

Approved 30 May 2017

Minutes of a Meeting of the Finance and Performance Committee Held on Tuesday, 25 April 2017 in the Boardroom, Blackpool CCG

Present: David Edmundson, Lay Member (Chairman)
Roy Fisher, CCG Chairman
Andrew Harrison, Chief Finance Officer
Janet Barnsley, Director of Performance and Delivery
Dr Michelle Martin, GP Member
Dr Marie Williams, GP Member
Dr Cruz Augustine, GP Member

In Attendance: Beth Goodman, Head of Acute Commissioning and Contracting, M&LCSU (up to Item 5civ)
Chris O'Neill, Senior Commissioning Manager (Item 5d)
Louise Talbot, Secretary to the Governing Body

SUBJECT	DECISION	ACTION
1. Apologies for Absence	Apologies for absence had been received from Dr Amanda Doyle, David Bonson, Yvonne Rispin, Howard Naylor and John Gaskins.	
2. Declarations of Interest/Conflicts of Interest Relating to the Items on the Agenda	<p>RESOLVED: That the interests declared by members of the Committee as listed in the CCG's Register of Interests be noted. The Register is available either via the Secretary to the Governing Body or the CCG website at the following link: http://blackpoolccg.nhs.uk/about-blackpool-ccg/who-we-are/managing-conflicts-of-interest/</p> <p>Janet Barnsley declared an interest in relation to the CSU discussion as she is currently on secondment to the CCG from the CSU. It was recognised however, that there were no issues where a conflict arose during the meeting.</p> <p>Beth Goodman declared an interest relating to Blackpool Teaching Hospitals NHS FT as her husband Steven Goodman is a Programme Manager – Transformation.</p>	
3. Minutes of the Meeting Held on 28 March 2017	RESOLVED: That the minutes of the meeting held on 28 March 2017 be approved as a correct record.	
4. Matters Arising	Patients Waiting More Than 52 Weeks – It had been previously reported that there had been a delay due to the availability of prison officers to accompany prisoners to hospital hence the reason for the two patients waiting for ENT procedures for more than 52 weeks. It had since been confirmed that the patients were not prisoners. David Edmundson questioned this outcome. Janet explained that this was the information provided to them at the time by the lead commissioner and was followed up. Further discussion with the Lead Commissioners where it transpired that they were not prisoners and were, therefore, CCG breaches. Concerns had	

	<p>been raised with LTH and the inaccurate reporting. Andrew sought clarification as to the assurances we receive and asked what our responsibility is for checking that accurate information is received. It was commented that it is important we receive assurance that there was no harm to the patients as a result of the wait. Janet reiterated that our concerns had been raised and the issues regarding assurance were noted.</p> <p>Contract Variations and Procurement Decisions – Age UK – Age UK Lancashire had been approached regarding the issues relating to Age UK Blackpool and District as the service from Age UK Blackpool and District had not been provided for the last two months of the year and the remaining contract balance had not been recovered, ie, £5,897.50. Age UK Lancashire had advised that this was not their issue. Further work was taking place in obtaining the details of the liquidators and a response was awaited. It was suggested that the issue be reported to the Charities Commission and also to check that they are aware that Age UK Blackpool and District ceases to exist. It was important to note however, that in all contracts of this nature we need to ensure that franchises have the backing of the UK parent charity. It was suggested that discussions be held with third sector providers when contracting. Beth would continue to pursue this issue. Andrew commented that the issue is escalated to the Audit Committee with a proposal stating how we will manage contracts of this nature in the future.</p> <p>Finance Plan – Andrew reported that the plan had been updated and submitted to NHSE. There was an increase in the planned surplus marginally. We have received clarification that we would be eligible for the Quality Premium even at the planned level below the 1%. Our submission takes us to 0.6%. The Finance Plan had been approved by NHS England.</p>	BG/AH
<p>5. Integrated Business Reports</p>	<p>a) Finance</p> <p>(i) Financial Position – Month 12 – Andrew highlighted the following:</p> <ul style="list-style-type: none"> • The CCG has achieved its target surplus at month 12 – the target surplus was £1.175m plus headroom. • The CCG had met its planned financial targets. • The financial position at month 12 - £3.935m surplus. <ul style="list-style-type: none"> • £1.175m surplus which represented the target achieved against the plan. • £2.76m release of 1% headroom. • QIPP Position – Target of £6.4m net and reported £6.3m achieved on outturn. Cruz commented that this was an excellent achievement by all colleagues. David Edmundson also conveyed his thanks and asked managers, on behalf of the committee, to congratulate all staff and practices. Janet confirmed that a communication had been sent out. • The running costs expenditure was £31,000 under budget. • Better Payment Practice Code – NHS invoices 99.4%. Non-NHS invoices 99.6% by number of invoices. • Ambulance Acute Non-NHS – Target achieved under budget. <p>It was suggested that for future meeting agendas, the finance report be listed after the contracts discussion.</p> <p>RESOLVED: That members approve the month 12 financial position noting that the planned surplus had been achieved, the 1% headroom had been released into month 12 and the allocation had been received in line with the plan.</p>	LJT

(ii) **2016/17 QIPP Programme** – Janet spoke to a circulated report which provided an update on the latest forecast QIPP position. She explained that in the CCG’s latest financial submission to NHSE based on data at month 10, the forecasted QIPP saving at 2016/17 year end was £6.32m which was an increase of £0.26m when compared to the previous month. This figure was based on the latest available data at the time of the submission to NHSE and risk adjusted in agreement with the CCG’s finance team to take account of the degree of confidence in the savings forecasted for each QIPP scheme. This was the final position to be reported to NHSE for the financial year 2016/17 however, Janet pointed out that as some of the schemes were expected to continue to deliver QIPP savings in to 2017/18, internal monthly monitoring and reporting of the position would continue. She further commented that it was recognised that sustainability was paramount and colleagues would ensure that this continues, recognising that more savings are to be achieved.

Janet took members through the summary of schemes:

- Reduction in non-elective activity
- Reduction in GP referrals
- Reduction in POLCV activity
- MSK
- Dermatology
- Other schemes

Work was taking place with BTH and FWCCG via the Effective Use of Resources Programme to see what further savings can be made. Janet also explained that health economy wide, CIPs and QIPPs were being undertaken and work was taking place in looking to have a programme for 2017/18. A report was appended with the agenda relating to the Fylde Coast Strategy/Local Delivery Plan in respect of the Effective Use of Resources Group which would be discussed later in the meeting.

RESOLVED: That members receive the report noting the latest forecasted QIPP position which was the final reported position to NHSE England for 2016/17. Members also noted the further work to be undertaken during 2017/18.

(iii) **Health Economy Financial Position** – Andrew spoke to a circulated report which had also been submitted to the Finance and Performance Committees at FWCCG and BTH. He explained that common overarching financial principles had been drafted to support the work of the Local Delivery Plan and the Strategic Transformation Plan. The Effective Use of Resources Group had been reshaped with a focus of ensuring that resources available to the Fylde Coast are used in an effective, efficient and sustainable manner and drive constant improvements to support successful delivery of health and social care across the Fylde Coast.

A recommendation had been made by the Informal Executives Group that further work would be undertaken by each organisation to refine the savings and a report would be submitted to the May meetings of Finance and Performance Committees.

RESOLVED: That members receive the report.

AH

(iv) Fylde Coast Strategy/Local Delivery Plan – Annual Report from Effective Use of Resources Group (forms part of the LDP Governance arrangements for the proposed Accountable Care System) – Andrew spoke to a circulated report which had been supported by the Fylde Coast Strategic Partnership Board and highlighted the work being taken forward. There will be four workstreams to take the work forward covering efficiency, business, modelling and ACS technical. Andrew commented that we have a number of finance committees and groups undertaking similar work and are holding similar conversations. In going forward, we will look to have shared Finance and Performance Committee agendas and shared finance work however, this is yet to be determined. Andrew commented that this will enable Fylde Coast organisations to undertake pieces of work once and share at the same time. He also explained that this is the direction of travel in which colleagues are moving towards.

David Edmundson commented that the planning guidance makes reference to having a system-wide control but also balancing individual organisational control totals. He suggested that this also be included within the report. It was commented that answers to the questions were still required as to who would hold the ring around this. Andrew would ensure that reference is made to this and inclusion in the Terms of Reference relating to the business rules as highlighted in the planning guidance.

AH

RESOLVED: That members receive the report noting the further action for the business rules to be referenced in the Terms of Reference of the group.

b) Performance

(i) Performance Report – Month 11 – Janet spoke to a circulated report and highlighted the following:

- **RTT** – Patients on Incomplete Pathways treated within 18 weeks had improved in February and was 90.78% compared to 90.71% in January however this remained below target. The year to date performance was 91.84% against a target of 92%.
- **MRSA Bacteraemia** - There had been no incidents of MRSA Bacteraemia in January at BTH or within Blackpool CCG.
- **Cancer Waits** – Blackpool CCG cancer waits performance showed that seven out of nine targets had been achieved in February.
- **A&E Target** – There had been six 12 hour breaches in A&E at BTH in January and there had been 33 as at 31 March 2017. The DTA breaches related to mental health patients (seven admitted at BTH as at 24 April 2017). Verification was required as to whether these were Blackpool patients (confirmed that they were Fylde Coast patients. This was being picked up with the Lead Commissioner, LCFT and Janet explained that whilst progress appeared to be being made in relation to MH OAPS, admissions of MH patients into acute settings were masking the issue. In addition, patients who used to be kept in the community are now being admitted to the acute observation ward. The Trust is also picking up the issue with LCFT and we are picking up through the lead commissioner. Andrew commented that patients are not receiving quality of service that we would wish them to receive. They were obfuscating their responsibility and this needed

	<p>to be raised with the lead commissioner and BTH. We would need to assist the Trust on negotiations with the lead commissioner and LCFT.</p> <ul style="list-style-type: none"> • NWAS Ambulance Call Response Rates – Red 1, Red 2 and 19 minutes had not been met for February but had improved from the January position. • IAPT - The IAPT recovery rate remained below the target of 50% however, the recovery rate had increased from 38% in January to 42% in February. • Mixed Sex Accommodation – There had been one MSA breach at BTH in February relating to a Fylde and Wyre patient. This was a step down from critical care. • C.Dificile – There had been two cases in the month however, the trajectory for the year was being achieved. • Quality Premium – As Andrew had mentioned earlier in the meeting, we will be eligible for the Quality Premium in 2017/18 for achieving our financial plan in 2016/17. <p>RESOLVED: That members receive the report.</p> <p>(ii) Medicines Prescribing Group Minutes – 28 March 2017.</p> <p>RESOLVED: That members receive the minutes.</p> <p>c) Contracts</p> <p>(i) Contract Variations and Procurement Decisions – Beth informed members that there were no issues to report this month.</p> <p>(ii) Contract Report – Month 11 – Beth spoke to a circulated report and highlighted the following:</p> <ul style="list-style-type: none"> • The position at month 11 for BTH reflected a financial over performance which equated to 2%. • Spire Fylde Coast Hospital had also slightly over performed in terms of cost compared to plan year to date with a variance of 1% which was a significant reduction from the previous months. • Lancashire Teaching Hospitals continued to reflect a cost position which was below planned levels which equated to -5%. • Beth made reference to the provider summary report for month 11 which detailed the year to date plans and actual financial values for acute providers. The overall cost position showed an over performance of approximately +£2m. • Members asked Louise to contact the relevant provider of PDS Medical asking for their up to date declaration of interest form. This was particularly important as they are currently providing a service that the CCG is commissioning. <p>RESOLVED: That members receive the report.</p> <p>(iii) Contracts Dashboard – Month 11 – Discussion and noted.</p> <p>(iv) GP Referrals Report – Month 11 – Discussion and noted.</p> <p>RESOLVED: That members receive the Contracts and GP referrals reports.</p> <p><i>Beth Goodman left the meeting.</i></p>	<p>JB</p>
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	<p>d) NHS 111 and Ambulance Performance Reports – March 2017 – Chris O’Neill spoke to a circulated report which was a combined finance and performance report for Ambulance/NHS111. He highlighted the following:</p> <ul style="list-style-type: none"> • NHS 111: <ul style="list-style-type: none"> • The March performance had shown an improvement in performance at 81.9% of calls being answered within 60 seconds. • There were no new StEIS reportable incidents raised during March. • April (month to date) performance at the point of drafting the report showed an improvement in performance of 80.7% of calls being answered within 60 seconds. The abandoned call rate had increased slightly to 5.6%. • The Ambulance Commissioning Team had re-invoked part of the Contract Performance Notice and a revised action plan which included a number of immediate and medium term solutions, had been agreed. As part of this plan, more detailed operational management information was also being provided to the Lead Commissioner and the plan was signed off on 20 February 2017. Weekly monitoring of delivery of the revised remedial action plan continued. • Reference was made to the sickness absence figures at call centres from different sectors. • Emergency Ambulance Performance: <ul style="list-style-type: none"> • The performance at year end did not meet national performance targets and no Ambulance Trust delivered performance at the year end. Blackpool CCG performance for Red 1 and Red 2 did however, met the year end performance targets. • The remedial action plan, signed off in February, has continued to be monitored and progress updates are provided to the weekly performance meetings, NWAS Contracting Group and the Strategic Partnership Board. NWAS is being pressed to deliver the progress tracking dashboards that had not yet been completed. • Chris provided an overview on the strands covered by the plan, which includes managing hospital activity, nursing and residential homes and HCP requests for transport. • An update was provided regarding handover and turnaround times which was noted. The initial meeting of the ECIP 90 Day Programme had taken place on 24 April 2017 and was well attended by Acute Trusts. • Andrew commented that whilst NHS Pathways had been signed off and agreed at the national level, it was important to understand how commissioners influence the routing included in the NHS pathways going forward, particularly around ensuring robust, affordable and sustainable outcomes from NHS 111. Andrew further commented that, as Lead Commissioner for NWAS, we need to be able to inform the Clinical Directors that they are signing off clinical pathways that the NHS cannot afford. General discussion ensued around this. • PTS Performance: <ul style="list-style-type: none"> • Performance at year end was under on most contracts. <p>RESOLVED: That members receive the report.</p>	<p style="text-align: center;">LJ</p>
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	<i>Chris O'Neill left the meeting.</i>	
6. NHSE Year End Assurance Meeting	<p>Janet had appended the presentational slides used at the NHSE year end assurance meeting held on 30 March 2017. The meeting was attended by Andrew Harrison, Dr Marie Williams and Janet Barnsley as well as other CCG representatives.</p> <p>Janet explained that we had taken a different approach than in previous years. The CCG was required to undertake a self-assessment under the four domains.</p> <p>Janet took colleagues through the presentation reporting that the meeting had gone well. We had picked up all issues raised by NHSE and they recognised some of the problems we have relating to data. Further work would need to be undertaken relating to smoking in pregnancy and childhood obesity. More work was taking place with public health colleagues in these areas.</p> <p>Janet made reference to CCG leadership and the self-assessment. We had submitted four green stars and whilst subject to national moderation the NHSE team agreed with our appraisal in 3 of the domains. Formal notification would be received in June. Janet informed members that we were highly commended on the work undertaken in achieving the financial plan.</p> <p>Members of the committee thanked colleagues for this achievement.</p> <p>RESOLVED: That members receive the presentation noting the discussion and the positive outcome from the year end assurance meeting.</p>	
7. Children and Young People's Emotional Wellbeing and Mental Health Transformation	<p>Janet spoke to a circulated report which was a summary update on the progress of the pan Lancashire Children and Young People's Emotional Wellbeing and Mental Health Transformation and provided information on the schemes identified for funding in 2017/18. Members were reminded of the discussion held at previous meetings. Marie provided a further explanation on the targets that we are aiming to achieve.</p> <p>RESOLVED: That members receive and note the areas of spend identified within the report for 2017/18.</p>	
8. Items for Inclusion/Update to the CCG Risk Register	<p>Andrew informed members that the risk relating to the Vanguard had been removed from the Risk Register. He further explained that a piece of work was being undertaken in reviewing the risks within the new recently approved process regarding Corporate Objectives and the Governing Body Assurance Framework.</p> <p>RESOLVED: That members receive the update.</p>	
9. Agenda Items/Areas to Highlight – CCG Governing Body Meetings	<p>a) 2 May 2017 – Governing Body Meeting:</p> <ul style="list-style-type: none"> • Financial Position Report • 2016/17 QIPP Programme • Fylde Coast Strategy/Local Delivery Plan – Annual Report from the Effective Use of Resources Group 	LJT

	<ul style="list-style-type: none"> • Performance Report for the Governing Body • Contracts Dashboard – Month 11 • GP Referrals Report – Month 11 <p>The NHS year end assurance meeting outcome would be reported to the July meeting of the Governing Body once formal notification had been received in June.</p> <p>b) 6 June 2017 – Governing Body Development Session – No items.</p>	LT
10. Any Other Business	<p>a) Specialist Commissioning – At previous meetings of the committee, Andrew had highlighted a data issue relating to specialist commissioning. The information has been validated and there will be a pressure of £1.4m in our system which we can manage relating to specialist commissioning for 2017/18. Andrew explained that we have prudently set aside resource to cover the risk.</p>	
11. Declaration of Confidentiality	That with the exception of any agreed items to be submitted to the CCG Governing Body meeting held in public, all other items should be regarded as confidential.	
12. Date, Time and Venue of Next Meeting	<p>Discussion had been held at the Executive and Deputies Team regarding the availability of up to date data submitted to the Finance and Performance Committee, particularly when there are five Tuesdays in the month, ie, the fourth Tuesday of the month can often be slightly early in preparing reports and to have the latest data available. The Performance Report would be ready for the meeting however, the Executives and Deputies Team would not have the opportunity to review the report prior to sending out.</p> <p>Discussion ensued as to whether the Finance and Performance Committee could be moved to the fifth Tuesday (three during 2017) as these are also held for all Governing Body members in the event of any urgent meetings that need to be held. Discussion ensued noting that there are pros and cons around this. It was suggested that for the time being that the meeting scheduled for 23 May 2017 be moved to the 30 May 2017 and then review the August and October dates in due course.</p> <p>The next meeting would be held on Tuesday, 30 May 2017 at 1.00 pm in the Boardroom, Blackpool CCG.</p>	LT