

Approved 29 January 2019

Minutes of a Meeting of the Finance and Performance Committee Held on Tuesday, 27 November 2018 in the Boardroom, Blackpool CCG

Present: Mr R Fisher, CCG Chairman (Chaired the meeting)
Mr A Harrison, Chief Finance Officer (Items 1-6a(iii), 6b(iv) and 9)
Dr M Williams, GP Member
Mr D Bonson, Chief Operating Officer
Dr M Martin, GP Member (arrived during Item 4)

In Attendance: Beth Goodman, Head of Acute Commissioning
John Gaskins, Deputy Chief Finance Officer
Kate Newton, Performance and Quality Manager, M&LCSU
Lara Cousens, Information Governance Locality Lead, M&LCSU (Items 1-5)
Louise Talbot, Secretary to the Governing Body

SUBJECT	DECISION	ACTION
1. Apologies for Absence	Apologies for absence had been received from David Edmundson and Dr Cruz Augustine.	
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>Mr 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. If a specific issue arises during the meeting, a decision will be made at that point as to whether David Bonson can remain in the meeting or should be excluded from that particular discussion.</p> <p>The Chairman asked colleagues to declare any other interests as relevant during meeting.</p>	
3. Minutes of the Meeting Held on 30 October 2018	RESOLVED: That subject to a minor amendment to include David Bonson’s declarations of interest, the minutes of the meeting held on 30 October 2018 be approved as the correct record.	LJT
4. Matters Arising	<ul style="list-style-type: none"> Referral to Treatment Targets/Electrophysiology – Kate reported that plans were progressing for the implementation of the modular laboratory with an estimated lead in time of approximately 16 weeks. There were no plans yet to improve the trajectory to reduce the number of long waiting patients for Electrophysiology however, numbers have been reducing due to additional sessions being undertaken. Kate explained that there is a proposal to introduce different working patterns to move patients through the system quicker. 	

	<ul style="list-style-type: none"> • Performance Report – At previous meetings, Kate had been asked to include an appendix to the report showing data from previous months to show any trends. She confirmed that the information had been included in the report submitted to the committee. • IM&T Update Report – Andrew to ask Peter Kelly to test the correlation of figures to co-located pharmacies with regard to the number of amber status for EPS2 utilisation. • Twelve Hour Data Breach Template - Kate confirmed that an SBAR report would be submitted to FWCCG’s Quality Committee and this information would be updated for submission to BCCG’s Quality and Engagement Committee in due course. She explained that there is a Lancashire standard operating process for mental health breaches which had been drafted, circulated and was awaiting feedback. <p><i>Dr Michelle Martin arrived at the meeting.</i></p> <ul style="list-style-type: none"> • Mental Health Review – Marie Williams attended the mental health review session on 14 November 2018. Comments were noted and work was taking place in arranging a further meeting to address the issues. Consideration was required as to how we co-ordinate and address the issues raised at the Council’s Health Scrutiny Committee and other meetings. Marie commented that there was a lack of support in services which means that patients end up at the urgent care centre which was inappropriate. • Cancer Waits – Breast Referrals – Beth had picked up the issues with Michelle Martin in respect of the breast referral form which had been taken to the cancer steering group. Michelle had met with a BTH colleague and reviewed the form resulting in a view that the forms need to be separated out. Work is taking place in looking at streamlining clinics and using ways of best practice however, Blackpool had declined the offer of support although the Cancer Alliance continue to stress the importance of the support offered. A message would need to conveyed back to colleagues at BTH encouraging them to accept this offer of support. • Complex Cases – John had reported at the previous meeting that the number of people on packages had risen over a 12 month period and the average cost had also increased. He commented that work was ongoing to address this however, it was acknowledged that it was wider than just complex cases. Helen Lammond-Smith had chaired a meeting with a wider group (both Fylde Coast CCGs, Blackpool Council and LCC) looking at complex cases, learning disabilities and other groups of patients. John advised members of the committee that updates would be brought to them as this work progressed. • Risk Register/Governing Body Assurance Framework – Reference was made to the inadequate scoring for maternity and cancer services. Kate explained that a challenge had been put back to NHSE who advised us that we cannot challenge the result. 	AH
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<p>9. Any Other Business</p>	<p>The agenda was taken out of order.</p> <ul style="list-style-type: none"> • CCG Administration Resources – Letter from NHS England – Andrew tabled a copy of a letter issued by NHSE regarding local actions to deliver running costs savings. NHSE and NHSI, as part of the joint working initiative had committed to a further targeted reduction of our administration costs limit by 20% by 2020/21. The letter stated that they were now asking CCGs to deliver the same level of reduction of 20% by 2020/21 combined with the national level action. This would free up a total of more than £320m per year compared to 2017/18 to reinvest it in improving patient care and supporting the transformation of services as part of the long term plan. <p>The letter provided a number of areas and local actions to deliver running cost savings. Andrew commented that we would need to determine whether we are comfortable with our level of spend explaining that the Finance and Performance Committee will be charged with monitoring the 20% savings to be made. Andrew had asked John Gaskins and Judith Williams to determine the current position.</p> <p>Marie commented that 20% was a significantly large amount of money to reduce administration resources. John provided an overview of the CCG’s running cost allowance. Andrew commented that a detailed piece of work would need to be undertaken around this which would be brought back to the committee with an update and to take soundings on our approach and process. He explained that there will be resource savings by joining up the committees rather than having separate committees, making reference to the joint working with Fylde and Wyre CCG.</p> <p>RESOLVED: That members receive the letter and note the work to be taken forward.</p>	
<p>5. Information Governance Bi-monthly Report</p>	<p>Lara spoke to a circulated report which highlighted the work that the CSU Information Governance (IG) team had undertaken to support the CCG to meet their statutory requirements. The report combines all the elements of the data security and protection toolkit require to be routinely documented and reviewed. Lara highlighted the key achievements and progress for the CCG:</p> <ul style="list-style-type: none"> • Timescales for submitting the bi-monthly report had been changed to fit in line with the committee dates. • Completed working hours spot checks. • IG policies had been initially agreed by the committee and subsequently approved by the Governing Body. These have been sent out to staff with a request for staff to familiarise themselves with the policies and return the signed form as confirmation. Lara would keep members updated on the return rate. • Face to face IG refresher training sessions had commenced. • Privacy notice had been published on the CCG’s website. • Information risk workshops had been arranged on a monthly basis to support information asset owners and information asset assistants with regard to training on the U Assure System and reviewing information assets and data flows. 	

	<ul style="list-style-type: none"> • IG colleagues had commenced liaison with the CCG’s IT lead to request support from the Blackpool Teaching Hospitals (BTH) for IT evidence for the DSP toolkit. • Drop in sessions had been arranged for the year and circulated to staff. <p>Lara highlighted current issues:</p> <ul style="list-style-type: none"> • Confirmation required at which non-mandatory requirements from the data security and protection toolkit the CCG believes should be undertaken this year. • Many of the new DSP toolkit requirements relate to the processes in place by the CCG’s IT provider. A request had been made to BTH via the CCG IT lead however, a response was awaited. <p>Members also noted the required actions within the report.</p> <p>RESOLVED: That members receive the IG Bi-monthly report, noting the key achievements, progress, key objectives and actions being undertaken.</p> <p><i>The agenda was taken out of order.</i></p>	
<p>6. Integrated Business Reports</p>	<p>(a) Performance Report: (i) Performance Report – Month 6</p> <ul style="list-style-type: none"> • Referral to Treatment – Blackpool CCG had not met the RTT target for September 2018. Performance had improved slightly to 80.91% in September from 80.32% in August. This was against a target of 92% however, it was noted that we continue to achieve the target for reducing open patient pathways. • Fifty two weeks RTT – There had been eight Blackpool CCG patients waiting more than 52 weeks for referral to treatment in September 2018. • Delayed Transfers of Care – There were 32 delayed transfers of care patients for September 2018. There were 262 stranded patients at BTH as at 30 September 2018. It was noted that there were 169 super stranded patients against a national target of 136. It was commented that we need to triangulate the different sources of data in respect of delayed transfers of care. It was apparent that we have different information from different sources and Kate and David Bonson would look at this outside of the meeting as we need to aim for looking at links back to Nexus. The position was an improvement of 15, ie, 8% in September 2018. Outliers have reduced showing an improvement in patient flow throughout the BTH and October data showed a further reduction in delayed transfers of care and super stranded patients. • Four Hour Waiting Time Target – The total health economy performance against the four hour waiting time target had not achieved the 95% target in August 2018 however, performance had improved to 87.20% in September from 82.44% in August 2018. 	<p>KN/DB</p>

- **Twelve Hour Decision to Admit** – There had been 13, twelve hour decision to admit breaches reported at BTH in September 2018. Twelve of these were mental health patients.
- **Cancer Waiting Time Targets** – Blackpool CCG had achieved four out the nine cancer waiting time targets in September 2018. The main concern continued to be two week waits. Two week breast symptomatic was improving and as at October, the figure was 56.25% however, this continued to be very fragile.
- **NWAS** – NWAS performance for Blackpool CCG had deteriorated in September 2018 and full details were provided in a separate report submitted to the committee.
- **Eliminating Mix Sex Accommodation** - There been four mix sex accommodation breaches reported in September 2018 for Blackpool CCG patients at Lancashire Teaching Hospitals. All were a step down from critical care.
- **Care Programme Approach** – The percentage of Blackpool CCG patients on a care programme approach followed up seven days after discharge had not achieved the target of 95% and was 94.51% in Q2.
- **IAPT** – The access target had not been achieved for Blackpool CCG patients for September 2018 but was achieved in October.
- **MRSA** – There had been one incident of MRSA attributed to Blackpool CCG in September 2018 which occurred in the community.

Andrew commented that there should only be one data source and he asked if we should challenge ourselves to undertake a piece of work looking at processes, how we obtain information, from where, timescales and what other factors feed in etc. This was welcomed and could feed into the new joint performance report.

Reference was made to stroke services and it was noted that a new locum consultant had commenced in post and there were notable improvements in the service. A tool has been developed to assess whether patients would benefit from therapy to enable resources to be utilised effectively and the team is monitoring themselves against the SSNAP standards which have improved including therapy input. The only area requiring further work was within speech and language therapy. There is also now a seven day TIA service in place. David Bonson commented that we would be formally be bringing a joint performance report to Joint Governing Body session in December and would submit it to the committee in due course.

RESOLVED: That members receive the performance report.

Blackpool Teaching Hospitals NHSFT - Quality Improvement Board – Terms of Reference – David Bonson reminded members of the Blackpool Quality Improvement Board which had been established up by NHS Improvement. Dr Amanda Doyle and David Bonson are members of the Blackpool Quality Improvement Board.

David took members through some of the issues discussed at the recent meeting explaining that action plans were being developed and would be submitted to the Finance and Performance Committee. Andrew commented that the CCG's Quality and Engagement Committee has, within its remit, to monitor and endorse however, quality leads did not appear to in the membership of the Blackpool Quality Improvement Board. He questioned how the membership list had been drawn up. Kate commented that the emerging key performance indicators will form the quality agenda. It was commented that Lesley Anderson-Hadley, Chief Nurse at Blackpool CCG would attend the meeting if the key performance indicators were not performing. Andrew pointed out however, that we cannot be held accountable if the appropriate people are not in the membership unless David Bonson is accountable for the quality element. We need to ensure that the right approach and the right governance is in place. It was noted that the Blackpool Quality Improvement reports to NHS Improvement.

RESOLVED: That members receive the terms of reference of the Blackpool Quality Improvement Board noting the comments made, particularly around the membership.

(ii) Contract Performance and Finance Report for Ambulance/NHS111 (September 2018)

RESOLVED: That members receive the report for information.

(iii) Minutes – Medicines Prescribing Group – 6 November 2018

RESOLVED: That members receive the minutes of the meeting.

(b) Contracts, Variations and Procurement Decision:

The agenda was taken out of order

(iv) Referral to Treatment Update – November 2018 – Beth gave a presentation on the national requirements in respect of referral to treatment and the current position across the Fylde Coast. She explained:

- That we are on track to meet the 52 week wait trajectory – month on month reductions since June.
- That the number of open pathways were decreasing below the trajectory since June.
- The Trust control – Man marking patients

Beth provided information on:

- The current performance – incomplete pathways
- Open pathways – performance v trajectory
- Open pathways by speciality
- Fifty two week waiters on track

Andrew commented that the information did not provide us with any confidence going into the winter months. Beth commented however, that over the last three to four months, data suggest early indicators of

improvements and that BTH had adopted a more rigorous process around man marking and list validation. The position was improving. Andrew questioned this if you added in the demand shifts which would mean they were further behind than the trajectory position and it is important that Boards are informed of this position. It was commented that the BTH colleagues have asked the CCG to move some of the ophthalmology patients to the tier two service. Beth explained the next steps which included looking at moving activity to tier two services for ophthalmology and dermatology which would impact on the cost to the CCGs although this was forming part of the discussions as part of the planning round. Additionally, the Planned Care Group is looking at further pathway optimisation, compliance with procedures of limited clinical value processes to reduce activity and looking at reduction and follow up activity and further demand management.

Andrew Harrison left the meeting. The committee continued to be quorate.

Beth would continue to provide updates and undertake a refresh every two to three months. Further information would be submitted to the Governing Body Development Session on 11 December 2018. ***Post meeting note: Due to restrictions with the agenda, referral to treatment had not been included on the agenda for the Governing Body Development session.***

RESOLVED: That members receive the update and referral treatment.

- (i) Contracts Report – Month 6** – Beth spoke to a circulated report which provided an update as at month six in respect of activity and financial performance to contracted providers. There was an over performance on planned levels by £1,749,428 however, given that we are working to a cost assured model with BTH, the net over performance across the providers was £1,116,960.

Under the PbR contract, the position at month six for BTH reflected a financial over performance of £632,468. It was noted however, that a contract value of £138.4m had been agreed with BTH for 2018/19. Beth pointed out that Spire Fylde Coast Hospital had over performed in terms of cumulative costs for months one to six compared to the plan year to date with a variance of 42%. This was in part due to Spire recovering their RTT position beyond the constitutional target and the transfer of a significant number of patients from BTH. Beth informed members that a full report and detailed analysis was underway to access referral patterns alongside the inter-provider transfers.

For month six, the overall non elective position for BTH which included the non-elective threshold adjustment highlighted an overall performance position reflecting a cost of £656,872 over plan which translated into a variance of -730 cases. This was a decrease from month five and the shift was mainly due to the threshold adjustment. The significant driver for this was the non-elective PoD itself which was performing above plan and the data suggested that a large proportion of this was attributed to the diabetic medicine and stroke medicine specialities. The non-elective non-emergency PoD is also over plan with

	<p>obstetrics over performing with a variance of 43 cases. The Trust has been asked to investigate any changes to coding practice and this would be discussed as part of the Finance and Technical Group.</p> <p>The position at Lancashire Teaching Hospitals raised some queries in respect of the profiling of some of the plans. It was noted however, that if we take month six as it is presented in SLAM, vascular surgery is performing above plan in terms of cost although activity levels are nine below plan. Beth explained that this is driven by the amputation of a single limb with complications. Critical care medicine is also over performing and this related to one patient with a long length of stay and until discharge, it was unclear if this would be specialist commissioning or CCG attributed. As per previous months, nephrology continues to over perform albeit a reduction from the previous month.</p> <p>Progress was being made in respect of the community services dashboard.</p> <p>David asked what levers we had for demand management in respect of Spire. Beth felt it was unlikely that the position would recover and whilst there would be no further inter provider transfers agreed, some of the growth at Spire was choice driven. David commented that a conversation was required outside of the meeting to discuss how we minimise the key areas of risk and this was noted.</p> <p>RESOLVED: That members receive the contract report</p> <p>(ii) Contracts Dashboard – Month 6</p> <p>RESOLVED: That members receive the report</p> <p>(iii) Referrals – Month 6</p> <p>RESOLVED: That members receive the report</p> <p>(v) Associates and Community Contract Variation Log 2018/19</p> <p>RESOLVED: That members receive the report.</p> <p>(c) Finance</p> <p>(i) Financial Position– 2018/9 – Month 7 – John spoke to a circulated report and advised members of the following:</p> <ul style="list-style-type: none"> • CCG met planned financial targets • Financial position at month 7 <ul style="list-style-type: none"> • Delivery 2018/19 planned surplus <ul style="list-style-type: none"> • Brought forward £5.871m • In-year £0.0m • Cumulative surplus £5.871m • Net risk £0.5 m • QIPP – Year to date plan £3.38 m, year to date actual £3.23m • Running costs expenditure year to date £13,000 under • Better payment practice code – NHS 99.6% - non-NHS 99.5% by number of invoices 	DB/BG
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	<p>Current risks for the CCG relate to:</p> <ul style="list-style-type: none"> • Complex cases • QIPP • Contract over performance • Continuing healthcare <p>John made reference to the risk range information contained in the report in respect of the above risks and explained that we are reporting a net risk position of £0.5m to NHSE. Members noted that a red pen budget review is being undertaken. John further commented that we had been reporting a net risk through the year that we have not to date mitigated to zero. The CCG is currently undertaking a detailed budget review to identify further mitigations to ensure delivery of the financial plan. The committee would receive updates on this position.</p> <p>John made reference to the QIPP under delivery which had been fed into the risk range explaining that we are also looking at what we require when budget setting for 2019/20.</p> <p>RESOLVED: That members receive the report noting the month 7 position.</p> <p>Members also noted that the planned surplus had been achieved, the allocation received was in line with the plan, noted the risks of mitigations also noting the reserves and the position on the 2018/19 QIPP programme.</p> <p>(ii) Draft Single Fylde Coast Finance Report – John explained that the report would not be tabled at the meeting and he would send the document out to members separately. Work was taking place in having a combined integrated finance report with Fylde and Wyre CCG and he would send the draft report out for comment in due course.</p> <p>(iii) Individual Patient Panel Approval – Financial Expenditure as at 30 October 2018</p> <p>RESOLVED: That members receive the schedule which had been approved by the IPA panel.</p>	JG
<p>7. Items for Inclusion on the Risk Register/ Governing Body Assurance Framework</p>	<p>RESOLVED: That there were no items for inclusion at the current time.</p>	
<p>8. Agenda Items/Areas to Highlight – CCG Governing Body Meeting – 15 January 2019</p>	<p>RESOLVED: That the usual standard reports would be submitted to the Governing Body including a condensed finance report.</p> <p>The referral to treatment presentation which was intended to be submitted to the Governing Body Developing session on 11 December 2018 had subsequently been removed from the agenda.</p>	

9. Any Other Business	There were no further items raised.	
10. 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.	
11. Date, Time and Venue of Next Meeting	<p>Louise explained that a provisional date of 18 December 2018 had been pencilled in however, there was a clash with the CCG's Clinical Leadership Team.</p> <p>Louise had agreed with the committee Chairman, David Edmundson outside of the meeting that there would be no meeting of the Finance Performance Committee in December and that reports that were available would be sent out to committee members with any comments back to authors.</p> <p>The date of the next meeting would be advised in light of the work taking place to have joint committees/committees in common with Fylde and Wyre CCG.</p>	<p>LJT</p> <p>LJT</p>