NHS
Blackpool
Clinical Commissioning Group

Approved 27 February 2018

Minutes of a Meeting of the Finance and Performance Committee Held on Tuesday, 30 January 2018 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 Marie Williams, GP Member
Dr Cruz Augustine, GP Member
Dr Michelle Martin, GP Member

In Attendance: John Gaskins, Deputy Chief Finance Officer
Yvonne Rispin, Director of Ambulance and NHS111 Commissioning
Beth Goodman, Head of Contracts and Acute Commissioning, M&LCSU
Kate Newton, Quality and Performance Manager, M&LCSU
Michelle Wiles, Information Governance Manager, M&LCSU (Item 6)
Louise Talbot, Secretary to the Governing Body

SUBJECT	DECISION	ACTION
1. Apologies for Absence	Apologies for absence had been received from David Bonson.	
2. Declarations of Interest/Conflicts of Interest Relating to the Items on the Agenda	**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/**	
3. Minutes of the Meeting Held on 28 November 2017	**RESOLVED: That the minutes of the meeting held on 28 November 2017 be approved as a correct record.** **a) Confidential Briefing Note – 28 November 2017:** **RESOLVED: That members approve the Confidential Briefing Note as a correct record.**	
4. Matters Arising	• **Cancer Waits - Cruz had requested the list of specialties for all the cancer waiting time breaches.** Kate would send information to Cruz regarding the particular specialities for the cancer waiting time breaches. • **Urology Referrals -** Reference had been made at the previous meeting regarding referrals relating to urology referrals to East Lancashire. Beth reported that an investigation had been undertaken and the majority of referrals were consultant to consultant at East Lancashire Hospitals. This was still under investigation and a further report would be provided at the next meeting. Beth reported that there was significant over performance at East Lancashire Hospitals which related to new	**KN** **BG**

	additional activity and linked to HRG4+, therefore, driven by a difference in coding. • **Procedures of Limited Clinical Value –** Marie had asked at the previous meeting whether BTH clinicians had full knowledge of the POLCV and Janet confirmed that clinicians were fully aware of the policies however, this would be further reiterated by the planned care work stream. It was commented that some GPs appear to be bypassing the system and Jackie Heardman, Choose and Book Programme Manager was currently investigating this with a view to developing a proposal to over-ride these, this will be progressed with BTH. • **Community Dermatology –** Members were informed that a similar decision was taken at Fylde and Wyre CCG regarding the community dermatology service performance concerns and work continued to take place. Further information on dermatology data was required from the Trust and work was taking place in looking at an alternative provider.	
5. Integrated Business Reports	**(a) Performance** **(i) Performance Report – Month 8 –** Kate spoke to a circulated report and highlighted the following: • **RTT -** Blackpool CCG had not met the RTT target for November 2017 and performance had deteriorated to 88.12% in November from 88.88% in October. The Trust has indicated that it is likely to deteriorate further however, the previous week there was a national directive that elective activity should commence again from 31 January 2018. The RTT phased return would be undertaken however, this would depend on emergency pressures. • **A&E -** BTH performance against the four hour A&E waiting time target had deteriorated to 78.67% in December from 84.55% in November. National attention had recently been focused, by the UK Statistics Authority, on whether the rules on the A&E performance metric have been correctly applied across the NHS by adding in Urgent Care Centre activity that was not provided by the NHS organisation and in some cases was at sites that were not the NHS providers. It was noted that primary care streaming and Urgent Care Centres had taken activity that would previously have been within A&E activity, Andrew suggested that there may need to be a rebasing. • **52 Weeks –** There was one patient waiting more than 52 weeks at Central Manchester CCG and the details were awaited. • The 12 hour discharge to assess waits had escalated since November (18 in November, 45 in December and 106 in January). • Cancer waits had improved in November and the only target not achieved related to the 62 day target to first definitive treatment that had been missed by two patients. • Ambulance performance had been included in the report however, further details would be provided by Yvonne later in the meeting. Kate explained that the Ambulance Response Performance is complex. Headlines would be included within the performance report and the detail provided within the ambulance performance report. • There had been two breaches of mixed sex accommodation for Blackpool CCG patients in November and the CCG had been	

assured that the patients' privacy and dignity had been maintained at all times. One patient was at LTH and the other at BTH.

- The percentage of mental health patients on CPA discharge from hospital and followed up within seven days failed to achieve the target for Q2. Kate commented that it is often difficult to contact the individuals concerned. Marie asked for a breakdown of who was visiting, Council or LCFT staff. She also asked for information on the timing of the visits. Kate to find out more information. **KN**
- Improvement Assessment Framework – A meeting would be held with NHS England at the end of March.

RESOLVED: That members receive the report.

(ii) CCG Improvement and Assessment Framework Indicators – Kate spoke to a circulated report and explained that five new indicators had been added to the CCG Improvement and Assessment Framework in 2017/18. Twelve indicators had been removed and minor changes made to strengthen seven others. The report provided information on the changes.

RESOLVED: That members note the changes made to the framework in 2017/18 noting that implementation dates were yet to be confirmed.

(iii) Early Intervention in Psychosis Performance Misreporting – Kate spoke to a circulated report which provided information on early intervention in psychosis performance. She explained that following an audit of the RTT target, LCFT had advised that guidance relating to the two week RTT target had changed resulting in the under performance of the early intervention in psychosis indicator. LCFT advised that the guidance now states that the clock must start with the point of referral to LCFT even if it is not initially to the EIP Service. It became apparent that the service user may be referred into a different service/pathway prior to it becoming evident that the service user requires EIP Services which has resulted in misreporting. Kate explained that to provide assurance that no unnecessary harm was caused to service users, 10% of the 154 people who had waited the longest time were identified. The care records for each of these patients were then accessed to determine the assessment and/or treatment offered during this period prior to acceptance into EIP. Kate explained that it was found that service users were already under the care of a mental health team and no harm was reported. The service is considering expanding the sample size if other concerns arise however, none were anticipated.

Kate explained that steps were being taken by the Trust and daily SitReps and teleconferences were being undertaken, Chaired by senior management, involving front line staff and managers along with performance colleagues to ensure that all new referrals receive appointments within 14 days. Andrew asked if the lead commissioner had issued a performance notice and Kate would check to see it one had been issued. Committee members were not reassured by this position and required more information on the **KN**

patient harm audit, eg, where the patients came from etc. Kate noted their concerns and would action accordingly. **KN**

RESOLVED: That members receive the report asking for further action to be undertaken as outlined above.

(iv) Medicines Prescribing Group Minutes – 28 November 2017:

RESOLVED: That members receive the minutes of the meeting.

(b) Contracts, Variations and Procurement Decisions:

(i) Contract Report – Month 8 – Beth spoke to a circulated report and highlighted the following:

- For Blackpool CCG across all NHS and independent sector providers PbR contracts, the contract position was over performing against planned levels by £2.6m (plus 3%).
- The position at month 8 for BTH reflected a financial over performance of £2.9m (3%) which was a continued increase from the month 7 position. It was noted that the over performance included the effective transitional support assumed within the BTH's 2017/18 financial plan. Members noted that under the current PbR contract this is not payable by the CCG, therefore, the estimated impact of this was excluded from the month 8 finance reports however, for visibility remained in the contract report.
- Spire Fylde Coast Hospital had significantly under performed in terms of cumulative cost for months 1-8 compared to planned year to date with a variance of -£1.7m (-41%). It was noted that whilst we remain under plan, activity and cost were beginning to rise which was possibly driven by waiting times at BTH.
- For BTH, Beth had met with the Trust and had a follow up meeting. Work was taking place in looking at the cost of each service in the community element of the contract. It was noted that the costs have been shared with commissioners which is the initial step in rebasing the contract.
- Procurement – The CCG is an associate to a contract hosted by Fylde and Wyre CCG for the provision of tier 2 ophthalmology and a clinical group had been established as part of the planned care work stream with the intention to expand the specification ahead of a full procurement exercise.

RESOLVED: That members receive the report.

(ii) Contract Dashboard – Month 8
and
GP Referral Report – Month 8 – Beth spoke to the circulated reports. She explained that Tier 2 Services had been detailed within the referrals report. Information relating to bypasses through the system would be submitted to the next meeting which would highlight which Practices where working outside of the process and was being bypassed. This issue would also be picked up at the CCG practice visits. **BG**

RESOLVED: That members receive the reports.

(iii) Associates and Community Contract Variation Log 2017/18:

RESOLVED: That members receive the log noting the update to the contract variation relating to Trinity Hospice.

(iv) Ophthalmology Procurement Exercise Due Diligence – Beth spoke to a circulated report, provided by FWCCG and explained that the contract for the Tier 2 Ophthalmology provision that commenced on 1 April 2014 would cease on 31 March 2018. The incumbent provider had been informed that the contract would not be extended. Shared Business Services (SBS) provided procurement support to Fylde and Wyre CCG and they had originally advised that a procurement exercise could be undertaken and a new service established by 1 April 2018. However due to the remodelling exercise of the current specification the CCG was subsequently advised that whilst the procurement exercise would be undertaken during this time, it would be unlikely that a new service could be fully mobilised by 1 April 2018. The report proposed that an interim service be established for the period 1 April to 30 September 2018 in order to ensure service continuity and disruption to patients. Although the procurement exercise would be concluded prior to 30 September 2018, it was unlikely that any provider would be interested in providing an interim service for a period of less than six months. The report provided information on the options and the due diligence process.

David asked if we had clear reasons for not renewing the contract and Beth confirmed this. Reference was also made to the issues relating to the current provider who also provide tier 2 dermatology services and there were a number of ongoing issues.

RESOLVED: That members noted that an interim solution would be sought to ensure service continuity

That the committee had previously agreed that there was no desire to extend the contract with the incumbent provider and that members noted that assurance was being sought from SBS regarding procurement timescales.

(v) Alternative Contract Model – Month 8 – Janet spoke to a circulated report which provided an update on the alternative contract model position as at month 8 compared to the traditional payment by results position. Work continued to shadow monitor.

RESOLVED: That members receive the report.

(c) Finance:

(i) Financial Position – Month 9 – John spoke to a circulated report and drew out the month 9 headlines as follows:

- The CCG had met its planned financial targets
- Financial position at month 9:
  - £0.204m in year surplus was on target with the plan

- Year-end forecast showed achievement of £0.27m surplus
- 2017/18 cumulative surplus £4.21m

- QIPP was covered within a separate report.
- Running cost expenditure was £125,000 under budget.
- Better Payment Practice Code – NHS 100% - Non NHS 99.6% by number of invoices.

The risks were as follows:

- Key risks:
  - Prescribing (NCSO – No cheaper stock) – Forecasting a high year-end position as best we can.
  - CHC and complex cases
- Other risks:
  - Acute contract over performance
  - Mental health out of area placements
  - QIPP delivery
- Net risk position
  - £0.0m (Month 8 £0.2m)

John made reference to the LTH over performance and the BTH over performance. The CCG had now reached an out turn agreement with BTH and we now better understood the drivers behind the LTH position. He commented that we would be taking these items out of the risk position (where they have offsetting mitigations) and putting them into the income and expenditure position along with releasing reserves against these. The effect of which would be seen when the committee receives the month 10 reports.

John commented that the CCG's forecast year end position of delivering its control totals included an assumption that QIPP would be delivered at the level currently identified (c£6m).

RESOLVED: That members approve the month 9 financial position noting the planned surplus achieved, the allocation received in line with the plan and noted the key risks.

(ii) **2017/18 QIPP Programme –** Janet spoke to a circulated report which provided information on the progress and development of the QIPP schemes identified for 2017/18 showing the status and risk adjusted forecast for each scheme. For comparative purposes, Janet also tabled a schedule which included the December 2017 forecast and adjusted forecast.

Janet explained that the risk adjusted forecast had increased by £148,000 from the value of £5,855,000 reported in the previous month and there still remained ongoing concerns about the volatility of the demand management schemes. She explained however, that this month had seen an improvement in savings for the non-elective scheme and referrals and there had been a further reduction in savings for POLCV. Further work was underway to ensure compliance to the policies across both primary and secondary care was being undertaken. The activity data continued to be analysed further to establish the cause of the movement.

A question was asked as to how many of the schemes were recurrent and how many were non-recurrent. Janet explained that the majority of the schemes were recurrent. It was further commented that if the majority of schemes are recurrent, they should be sustainable and should form part of our plans for both Blackpool and Fylde and Wyre CCGs going into 2018/19 however, we also need to have a healthy financial health economy. David explained that there will be QIPP schemes specific to the CCGs and BTH and then across all three organisations. This was recognised however, work continued to take place to ensure cost reductions.

With regard to the GP plus contract and POLCV, the month 8 data showed a £135,000 decrease in forecast savings compared to the previous month with the full year forecast now projecting a saving of £340,000 and with the 90% risk adjustment applied, this sits at £306,000. Further work was underway to ensure adherence to both the referral triage and prior approval processes.

RESOLVED: That members receive the report.

(iii) **2018/19 Financial Position –** John gave a presentation on the 2018/19 financial planning position. Lancashire CCGs were required to submit high level plans to NHSE in early January 2018 covering three key areas – surplus, QIPP and net risk. Detailed planning guidance was awaited.

The presentation updated members on:

- Assumptions
- Summary plan
- Business rule surplus
- Balance sheet headroom surplus
- Summary finances
- ACP financial planning and position and the ACP position
- CCG next steps.

John made reference to the summary finances information which provided information for Blackpool CCG, Fylde and Wyre CCG and BTH on their in-year surplus requirement, headroom monies, contract value expectations and QIPP.

John explained that for the CCG, detailed budget setting processes had commenced and discussions were ongoing with BTH regarding the contract form and delivery of system efficiencies (cost reduction) requirement. There also continued development of CCGs specific QIPP schemes.

David sought clarification regarding the efficiencies programme. In closing the identified QIPP requirement, there would be some schemes that had a full year effect into 2018/19 and others that had slipped plus new schemes added. John confirmed that the CCG's QIPP meeting had already asked scheme leads whose schemes had slipped what the barriers were and what needed to be undertaken to overcome these and deliver schemes. New schemes would be a combination of internal CCG and health economy wide but cost reduction not a tariff approach was the key.

John commented that planning guidance was expected on 8 February 2018 and further updates would be provided to the committee and to the Governing Body. David asked whether we could release headroom money to ease the pressures. David sought clarification on the timetable for submission. The first draft would need to be submitted by the end of February with a final report mid-April.

In conclusion, John commented that this clearly identifies a very challenging financial year ahead for the ACP with over £50m of CIP/QIPP required to achieve business rules/control totals. The business rules would generate a surplus for the ACP of £24m when historic headroom monies from 2016/17 and 2017/18 are taken into account. The CCG QIPP will not be possible with an assured contract and would need to be offset to the figures previously shown within the report.

RESOLVED: That members note the current position in respect of the 2018/19 planning, note the planning assumptions made to date and the scale of the financial challenge for both the CCG and the ACP.

(d) Combined Finance and Performance Report for Ambulance/NHS111 (December 2017) – Yvonne spoke to a circulated report which provided information on ambulance and NHS111 performance as at December 2017. Yvonne also provided a further update since the report was issued and highlighted the following:

- There had been an increase in turnaround times and activity.
- Ambulance Response Programme (ARP):
  - Significant outlier in terms of target delivery for both category 1 and category 2.
  - The national data regarding the ARP would be published at the end of January. There will be a significant focus by the national team down to a regional team and NWAS, whilst an outlier on category 1, is also a big outlier on category 2. A joint recovery plan had been agreed between the CCG and NHS who have been very supportive. There needs to be improvements overall within the next six months but there also need to be immediate improvements in category 1 and category 2. NWAS would also be required to deliver sustainability in the future.
  - Yvonne and colleagues had drawn up a forward plan which would be submitted to the Strategic Partnership Board. Some principles had been signed off and agreed with NWAS. A further meeting was planned with NWAS later in the week following which the plan would be signed off and regular meetings held with NHSI Improvements.
  - Collaborative work would be undertaken however, if the plan is not robust enough, further discussion would need to be held with NHSE and NHSI.
  - A report would be submitted to the CCG Governing Body Development Session on 6 February 2018. The 111 aspect had been taken out of and would be monitored separately.

	• Marie commented that there were issues with 111 and made reference to the numbers of calls in November and December and the number of abandoned calls. Yvonne commented that there were more calls than anticipated and they were seeing a profile of activity changing whereby patients were not presenting at A&E and were ringing 111 instead. 111 is quite volatile and there are increases in activity going through. They appeared to be achieving within the week however, there have been increases in activity at weekends. It is important that we keep maintaining the pressure as to how we improve 111 and keep the focus on the ARP. Yvonne commented that this was symptomatic of the national picture and that the East of England was in the same position as us. • Marie made reference to issues at New Year's Eve and it was recognised that turnaround continues to be a problem however there is daily reporting around this. • Yvonne made reference to the plan that had been prepared for 2017/18 and new standards had since been issued, therefore, targets had changed in between. For the Strategic Partnership Board, the first focus would be on the performance improvement plan and looking at activity levels for 2018/19. It was recognised that the standards had changed in year and that the plan did not reflect the changes. • Kate asked for some headline information for other organisations and Yvonne commented that information would routinely be available via the portal. Kate would liaise with Joanne outside of the meeting. David asked if there was any further information to report or any issues to highlight in respect of the Patient Transport Service and Yvonne commented that contracts were mainly on track and the transport system had undertaken a really good job. **RESOLVED: That members receive the update and the report.**	**KN**
6. Information Governance Bi-monthly Report and Highlights Report	Michelle Wiles, Information Governance Manager spoke to two circulated reports - a highlight report and a detailed bi-monthly report. She covered the following: • The GDPR audit for both Blackpool CCG and Fylde and Wyre CCG had been completed with the exception of the Ambulance Service in Blackpool and the report was sent to the CCG with the November bi-monthly report. • Work continued to upload evidence as it becomes available to the toolkit. • Work was taking place in ensuring outstanding staff complete their IG training to achieve the 95% standard. Louise informed colleagues that there were nine staff who had not undertaken any of the five sessions. A sixth session had been arranged for the reminder of staff however, unfortunately only two members of staff attended even though the others were listed to attend. An additional session had since been organised and would be held on 19 February 2018. A session was also scheduled for the Governing Body on 6 February 2018. Andrew commented that if staff are unable to attend the session on 19 February, they could attend the shorter session at the Governing Body Development Session and if they were unable to attend either then he	

	would be writing to them. • In respect of GDPR, work continued regarding the consent audit to ensure compliance was in place by 25 May 2018. • Work continued liaising with CCG colleagues to ensure any high risk assets are added to the Risk Register. • Michelle also covered actions, issues and risks commenting that IAAs and IAOs are to review information assets in U:Assure and review particularly those classed as business critical. Michelle also commented that no identified IAO and IAA had been provided for the Ambulance Commissioning Team in Blackpool. There was also a lack of response to business critical asset reviews requested by the Information Governance Support Officer. • Michelle explained that GDPR was the main piece of work being undertaken and we need to ensure that areas were covered prior to it being implemented on 25 May 2018. The Information Governance Support Officer had met with members of staff regarding assets. • With regard to the IG Toolkit we were slightly behind where we were in comparison to the previous year however, work continued in gathering evidence. • Michelle commented that progress overall was satisfactory and whilst training was low this was being addressed. **RESOLVED: That members receive the Information Governance bi-monthly reports and note the actions being undertaken accordingly.** ***Michelle left the meeting.***	
7. Items for Risk Register	**a) Review of Risk Register** – Discussion ensued regarding the current Risk Register and the following comments were made: • Dermatology – It was commented that the risk scoring should be higher however, it was noted that it had been aligned to Fylde and Wyre CCG's Risk Register. This would continue to be monitored. • Stroke – Comparisons across the other Fylde Coast organisations were taking place that week. • Corporate Objectives 5.2, 5.3 and 5.4 relating to Ambulance Handover and Turnaround, Delivery of National Ambulance Response Programme and Failure to Deliver Performance Improvement Targets – NHS111 – Yvonne Rispin asked Louise to liaise with Richard Bove within the Ambulance Commissioning Team and he would provide updates. **RESOLVED: That members note the actions to be undertaken for updating the CCG's Risk Register.** **b) Items for Inclusion on the Risk Register –** It was commented that ophthalmology should be included and Beth would check to see if it is included on Fylde and Wyre CCG's Risk Register. **RESOLVED: That members note the action.**	**LJT** **BG**
8. Minutes – Fylde Coast Health Informatics Steering Group – 28 November 2017	It was noted that Janet had attended the meeting. **RESOLVED: That members receive the minutes of the meeting.**	

9. Agenda Items/Areas to Highlight – CCG Governing Body Meetings	**a) 6 February 2018 – Governing Body Development Session –** It was anticipated that the planning guidance for 2018/19 would be available for the meeting. A report regarding the Ambulance Response Programme would also be submitted to the meeting. **b) 6 March 2018 – Governing Body Meeting –** No items for the time being as there would be a further Finance and Performance Committee meeting held on 27 February 2018.	**LJT**
10. Any Other Business	There were no items.	
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	The next meeting would be held on Tuesday, 27 February 2018 at 1.00 pm in the Boardroom, Blackpool CCG.	