

Wiltshire Clinical Commissioning Group
Governing Body Meeting – Public Session
Paper Summary Sheet
Date of Meeting: 23 July 2013

For: Decision Discussion Noting

Agenda Item and title:	GOV/13/07/16 Finance Committee Minutes - 14 May 2013
Author:	Simon Truelove, Chief Finance Officer
Lead Director/GP from CCG:	Simon Truelove, Chief Finance Officer
Executive summary:	The NHS Wiltshire CCG Governing Body is asked to note the Minutes of the Finance Committee.
Evidence in support of arguments:	The Minutes support the NHS Wiltshire CCG Governing Body's adoption of open and transparent processes.
Who has been involved/contributed:	Chief Finance Officer and Senior Managers of the Finance Committee.
Cross Reference to Strategic Objectives:	
Engagement and Involvement:	This paper will form part of the framework for public engagement.
Communications Issues:	Not exempt under FOI.
Financial Implications:	Wiltshire CCG has developed a balanced budget for 2013-14 which requires QIPP delivery of £9.3m to ensure delivery of its surplus target.
Review arrangements:	Bi-monthly Finance Committee Meetings.
Risk Management:	

National Policy/ Legislation:	
Equality & Diversity:	
Other External Assessment:	
Next steps:	The Governing Body is asked to note the minutes of the Finance Committee.

FINANCE COMMITTEE MEETING

Performance Meeting

HELD ON TUESDAY 14 May
At SOUTHGATE HOUSE

Present:

Stephen Rowlands (SR)	Chair
Deborah Fielding (DF)	Chief Officer
Simon Truelove (ST)	Chief Finance Officer
Steve Perkins (SP)	Deputy Chief Financial Officer
Peter Lucas (PL)	Lay Member
Toby Davies (TD)	GP
Steve Collins (SC)	Chief Accountant
Mark Harris (MH)	Director SARUM Group
Jo Cullen (JC)	Urgent Care Lead/WWYKD Representative

Doreen Wiltshire (notes)

Apologies:

Mike Relph
Ted Wilson

FIN/13/05/01 **Welcome and Apologies**

SR welcomed the members of the meeting and apologies were noted and introductions were made

FIN/13/05/02 **Declarations of Interest**

There were no declarations of interest.

FIN/13/05/03 **Terms of reference**

The TORs had been circulated for review prior to the meeting.

ST told the meeting that as the Finance Committee meetings are bi-monthly, there may be a need for quick discussions, comments and emails outside of the meetings.

Any decisions that are required outside the meeting would be transacted using the scheme of delegation.

ST emphasised the need for GP on the committee to be the link between the Groups and the Governing Body to ensure that the future commitments are understood and owned by the clinical membership.

SR enquired if one Lay Person was sufficient representation on the committee.

PL said that due to the finite resource of Lay members and sitting on other committees it would be difficult to have any more representatives. There will be no restriction in the number of Lay members, and the committee would welcome attendance.

There were no amendments and the meeting agreed to accept the TORs.

Action: The Finance Committee accepted the Terms of Reference

FIN/13/05/04 **Work Plan for 2013/14**

ST presented the Draft Finance Committee Work Plan for 2013-14, which has previously been circulated. The workplan follows the guidelines produced by the Healthcare Financial Management Association, and is a requirement of the NHS Wiltshire CCG constitution

The tasks and actions that are outlined in the workplan will enable the Finance Committee to fulfil their obligations as a sub-committee of the NHS Wiltshire CCG.

The workplan will be reviewed annually.

The plan was based on the Audit and Assurance Committee. The first element is based on standard reporting. ST will produce the plan for SR to ratify, with a summary of actions to the Governing Body.

Action: The Finance Committee agreed to accept the work plan.

FIN/13/05/5 **Review of 2013-14 Budget**

SP presented the paper, which had been previously circulated. The report to the CCG Finance Committee describes the Budget setting process for the financial year 13-14. The budget represents the funding made available and the investment priorities and savings as outlined within the clear and credible plan. The CCG is planning for a 1% surplus of £5 million. Key risks are associated with not delivering the planned level of surplus or the required levels of QIPP savings. This will be mitigated through analysis of areas that overspend and challenge to identify causes and corrective actions. QIPP delivery will be supported through the close monitoring of plans with leads and the Project management office.

PL asked if the Budget has been signed off. ST said that NHS South of England, were happy with the submitted plan and had no concerns about the financial planning, there seems to be a lighter touch than previously experienced.

There is a 7 day reporting cycle of performance monitored by NHS England.

SR expressed concern around the proposed changes to the way we pay the council, and is there any way we can hold the council to account.

The previous S256 agreement was in place, with the Council. The CCG are uncertain what the new mechanism may be. Currently Health & Social Care funding comes through the CCG to pass on to the Local Authority. Current indications are that this route may change, confirmation is awaited.

The budget includes anticipated adjustment with Specialist Commissioning, many of which are still being worked through. e.g. Critical Care, Neuro Rehab.

DF raised concerns on the 2% headroom on the Urgent Care Agenda and the Integrated Care Agenda, and will NHS England dictate how we have to spend the headroom.

The Financial plan submitted, included assessment of headroom expenditure. The Local Area Teams have indicated the CCG can authorise locally, but may have to seek LAT approval in some instances.

Action: The Finance Committee agreed the Budget Setting process for 2013-14.

FIN/13/05/06 Review of Reserves and Investments

SP presented the paper to report on the reserves of the CCG in 2013/14, which had previously been circulated. CCG reserves will be used to support service redesign, delivery of the planned surplus and risk mitigation. Application of reserves are to be reviewed by the Finance Committee. The CCG contingency reserve will be used to manage risks associated with the non-delivery of the planned level of surplus or the required levels of QIPP savings.

Wiltshire have a balanced financial position, but if the £9.2 million QIPP savings are not achieved the reserves would be required to balance the financial position.

Reserves held for specific developments will be released into contractual positions once contract variations have been signed.

Contingent reserves will be released by the Chief Financial Officer to ensure that the CCG delivers against its planned surplus position.

Uncommitted headroom reserves will be released in following the completion of a business case pro-form and agreement from either the Chief Officer or the Chief Financial Officer. In certain situations it may also be necessary to seek approval from NHS England.

PL said that in the current environment would it be advisable to spend as quickly as possible. So that the CCG decides what funding is spent on.

The CCG needs to review expenditure monitoring with Local authority to ensure delivery against required outcomes of money invested.

Actions: The Finance Committee noted the status of the CCG's reserves in 2013/14.

FIN/13/02/07 Assessing investments and process for agreeing future investments.

Pro Forma standardise the approach to link with the Project Management Office.
To deliver what we are asking it to do.

FIN/13/02/08 Integrated Single Financial Environment Update: (ISFE)

SC presented the report to the Finance Committee on the implementation of ISFE.

The CCG financial reporting, payment and procurement processes are linked to the successful implementatin of ISFE. Updates and process are to be reviewed by the Finance Committee.

There need to be close liaison with the National Commissioning Board and Commissioning Support Unit to ensure that updates and amendments to ISFE are discussed and successfully implemented with the CCG.

All Wiltshire CCG budgets have been successfully loaded into the ISFE system by the deadline 3.5.13. SBS are investigating a current issue with regards to loading of staff whole time equivalent budgets.

NHS England have loaded all Wiltshire CCG's GP Practice names as the lead GP's name, we are trying via the Area Team to have this changed to Practice names. This is to make payments more straight forward and prevent duplicate payments.. Wiltshire CCG had done a lot of work to ensure providers were paid in time but unfortunately some practice payments were delayed. JC enquired if all practices had now been paid. SC informed the meeting that CCG can now make payments via the Exeter system.

CSCSU have recently sent a letter to NHS England highlighting some of the key issues that need resolving with ISFE

- Lack of Core Oracle live balances report which allows accounts to extract live transaction data from the ledger.
- NHS England currently only allows 4 CSU users the availability to write tailored reports for the CSU itself, and all the CSU it provides a service to.
- Lack of Analysis 1 , which was the only flexibility for recording and reporting expenditure, has caused difficulty in allocating specific budgets to managers. This had meant that in order to adequately control the CCG's spend, cost centres have had to be used for purposes other than they were intended. Delays in issuing Analysis 1 codes will result in additional recoding work when codes are eventually released.

In order to track the process there are regular weekly conference call in order to track the progress of ISFE implementation and resolve issues experienced. A progress review meeting is planned for the end of May.

Action: The Finance Committee noted the status of the ISFE implementation.

Dates of the Next meetings

- **10 September**
- **12 November**
- **14 January 2014**
- **11 March 2014**