £1M was being forecast, which was the control total agreed with NHS England. The Committee did however recognise that the information provided in Month 1 should to be viewed on the basis that only limited acute data was presently available and the Month 1 prescribing figures had not yet been received. A more detailed report would be available from Month 2.

A schedule of identified risks, not currently included within the CCG forecast, was seen as a helpful addition to the finance report. These risks would continue to be assessed and reported on a monthly basis. The reported shortfall in mitigations to offset these risks was noted. The Committee emphasised that strong focus would need to be given by the CCG to QIPP delivery and the robust management of contracts.

The Month 1 Finance report appears elsewhere on the Governing Body's agenda for consideration.

3.2 QIPP Reporting 2012/13

The Committee received the final QIPP 2013/13 progress report based on March 2013 YTD.

- There had been an increase in the total forecast outturn for QIPP of £369 since the April report. The forecast for the year was now £11,62961K, which equated to an overall negative variance of -£6832 against the revised 2012/13 Plan.
- The importance of working closely with all LCGs' to robustly monitor QIPP delivery and pre-empt any concerns or issues was highlighted.
- In terms of the LCG Quarterly review process the Committee discussed the pros and cons of an 'outside' GP attending LCG Quarterly Review Meetings. The intention was to increase support and scrutiny levels, although a concern was raised about the potential disruption this may have on maintaining consistency of representation.
- From next month QIPP delivery for 2013/14 will be reported on a monthly basis via a dashboard embedded in the Integrated Delivery plan.

3.3 Contract Negotiations Update 2013/14

An update on the Cambridgeshire and Peterborough- NHS Foundation Trust contract position was noted.

3.4 Integrated Delivery Report 2013/14

The Committee received and discussed the Integrated Delivery Report for 2013/14. This report appears elsewhere on the agenda for the Governing Body's consideration. The main points highlighted by the Committee were as follows

- While endorsing the reporting format and contents it would be important to develop a means of highlighting areas of data that were of specific interest to the LCGs'.
- Friends and family promoter the difference in performance between CUHFT and other Acute Trusts was highlighted.
- The CCG activity scorecard was identified as a key area where close and robust scrutiny will need to be maintained throughout the year.
- Provider profiles were highlighted as a key area requiring close scrutiny, not least because of the implications for the 2014/15 Quality Premiums. A need to add CPFT to the provider profiles was also identified.
- The LCG QIPP plan figures following a risk assessment of schemes
- Identified a possible need to increase focus on other areas of activity that presently had few QIPP schemes assigned to them e.g. Other Referrals.
- The Quality Premium scorecard and the implications of this year's performance for 2014/15.

3.5 CCG Governing Body Assurance Framework and Risk Register

The Committee received and commented on the CCG Governing Body Assurance Framework and Risk register.

The observation was made that further review of the scoring to ensure that it adequately reflected all of the controls and mitigations that had been assigned to the individual risks within the document.

4 **RECOMMENDATION**

- 4.1 The CCG Governing Body is asked to note the overview of the Finance and Performance Committee held on 28 May 2013.
- 4.2 The CCG Governing Body is asked to note the approved minutes of the meeting held on 25 April 2012 **Appendix A.**
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