

Approved – 27 June 2017

## Minutes of a Meeting of the Finance and Performance Committee Held on Tuesday, 30 May 2017 in the Boardroom, Blackpool CCG

Present: Roy Fisher, CCG Chairman  
David Bonson, Chief Operating Officer  
Andrew Harrison, Chief Finance Officer  
Janet Barnsley, Director of Performance and Delivery  
Dr Cruz Augustine, GP Member  
Dr Marie Williams, GP Member (arrived during Item 5a)

In Attendance: Beth Goodman, Head of Acute Commissioning and Contracting, M&LCSU  
Kate Newton, Quality and Performance Manager, M&LCSU  
Kate Jackson, Commissioning Projects Manager (Item 5b(ii))  
Chris O’Neill, Senior Commissioning Manager (Item 5d)  
Belinda Hatton, Information Governance Officer, M&LCSU (Item 7)  
Louise Talbot, Secretary to the Governing Body

SUBJECT	DECISION	ACTION
<b>1. Apologies for Absence</b>	Apologies for absence had been received from David Edmundson, Dr Amanda Doyle, Dr Michelle Martin, Howard Naylor, John Gaskins and Yvonne Rispin.	
<b>2. Declarations of Interest/Conflicts of Interest Relating to the Items on the Agenda</b>	<p><b>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:</b>  <a href="http://blackpoolccg.nhs.uk/about-blackpool-ccg/who-we-are/managing-conflicts-of-interest/">http://blackpoolccg.nhs.uk/about-blackpool-ccg/who-we-are/managing-conflicts-of-interest/</a></p> <p><b>David Bonson declared an interest relating to the Community Health Services of Blackpool Teaching Hospitals NHSFT as his partner Liz Holt is Director of Adult Community Services and Long Term Conditions.</b></p> <p><b>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.</b></p> <p><b>Beth Goodman declared an interest relating to Blackpool Teaching Hospitals NHS FT as her husband Steven Goodman is a Programme Manager – Transformation.</b></p>	
<b>3. Minutes of the Meeting Held on 25 April 2017</b>	<b>RESOLVED: That the minutes of the meeting held on 25 April 2017 be approved as a correct record.</b>	

<p><b>4. Matters Arising</b></p>	<p><b>Contract Variations and Procurement Decisions – Age UK</b> – Beth had spoken with the receivers who confirmed that they would send her the relevant paperwork however, it was still awaited. Beth would follow this up. Andrew reminded colleagues that a report would need to be taken to the Audit Committee about how we manage this approach in the future. Beth was concerned that Age UK Lancashire had accompanied the Blackpool branch to a recent contract meeting but had since distanced themselves from this particular issue. Conversely, they are keen to have discussions when wanting to provide further services.</p> <p><b>Fylde Coast Strategy/LDP – Effective Use of Resources Group</b> – Andrew reassured members that he would ensure that reference is made within the terms of reference of the group in having system-wide control totals but also balancing individual organisation control totals.</p> <p><b>A&amp;E Target</b> – Janet had raised the issues relating to the A&amp;E target and mental health patients with LCFT via BTH colleagues and had also raised it through the lead commissioner. She was not aware of any further issues however, commented it was still ongoing.</p>	<p><b>BG</b></p> <p><b>AH</b></p>
<p><b>5. Integrated Business Reports</b></p>	<p><b>(a) Performance</b></p> <p><b>(i) Performance Report – Month 12</b> – Kate spoke to a circulated report and highlighted the following:</p> <ul style="list-style-type: none"> <li>• <b>RTT</b> – Incomplete pathways target of 92% had not been met. The LTH RTT action plan had been received which colleagues in Greater Preston and Chorley CCG and, South Ribble CCG continue to challenge. Kate had had sight of the action plan and went through some of the top causes and issues. Discussion ensued regarding ongoing capacity issues in neurology. Waiting times at LTH continued to be problematic and on this basis, it was commented that the CCG may need to review other alternatives, eg, a Tier 2 service. Beth had reviewed some specifications that could be taken forward and it was suggested that something could be undertaken on a Lancashire basis. Andrew suggested that we should send a letter to the Chief Executive of the Trust via the lead commissioner to be signed off by the three CCGs. Beth would action via the lead commissioner, Greater Preston CCG.</li> </ul> <p><b><i>Dr Marie Williams arrived at the meeting.</i></b></p> <ul style="list-style-type: none"> <li>• <b>4 Hour A&amp;E Waiting Time</b> – BTH performance against the 4 hour A&amp;E waiting time target had improved slightly from 83.60% in February to 86.64% in March. Kate pointed out that although this indicator remained under target in comparison to other local A&amp;E departments, the Trust is performing well. In March, LTH performance against the target was 83.59% and East Lancashire Teaching Hospitals was 82.37%.</li> <li>• <b>A&amp;E Department</b> – There were ten 12 hour breaches within the A&amp;E department at BTH in March and there have been 33 year to date as at 31 March 2017. In line with national policy, root cause analysis information had been received for all breaches in order to provide assurance and understanding of lessons learned. Kate would check the dates on which the breaches occurred.</li> </ul>	<p><b>BG</b></p> <p><b>KN</b></p>

	<ul style="list-style-type: none"> <li>• <b>Cancer Waits</b> – The percentage of patients waiting no more than 62 days for an urgent GP referral to first definitive treatment had failed to achieve the target of 85% and was currently 80.95% in March. Eight out of nine of the cancer waiting targets had been achieved.</li> <li>• <b>NWAS</b> – NWAS Ambulance core responses rates for Red 1, Red 2 and 90 minutes had not been met for March but had improved slightly from the February position.</li> <li>• <b>MRSA</b> – There had been one incident in MRSA bacteraemia in the Trust at March and the case had been agreed as unavoidable with no lapses in care.</li> <li>• <b>IAPT</b> – The IAPT recovery rate remained below the target of 50%. The recovery rate had decreased from 42% in February to 41% in March.</li> <li>• <b>Quality Premium 2016/17</b> – Kate explained that a table had been included in the report to regularly monitor Blackpool CCG’s progress with the 2016/17 quality premium.</li> </ul> <p><b>RESOLVED: That members receive the report.</b></p> <p><b>(ii) Medicines Prescribing Group Minutes – 25 April 2017</b></p> <p><b>RESOLVED: That members receive the minutes of the meeting.</b></p> <p><b>(b) Contracts</b></p> <p><b>(i) Contract Variations and Procurement Decisions</b> – Beth spoke to a circulated schedule which provided some history and information to date on the associates and community contracts variation log for 2017/18. Beth pointed out to members that the FCMS contract had been extended for a maximum of three months. Some questions remained outstanding from the Extraordinary Part II Governing Body meeting held the previous week. Another meeting would be held with FCMS on 14 June 2017 for further clarifications. Subject to agreement at that meeting, Beth anticipated that we would be in a position to convene the small group as agreed at the Extraordinary Part II Governing Body meeting to meet and sign off the contract/specification. Considerable work had been undertaken in reaching this point and the plan was to finalise the due diligence work on 14 June 2017. Louise would ensure that a date is arranged for the group to meet before 1 July 2017 and would look at using one of the Tuesdays before or after CLT/F&amp;P Committee on either 20 June or 27 June 2017.</p> <p><b>RESOLVED: That members receive the contract variations and procurement decisions log and note the actions to be undertaken regarding the unscheduled primary care procurement for the Fylde Coast.</b></p> <p><b>(ii) Tenders – Community Equipment Update</b> – Kate Jackson spoke to a circulated report which had also been taken through the Quality and Engagement Committee. An audit of the equipment service with Blackpool Council had been undertaken in April 2016 and highlighted</p>	<p>LT</p>
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improvements and remaining gaps in the service delivery. It also identified failings to comply with the service specification with Blackpool Council. Timescales for completion of actions had been agreed with lead officers identified for action.

Kate provided members with an update and went through the report highlighting the various elements of the audit.

An adult and paediatric equipment framework tender overdue notice was issued on 20 April 2017 and lots 1-6 were advertised the following week. The tender was due to close 30 May 2017 and the evaluation process would commence on 12 June 2017. Kate informed members that the new framework should ensure quality and financial efficiency are set at an optimum and this would set to start in September 2017. The report also provided information on the recycle and the reuse pilot which will commence early summer 2017 and would enable us to test the model and better understand the volume of cost involved with a view to tendering at the end of 2018. The report also provided information on the financial aspects however, despite some pressures, we are taking action to deliver further efficiencies.

**RESOLVED: That members receive the report for information.**

*Kate left the meeting.*

**(iii) Contract Report – Month 12** – Beth spoke to a circulated report and highlighted the following:

- When analysing the position in totality for the CCG across all NHS and independent sector providers payment by results contracts, the contract position was over performing against planned levels by £2.8m. ***POST MEETING AMENDMENT – Beth informed Louise that there was an error in the report submitted to the meeting relating to the final month 12 position. Accounting for settlement figures, the final month 12 position was £2,568,271 rather than the £2.8m reported. This will be highlighted in the month 1 report.***
- The month 12 position at BTH reflected a financial over performance whilst Spire had slightly underperformed in terms of cost compared to plan year to date. There was a significant reduction compared to the previous month. Similarly, LTH continued to reflect the cost position which was below the planned level.
- There is a possibility that in 2017/18, activity to Spire may well increase if BTH have any RTT issues.
- Out-patient first attendances showed -866 cases for month 12 compared to -1573 cases in month 11 however, the position continued to decrease further in terms of costs this month.
- The specialties that had seen the largest under-performance in this POD were dermatology, trauma and orthopaedics and gastroenterology. At month 12, critical care activity and cost continued to perform significantly above plan. For the cardiac

	<p>intensive care unit, some of this attributed to cardiac critical care which was previously recorded in a different way.</p> <ul style="list-style-type: none"> <li>• The ambulatory care service was launched in June and as a result, we have seen significant cost increases. A meeting had been held with the Trust in February and it had been agreed that both sides would revisit the model and associated costs. The CCG has now proposed a local tariff which is not dissimilar to that seen in other areas. The CCG has requested a focus on nationally recognised definitions which if adopted, would ensure activity would not impact on our emergency admissions rate which is linked to our Vanguard work.</li> <li>• Discussions would need to be held with the Trust about how we manage contract exceptions.</li> </ul> <p><b>RESOLVED: That members receive the report.</b></p> <p><b>(iv) Contracts Dashboard – Month 12</b> – Beth spoke to a circulated report which provided information on activity for all providers and then split out for BTH, LTH, Spire and Wrightington, Wigan and Leigh.</p> <p><b>RESOLVED: That members receive the report.</b></p> <p><b>(v) GP Referrals Report – Month 12</b> – Beth spoke to a circulated document which provided an overview of GP referrals for Blackpool CCG. Andrew asked that rather than just include out-patient first referrals, whether we could also look at out-patients in totality and Beth would action and include in the report for the next meeting.</p> <p><b>RESOLVED: That members receive the report.</b></p> <p><b>(c) Finance</b></p> <p><b>(i) Fylde Coast Combined Savings Update</b> – Andrew spoke to a circulated report and informed members that since issuing the report with the papers, an amendment had been made to the planned savings and an updated document had been circulated to members earlier that day. The amendment related to the health economy target which had been broken down in a table – “Unidentified for BTH” should have read £1m not £6m and this was noted.</p> <p>Andrew informed members that work was taking place via the Effective Use of Resources Group in looking to ensure that we have no duplications of savings. There will be a set of savings that CCGs will have that will generate a cost to the Trust that they cannot take out.</p> <p>Andrew made reference to the appendices within the report and informed members that work would take place and discussion held via the work streams to drill down further on the BTH efficiency savings, CCG efficiency plans and Fylde Coast 2017/18 savings plans. He informed members that the intention is to bring the high level information to the committees as appropriate. There will be a single report to each organisation’s Finance and Performance Committees from the efficiency group. An update would be submitted to the committees bi-monthly.</p>	<p><b>BG</b></p>
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	<p><b>RESOLVED: That members receive the report.</b></p> <p><b>(ii) QIPP Programme</b> – Janet spoke to a circulated report and informed members that the final value of the QIPP savings as reported to NHSE as part of the month 12 reporting requirements was an achievement of £6.32m against the required plan of £6.4m. At that point in time, the value had to be calculated using the month 10 data and members had been advised that we would continue to monitor the demand management schemes until we receive the final data for the year. Janet explained that the intention was to provide a final update using the month 12 data but due to the IT disruption caused by the cyber-attack, the business intelligence team had not yet been able to process the data for the demand management monitoring. Janet explained however, that they were able to provide an update to the position used in the month 11 figures which gives assurance that the schemes were continuing to perform as intended and that the QIPP achievement for the year would have passed the plan value. A further £400,000 saving had been achieved bringing the total savings to £6.7m. Janet wanted to demonstrate that schemes ongoing into 2017/18 continue to deliver.</p> <p>Janet provided an update on the 2017/2019 two year QIPP programme. Schemes had already been drawn up for 2017/18 to the value £6.463m. An ideas session had been held with managers including Cruz and a further session would be held with the review panel in two months’ time with a view to holding them quarterly thereafter. Thanks were conveyed to everybody involved in the QIPP target savings achievement.</p> <p><b>RESOLVED: That members approve the report.</b></p> <p><i>The agenda was taken out of order.</i></p>	
<p><b>7. Information Governance Bi-monthly Report</b></p>	<p>Belinda spoke to a circulated report which was the first bi-monthly report for 2017/18 and provided an overview and the work improvement plan for the coming year. Belinda highlighted the following:</p> <ul style="list-style-type: none"> <li>• The information governance (IG) toolkit score for 2016/17 was confirmed as 91% and a target score would be calculated on the release on the next version of the IG toolkit.</li> <li>• Preparations for the general data protection regulations (GDPR) which come into force in May 2018 were currently underway across information governance.</li> <li>• Andrew informed members that the CCG is required to have an identified Data Protection Officer which cannot be the SIRO or Caldicott Guardian. An officer would need to be identified and can report to an Executive level. It was suggested that we consider “buddying” across both CCGs and this would be taken forward.</li> <li>• Reference was made to the IG toolkit for GPs and key providers. Belinda explained that 66% indicated a satisfactory score on the IG toolkit.</li> <li>• Policies and procedures relating to information governance would be reviewed to take into account the necessary changes to allow for GDPR requirements.</li> </ul>	<p><b>BH</b></p>

	<ul style="list-style-type: none"> <li>• Belinda drew members’ attention to Appendix A within the report which was the draft work improvement plan and indicated a timeline for the changes and improvements.</li> <li>• Mandatory training dates had been scheduled for all CCG staff through to October this year and attendance would be reported in future reports.</li> <li>• There had been very little movement on the U-Assure data since the previous report and the IG team continues to work with the CCG to ensure assets are recorded and scored appropriately.</li> <li>• There have been no reported incidents since 1 April 2017.</li> <li>• Out of hours and working hours spot checks continue and findings would be shared with the CCG’s IG lead and included as an appendix in future bi-monthly reports.</li> <li>• Privacy impact assessments are required to be conducted before any changes or additions to the service are undertaken and the IG team will work with CCG colleagues to ensure these are completed in a timely manner. Andrew asked if the IG team could review information assets identified as critical particularly in light of the recent cyber-attack and Belinda would take this forward.</li> </ul> <p><b>RESOLVED: That members receive the report and approve the work improvement plan for 2017/18.</b></p> <p><i>Belinda left the meeting. Andrew left the meeting.</i></p>	<p><b>BH</b></p>
<p><b>5. Integrated Business Reports</b></p>	<p><b>(d) Combined Finance and Performance Report for Ambulance/NHS111 (April 2017)</b> – Chris spoke to a circulated report which had been produced in a new format and provided additional graphical information. He highlighted the following:</p> <ul style="list-style-type: none"> <li>• <b>PES</b> <ul style="list-style-type: none"> <li>• Activity and Performance to 30 April 2017 – Performance at the end of April did not meet national performance targets although performance appears to have improved based on the single month of 2017/18 being reported. Handover and turnaround had continued to impact performance. Average turnaround times improved again in April reducing from 33.47 minutes in March to 32.14 minutes in April.</li> <li>• Progress against the remedial action plan developed to recover performance is monitored at weekly performance meetings and the contracting group. Performance dashboards tracking progress against the headings in the remedial action plan had been developed and the dashboard from April was awaited from NWAS.</li> </ul> </li> <li>• <b>NHS 111</b> <ul style="list-style-type: none"> <li>• Performance against the KPI relating to calls answered deteriorated slightly however, the volume of calls answered had increased in April.</li> <li>• Sickness and absence rates continued to be a concern for the service. A number of steps were been taken to improve sickness</li> </ul> </li> </ul>	

	<p>rates, improve attendance and improve job satisfaction.</p> <ul style="list-style-type: none"> <li>• The report provided information on the quality indicators for April.</li> <li>• Month to date performance showed a general improvement with 88.3% of calls being answered within 60 seconds and the number of abandoned calls reducing at 5.1%.</li> </ul> <ul style="list-style-type: none"> <li>• <b>NWAS PTS Performance</b> <ul style="list-style-type: none"> <li>• Performance in April was similar to February however, there had been a slight decline in the Greater Manchester figures for unplanned activity. Lancashire performance against the KPIs was good and there was only one area not meeting the required level which related to EPS journeys. The KPI relating to the percentage of patients arriving within 45 minutes prior to a schedule appointment had remained at 89% in month against a target of 90%.</li> </ul> </li> <li>• <b>Quality</b> - Chris took members through the quality section relating to CQC, StEIS and CQUIN.</li> </ul> <p>Roy welcomed the new format of the report which was easier to read and understand. Chris commented that work was taking place in looking to include information - CCG by CCG.</p> <p><b>RESOLVED: That members receive the report.</b></p> <p><i>Chris left the meeting.</i></p>	
<p><b>6. NHS Improvement Undertakings – Compliance Report</b></p>	<p>Janet spoke to a circulated report which was an outline summary of the CCG’s actions in relation to NHS Improvement’s (formerly Monitor) undertakings for the period 31 March 2017. She explained that there is a requirement to submit the CCG’s final undertakings by the end of June and the updates were highlighted throughout the report. Janet asked members to let her know if they have any other actions or evidence that could be included. Due to timings of meetings and the submission date of 30 June 2017, committee members were asked to approve and recommend the document to the Governing Body and subject to approval, it would be taken to the Governing Body Development Session on 6 June 2017 in order to meet the submission deadline. The document would then be submitted for formal ratification by the Governing Body at the meeting in public on 4 July 2017.</p> <p><b>RESOLVED: That members approve the submission for ratification by the Governing Body.</b></p>	<p><b>JB/LJT</b></p>
<p><b>8. Items for Inclusion/Update to the CCG Risk Register</b></p>	<p>No items.</p>	
<p><b>9. Agenda Items/Areas to Highlight - CCG Governing Body Meetings</b></p>	<p><b>(a) 4 July 2017 – Governing Body Meeting:</b></p> <ul style="list-style-type: none"> <li>• NHS Improvement Undertakings – Compliance Report</li> </ul> <p><b>(b) 1 August 2017 – Governing Body Development Session – No items.</b></p>	<p><b>LJT</b></p>

<b>10. Any Other Business</b>	There were no issues.	
<b>11. Declaration of Confidentiality</b>	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.	
<b>12. Date, Time and Venue of Next Meeting</b>	The next meeting would be held on Tuesday, 27 June 2017 at 1.00 pm in the Boardroom, Blackpool CCG.	