

Wirral Clinical Commissioning Group
Governing Body Board Meeting – A meeting in public
Tuesday 4th December 2012
1300 - 1500
Nightingale Meeting Room, Old Market House

AGENDA

Ref No	Time	No	Papers
	1300	1.	PRELIMINARY BUSINESS
GB12-13/106		1.1	Apologies for Absence
GB12-13/107		1.2	Chair's Announcements
GB12-13/108		1.3	Declarations of Interest
GB12-13/109		1.4	Comments/questions from members of the public
GB12-13/110		1.5	Minutes of previous meetings: <ul style="list-style-type: none"> • Meeting held on 6th November 2012 • Meeting held on 20th November 2012
		1.6	Matters Arising/Actions Points: <ul style="list-style-type: none"> • Meeting held on 20th November 2012
			<div style="text-align: right;">  Final minutes from GB meeting - Public M </div> <div style="text-align: right; margin-top: 20px;">  Final minutes of Public Extra Ordinary </div> <div style="text-align: right; margin-top: 20px;">  Actions Points from PUBLIC GBB Meeting : </div>

	1330	2.	ITEMS FOR APPROVAL	
GB12-13/111		2.1		
	1430	3.	ITEMS FOR INFORMATION	
GB12-13/112		3.1	Finance & Performance Report (Mark Bakewell)	 GBB M7 Finance  GBB Wirral CCG Cover Sheet 4th Dec Finance Report- Mont  Copy of GBB Wirral CCG Performance Apj
GB12-13/113		3.2	Minutes for Noting <ul style="list-style-type: none"> • Wirral GP Commissioning Consortium of 23rd October 2012 • Wirral Health Commissioning Consortium of 17th October 2012 • Wirral Alliance Commissioning Consortium of: 6th September 2012 4th October 2012 • Quality, Performance & Finance Committee of 31st October 2012 	 WGPCC Executive Board Minutes 23 10  WHCC Executive Board Minutes 17101:  WACC Executive Board Meeting - APPF  WACC Executive Board Meeting -Final  Final QPF minutes of 31st October 2012 v1
	1450	4.	RISK REGISTER	
GB12-13/114		4.1	Items to be included onto the Risk Register (Mark Bakewell)	To follow
	1500	5.	ANY OTHER BUSINESS	
GB12-13/115				

		6.	DATE AND TIME OF NEXT MEETING
			<p>The date of the next meeting is:</p> <p>Tuesday 8th January 2013, 1300 – 1500. Duncan Meeting Room, Old Market House.</p> <p>Please forward apologies to:</p> <p>Julie.stamper@wirral.nhs.uk</p>

**WIRRAL CLINICAL COMMISSIONING GROUP
GOVERNING BODY BOARD MEETING
Minutes of Meeting held in Public**

**Tuesday 6th November 2012 at 1300hrs
Nightingale Room, Old Market House**

Present:

Dr P Jennings (PJ)	Designate Chair WCCG
Dr A Mantgani (AM)	Designate Clinical Chief Officer WCCG
Dr J Oates (JO)	Chair Wirral GP Consortium
Dr A Ali (AA)	GP Executive Wirral GP Consortium
Dr P Naylor (PN)	Chair Wirral Health Consortium
Dr M Green (MG)	Chair Wirral Alliance Consortium
Dr Sue Wells (SW)	GP Executive Wirral Health Consortium
Lorna Quigley (LQ)	Interim Chief Operating Officer WCCG
Mark Bakewell (MB)	Designate Chief Finance Officer WCCG
Andrew Cooper (AC)	Chief Officer Wirral Health Consortium
James Kay (JK)	Lay Advisor (Governance and Audit)
Christine Campbell (CC)	Chief Officer Wirral GP Consortium (Acting)
Andy Smethurst	Secondary Care Doctor
Simon Wagener	Lay Advisor (Patient Cahmpion)

In Attendance:

Jo Scott (JS)	Secretary
Alex Dalgarno	head of Corporate Affairs(CWW PCT)

1 member of the public attended the meeting

Ref No.	Minute
GB12-13/076	<p>Preliminary Business</p> <p>1.1 Apologies for absence</p> <p>Apologies were received from Fiona Johnstone and Graham Hodkinson and Iain Stewart</p> <p>WCCG Chair introduced Dr Andy Smethurst, Secondary Care Doctor to the Governing Body Board and also welcomed Alex Dalgarno, Head of Corporate Affairs.</p> <p>WCCG Chair welcomed the member of the general public to the meeting.</p> <p>The public member was provided with an overview of the agenda and the format of the meeting.</p>
GB12-13/077	<p>1.2 Declarations of interest</p> <p>There were no declarations of interest.</p>

Ref No.	Minute
<p>GB12-13/078</p> <p>GB12-13/079</p>	<p>1.3 Comments/questions from members of the public</p> <p>There were no comments or questions from the member of the public.</p> <p>1.4 Minutes and Action Points of the Last Meeting dated the 4th September 2012</p> <p>Members raised the following points regarding the minutes of the last meeting held on 4th September 2012:</p> <p>Action Point Page 1 – Dr Sue Wells was in attendance at the last meetings Page 2 –Typing error – the use of the word ‘min’ instead of ‘mini’. Page 3 – no Page 4, 5 and 6 – no</p> <p>The WCCG Chair signed the minutes of as a true and accurate record.</p>
<p>GB12-13/080</p> <p>GB12-13/081</p>	<p>2. ITEMS FOR APPROVAL</p> <p>2.1 Audit Committee Terms of Reference</p> <p>JK (Chair of the Audit and Governance Committee) requested the board approve the setting up of a governance and Audit Committee which would replace the task and finish audit group that was developed since summer.</p> <p>A set of terms of reference have been developed for the Governing Body to approve. Discussion took place around representatives at this committee. The board was assured with the adoption of these terms of reference, there is good representation at the committee</p> <p>A suggestion was that the Quorum be moved into the membership area.</p> <p>The following amendment made, the governing body approved the terms of reference and the formation of the Audit committee.</p> <p>2.2 Engagement & Communication Strategy</p> <p>LQ Presented the Engagement & Communication Strategy to the Governing Body Board which was tabled at the last Governing Body.</p> <p>There were several points noted:</p> <p>Pg 14 – 9.2 Discussion took place regarding the role of the patient champion which is to be a critical friend an overseer, not to have a responsibility for... this would be amended to reflect the discussion.</p> <p>Typographical errors were notes and will be amended.</p> <p>Discussion took place regarding the use social media sites e.g. twitter as in terms of getting the message across, this will be explored</p> <p>The Engagement and Communication Policy was approved with the amendments as discussed.</p>

Ref No.	Minute
	<p>the 2012/13 financial year. This includes a PCT running cost element of £9.9m resulting in commissioning expenditure of £457.4m.</p> <p>Details of the original PCT QIPP plan approved by DH as part of £20 billion national requirements are as per below with the figure for Wirral being circa £105m over 4 years given the inclusion of tariff efficiency, cash releasing and cost avoidance savings.</p> <p>The Governing Body noted:</p> <ul style="list-style-type: none"> • The financial position as at the end of September • The requirement for the CCG to develop agree and implement spending plans • The potential risks identified 2012/13. financial performance and contingency reserves held to mitigate performance issues.
GB12-13/086	<p>3.5 Minutes for Noting</p> <p>Wirral GP Commissioning Consortium – September 2012</p> <p>Wirral Health Commissioning Consortium – September 2012 -</p> <p>Wirral Alliance Commissioning Consortium – September 2012 – Minutes of the meeting were submitted to the Board but due to technical difficulties these will now be included in the agenda for the next Governing Body meeting along with the minutes for July 2012.</p> <p>Quality, Performance and Finance Minutes – September 2012</p>
	<p>5. RISK REGISTER</p>
GB12-13/087	<p>5.1 Items to be included onto the Risk Register</p> <p>MB provided an overview of the risk register and the individual risks identified</p> <p>For review on scoring. Red Performance.</p> <p>A new risk was identified – Care Commissioned out of Hospital/ Continuing Health Care. This is to be added to the risk register.</p>
	<p>6. ANY OTHER BUSINESS</p>
GB12-13/088	<p>No Other Business</p>
	<p>7. DATE AND TIME OF NEXT MEETING</p>
GB12-13/089	<p>Date and Time of Next Meeting</p> <p>The date and time of the next meeting is Tuesday 4th December 2012 at 1300hrs in the Nightingale Room, Old Market House.</p> <p>Please send any apologies to: Julie.Stamper@wirral.nhs.uk</p>

**Wirral Clinical Commissioning Group
Extra Ordinary Governing Body Meeting**

Minutes of Public Meeting Held on

**Tuesday 20th November 2012 at 0900
Albert Lodge, Wallasey**

Present:

Dr P Jennings (PJ)	Designated Chairman WCCG
Lorna Quigley (LQ)	Chief Officer WCCG
James Kay (JK)	Lay Advisor (Audit & Governance)
Mark Bakewell (MB)	Interim Chief Finance Officer WCCG
Fiona Johnstone (FJ)	Director of Public Health
Christine Campbell (CC)	Acting Chief Officer Wirral GP Consortium
Simon Wagener (SW)	Lay Advisor (Patient Champion)
Dr A Ali (AA)	GP Executive Wirral GP Consortium
Dr J Oates (JO)	Chair Wirral GP Consortium
Dr A Smethurst (AS)	Secondary Care Doctor
Dr P Naylor (PN)	Chair Wirral Health Consortium
Andrew Cooper (AC)	Chief Officer Wirral Health Consortium
Dr M Green (MG)	Chair Wirral Alliance Consortium
Iain Stewart (IS)	Chief Officer Wirral Alliance Consortium

In attendance:

Julie Stamper (JS)	Board Support Assistant (taking minutes)
Mr A Dalgarno (AD)	NHS CWW

Guests for agenda item:

Val McGee (VM)	CWP
Dr Parhi	CWP
Neal Fenna (NF)	CWP

Apologies:

Dr A Mantgani (AM)	Designated Accountable Officer WCCG
Dr S Wells (SW)	GP Executive Wirral Health Consortium

REF NO	MINUTE	ACTION
1.	PRELIMINARY BUSINESS	
GB12-13/091	Apologies for absence were noted as above.	

GB12-13/092	<u>Chair's Announcements:</u> No announcements to be made apart from a letter from the LMC being added to the agenda under Any Other Business.	
GB12-13/093	<u>Declarations of Interest:</u> There were no declarations of interest declared.	
GB12-13/094	<u>Comments/questions from members of the public:</u> There were no members of the public in attendance.	
GB12-13/095	<p><u>Minutes of Previous Meeting:</u></p> <p>Page 5: The first paragraph needs to be re-worded as follows:-</p> <p>JK emphasised that a key risk which the cover document needs to emphasis is the risk to the most vulnerable members of our society and that we may not be adequately safeguarding their interests. He also pointed out that the equality impact assessment screening tool had not been completed.</p> <p>Following these amendments the minutes were recorded as an accurate record.</p> <p><u>Matters Arising/Actions Points:</u></p> <ul style="list-style-type: none"> • Equality & Diversity paper has to be completed. • Safeguarding policies have been amended as per minutes. 	
2.	ITEMS FOR APPROVAL	
GB12-13/096	<p><u>Organisational Development Plan:</u> LQ presented the Organisational Development Plan and gave a brief overview. The plan sets out the first phase of development for the CCG Governing Body focusing on the strengths and areas required for development.</p> <p>During the diagnostic workshop areas of competence have been clearly defined, in addition to areas that have been highlighted that require further development. These areas need to be worked on in order for the organisation to mature.</p> <p>The CCG is currently undertaking the recruitment process and it is anticipated that as a result of this, there will be changes made to the plan.</p> <p>MB referred the members to page 10 of the plan and pointed out that the financial values were not quite correct. These will be amended.</p> <p>With regard to the diagnostic work the meeting was advised that the plan should be read as a whole and not just the summary as it is an extremely interesting document. It was agreed that this would be useful to be undertaken in the new year with the new Board members present.</p>	LQ

	<p>PJ added that one of the key line enquiries coming through from the Authorisation Panels relates to Organisational Development Plans. It was acknowledged that there is a requirement to have individual Development Plans as evidence that can be incorporated into the appraisals of the Governing Body Board members. PJ will work with LQ to evidence this piece of work in preparation of the Authorisation Panel site visit in December.</p> <p>LQ has asked the Governing Body to approve phase one of the plan and support and participate in the work required to undertake phase two. This was approved.</p>	PJ/LQ
GB12-13/097	<p><u>BME Plan:</u> LQ presented the BME report which presents the background, findings and recommendations of a BME Community Engagement Workshop which was jointly hosted by The Wirral Ethnic Health Advisory Group (WEHAG) and NHS Wirral in March 2012.</p> <p>The event provided an important opportunity for all those who attended to consider the NHS plans to address equality and diversity in delivering health care and driving forward service improvements.</p> <p>The BME Plan raised discussion within the Governing Body and the workshop gave an insight into the barriers for the ethnic society. It was felt on the whole that there are access problems for ethnic groups in general practice along with translation problems and the booking of interpreters. It was agreed that more up to date population information would be helpful in order to gain a greater understanding of the demographic.</p> <p>LQ asked the members to note the report today and to support the development of a BME Strategy which will inform the development of the CCG Equality & Diversity Strategy.</p> <p>The Governing Body noted the report. SW is keen to participate and take forward on behalf of the Board. PN will meet with SW to discuss.</p>	PN/SW
3.	ITEMS FOR INFORMATION	
GB12-13/098	<p><u>Community Mental Health Team Consultation:</u> CC introduced the team from CWP who came to give their presentation of the Proposed Changes to Community Services in Adult Mental Health.</p> <p>VM gave an overview of the Trust's services included in the presentation. A public consultation started on 4th September and the results are being forwarded to Liverpool University for analysis. The Consultation and all supporting evidence is available on the Trust's website.</p> <p>Continuity of care was discussed and Dr Parhi assured the Board that the Review Team includes practitioners and that patients can be assured that their care remains constant.</p>	

	<p>The issue of professional teams, looking at discharges and ensuring that mental health patients are not bounced back to general practice was raised. Dr Parhi assured the members today that the new pathway is looking at improving this service to ensure it doesn't impact on general practice.</p> <p>PbR was discussed relating to care and input to patients. Financial modelling has been carried out along with a change in the delivery of care. CWP are actively seeking community venues to make it easier to see patients out in the community. The majority of assessments are hoping to be carried out in 24 hours.</p> <p>PJ thanked CWP for attending today and asked the members of the Board to liaise with CC if they have more questions.</p>	
4.	RISK REGISTER	
GB12-13/099	<p>Risk Register: MB presented the Risk Register which now includes a trend column to track through previous months which had been suggested at previous Quality, Performance & Finance meetings and Governing Body Board meetings.</p> <p>All risks have been captured and there are no new risks apart from the Operational Meeting held 19th November regarding the 111 Project which shows there are other risks to the system. MB informed the members that Sarah Quinn has recently met with the NHS Direct Team regarding the 111 Project. MB will update at the next meeting as appropriate.</p> <p>MB informed the members that the risks on the today's Register are all current and are reviewed continuously. They are included on the agenda for discussion. As and when they are completed appropriate actions will be taken.</p> <p>JK reminded MB that we need to include Information Governance on the Risk Register. MB will do this as a matter of urgency.</p>	<p>MB</p> <p>MB</p>
5.	ANY OTHER BUSINESS	
	<ul style="list-style-type: none"> FJ questioned if the risks around cost efficiencies options within the Local authority are being impacted assessed by the CCG, as this could potentially pose a great risk. <p>FJ feels we need to include this into the Joint Commissioning meetings. Over budget by about £6m with another £60m in future years which will have a year on year impact. This will now be included on the Risk Register.</p> <p>FJ suggested that feedback is worthwhile, especially as a CCG. PJ asked for the options to be circulated within the Governing Body members.</p>	MB

	<p>JK suggested a member of the Governing Body review these budget options and feedback to the Governing Body. PJ asked LQ and MB to work on this.</p> <p>It was therefore decided that the Consortia should link in with Public Health Dept (Julie Webster, Deputy Director of Public Health) and that the Information Team should be involved as a matter of urgency to investigate the potential impact. LQ, MB and PJ to prepare a draft response for approval.</p> <p>JK to send an electronic copy of the ethical standards for the NHS Board. JS to circulate to all members of the Governing Body Board.</p>	<p>LQ/MB</p> <p>LQ/MB/ PJ</p> <p>JK/JS</p>
6.	DATE AND TIME OF NEXT MEETING	
	<p>The next meeting of the Governing Body Board will take place on Tuesday 4th December 2012, 1300 – 1500 Nightingale Meeting Room, Old Market House.</p> <p>Please email apologies to: Julie.stamper@wirral.nhs.uk</p>	

Governing Body Board Meeting
Held on Tuesday 20th November 2012

Action Point – Public Meeting

Item Number	Action Points	Responsibility
	PUBLIC MEETING	
GB12-13/096	Financial values on page 10 of the Organisational Development Plan will be amended.	Lorna Quigley
GB12-13/096	Individual Development Plans to be evidenced as a piece of work prior to the Authorisation Visit in December.	Lorna Quigley/ Phil Jennings
GB12-13/097	BME Plan – Pete Naylor and Simon Wagener to take forward on behalf of the Board.	Pete Naylor/ Simon Wagener
GB12-13/099	Update regarding 111 Project.	Mark Bakewell
GB12-13/099	To include Information Governance on the Risk Register.	Mark Bakewell
Any other Business	<ul style="list-style-type: none"> • To include cost efficiencies options into the Joint Commissioning meetings on to the Risk Register. • To review budget options. • Consortia to link in with Public Health to investigate the potential impact. Draft a response for approval. • Circulate Ethical Standards for the NHS Board to members of the Governing Body. 	<p>Mark Bakewell</p> <p>Mark Bakewell/ Lorna Quigley</p> <p>Lorna Quigley/ Mark Bakewell/ Phil Jennings</p> <p>James Kay/ Julie Stamper</p>

Finance Report Month 7 – October, 2012/13 Financial Year			
Agenda Item:	3.1	Reference:	GBB12-13/113
Report to:	Governing Body Board Meeting	Meeting Date:	4 th December 2012
Lead Officer:	Mark Bakewell		
Contributors:			
Governance:	Link to Commissioning Strategy	Sound financial control is essential to the CCG strategy and is directly linked to the delivery of the CCG Commissioning and Operational Plan for the financial year.	
	Link to current governing body Objectives	To achieve financial control total with sound financial management.	
Summary:	This report updates the CCG on the financial performance against budgeted allocation for 2012/13 as at Month 7 (October) 2012		
Recommendation:	To Approve		
	To Note		X
	Comments		
Next Steps:	Continuation of performance monitoring through the remainder of the financial year		

*This section is an assessment of the **impact** of the proposal/item. As such, it identifies the significant risks, issues and exceptions against the identified areas. Each area must contain sufficient (written in full sentences) but succinct information to allow the Board to make informed decisions. It should also make reference to the impact on the proposal/item if the Board rejects the recommended decision.*

What are the implications for the following (please state if not applicable):	
Financial	The report sets out the financial performance within the CCG for 2012/13 financial year
Value For Money	All expenditure plans are subject to an ongoing value for money review
Risk	The report details the key financial risks for the financial year and these will be monitored in year as part of the reporting process
Legal	Legal advice is sought on financial issues as and when required.
Workforce	The financial plan includes budgeted “running costs” expenditure and is reflective of the respective workforce implications in these areas
Equality & Human Rights	Financial Plans will consider as appropriate the equality impact assessment for proposals within the budgeted expenditure

Patient and Public Involvement (PPI)	Budgets include funding to ensure continued involvement of patients and public in CCG decisions.
Partnership Working	The CCG works with a number of NHS Trusts and the Local Authority on a number of its commissioning budgets.
Performance Indicators	The plan reflects the planned achievement of statutory financial duties.
Do you agree that this document can be published on the website? (If not, please note that it may still be subject to disclosure under Freedom of Information - Freedom of Information Exemptions)	

This section gives details not only of where the actual paper has previously been submitted and what the outcome was but also of its development path ie. other papers that are directly related to the current paper under discussion.

Report History/Development Path				
Report Name	Reference	Submitted to	Date	Brief Summary of Outcome
Financial Plan		Governing Body	8 th May 2012	
Financial Plan		QPF	29 th November 2012	

Private Business

The Board may exclude the public from a meeting whenever publicity (on the item under discussion) would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution. If this applied, items must be submitted to the private business section of the Board (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960).

The definition of “prejudicial” is where the information is of a type the publication of which may be inappropriate or damaging to an identifiable person or organisation or otherwise contrary to the public interest or which relates to the provision of legal advice (for example clinical care information or employment details of an identifiable individual or commercially confidential information relating to a private sector organisation).

If a report is deemed to be for private business, please note that the tick in the box, indicating whether it can be published on the website, must be changed to a x.

If you require any additional information please contact the Lead Director/Officer.

NHS Wirral Clinical Commissioning Group

Finance Report for the period 1st April 2012 to 31st October 2012

Introduction

1. This report sets out the financial position for NHS Wirral Clinical Commissioning Group (Wirral CCG) as at the end of October (Month 7) within the 2012/13 financial year.

Resources

2. The total budget allocated to Wirral CCG for the year is £467 million from within the overall PCT baseline of £660 million. Based on the federated model approach a number of budgets are aligned to the Governing Body (£136m) to be managed on an economy wide basis and the remaining budgets devolved to the combined consortia (£332m). This is usually where practice level information is available and performance is based on actual activity (using GP Registration for individual patients).

Financial performance

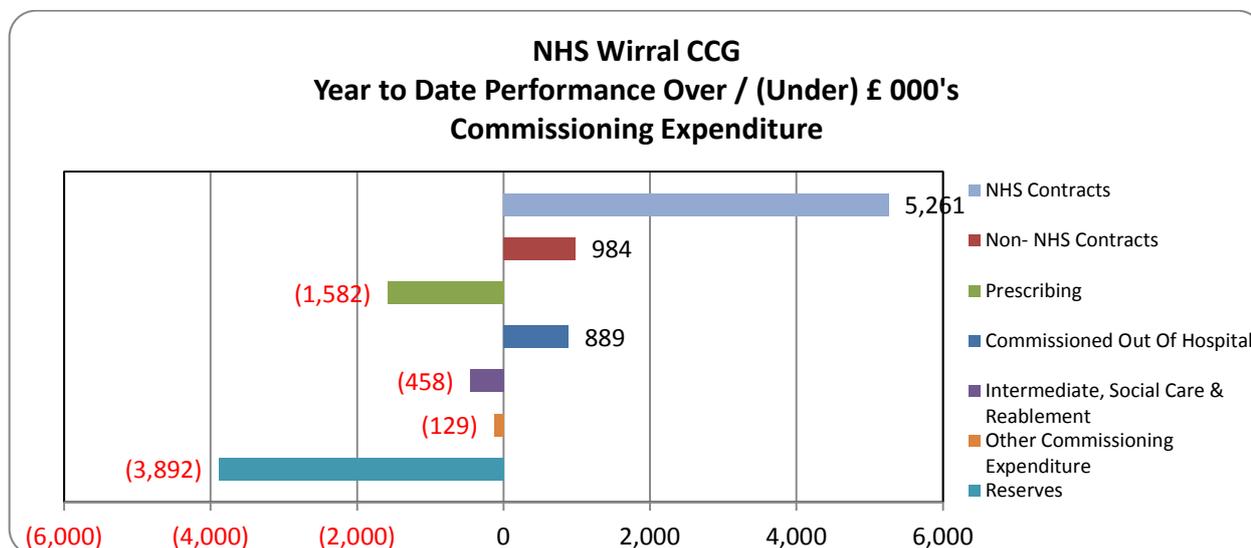
3. As at the end of October (Month 7) the year to date position for Wirral CCG is an overspend of £0.5m with over performance against commissioning expenditure of £1.07m offset by an under performance against running costs of £0.58m
4. This compares to the September Month 6 position of £1.0m overspend, with the overall movement of being mainly due further increase to over performance on the Wirral University Teaching Hospitals FT contract (WUTH) being offset by further under spends on prescribing budgets, continued release of contingency reserves and further release of earmarked reserves
5. The year to date variance position between Governing Body and the combined consortia is an overspend at divisional level of £3.99m with the Governing Body underspent by £3.49m.
6. A year to date overall Financial Summary for Wirral CCG is available in Appendix 1. The table below shows the performance variances at month 7:

YTD variance	Combined Consortia £ 000	Governing Body £ 000	Total Wirral CCG £000
Commissioning Expenditure	4,290	(3,217)	1,073
Running costs	(295)	(282)	(577)
TOTAL	3,995	(3,499)	496

7. Appendix 2 shows the Divisonal Financial Summary including a summary for each of the consortia. The performance variance year to date for the consortia is shown in the table below:

YTD variance	WGPCC £ 000	WHCC £ 000	WACC £ 000	Total Wirral CCG £000
Commissioning Expenditure	300	3,931	93	4,290
Running costs	(156)	(92)	(47)	(295)
TOTAL	144	3,839	46	3,995

8. Narrative regarding financial performance is reported on an exception basis according to variation against planned levels of expenditure. More detailed information is included in Appendices 3 to 6.
9. Year to date variance from budget for the CCG is analysed below:



NHS Contracts

10. The overall CCG performance position in relation to NHS contracts shows an overspend at month 7 of £5.26m primarily being due to over performance on the Wirral University Teaching Hospitals NHS Foundation Trust (WUTH) contract of £5.13m at divisional level.
11. The year to date position is based on actual activity as at Month 6 (as per table below) £4.1m over performance with a pro-rata adjustment to equate to month 7 position and application of estimated contract adjustments for re-admissions / outpatient follow-up ratios as appropriate (again based on the month 6 actual activity position).

WUTH Point of Delivery	YTD Actual Performance as at M6 Sept 2012 Over / (Under) £ 000's	YTD Actual Performance as at M5 Aug 2012 Over / (Under) £ 000's
Elective	917	504
Non-Elective	1,446	1,434
Outpatient Attendances	831	608
Outpatient Procedures	562	433
A&E	(4)	28
PbR Total	3,752	3,007
Non-PbR Total	408	578
POD Total	4,160	3,586

12. The point of delivery above shows over performance across the majority of areas. The most significant financial pressure is focused on the non-elective performance at the provider, however there are signs that the elective over performance is beginning to increase to a material level and referral information from earlier in the year would suggest this is likely to increase
13. Further work is being currently being undertaken to investigate the underlying causes and divisional / practice reviews are being conducted to review at a detailed level.

14. Performance on other NHS contracts shows a combined overspend of £134k with over performance on the North West Ambulance Service contract of £147k, Warrington and Halton Hospital £41k, Christie £35k, Countess of Chester £34k, Aintree £30k being offset by continued underperformance on the Clatterbridge Cancer Centre (CCC) contract of £183k.

Non-NHS Contracts

15. At month 7 Non NHS Contracts are over spent to date by £984k (previous month £733k) based on a number of factors as outlined below.
16. Firstly the backlog of patients transferring to “Spire” due to 18 week RTT targets from earlier in the financial year (£179k). Specialist Care (Health Treatment Panel) is also overspent £121k.
17. Over performance against planned levels of activity also exist against the Independent Midwifery One to One provider £325k for ante / post natal care, Spa Medica (Ophthalmology Cataracts) £193k, and the “Spire” contract for patient choice referrals (non RTT Backlog patients) £66k.

Prescribing

18. Prescribing expenditure is currently providing the CCG with a year to date underspend of £1.58m (previous month £1.25m). There is an over performance of those budgets managed at Governing Body level of £121k due in the main to Amber Drugs which is being offset by underperformance at divisional level of £1.7m. The performance position is based on five month’s actual data with two months estimated costs for September and October.
19. Further data is still required in order to make an accurate assessment of potential forecast outturn levels of expenditure and there remain a number of planning assumptions which have still yet to tested against actual expenditure incurred.

Commissioned Out of Hospital

20. Commissioned “out of hospital” budgets are £889k overspent at month 7. The main drivers for the over performance remain within the Continuing Healthcare section with Older People (£180k) and Physical Disabilities (£149k), and all Joint Funded packages (£427k) being offset by underperformance on Funded Registered Nursing Care (FRNC) of £146k.

Reserves

21. Reserves are underspent by £3.89m at Month 7 which is due to the release of the contingency element and a number of earmarked reserves which are available for release.

Running Costs

22. There is an underspend of £577k in relation to running costs at month 7 mainly due to clinical backfill reported at consortia level. This is a favourable in month movement of £119k. A review with the individual consortia leads is on-going to ensure all approved expenditure is being captured within the position.

Forecast Outturn

23. Although a number of commissioning budgets are over performing as at the end of October 2012 the CCG remains on target to achieve a balanced position against its allocation.
24. One of the key performance drivers to the financial performance position remains around the WUTH contract and as such, given the current intelligence regarding contract performance, has been extended within the forecast outturn position to the value of £8.0m (previous month £7.0m).
25. This has been offset by further improvement in the prescribing position (£0.6m) and forecast requirements of the intermediate care budget (£0.4m)
26. Management of the year end position given the current assumptions would be set out as per the below:

NHS Wirral Clinical Commissioning Group				
Financial Summary - 2012/13				
Month 7	Annual Budget	Forecast Variance	Forecast Variance M6	movement
	£'000	£'000	£'000	£'000
Clinical Commissioning Groups (CCG)				
NHS Contracts	330,125	8,206	7,120	1,086
Non-NHS Contracts	12,570	1,793	1,530	262
Prescribing	59,815	(2,702)	(2,047)	(655)
Commissioned Out of Hospital	29,361	1,225	1,284	(59)
Intermediate, Social Care & Reablement	8,847	(532)	(132)	(400)
Other Commissioning Expenditure	8,646	(207)	(110)	(97)
Reserves	8,192	(7,061)	(6,775)	(286)
Cost Improvement Programme	0	0	0	0
Total CCG Commissioning Expenditure	457,556	721	869	(148)
Running Costs	9,939	(721)	(869)	148
Overall CCG	467,495	(0)	0	(0)

27. It should be noted that the performance position however does restrict the ability to support new additional commissioning investments and as such the relative value in the contingency and other reserve has been released to offset the contract over performance although this becomes less of a factor as the financial year progresses

Financial Risk

28. The CCG's Financial Plans identified the main areas of financial risk in terms of performance for the year and an overall CCG Risk with regards to financial performance.

Original Risk Identified	Potential Risk Value	Degree of Forecast Risk	Current Forecast Performance	Degree of Forecast Risk
Packages of Care	£1.0 million	●	£1.2m	●

Performance on Secondary Care Contracts (WUTH)	£3.0 million		£8.0m	
Prescribing	£1.2 million		(£2.7m)	
Cost Efficiencies	£6.2 million		Linked to other risks as embedded within contracts but managed via contingency	

Degree of Forecast Risk – Assessed as

Red Over performance > 2%

Amber Over performance > 1%

Green Minimal Risk (Forecast Underperformance or low value)

29. Risks will be subject to constant review as more information becomes available regarding performance against planned levels of expenditure.

Conclusion

30. The Executive Board is asked to note:

- the financial position as at the end of October 2012
- the requirement for the CCG to review its uncommitted spending plans to judge for potential slippage
- the potential risks identified for 2012/13 financial performance and contingency reserves held to mitigate performance issues.
- the forecast outturn position for 2012/13

Mark Bakewell

Chief Financial Officer

NHS Wirral Clinical Commissioning Group

21st November 2012

NHS Wirral Clinical Commissioning Group

Financial Summary - 2012/13

Month 7	Annual Budget	Budget To Date	Spend To Date	Variance	Prior Mth	Change In	Forecast
					YTD	YTD	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Clinical Commissioning Groups(CCG)							
NHS Contracts	330,125	189,985	195,246	5,261	4,283	978	8,206
Non-NHS Contracts	12,570	6,982	7,966	984	733	251	1,793
Prescribing	59,815	34,969	33,387	(1,582)	(1,253)	(328)	(2,702)
Commissioned Out of Hospital	29,361	17,002	17,891	889	518	371	1,225
Intermediate, Social Care & Reablement	8,847	5,093	4,635	(458)	(83)	(376)	(532)
Other Commissioning Expenditure	8,646	3,889	3,760	(129)	(154)	25	(207)
Reserves	8,192	4,565	673	(3,892)	(2,584)	(1,307)	(7,061)
Cost Improvement Programme	0	0	0	0	0	0	0
Total CCG Commissioning Expenditure	457,556	262,485	263,558	1,073	1,458	(385)	721
Running Costs	9,939	5,828	5,251	(577)	(458)	(119)	(721)
Overall CCG	467,495	268,313	268,809	495	1,000	(504)	(0)

NHS Wirral Clinical Commissioning Group

Governing Body Financial Summary - 2012/13

Month 7	Annual Budget	Budget To Date	Spend To Date	Variance	Prior Mth	Change In	Forecast
					YTD	YTD	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Clinical Commissioning Groups(CCG)							
NHS Contracts	67,767	39,131	39,129	(1)	48	(50)	241
Non-NHS Contracts	3,647	2,125	2,248	123	39	84	42
Prescribing	9,533	5,529	5,650	121	105	16	67
Commissioned Out of Hospital	29,361	17,002	17,891	889	518	371	1,225
Intermediate, Social Care & Reablement	8,847	5,093	4,635	(458)	(83)	(376)	(532)
Other Commissioning Expenditure	88	11	12	1	0	1	0
Reserves	8,192	4,565	673	(3,892)	(2,584)	(1,307)	(7,061)
Cost Improvement Programme	0	0	0	0	0	0	0
Total CCG Commissioning Expenditure	127,437	73,456	70,239	(3,217)	(1,957)	(1,260)	(6,019)
Running Costs	8,182	4,807	4,526	(282)	(199)	(83)	(289)
Total Governing Body CCG	135,619	78,263	74,764	(3,499)	(2,157)	(1,342)	(6,308)

NHS Wirral Clinical Commissioning Group

Divisional Financial Summary - 2012/13

Month 7	Annual Budget	Budget To Date	Spend To Date	Variance	Prior Mth	Change In	Forecast
					YTD	YTD	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Clinical Commissioning Groups(CCG)							
NHS Contracts	262,357	150,854	156,116	5,262	4,234	1,028	7,966
Non-NHS Contracts	8,923	4,857	5,718	860	694	167	1,750
Prescribing	50,282	29,440	27,738	(1,702)	(1,358)	(344)	(2,769)
Commissioned Out of Hospital	0	0	0	0	0	0	0
Intermediate, Social Care & Reablement	0	0	0	0	0	0	0
Other Commissioning Expenditure	8,558	3,878	3,748	(131)	(154)	24	(207)
Reserves	0	0	0	0	0	0	0
Cost Improvement Programme	0	0	0	0	0	0	0
Total CCG Commissioning Expenditure	330,119	189,029	193,319	4,290	3,416	874	6,740
Running Costs	1,757	1,021	725	(295)	(259)	(36)	(432)
Total Division CCG	331,876	190,050	194,045	3,995	3,157	838	6,308

**WIRRAL GP COMMISSIONING CONSORTIUM
EXECUTIVE BOARD MEETING
Minutes of Meeting**

**Tuesday 23rd October 2012, 7pm
Nightingale Room, Old Market House**

Present: Dr John Oates (JO) Chair
 Dr Navaid Alam (NA) GP Lead
 Dr Akhtar Ali (AA) GP Lead
 Christine Campbell (CC) Chief Officer (Acting)
 Chandra Dodgson (CDo) Finance Lead
 Dr Denyse Kershaw (DK) GP Lead
 Dr Hannah McKay (HM) GP Lead
 Dr Abhi Mantgani (AM) Clinical Chief Officer – Wirral CCG
 Ann Riley (AR) Nurse Member
 Dr Pankaj Srivastava (PS) GP Lead

In attendance:

Carol Diamond (CD) Commissioning Support Manager
 Kerry Hogan (KH) Commissioning & Engagement Support Manager

Ref No.	Minute
WGPC/EB/12-13/0051	<p>1.1 Apologies for absence</p> <p>Apologies were received from John Callcott, Graham Hodkinson, Karen Hornby, Fiona Johnstone, Lysa Morton. They had also been received by Dr Earl, who had been due to attend to present item 3.1.</p>
	<p>1.2 Declarations of interest</p> <p>Declaration of interest was made in relation to item 2.3 by Dr Mantgani, Ann Riley, Dr Oates, Dr Srivastava, Dr Kershaw and Dr McKay, as their practices are members of Peninsula Health LLP, which is one of the Primary Care Mental Health providers described within the report.</p> <p>It was agreed that item 3.1 could only be approved in principle, as the scheme proposed involves a payment to general practice.</p>
	<p>1.3 Public Comments/Questions</p> <p>There were no members of the public present.</p>
	<p>1.4 Minutes from the last meeting</p> <p>The minutes from the last meeting were agreed to be a true record of the meeting.</p> <p><u>Matters Arising</u></p> <p>The Orthotics proposal may be slightly delayed as the most appropriate procurement route is determined, with support from the Commissioning Support Unit (CSU)</p>

Ref No.	Minute
	<p>The Over 65s template has not yet been installed in practices, and it was agreed that this could be detrimental to practices' ability to take up the scheme. There is also some uncertainty over the code that will be used to determine achievement / payment.</p> <p>Action – Sarah Quinn to determine if there is an alternative way of the template being installed in practices – ie via a memory stick / e-mail as opposed to installation by the data analysts. SQ also to clarify code that will be used to determine achievement / payment.</p> <p><u>Action Points</u></p> <p>Interface form – CD to arrange slot on operational team meeting</p> <p>Discharge form – last discharge planning meeting was cancelled, so this will be rolled forward</p> <p>Care home paper – Sarah hasn't completed this yet, so to be rolled forward</p> <p>Text messaging – action plan wording to be amended to read 'other Consortia to be advised that WGPCC is offering this service to their practices'</p> <p>Patient representative – the WGPCC Patient Council Executive Board has been asked for applications to be a lay representative on the Board, in addition to Eddy Shallcross, but no applications have yet been received.</p> <p>All other actions were acknowledged as complete.</p>
	<p>1.5 Minutes for Noting</p> <p>The minutes of the Governing Body meeting held on the 4th September, and of the Patient Council Executive Board meeting held on the 9th October, were noted.</p>
<p>WGPCC/EB/ 12-13/0052</p>	<p>2.1 Use of Commissioning Resources</p> <p>CC explained to Members that the report sets out the total resource available to the Consortium in each of its budgets. The key point to bring to members' attention is that, whilst much of the resource available to the Consortium has been committed to schemes, for various reasons some of these resources have not yet been spent. If the resource cannot be spent before the end of the financial year, there is the risk that the resource will be lost and the associated scheme may not be implemented.</p> <p>Of greater concern is the fact that only 50% of practice level resources have been committed to schemes. CD advised that practices are frequently reminded of the need to commit resources as soon as possible, and that a deadline of 30th November has been set for returning proposals. Several members commented that practice managers were having difficulties in putting together proposals within the timeframe. There may be some practices that could benefit from a greater resource, but it was agreed that no further resources could be given until after the 30th November, although practices in this position could be asked to prepare a proposal in readiness.</p> <p>Members agreed that one useful way to allocate any unspent resources could be to block purchase activity for new referrals in specialties that are approaching the 18-week target at Wirral Hospital Trust.</p> <p>Action – CD to determine the specialties for which patients are waiting the longest for a procedure or outpatient appointment for this Consortium.</p>

Ref No.	Minute
	<p>It was clarified that invoices can be submitted prospectively for proposals, rather than practices having to incur expense first.</p> <p>Action – CD and CDo to work together on a form of words to advise practices of this.</p> <p>Action – CD to provide JO, AM and CC with a list of each practice’s current commitment of resources and expenditure, and to bring a further report to the next meeting of this Board.</p>
	<p>2.2 Quality Performance Indicators 2012-13 Update Report</p> <p>CD updated the Members on the progress of the commissioning visits undertaken to date. Teehey Lane had been the only practice not to attend a visit, and Woodchurch MC was the only practice to have failed to submit the required report. It was clarified that these practices would not be paid for these elements of the QOF indicators.</p> <p>It was agreed that the Chair should contact both practices to express concern on this matter and to offer any support that may be required. It was also agreed that a GP Board Member should visit each practice to discuss any issues that the practice may have.</p> <p>Action - JO to write letter to Teehey Lane and Woodchurch MC</p> <p>CC asked if a report could be produced that groups the themes of the issues raised during the practice visit, for instance, by specialty or provider, to ensure that none of this important intelligence is lost.</p> <p>Action - CD to produce report on themes of issues raised at practice visits.</p>
	<p>2.3 Primary Care Mental Health Progress Report October 2012</p> <p>KH explained that the contracts with the providers of Primary Care Mental Health had been in place since 1 November 2011.</p> <p>Providers are required to submit data on key performance indicators, including waiting times and number of DNA (Did Not Attends).</p> <p>MHCO and CWP are meeting the waiting time and DNA targets that have been set by WGPCC and by the national IAPT (Improving Access to Psychological Therapies) team.</p> <p>However, Peninsula Health LLP, which provides services to 21 of the 27 Member Practices, has consistently failed to meet these targets and, although an improvement has been demonstrated within the past month, patients are still waiting for much longer than acceptable for a first appointment.</p> <p>Contract monitoring meetings have been held on a monthly basis with Peninsula Health, and an action plan has been developed and agreed to meet these specific issues. However, given the consistent poor performance against these targets, it is recommended that this issue is placed on the WGPCC Risk Register.</p> <p>CC welcomed this approach, as waiting times are under national scrutiny, and as such are becoming increasingly of focus for the CCG, and therefore it is vital to provide assurance that the Consortium has identified this matter and is taking all possible measures to improve this service for patients.</p> <p>All members agreed with this matter being added to the risk register; furthermore, the following actions were agreed in respect of Peninsula:</p>

Ref No.	Minute
	<ul style="list-style-type: none"> - KPI data to be requested on a weekly basis - Contract monitoring meetings to be held on a bi-weekly basis, and with the support of Dr Ali, as the GP Mental Health Lead - Waiting times to be provided broken down according to the length of time that patients have waited, and per step, and per practice. - JO and CC are to send a letter on behalf of this Board to advise that the matter has been brought to its attention, and will be added to the Risk Register - KH to bring an updated position to the next meeting of this Board.
WGPPCC/EB/12-13/0053	<p>3.1 Cancer Incentive Scheme</p> <p>CD explained that this scheme had been developed by Dr Earl in her role as WGPCC MacMillan Cancer GP Facilitator, to achieve the National Awareness and Early Diagnosis (NAEDI) Programme. Practices are required to undertake audits of their cancer diagnoses to determine if patients could have been picked up at an earlier stage. Practices would be required to meet with the MacMillan Lead GP and to agree to an action plan. A payment would be available for this.</p> <p>After discussion, it was agreed that there was some crossover with the Cancer Charter that is being discussed Wirral-wide, and that this scheme needed to focus on the audit aspect. An incentive scheme may not be the most appropriate way to do this. The Board supported the principle of the scheme but asked that CD determines any duplication with the Cancer Charter, and explores an alternative way of supporting practices to meet with Dr Earl and completing the required audits.</p> <p>JO suggested that it may be difficult for Dr Earl to accommodate two practice visits, per practice, before the end of March. It was therefore agreed that practices should be asked to complete one visit before the end of March, with the second visit date to be agreed.</p> <p>Action: CD to explore alternative way of supporting practices to achieve this scheme</p>
WGPPCC/EB/12-13/0054	<p>4.1 Financial Budget 12/13</p> <p>Members were advised that the WGPCC position had deteriorated since last month, although we were still forecast to be underspent by the end of the financial year. CDo ran through the areas of current overperformance.</p> <p>DK queried why Ophthalmology had not been included in the 'locally commissioned schemes' list, and also asked if the Rheumatology heading was comparing like-for-like under both Providers. CDo agreed to look into this.</p> <p>JO suggested that it would be useful to understand if patients that were transferred from WUTH to Spire under the waiting list initiative, and referred back to WUTH for follow-up, were being classed as a new appointment.</p> <p>It was clarified that practices are able to refer patients to any acute Trust under the Patient choice scheme – this includes Spire. All agreed that it would be useful to receive information detailing waiting lists at main providers for key specialties, along with exclusion criteria – this used to be sent to practices on a monthly basis but has stopped.</p> <p>Action: CD to pull together a report for practices on referral options</p> <p>PS asked if anyone had any difficulty in arranging an Orthoptist appointment. Currently all referrals are going through WUTH, at which there is a long waiting time for an Ophthalmology</p>

Ref No.	Minute
	<p>assessment. AM advised that this is taken through the Ophthalmic QIPP team, for which PS is clinical lead.</p> <p>Action – PS to consider access to Orthoptics through the Ophthalmic QIPP team.</p>
	<p>4.2 Patient Council and Engagement Update</p> <p>CC explained that Capsticks is facilitating a workshop for the Consortium to form the basis of its engagement strategy. It was hoped that as many Board members as possible will attend.</p> <p>Patient Council Executive Board Members were keen for the Consortium to issue another newsletter to all patient households. Following discussion, it was agreed that this would have the biggest impact if issued following the Christmas period.</p>
	<p>4.3 Public Health</p> <p>No update was given.</p>
	<p>4.4 Executive Nurse Update</p> <p>AR explained that she had been working with KH to undertake a training needs analysis of nurses, with a view to putting a training programme in place for the next year, prioritising those areas that they nurses had highlighted as being key.</p> <p>A link has also been made with the Infection Control team to ensure that AR is made aware of any training dates.</p> <p>It was agreed that it would be useful to have a Wirral CCG bulletin, rather than a Cluster one, to ensure that all messages relayed are relevant to our practices, and that practices are more engaged.</p>
	<p>4.5 Practice Manager Update</p> <p>No update was given.</p>
	<p>4.6 Social Services / Local Authority Update</p> <p>No update was given.</p>
	<p>4.7 Items for Risk Register</p> <p>The ability of Peninsula Health LLP to meet its contractual targets for waiting times was added to the risk register.</p>
<p>WGPPC/EB/ 12-13/0055</p>	<p>5. Summary of Actions</p> <p>The summary of actions is enclosed as a separate report.</p>
<p>WGPPC/EB/ 12-13/0056</p>	<p>6. Summary of Financial Approvals</p> <p>No financial approval was given.</p>
<p>WGPPC/EB/ 12-13/0057</p>	<p>7. Any Other business</p> <p>No other business was discussed.</p>

Ref No.	Minute
	<p>8. Private Business</p> <p>There was no private business discussed.</p>
	<p>9. Date and Time of Next Meeting</p> <p>The date and time of the next meeting is Tuesday 20th November 2012, 7.00pm in the Nightingale Room, Old Market House, Birkenhead.</p> <p>Please send any apologies to Anita Fletcher on anita.fletcher@wirral.nhs.uk</p>

The meeting finished at 9 pm

**WIRRAL HEALTH COMMISSIONING CONSORTIUM
EXECUTIVE COMMITTEE
Minutes of Meeting**

**Wednesday 17th October 2012
Albert Lodge - Victoria Central Health Centre**

Present:	Dr Pete Naylor (Chair)	Chair
	Andrew Cooper	Chief Officer
	Dr Paula Cowan	GP Executive Lead
	Dr David Jones	GP Executive Lead
	Dr Sean Magennis	GP Executive Lead
	Dr Sue Wells	GP Executive Lead
	Mrs Louise Morris	Finance Lead
	Mrs Anita Swift	Practice Manager Representative
	Carol Heath	Practice Nurse Representative
	Mrs Angela Carter	Patient Forum Representative
	Councillor Phil Davies	Non Executive Director (attended part of meeting)

In Attendance:

Mrs Sheena Hennell	Commissioning Manager
Mrs Wendy Holmes	Executive Assistant

Ref No	Minute
WHCC/EB/ 12-13/0049	1.1 Apologies for Absence Apologies were received from Dr Shyamal Mukherjee, Graham Hodgkinson and Public Health.
WHCC/EB/ 12-13/0050	1.2 Declarations of Interest There were no declarations of interest.
WHCC/EB/ 12-13/0051	1.3 Public Comments/Questions No members of the public attended the meeting.
WHCC/EB/ 12-13/0052	1.4 Minutes from the last meeting The minutes from the last meeting were reviewed and accepted as an accurate reflection.

Ref No	Minute
	<p><u>Matters Arising</u></p> <p>In response to a query regarding an update on the Long Term Conditions and Mental Health LES presented at the last meeting, it was advised that the paper will be presented at the Approvals Committee.</p> <p><u>Actions</u></p> <p>2.3: Falls in Care Homes – discussions with DASS are taking place. WGPCC and Alliance have agreed to share costs with WHCC.</p> <p>3.1: Palliative Care Worker – letters have been sent out and Norma Ovens contacted regarding decision. It has been agreed to extend to end of December (2 days/week t end of November and then 1 day/week to end of December).</p>
<p>WHCC/EB/ 12-13/0053</p>	<p>2.1 Pathways for Life Pilot</p> <p>The Board was requested to consider a proposal for funding of the Pathways for Life Pilot which has been approved by Business Development Group.</p> <p>The pilot focuses on three key areas for lifestyles. A presentation is available upon request. The programme builds an online community of support for lifestyle problems and is open to everyone. It empowers patients to self care in an innovative way.</p> <p>The Board was advised that it requires a lot of local intelligence to succeed. Voluntary & Community Action Wirral (VCAW) have been contacted as they already run a similar model. This is a collaboration of private, public and voluntary / community sectors.</p> <p>The Chief Officer reported that Wirral GP Commissioning Consortium (WGPCC) and Wirral Alliance Commissioning Consortium (WACC) have both agreed to join WHCC in a Wirral wide project.</p> <p>Maintenance costs of £10k were queried; it was agreed that maintenance costs should be negotiated as part of the overall package. It was suggested that VCAW should work collaboratively with the private provider to develop an integrated product.</p> <p>It was felt that if the pilot was approved a demonstration at GP Members Committee would be beneficial to promote the model to GPs and demonstrate how it works.</p> <p>It was queried whether Local Authority and Public Health were involved in the pilot. It was highlighted that The Director of Public Health was involved in initial discussions and was supportive of the direction of travel; however, the Local Authority were not contributing to the development at this time.</p> <p>The Patient Forum Representative volunteered the services of the forum to review the website and give feedback from the patient perspective. The Commissioning Manager agreed to discuss this with ICE Web Developers.</p> <p>ICE are in discussions with Department of Health on this project. No one else is currently providing such a service - WHCC will be the first to trial. The onus will be on all content contributors to ensure the data on the site remains current.</p>

Ref No	Minute
	<p>Costs will be negotiated as VCAW are involved and grant monies may be available. Wirral wide costs will reduce the cost to WHCC. It was agreed that costings should be revised if the pilot is approved.</p> <p>It was agreed that a feedback section would be useful on the site, i.e. a “Like” and “Dislike” button.</p> <p>Councillor Phil Davies arrived at this point in the meeting.</p> <p>The project will enable patients to take ownership of their own health and empower them.</p> <p>The Board approved the proposal. Next steps are to take to Operational Group to discuss collaborating with other divisions.</p> <p>Action – <i>Costings to be reviewed subject to approval for a Wirral wide service.</i></p> <p>Action – <i>Demonstration of website at GP Members Committee to be arranged.</i></p> <p>Action – <i>Patient Forum involvement to be explored with ICE Web Developers for input and feedback on website.</i></p>
WHCC/EB/ 12-13/0054	<p>4.1 Finance Update</p> <p>Total WHCC budget is £156m based on a fair shares approach. The consortium is £2.77m overspent – the position continues to worsen during the month by £690k, mainly due to WUTH over performance.</p> <p>NHS Contract overspent by £2.8m.</p> <p>Year to date position is based on actual activity as at month 4, with a pro rata adjustment to give a month 5 position and the application of estimated contract adjustments for re-admissions/outpatient follow up ratios as appropriate.</p> <p>Non-NHS Contracts overspent by £290k.</p> <p>Prescribing underspend is £69k based on 3 months actual and 2 months estimates.</p> <p>At month 5 running costs are underspent by £75k.</p> <p>Consortium investment funding £1.44m available - spend to date is £366k.</p> <p>There is no change to the financial risk that was presented last month.</p> <p>Following a query from Councillor Davies on the action taken to reduce consortium overspend, he was assured that various pieces of work were taking place, including practice visits to review data and share best practice. There is evidence of practices engaging significantly with the process to manage referrals and a willingness to learn from peers.</p> <p>It was agreed that the practice visit reports would be forwarded to GP Board members for</p>

Ref No	Minute
	<p>noting / disseminating at cluster meetings.</p> <p>Schemes are having an impact and WHCC have received awards for Telehealth and COPD services.</p> <p>A discussion followed on public health campaigns that have encouraged patients to visit their GP and resulted in an increase in referral figures. It was advised that practices are working hard to refer appropriately.</p> <p>Audiology overspend was queried. Finance Lead agreed to investigate.</p> <p>Action – Finance Lead to investigate audiology overspend.</p> <p>Action – Practice visit reports to be sent to Board for information (Chief Officer/Executive Assistant)</p>
WHCC/EB/ 12-13/0055	<p>4.2 Items for Risk Log</p> <p>There were no items to add to the Risk Log.</p>
WHCC/EB/ 12-13/0056	<p>4.3 Risk Register</p> <p>The Risk Register has been updated and was formally noted by the Board.</p> <p>Item 001 – carried forward Item 007 – monitored monthly Item 008 – new risk identified recently and being monitored Item 009 – controls listed on register</p> <p>Actions from practice visits – anything of great significance will be sent out.</p>
WHCC/EB/ 12-13/0057	<p>5.1 Subgroup Minutes for Noting</p> <p>The minutes from the August meetings of the sub-committees were noted.</p>
WHCC/EB/ 12-13/0058	<p>6. Summary of Actions</p> <p>Please refer to action points attached.</p>
WHCC/EB/ 12-13/0059	<p>7. Summary of Financial Approvals</p> <p>The Summary of Financial Approvals was noted by the Board.</p> <p>Dr Wells queried whether there was any information on outcomes and was advised that the Business Development Group pick up schemes. A quarterly report of data is produced and it was agreed that this will be reported at the next Board.</p> <p>Action – Quarterly report of schemes to be reported at next meeting.</p>

Ref No	Minute
WHCC/EB/ 12-13/0060	<p data-bbox="240 226 587 259">8. Any Other Business</p> <p data-bbox="240 297 1520 369">The Practice Manager Representative advised that the Calm and Create pilot has been booked for the next Practice Manager meeting.</p> <p data-bbox="240 409 730 443">No other business was discussed.</p>
	<p data-bbox="240 486 711 519">Date and Time of Next Meeting</p> <p data-bbox="240 557 1520 629">The date and time of the next meeting is Wednesday 21st November 2012, 1.00pm at Albert Lodge, Victoria Central Health Centre.</p> <p data-bbox="240 669 1366 703">Please send any apologies to Wendy Holmes on wendy.holmes@wirral.nhs.uk</p>

**WIRRAL ALLIANCE COMMISSIONING CONSORTIUM
EXECUTIVE BOARD MEETING
Minutes of Meeting**

**Thursday 6th September 2012
Civic Medical Centre, Bebington**

Present:

Iain Stewart	WACC Chief Officer
Dr Mark Green	St Hilary Brow Group Practice (Chair)
Dr Bryan Conlan	The Orchard Surgery
Dr Helen Downs	Civic Medical Centre
Dr M Salahuddin	Gladstone Medical Centre
Dr Richard Williams	Riverside Surgery
Dr Ivan Camphor	Heatherlands Medical Centre
Michael Roach	Non-Executive Advisor

In Attendance:

Allison Hayes	WACC Executive Assistant
Paul Wormald	Strategic Information Analyst
Allan Stewart	Civic Medical Centre (Practice Manager)
Dr James Kingsland	St Hilary Brow Group Practice

Ref No.	Minute
WACC/EB/ 12-13/0017	<p>Preliminary Business</p> <p>1.1 Apologies for absence</p> <p>Apologies were received from Dr Gillian Francis and Fiona Johnstone.</p>
	<p>1.2 Declarations of interest</p> <p>Dr Camphor declared his interest with regards to Heatherlands Medical Centre's practice proposal. Dr Mark Green declared his interest with regards to St Hilary Brow's practice proposal.</p> <p>1.3 Minutes and Action Points of Previous Meeting/Matters Arising</p> <p>The minutes from the previous meeting held on 8th August 2012 were agreed to a true record of the meeting and were proposed by Dr Salahuddin and seconded by Dr Williams.</p> <p>Action Points – Please see action point summary attached.</p> <p>1.4 Chair Report</p> <p>WACC Chair provided a group with an update regarding the developments of the Wirral Clinical Commissioning Group and the initiatives and investments currently being implemented and discussed. Members briefly discussed the Memory Assessment LES and also the Improvements Grant Scheme. Members requested that information is sought regarding the number of bids that were applied for, how many bids were approved and the total overall spend on bids accepted.</p> <p>WACC Chair requested the groups thoughts around 'earned autonomy' and 'devolved</p>

Ref No.	Minute
	<p>responsibilities' and a discussion took place around these.</p> <p>WACC Chair sought approval from members with regards to holding an away day to look at referrals and how to improve them.</p> <p>Members agreed to hold a PLT session to look at how to better manage referrals.</p>
WACC/EB/ 12-13/0018	<p>Items for Discussion</p> <p>2.1 Envisage Coda - NUMED</p> <p>WACC Practice Manager representative gave an update regarding the service and provided members with information around the implementation of the service.</p>
WACC/EB/ 12-13/0019	<p>Items for Approval</p> <p>3.1 Heatherlands Medical Centre Practice Proposal</p> <p>Members were provided with an overview of the proposals for a Minor Injuries Service for patients at Heatherlands Medical Centre.</p> <p>WACC Board members approved the proposal providing regular audits are undertaken of the service.</p> <p>3.2 St Hilary Brow Group Practice</p> <p>Dr Kingsland gave a presentation to the group regarding an Urgent Care Evaluation.</p> <p>Members agreed the proposal in principal subject to WACC Management Team receiving the completed proposal documentation.</p>
WACC/EB/ 12-13/0020	<p>Items for Information</p> <p>4.1 Quality, Performance and Finance</p> <p>Members were asked to review and consider the contents of the current finance report circulated prior to the meeting and the data provided by the information team.</p> <p>4.2 Risk Register</p> <p>Members discussed the contents of the risk register.</p>
WACC/EB/ 12-13/0021	<p>5.0 Subcommittees minutes for noting</p> <p>The minutes from the subcommittees meetings were noted.</p>
	<p>6.0 Summary of Actions</p> <p>Please refer to action points attached.</p>
	<p>7.0 Any other Business</p> <p>Practices were asked to review the Practice Development Scheme.</p> <p>Members agreed for St Hilary Brow Group Practice to produce a proposal for a member of staff to review WACC constituent practices MIS data and to integrate HRG codes.</p>
	<p>Private Business</p>
	<p>8.0 Date and Time of Next Meeting</p> <p>The date and time of the next meeting is Thursday 4th October 2012, 3pm at Civic Medical</p>

Ref No.	Minute
	<p data-bbox="244 226 911 259"><i>Centre, Civic Way, Bebington, Wirral CH63 7RX</i></p> <p data-bbox="244 293 1235 327">Please send any apologies to Allison Hayes on allison.hayes@wirral.nhs.uk</p>

**WIRRAL ALLIANCE COMMISSIONING CONSORTIUM
EXECUTIVE BOARD MEETING
Minutes of Meeting**

**Thursday 4TH October 2012
Civic Medical Centre, Bebington**

Present:

Dr Mark Green	St Hilary Group Practice (Chair)
Dr Bryan Conlan	The Orchard Surgery
Dr Helen Downs	Civic Medical Centre
Dr Gillian Francis	Spital Surgery
Dr M Salahuddin	Gladstone Medical Centre
Dr Richard Williams	Riverside Surgery
Dr Ivan Camphor	Heatherlands Medical Centre
Iain Stewart	WACC Chief Officer
Michael Roach	Non-Executive Advisor

In Attendance:

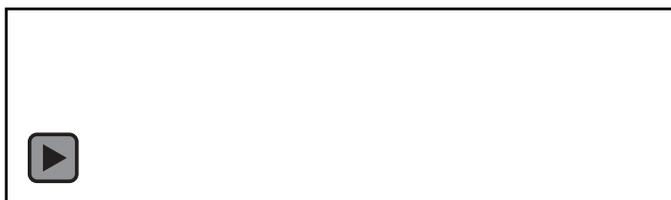
Dr Abhi Mantgani	Designate Clinical Chief Officer, NHS Wirral CCG
Matt Gilmore	Strategic Information Analyst
Louise Morris	Finance Link, CWW CSU
Allan Stewart	Practice Manager representative
Dr James Kingsland	St Hilary Brow Group Practice
Sheena Wood	Commissioning Manager

Ref No.	Minute
WACC/EB/ 12-13/0022	<p>Preliminary Business</p> <p>The Chair introduced Dr Mantgani, the designate Clinical Chief Officer for NHS Wirral CCG who provided a brief update on progress towards authorisation and overall organisation development.</p> <p>Key messages were; deadline for stakeholder survey submissions was extended to 10th October 2012 and practice members are encouraged to complete the survey; budget performance at local acute hospital is a concern but that the respective divisions are implementing plans including practice visits during October; Wirral-wide non-recurring investment plans are being implemented.</p> <p>Dr Downs asked about the public consultation for changes to mental health services by Cheshire Wirral Partnership NHS Trust and was the CCG involved given the substantial consequences of their proposal. Dr Mantgani confirmed that the CCG was involved albeit at a later stage of proposal development than he would have preferred and that he had registered the CCG concerns with the Health & Wellbeing Board. He assured the board that the CCG would ensure quality of services to patients is not compromised by the proposal. GP member stated that mental health services investment had been neglected for too long. Dr Mantgani stressed that the Divisions have significant decisions to take in the future with regard to re-commissioning alternative providers where appropriate and supported by patients.</p> <p>Chair thanked Dr Mantgani for his update – Dr Mantgani left the meeting.</p>

Ref No.	Minute
	<p>1.1 Apologies for absence</p> <p>Apologies were received from Allison Hayes and Fiona Johnstone.</p>
	<p>1.2 Declarations of interest</p> <p>Dr Salahuddin declared his interest with regards to his practice proposal. Dr Mark Green declared his interest with regards to his practice proposal. Michael Roach declared his interest with regards to the COPD Mental Health proposal.</p> <p>1.3 Minutes and Action Points of Previous Meeting/Matters Arising</p> <p>Subject to the following amendment, that on page 1 under section 1.4, the word “dissolved” is amended to “devolved” then minutes from the previous meeting held on 6th September 2012 were agreed as a true record of the meeting and were proposed by Dr Salahuddin and seconded by Dr Conlan.</p> <p>Action Points – All points deferred to next meeting.</p> <p>1.4 Chair Report</p> <p>Chair provided a group with an update regarding the developments of NHS Wirral Clinical Commissioning Group regarding authorisation; draft constitution; performance; contracting; demand management support; local QIPP teams.</p> <p>A GP member requested that any Local Enhanced Services documents produced by the CCG be forwarded to the Wirral Local Medical Committee, for consultation purposes. A Member asked if there was LMC representation on the CCG governing body – it was confirmed that the draft constitution did not reference LMC representation on the governing body. ACTION: Chief Officer to provide feedback from governing body about LMC representation, at next meeting.</p> <p>GP member stated that his practice is unlikely to sign the CCG constitution unless it includes LMC involvement in appropriate business activities of the CCG.</p> <p>A GP member requested assurance that due and proper procurement processes for the replacement provider for in-practice TV and information services had been followed. ACTION: WACC Chief Officer to confirm at next meeting.</p> <p>Chair directed members to a discussion about contracting via Any Qualified Provider procurement. He had received clarification that for the recent Diagnostics services procured under AQP by the other two Divisions, the absence of Alliance practices from the respective specifications meant that currently, there is no contractual arrangement that would cover any patient registered with an Alliance practice being able to access services from these providers.</p> <p>After general discussion and clarification among members it was agreed that the AQP Diagnostics matter be referred to the Alliance Patient Engagement Group for their views, after which the board will take an informed decision. Also discussed was the proposed AQP contract for Podiatry services – members agreed that the Alliance practices should be included in the specification.</p> <p>Members discussed the demand management support available from the CCG – members requested that the focus of support must be towards outpatient follow-up activity and not new referrals, as clinical decision-making for patient care cannot be compromised for budgetary pressures.</p>

Ref No.	Minute
	GP member asked if the COPD Local Enhanced Service was a Wirral-wide initiative – Chief Officer confirmed it was particular to one Division.
WACC/EB/ 12-13/0023	<p>Items for Discussion</p> <p>2.1 Wirral GP Practices</p> <p>Deferred to next meeting.</p>
WACC/EB/ 12-13/0024	<p>Items for Approval</p> <p>3.1 Riverside Surgery Proposal</p> <p>Members were provided with an overview of the proposals for an Urgent Care pilot for patients. Board members approved the proposal.</p> <p>3.2 Gladstone Medical Centre</p> <p>Members were provided with an overview of the proposals for an Urgent Care pilot for patients. Board members approved the proposal.</p> <p>3.3 St Hilary Group Practice</p> <p>Members were provided with an overview of the proposals for an Urgent Care pilot and including an Alliance-wide evaluation for all other agreed pilots for patients. Board members approved the proposal.</p>
WACC/EB/ 12-13/0025	<p>Items for Information</p> <p>4.1 Quality, Performance and Finance</p> <p>Louise Morris provided a brief summary of the latest Finance report. Matt Gilmore provided a brief summary of the latest Performance report.</p> <p>4.2 Risk Register</p> <p>Members discussed the contents of the current risk register. Members agreed to add the following two issues;</p> <ul style="list-style-type: none"> - Inability to complete investment of non-recurring funding - Contractual understanding <p>ACTION : Chief Officer to update register</p>
WACC/EB/ 12-13/0026	<p>5.0 Subcommittees minutes for noting</p> <p>The minutes from the subcommittees meetings were noted. Member highlighted that the headings on the different notes were incorrect – ACTION: Executive Assistant to amend.</p>
	<p>6.0 Summary of Actions</p> <p>Please refer to action points attached.</p>

Ref No.	Minute
	<p>7.0 Any other Business</p> <p>Dr Kingsland provided members with an update on national policy and relevant initiatives.</p>
	<p>Private Business</p> <p>None.</p>
	<p>8.0 Date and Time of Next Meeting</p> <p>The date and time of the next meeting is <i>Thursday 8th November 2012, 3pm at The Orchard Surgery, Bromborough Village Road, Bromborough, Wirral CH62 7EU</i></p> <p>Please send any apologies to Allison Hayes on allison.hayes@wirral.nhs.uk</p>



Wirral Clinical Commissioning Group

Quality, Performance & Finance Committee

Minutes of Meeting Held on Wednesday 31st October 2012
1300-15.00 Room 510, Old Market House

Present:

Dr P Jennings (PJ)	Chair, Wirral CCG
Dr A Mantgani (AM)	Accountable Officer, Wirral CCG
Mark Bakewell (MB)	Chief Finance Officer, Wirral CCG
Christine Campbell (CC)	Chief Officer, Wirral GP Commissioning Consortium
Tony Kinsella (TK)	Head of Performance & Intelligence, Public Health
James Kay (JK)	Lay Member (Audit & Governance)
Simon Wagener (SW)	Lay Member (Patient Champion)
Shanila Roohi (SR)	Medical Director/Caldicott Guardian

In attendance:

Julie Stamper (JS)	Board Support Assistant (taking minutes)
Suzanne Crutchley (SC)	Information & Corporate Governance Manager, CWW CSU

Ref No	ITEM	ACTION
QPF12-13/031	PRELIMINARY BUSINESS	
31.1	<u>Apologies for Absence:</u> Apologies were received from:- <ul style="list-style-type: none">• Paul Arnold, Deputy Director of HR, NHS Warrington• Andrew Cooper, Chief Officer, Wirral Health Commissioning Consortium• Dr P Naylor, Chair, Wirral Health Commissioning Consortium• Dr J Oates, Chair, Wirral GP Commissioning Consortium• Iain Stewart, Chief Officer, Wirral Alliance Commissioning Consortium• Lorna Quigley, Chief Operating Officer, Wirral CCG• Dr S Wells, GP Executive, Wirral Health Consortium• Mark Green, Chair, Wirral Alliance	
31.2	<u>Declarations of Interest:</u> There were no declarations of interest today.	

31.3	Minutes of Previous Meeting: The minutes of the previous meeting held on 27 th September 2012 were agreed as a true record.	
QPF12-13/032	ITEMS FOR APPROVAL	
32.1	<p>Information Governance Report: SC attended the meeting today to give an update on the CCG's position in relation to Information Governance. A baseline was undertaken and was presented to the Committee in July which included the actions required in order to achieve Level 1 compliance by October and Level 2 by March.</p> <p>It was noted that the IG policies have been approved at the Governing Body Board meeting held on 30th October. MB has been designated as the Senior Information Risk Owner. Shanila Roohi has been nominated as the Caldicott Guardian.</p> <p>In order to test compliance against the standards, spot checks will be undertaken, and training will be given to staff on an annual basis.</p> <p>The Committee approved the IG report and agreed that IG would be a regular agenda item.</p>	SC/MB
32.2	<p>Financial Plan: MB presented the headline financial plan for 2013/14 but with the caveats around lack of planning guidance at this point and the current plan based on the rollover of previous planning assumptions.</p> <p>An explanation was provided regarding the potential issues facing the CCG in respect of the allocation of resources in 2013/14 with further information expected to be received in December, with a further refresh taking place once allocations are confirmed.</p> <p>A key challenge for the CCG going forwards will be its management of the QIPP agenda and will require a much more pro-active monitoring process.</p> <p>The Committee was asked to note the assumptions made in the paper.</p> <p>JK queried the role of CQUINS within the financial plan as the amount of resource is a substantial value and has increased from previous years.</p> <p>The group discussed the current arrangement regarding CQUIN and how they will be approached in future years.</p> <p>It was therefore decided that we need to start thinking about CQUIN for next year and start discussions with the WUTH to review how the resources available can be maximised.</p>	PJ/JK

QPF12-13/033	ITEMS FOR DISCUSSION	
33.1	<p><u>Performance:</u> TK presented the CCG's position in relation to performance.</p> <p><u>WUTH performance:</u> There is continued over-performance in GP referrals offset by a decrease in other referrals for the second month. There is an over-performance in follow-up appointments which is leading to an increase in elective activity, however, this does not take into account financial adjustments made.</p> <p>As of September, there are no patients waiting longer than 52 weeks. Potential focus for the next financial year will be a reduction in the threshold of achieving a wait of no longer than 26 weeks.</p> <p>A&E activity has increased. Non-elective admissions are over-performing by 5%. Work has been undertaken to analyse the data and underlying causes.</p> <p>MB suggested the potential use of the PbR Data Assurance Audit (previously performed by the Audit Committee and now Capita) to supplement the audit process, and with an additional fee, could commission Capita for additional support.</p> <p><u>Operating Framework:</u> The Committee were asked to note that all the key performance indicators are currently green or amber. Performance against the 4 hour target is monitored weekly via a teleconference. 18 week, RTT target is that they are now being monitored on a specialty level.</p> <p><u>Review of WUTH's 18 week Action Plan:</u> TK has been involved in the external process that WUTH have been going through over the last 12 months with Monitor to deliver on a sustained basis the 18 weeks RTT target.</p> <p>Due to improvements in position, the performance management regime has come to an end with work streams looking at leadership, pathways, capacity and demand management. TK has been reviewing the evidence at meetings working with members of the Trust Management Team to go through the detail.</p> <p>Significant progress has been made in the delivery of the 18 weeks. PTL (patient tracking list) could be at risk if they don't adhere to their 18 weeks action plan. Routinely monitoring the service implementation which is picked up during SLA meetings.</p> <p>JK felt unclear as to what the strategic objective of the Trust was and that they needed to reduce the dependency on waiting list initiatives and queried whether there had been an agreement on the long-term contract objectives with WUTH.</p> <p>AM advised that they had met with the Chair and CEO of the Trust and agreed to meet on a regular basis. We have not seen sight of their cost</p>	

	improvement plan which was requested for the end of the last financial year (31 st March 2012).	
33.2	<u>Divisional Reports:</u> Due to time constraints there were not discussed today.	LQ
33.3	<p><u>Intensive Support Visit:</u> PJ updated the Committee regarding the Intensive Support Visit at Moreton Cross GP Practice. This has included looking through the clinical system on a case by case basis. PJ tabled a report which was reviewed by the Committee. It was noted that the report has not been circulated wider.</p> <p>A further 5 visits will be undertaken over the next few months at identified practices. Intelligence from the visits will be collected and analysed to see if new processes can be established.</p> <p>At the end of the process it is estimated that 300 episodes will have been reviewed which will provide some extremely useful data to follow up with various contract discussions.</p> <p>PJ advised that each data extraction visit takes around 3 hours to carry out. Cross comparisons can be carried out once all information is retrieved.</p> <p>It was agreed that the Intensive Support Visits are a good way to go out and see the practices at work. It should be considered for this to be undertaken on a routine basis.</p> <p>PJ agreed to give a further update at the next Committee meeting in November.</p> <p>The Committee noted the comments of the report. .</p>	PJ
33.4	<p><u>Finance Update:</u> MB gave an update on the year to date financial situation performance.</p> <p>The report set out the financial position for Wirral CCG as at the end of September (Month 6) within the 2012/13 financial year.</p> <p>As at the end of September (Month 6), the year to date position was an over-spend of £1.0m with over-performance against commissioning expenditure of £1.46m offset by an under-performance against running costs of £0.46m.</p> <p>The year to date variance position was split between the Governing Body and the combined consortia with an over-spend at divisional level of £3.157m with the Governing Body under-spent by £2.157m.</p> <p>Details of the financial performance were then reported on an exception basis according to variation against planned levels of expenditure.</p>	

The overall CCG performance position in relation to NHS contracts showed an over-spend at Month 6 of £4.283m, primarily being due to over-performance on the Wirral University Teaching Hospitals NHS Foundation Trust (WUTH) contract of £4.17m at divisional level, this being based on the Month 5 activity position.

Performance on Month 6 Non-NHS contracts are over-spent by £733k based on a number of factors as per previous months including Spire, Spa Medica and One to One contracts.

Prescribing expenditure is currently under-spent by £1.253m with over-performance of those budgets managed at Governing Body level of £105k which is being offset by under-performance at divisional level of £1.358m.

Commissioned "out of hospital" budgets are £518k over-spent at Month 6, with the main drivers for the over-performance being Continuing Healthcare and Joint Funded packages being offset by under-performance on Funded Registered Nursing Care.

Reserves are under-spent by £2.584m at Month 6 which is due to the release of the contingency element and a number of earmarked reserves which are available for release.

Running costs are under-spent by £458k at Month 6 mainly due to clinical backfill reported at consortia level. A review with the individual consortia leads is on-going to ensure all approved expenditure is being captured within the position.

MB then detailed the forecast outturn position as at Month 6.

Although a number of commissioning budgets were over-performing as at the end of September 2012, the CCG remained on target to achieve a balanced position against its allocation.

One of the key performance drivers to the financial performance position remains around the WUTH contract and as such, given the current intelligence regarding contract performance, has been extended within the forecast outturn position to the value of £7.0m.

Provided that the WUTH position remains in line with the forecast position described above and a steady state with the other current performance position (Non-NHS category etc), the CCG would still be in a position to achieve a balanced position.

MB then detailed the risk assessment of each of the areas highlighted within the financial plan regarding packages of care, prescribing, WUTH contract and cost efficiencies.

In conclusion MB is asking the Committee to note the financial position.

QPF12-13/034	ITEMS FOR INFORMATION	
34.1	<u>CWP</u> : Due to time constraints these were not discussed today. There were no urgent issues.	CC
34.2	<u>CT</u> : Due to AC's apologies, this item was deferred until the next meeting.	AC
34.3	<u>WUTH</u> : Due to LQ's apologies, this item was deferred until the next meeting.	LQ
34.4	<u>CCC</u> : Due to IS's apologies, this item was deferred until the next meeting.	IS
34.5	<u>Serious Incidents</u> : Deferred. It was queried whether it should go to the next Governing Body Board meeting.	PJ/LQ
QPF12-13/035	RISK REGISTER	
35.1	<u>Risk Register</u> : MB presented the Risk Register and noted the existing risks which were discussed at the previous meeting. There has been an added risk around IAPT waiting times. This information is for noting only and a more informed discussion will take place at the next meeting.	MB
QPF12-13/036	ANY OTHER BUSINESS	
36.1	<u>Never Events Policy</u> : Due to LQ's apologies, this item was deferred until the next meeting. <u>Bariatric Surgery</u> : JK requested a discussion regarding bariatric surgery, to include consultants providing an understanding of the procedures etc. A meeting will be scheduled for JK to meet with AM and SW.	LQ JS
36.2	<u>QIPP</u> : MB gave a brief overview of QIPP Monitoring Programme and explained that there will be an increased need to build a robust monitoring system and evidence of individual QIPP plans for future financial plans. MB tabled a paper with a year to date position on the existing PCT QIPP Programme, which reviewed risk of delivery and detail of the underpinning schemes. The paper advised on current performances and progress on the individual schemes. The SHA Cluster visits have been looking into referral rates and looking at	

	<p>the QIPP Agenda. We need to monitor our performance more pro-actively to enable us to deliver the QIPP Programme.</p> <p>The paper also referenced the outline QIPP savings requirements for 2012/13 as outlined in the headline financial plan. On the basis that the CCG will need to replicate the PCT QIPP requirement of an overall £25m, the CCG will need to demonstrate these savings either through tariff efficiency, cash releasing or demand management initiatives.</p> <p>MB discussed with the Committee the proposed approach and that a QIPP Plan would be taken through the Governing Body as appropriate for the 2013/14 financial year, building on existing schemes, consortia developments and the work of the Clinical Strategy Group and supporting QIPP schemes.</p> <p>The Committee were asked to note the current QIPP position. An updated position for Month 7 will be included in the next agenda. It was agreed that QIPP will be a standing agenda item.</p>	MB
QPF12-13/037	DATE AND TIME OF NEXT MEETING	
	<p>The next meeting is scheduled for:</p> <p>Thursday 29th November 2012, 1.00 – 5.00pm, Room 539, Old Market House.</p> <p>Apologies/agenda items to: Julie.stamper@wirral.nhs.uk</p>	

RISK REGISTER - Master

Risk ID	Date	Source	Risk Description	Strategic Objectives (reference to detail)	Impact	Likelihood	Current Matrix Score	Previous Matrix Score	Trend	Driver for Change in Trend	Rationale	Key Control Established	Key Gaps in Control (reference to evidence)	Assurance on Controls (reference to evidence)	Gaps in Assurance (reference to evidence)	Action	Owner	Date of next review	Date of last review	Status
1	3.07.2012	Gov Body	Increase in activity for GPs as a result of the introduction of NHS111		3	3	9.00	9.00	■			Current provision of primary care / urgent care services - ability to absorb additional activity	Unknown impact of 111 Service Impact	Monitoring of Primary Care/ urgent care activity and performance of NHS111 through information flows	Timely impact on monitoring of primary care activity	Monitor Information regarding implementation of 111	Governing Body	As further information becomes available	Jul-12	On-going
2	Ongoing	CSS	Reduction in local expertise and organisational memory due to PCT staff leaving		2	4	8.00	8.00	■			CSS / CCG Transitional Arrangements, Procedure Notes, CSS SLA, Legacy Documentation, Appropriate Handover	Individuals leaving before handover process is complete	CSS SLA Arrangements ensuring continuity, locality link involved in CSS Operational Group Meetings	SLA still in infancy	Continue development of SLA, transitional arrangements, clarity of responsibilities	Chief Officers	As further information becomes available	Nov-12	On-going
3	24.07.12 / 28.08.12 / 27.09.12	Gov Body / QPF / WHCC	Overperformance on WUTH Contract	Financial Management	3	5	15.00	15.00	■			Financial / Activity Reporting through QPF / Gov Body. Divisional Reporting / Practice Level Reviews - Action Plans	Ability to influence contract performance - Implementation of Action Plans	Regular Monitoring through committee / gov body structure, Use of Contingency Funds / Planned Slippage to offset	Ability to influence behaviour	Review performance areas, initiate action plan to address performance issues	Divisions	Dec-12	Nov-12	On-Going
4	28.08.12	QPF	Inability to monitor CT contract performance / outcome measures due to unavailability of information	Quality / Financial Management on Cost Per Case / Impact on Future Commissioning Intentions	2	4	8.00	8.00	■			CT Contract Monitoring / (Contract Query raised), Refinement of KPI's	Ability to influence provider behaviour	Regular Monitoring through contract monitoring process and subsequent committee / gov body structure with ability to withhold payment for non-provision of information as required	Ability to influence behaviour	Review contract query outcome, monitor action plan,	AC / TK	Dec-12	Nov-12	On-Going
5	27.09.12	QPF	Contract Variation to Wirral NHS Community Trust Contract regarding implementation of NHS 111 to NHS Direct	Future Commissioning Arrangement regarding 111 service provision	2	5	10.00	10.00	■			CT Contract Monitoring / (Contract Query raised), Part of NHS 111 Steering Group	Ability to influence implementation of NHS 111 Service, financial assumptions made with NHS 111 project	Urgent Care Meetings, Feedback from NHS 111 Workstream, Regular Monitoring through contract monitoring / negotiation process and subsequent committee / gov body structure	Ability to influence implementation of NHS 111 Service	Continue workstream on progression of NHS 111 Service with NHS Direct and contract negotiations with Community Trust	AC	Dec-12	Sep-12	On-Going
6	27.09.12	QPF	Child Health Information System (CHIS) - Imminent Risk of Crashing	Provision of relevant Information System supporting appropriate statutory requirements	4	3	12.00	12.00	■			CT Contract Monitoring, CHIS Replacement Project via WHIS/ CICT	Lack of clarity regarding Responsible Officer / Availability of Project Plan	Regular Monitoring through committee / gov body structure, also raised via Public health Governance Group	Ability to prevent system failure	Ascertain Project plan, responsible Officer, Contingency Plan / Backup Scenario	Rosemary Curtis ?	Dec-12	Sep-12	On-Going

7	24.10.12	WGPCC	WGPCC will fail to meet IAPT waiting time targets due to performance of one provider		2	5	10.00	10.00	■			Action plan agreed with provider, including weekly submission of data and bi-weekly monitoring meetings	Provider dealing with old waiting list as well as new patients referred	Action plan dealing with both groups of patients will be monitored and reviewed by board on a monthly basis	Demand continues to rise for this service	Action plan agreed with Provider	Christine Campbell / Dr Oates	Dec-12	Nov-12	On-Going
8	31.10.12	QPF	Non-Compliance with Information Governance Standards by March 2013	Statutory Responsibility	4	2	8.00	8.00	■			IG Toolkit Assessment Work Programme to ensure compliance with required level by March 2013	Development of IG Policies / Procedures and implementation within CCG	Regular Monitoring through QPF and Audit Committee Meetings & Information Governance Manager work Programme through CSU SLA	Ensure Implementation of required standards	IG Toolkit Monitoring Programme	SIRO (CFO)	Dec-12	Nov-12	On-Going
9	06.11.12	Gov Body	Commissioned Out of Hospital Budgets, increase in package costs, Restitution Cases	Achieve Financial Balance	3	4	12.00	12.00	■			Financial / Activity Reporting through QPF / Gov Body. CSU SLA Monitoring Process	Time lag in information received, external stakeholders pursuing restitution cases	Regular Monitoring meetings with CSU, Top 10 package reviews, proactive approach to new cases	Ability to influence behaviour	Review performance areas, initiate action plan to address performance issues	Governing Body	Dec-12	Nov-12	On-going
10	20.10.12	Gov Body	Impact of Local Authority Budgets Cuts	Financial Management / Service impact across Economy	3	5	15.00	15.00	■			Impact Assessment of Chief Executive Options Appraisal on NHS Budgets	Quantify Impact	Financial Planning and Budget Setting Process	Ability to manage impact of cuts	Action Plan for impact assessment	Governing Body	Dec-12	Nov-12	On-going
11	20.10.12	WGPCC	Risk of Consortium being unable to utilise its total allocation of efficiency resources due to slippage in several schemes becoming operational	Financial Management	2	3	6.00	6.00	■			Expenditure being monitored and support offered to practices around use of resources	Not all practices able to commit resources by deadline and WGPCC unable to commit resources to schemes before end of April	Plan being developed for alternative use of uncommitted resources before end of April 2013	WGPCC practices will need to agree proposals	Proposal being taken to member practices for use of unutilised resources at practice member forum 5.12.12	Christine Campbell	Dec-12	Nov-12	On-going

Gov Body
WACC
WGPCC
WHCC
PFQ
G&A
CSG
CSS

Completed
On-going
Outstanding

Impact Values	
Negligible	1
Minor	2
Moderate	3
Major	4
Catastrophic	5

Probability Values	
Rare	1
Unlikely	2
Possible	3
Likely	4
Almost Certain	5

Green/Yellow/Red Threshold Values	
Green - maximum score	4
Yellow - minimum score	5
Yellow - maximum score	12
Red - minimum score	15