

Approved 30 January 2018

Minutes of a Meeting of the Finance and Performance Committee Held on Tuesday, 28 November 2017 in the Boardroom, Blackpool CCG

Present: David Edmundson, Lay Member (Chairman)
 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 Michelle Martin, GP Member
 Dr Marie Williams, GP Member

In Attendance: John Gaskins, Deputy Chief Finance Officer
 Beth Goodman, Head of Contracts and Acute Commissioning, M&LCSU
 Kate Newton, Quality and Performance Manager, M&LCSU (up to Item 3)
 Joanne Camilleri, Finance, Contracting and Performance Lead
 Carl Beesley, IG Officer, M&LCSU (for Item 6)
 Louise Talbot, Secretary to the Governing Body

SUBJECT	DECISION	ACTION
1. Apologies for Absence	Apologies for absence had been received from Yvonne Rispin.	
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/corporate-information/managing-conflicts-of-interest/</p> <p>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.</p>	
3. Minutes of the Meeting Held on 31 October 2017	<p>a) Fylde and Wyre CCG Finance and Performance Committee and Blackpool CCG Finance and Performance Committee:</p> <p>RESOLVED: That subject to a minor amendment, the minutes of the meeting be approved as a correct record.</p> <p>b) Confidential Briefing Note – Community Dermatology Service:</p> <p>RESOLVED: That it was noted that committee members only received the confidential briefing note which was approved as a correct record.</p>	LJT

c) **Summary Feedback – Meeting held on 31 October 2017 – Survey Monkey Responses** – Andrew spoke to a circulated report. Following a recent meeting of both Blackpool CCG Finance and Performance Committee and Fylde and Wyre CCG Finance and Performance Committee held on 31 October 2017, a survey monkey was sent out to members of both committees and also colleagues in attendance at the meeting in order to canvas views as to the effectiveness of the meeting and in light of the move towards an accountable care system. The results and comments relating to the meeting were summarised within a report presented by Andrew. There were mixed views and responses to the questions within the survey monkey.

Andrew explained that it was the intention then to hold separate committee meetings in November. The December meeting of the Blackpool CCG committee had been stood down due the timing of data availability. In January, Andrew would be proposing a financial planning workshop across the Fylde Coast organisations, ie, Blackpool CCG, Fylde and Wyre CCG and Blackpool Teaching Hospitals. There would then be the usual committee meeting 30 January 2018.

There were some items that were felt to have been useful at the meeting held in October, particularly relating to ambulance/NHS111 commissioning, assured value contract and community dermatology.

It was commented that if there are mutual items to both committees, there would be benefits in holding one meeting across the two/three committees however, if the items related specifically to finance and performance monitoring in Blackpool, it would not be advantageous to Fylde and Wyre CCG. A piece of work would need to be undertaken at looking at having joint reports in going forward. It was suggested that the March 2018 meeting of the committee had been provisionally earmarked as a committees in common meeting.

There were some good examples of joint working, ie, joint information governance report and the finance report which had both been produced once across both CCGs. It was commented that the integrated business report presented to the Blackpool CCG committee appeared to be more informative. Further thought was required around the content of the reports in going forward.

It was commented that work would need to be undertaken in looking at having a tripartite committee meeting with Blackpool CCG, Fylde and Wyre CCG and Blackpool Teaching Hospitals. Andrew had raised this with colleagues at the Hospitals Trust. It was pointed out however, that consideration would need to be given on how we ensure other services, ie, mental health is covered. Roy commented that more discussion would need to be held at the workshop for colleagues to have more understanding of what is required going forward. It was recognised that should be an easier process for the Quality and Engagement Committees across the three organisations.

RESOLVED: That members receive the summary feedback.

Kate Newton left the meeting.

<p>4. Matters Arising</p>	<p>a) Meeting Held on 31 October 2017 – Committees in Common:</p> <ul style="list-style-type: none"> • Improved Better Care Fund (IBCF) – At the previous meeting, David Bonson reported that there were ongoing discussions with Blackpool Council relating to the IBCF. A communication had been sent from colleagues within the CCG’s Finance Department to the Council. Slippage available. The issue appears to be slow in being resolved. • TIA – The percentage of TIA patients assessed and treated within 24 hours of referral at BTH had deteriorated in August with only 13.3% for Blackpool CCG and 7.1% for Fylde and Wyre CCG. It was noted that all other CCGs had achieved 100% with a total performance of 16.1%. The CCG and the Trust were working together to review pathways and improve patient outcomes however this deterioration would be raised as urgent business at the next Quality Review Group. • Demand Management Schemes – Concern had been expressed at the previous meeting regarding performance of the demand management schemes that were in place. Beth had asked the BI Team to look at this in more detail and explained that there were concerns around coding at BTH which was being taken forward. <p>b) Community Dermatology Service - Following on from the discussion at the previous meeting, Beth provided an update regarding the contract options and risk assessment relating to the community dermatology service. She spoke to a presentation prepared by the contract hosts, Fylde and Wyre CCG which highlighted risks in contract delivery.</p> <p>The agenda was taken out of order.</p>	
<p>6. Information Governance</p>	<p>Carl made reference to the Information Governance Handbook commenting that in light of GDPR coming into being that the review of the handbook be delayed and to extend this to be undertaken after 31 March 2018 once the GDPR toolkit has been released. The handbook would be updated accordingly. Members were comfortable with this arrangement.</p> <p>RESOLVED: That members agree to the extension of the Information Governance Handbook to 31 March 2018 pending further review once the GDPR toolkit has been released.</p> <p>Carl spoke to a circulated information governance bi-monthly report with provided members with an overview and progress against the information governance improvement plan throughout the year. He covered the following:</p> <ul style="list-style-type: none"> • Information Governance Toolkit – For both Blackpool CCG and Fylde and Wyre CCG, the current score for compliance with the toolkit was 43% in comparison to the score of 47% at this point in the previous year. David Edmundson asked whether we should have any concerns about this and Carl explained that the percentage was slightly lower due to the late release of the IG toolkit. • IG Breaches – Andrew commented that he would want individual breaches to be described within the report rather than providing numbers only. It was important that the committee and Andrew as the CCG’s SIRO have the detail of the breaches. Carl noted this for future inclusion as relevant. 	

	<ul style="list-style-type: none"> • Confidentiality Audit – A question was asked as to why there were no numbers associated with this within the report. Andrew explained that there could be a range of issues around this and some may have resulted in no further action required. • GDPR Audit information – Further work was being undertaken. • IG Training – Governing Body members would be undertaking IG training in February 2018. Training for staff across the CCG was being undertaken. • IG Mandatory Training Status – The highlight report provided information on the current uptake which was 54% April to November 2017. Work continued to reach the target of 63% achieved. • Improvement Plan 2017/18 – Carl explained that most of the work within the plan was on track and any work that is currently delayed relates to GDPR. • Information Asset Register – Carl reported that there are 96 assets recorded within the U:Assure system and the report provided activity breakdown. Carl made reference to the Adam system that is currently used by Fylde and Wyre CCG. Blackpool CCG uses Broadcare. Carl would further investigate whether Blackpool CCG could use the Adam system for continuing healthcare. • IG Spot Check – It was suggested that a further spot check across the CCG offices would be undertaken in February. • GDPR Information Audit Report – Members noted the report and the actions being taken forward. <p>David Edmundson asked if there were any issues that committee members needed to be aware of or concerned about. Carl made reference to the risk at work programme where some areas were behind timescale however, work was taking place in reviewing asset registers and the GDPR work which continued to be taken forward.</p> <p>RESOLVED: That members receive the report.</p> <p>b) Review of Information Governance Policy – A review of the IG Policy had been undertaken with some minor amendments. Following discussion, it was,</p> <p>RESOLVED: That members approve the updated Information Governance Policy for recommendation to the Governing Body.</p> <p>Thanks were conveyed to Carl and he left the meeting.</p>	<p>CB</p> <p>LJT</p>
<p>5. Integrated Business Reports</p>	<p>a) Performance</p> <p>(i) Performance Report – Month 6 – Janet spoke to a circulated report and highlighted the following:</p> <ul style="list-style-type: none"> • RTT – Blackpool CCG had not met the RTT target again for September 2017. Performance had improved slightly to 28.8% in September from 88.43% in August. Various recovery options were being discussed by the Executive Teams from the Trust and both Blackpool and Fylde and Wyre CCGs. Janet explained the pressures facing the Hospitals Trust both in terms of activity and finance explaining that the RTT position may not be recovered this year. Work was taking place to address the risks of not 	

	<p>achieving and discussion would be held at the Contract Board meeting later in the week.</p> <ul style="list-style-type: none"> • A&E Waiting Time Target – The four hour A&E waiting time target at BTH was still below target of 95% however, there had been in improvement to 90.83% in October from 83.95% in September. This performance exceeds the STF plan of 90.6%. Janet explained that discussions continued regarding flow through the hospital. • Cancer Waits – Blackpool CCG cancer waits performance had remained at the same performance level as in August and seven out of nine targets had been achieved. Janet explained however, that there had been further reductions and the position was deteriorating. Twelve Blackpool CCG patients had not been seen within the 62 day first definitive treatment target. Cruz asked what the specialties were and Janet would find out and inform him outside of the meeting. • Mixed Sex Accommodation – There had been one breach for a Blackpool CCG patient in September at Lancashire Teaching Hospitals which was due to a step down bed being unavailable. Commissioners had confirmed that the patient’s privacy and dignity had been maintained at all times. • Cancelled Operations – Four operations had been cancelled on or after the date of admission for non-clinical reasons without being offered a binding day within 28 days. Janet had challenged the reasons for this and a response was awaited. • E.coli – Work was taking place in looking at the work that had taken place in Hertfordshire. A senior nurse has been appointed and would commence in post in January. Janet also informed members that the Quality and Engagement Committee had asked for a focus on E.coli at the next meeting. • Quality Premium – NHS England had begun to reconcile the 2016/17 quality premium and although some data clarification would need to take place, the indication was that due to the non-achievement of the Constitutional measures, no quality premium funding would be paid. Janet explained that this related to the 62 days cancer wait which we had failed on. • Improvement Assurance Framework – More detailed information would be provided at the next meeting as information was only just filtering through in relation to changes in the framework. <p>RESOLVED: That members receive the report.</p> <p>(ii) Medicines Prescribing Group Minutes (Subject to Ratification) – 24 October 2107:</p> <p>RESOLVED: That members receive the minutes of the meeting.</p> <p>b) Contracts, Variations and Procurement Decisions:</p> <p>(i) Associates and Community Contract Variation Log 2017/18 – There was no further update since the previous meeting.</p>	<p>JB</p> <p>JB</p> <p>KN</p>
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(ii) Contracts Report – Month 6 – Beth spoke to a circulated report and highlighted the following:

- The overall contract position was over performing against planned levels.
- The position at month 6 for BTH reflected a financial over performance which was a continued increase from month 5. The over performance included the effect of transitional support as assumed within the BTH 2017/18 financial plan. Members were reminded that under the current PbR Contract this is not payable by the CCG, therefore, the estimated impact of this is excluded from the month 6 finance report but for visibility remained in the contract report.
- Spire Fylde Coast Hospital had significantly under performed in terms of cost compared to planned year to date which was a continued decrease from month 5 following a decrease in trend in overall cost variance since month 1. Beth informed members that Spire colleagues are contemplating the activity notice in terms of market share. Andrew sought clarification as to what the process is for us receiving the financial adjustment on the standard contract versus under performance. Beth explained that we would still be reconciling payments. She had offered a meeting with the Commercial Team at Spire however, they had declined the offer to meet.
- BTH Community – The Effective Use of Resources Group continues to work on re-basing the community services contract. There had been a pause around this however, a joint piece of work was being undertaken. Since then, the Trust is undertaking this themselves without involving the CCG. John was currently picking this up with them.
- LTH issues regarding the Identification Rules (specialised commissioning) which are ongoing and are being taken forward by Directors of Finance.

RESOLVED: That members receive the report.

The agenda was taken out of order.

c) Finance:**(i) Financial Position – Month 7** – John spoke to a circulated report and highlighted the following:

- The CCG had met its planned financial targets
- Financial position at month 7:
 - £0.159m in year surplus which is on target with the plan
 - Year end forecast showed achievement of £0.27m surplus
 - 2017/18 cumulative surplus £4.21m
- QIPP – To be discussed later in the meeting.
- Running cost expenditure was £106,000 under budget.
- Better Payment Practice Code – NHS 100% - Non NHS 99.6% by number of invoices.

The report provided information on:

- The Fylde Coast LDP month 7 position
- The Fylde Coast LDP QIPP/risk position
- LDP headlines

The key risks related to:

- Continuing healthcare and complex cases
- Acute contract over performance
- Mental health out of area placements
- QIPP delivery
- Net risk position – £0.5m (month 6 £0.8m)

Andrew commented that colleagues at BTH had alerted the CCG that the Trust was in financial distress and a letter from the Trust's Finance Committee via the Chief Executive and the Director of Finance had been sent to Dr Amanda Doyle and Dr Tony Naughton (FWCCG). Some work had been undertaken to try and understand and analyse the position and a report would be submitted to the ACS Steering Group regarding the month 5 position. It is unlikely that they will deliver on their CIP programme and there is an increase in cost resulting to managing performance levels in A&E. Andrew made reference to uncommitted resources/STP money and Lancashire share of winter money and it is likely that the Fylde Coast health economy will receive £800,000. When looking at flexibilities, there is the opportunity for releasing up to £4.7m resources in the system to resolve the financial distress. Discussion had been held that morning regarding the position and Andrew wanted to make committee members aware of this. We would write back to the Trust on what the opportunities might be however, this would have to be taken through the performance governance and due diligence route first. It was recognised that the Trust is not able to manage controlling costs. David Edmundson commented that he would rather that any money we have in reserves be put into service improvement which should then resolve the bed occupancy issues.

John explained that we have a pressure on continuing healthcare however, we have a full understanding around this and have mapped it through and included it within our risk position. Staff are managing this pressure and there is regular dialogue.

Andrew left the meeting.

RESOLVED: That members approve the report.

- (i) **2017/18 QIPP Programme** – Janet spoke to a circulated report which provided members with an update on progress and development of the QIPP schemes identified for 2017/18 and showed the status and risk adjusted forecast for each scheme. Janet explained that whilst the risk adjusted forecast had increased by £145,000 from the value of £5,483,000 reported in the previous month, it was disappointing that more progress towards the overall target had not been achieved. The increase included an improvement in the forecasted savings against the Spire contract and £1.1m of savings at Spire had been banked and a further risk adjusted £450,000 was forecast. It was commented however, that the impact of this increase had been reduced by a reduction in the forecast savings for the demand management schemes of referrals, procedures of limited clinical value and non-electives.

	<p>Janet was optimistic regarding the Spire month 6 position which would have taken us closer to the target if not mitigated by the changes in other schemes.</p> <p>Activity data was being analysed further to establish the cause of the swing and the individual QIPP leads have been asked to undertake full evaluation of their schemes.</p> <p>RESOLVED: That members receive the report.</p> <p>The agenda reverted back.</p> <p>5b) (iii) Contracts Dashboard – Month 6 – Beth spoke to a circulated document which provided graphical information on contracts for Blackpool Teaching Hospitals, Lancashire Teaching Hospitals, Spire Health Care, Wrightington, Wigan and Leigh Trust and all other providers. She explained that a refresh of the reports was being undertaken in order that the committee would receive greater visibility of the Tier 2 activity going through.</p> <p>RESOLVED: That members receive the report.</p> <p>(iv)GP Referral Reports – Month 6 – Beth spoke to a circulated document which provided information on GP referrals, hospital referrals, other referrals and practice level data. It was noted that the GP referral section also included referrals made to the Tier 2 services.</p> <p>The number of referrals across all providers in September rose slightly compared to the previous month equating to 65 more referrals. Overall, the total number of referrals to the top 10 providers excluded no to Tier 2 services had fallen by 1.1% compared to the same period in 2016/17. The main reductions had been seen across BTH, LTH and Spire Hospitals.</p> <p>Beth explained that work was taking place in providing information on the Tier 2 services by service for future meetings.</p> <p>Reference was made to referrals in respect of urology referrals to East Lancashire. Marie commented that they were consultant referrals, not GP referrals. Beth would check this outside of the meeting. Beth had reported that most of the overperformance at ELHT relating to vascular. During the meeting, she had received an update that this new activity was being observed in new HRGs as a result of HRG4+ on another note linked to referrals. Marie asked whether BTH clinicians have full knowledge of the procedures of limited clinical value and both Janet and Beth confirmed they had. Janet would ensure that this is re-enforced with the Trust.</p> <p>RESOLVED: That members receive the report.</p>	<p>BG</p> <p>JB</p>
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(v) Alternative Contract Model – Month 6 – Janet spoke to a circulated report which provided an update on the alternative contract model position as at month 6 compared to the traditional payment by results position. Janet reminded colleagues that the alternative model categorises points of delivery into bundles, the bundles then have their own principle of operation. Two versions of the alternative contract model had been worked through and one included transitional relief at approximately £4.4m for the year and the other excluding transitional relief. Janet commented that it should be noted that there are a number of outstanding contract issues that have not been factored into the financial calculations within the report however, they were being progressed via the Contract Board and should be resolved for the next iteration of the alternative contract model position as at month 7. Also appended with the report were backing papers that support the figures. Janet explained that work is being progressed through the Effective Use of Resources Group and she explained the costs with or without transitional relief.

RESOLVED: That members receive the report.

d) Combined Finance and Performance Report for Ambulance/NHS111 (October 2017) – Joanne spoke to a circulated report and highlighted the following:

- **Paramedic Emergency Services (PES)**
 - Year to date total calls activity was 0.5% under plan to the end of October.
 - In the month of October there was an over performance against the plan of 1%.
 - There had been a rise in call activity in August and September which had been seen in a number of other Ambulance Trusts. For most counties this had returned an under performance as experienced prior to August but for Lancashire the over performance had continued.
 - The report provided activity performance.
- **Ambulance Response Programme Performance**
 - Joanne reminded colleagues of the programme that went live on 7 August 2017. Work was taking place in looking at progress on the programme.
 - Position for the current week was not as good as in previous weeks. The action plan and trajectories are monitored.
 - It was anticipated that the reports would be available at CCG level over the next few weeks.
 - It was recognised that a lot of communication needed to be carried out regarding the programme and performance.
- **Handover and Turnaround**
 - Joanne explained that October's average handover and turnaround time had improved slightly on the position for September. There continued to be issues at some hospitals that are known to be more challenged. The converse of this is that hospitals that have been improving their handover times have delivered further improvements making the disparity between the quickest and the longest times more pronounced. The NWAS led ECIP 90 day programme involving

	<p>eleven of the most challenged Trusts for handover and turnaround delivers significant and sustained improvements in a number of Trusts. The learning from these was being distributed to other Trusts and the NWAS Chief Executive was arranging to meet a number of the Trusts to share the learning ahead of winter. Joanne explained that NHS Improvements were also putting a lot of effort into this.</p> <ul style="list-style-type: none"> The report also provided information on NWAS PTS performance along with winter planning and quality. Joanne explained that work continues with NWAS and managing outstanding StEIS incidents through the new processes that have been put in place to streamline notification and the timeliness and consistency of reporting. <p>Joanne made reference to NHS111 and informed colleagues that plans were in place on managing winter.</p> <p>RESOLVED: That members receive the report.</p>	
7. IM&T	<p>a) Fylde Coast Primary Care IT Group – Terms of Reference and Membership – John reported that the Fylde Coast Primary Care IT Group had recently reviewed the Terms of Reference and Membership and a number of amendments were highlighted within the document presented to members.</p> <p>RESOLVED: That the committee approve the amendments to the Terms of Reference and Membership.</p> <p>b) Neighbourhood IT Group – 8 November 2017:</p> <p>RESOLVED: That members receive the minutes of the meeting.</p>	
8. Items for Risk Register	<p>a) Review of Risk Register and b) Items for Inclusion on the Risk Register</p> <p>It was commented that community dermatology had not been included on the Risk Register although Fylde and Wyre CCG had stated that it had been. In light of recent events, work would need to take place in defining the risk.</p> <p>David Edmundson asked whether we needed to upgrade the risk relating to BTH and Janet commented that this would not need to be undertaken at the current time. The Risk Register is reviewed regularly and the risks relating to BTH are rigorously reviewed. The Risk Register would be updated in readiness for populating the Governing Body Assurance Framework for submission to the Governing Body meeting in January 2018.</p> <p>RESOLVED: That members note the actions relating to the Risk Register.</p>	BG/JB
9. Agenda Items/Areas to Highlight – CCG Governing Body Meetings	<p>a) 5 December 2017 – Governing Body Development Session – Andrew would take an update on BTH and the financial position.</p> <p>b) 16 January 2018 – Governing Body Meeting – Information Governance Policy.</p>	AH LJT

<p>10. Any Other Business</p>	<p>There were no items.</p>	
<p>11. Declaration of Confidentiality</p>	<p>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.</p>	
<p>12. Date, Time and Venue of Next Meeting</p>	<p>The meeting scheduled for 19 December 2017 had been cancelled and any available papers would be emailed to members for information/comment. The next meeting would be held on Tuesday, 30 January 2018 at 1.00pm in the Boardroom, Blackpool CCG.</p>	