

Finance and Performance Committee

MINUTES

Minutes of the meeting of the Finance and Performance Committee on 27th June 2018, Room 208, Endeavour House, Wrest Park, Silsoe, Beds commencing at 12.30 and concluding at 14.45.

Members Present

Roland Ginn	Lay Member – Finance & Performance (Chair)	RG
Sarah Thompson	Accountable Officer	ST
Saqhib Ali	Lay Member – Audit and Governance	SAI
Roger Hammond	Deputy Chief Finance Officer	RH
Ian Chislett	Deputy Chief Finance Officer	IG
Alan Streets	Turn-around and Contract Advisor	AS
Dr Jonathan Kirkham	GP – Clinical Lead	JK

Others in attendance

Alyson Malciw	PA to Chief Finance Officer and Director of Governance, Risk and Corporate Services (minutes)	AM
Jane Meggitt	Director of Governance, Risk and Corporate Affairs [Agenda Item 11.0]	JM
Nicky Wadley	Assistant Director of Primary Care [Agenda Item 12.0]	NW
Mark Peedle	IM&T Programme Manager [Agenda Item 11.0]	MP
Sally Adams	Programme Director of Out of Hospital Integration	SAd
David Cockayne	PWC - Observing	DC

Apologies for absence

Dr David Howard	GP – Locality Chair of Bedford	DH
Malcolm Miller	Acting Chief Finance Officer	MM
Matt Hollex	Head of PMO	MH

No	Item
1.0, 2.0	<p>Welcome and Apologies</p> <p>Apologies for absence were noted as recorded above.</p> <p>The meeting was noted as QUORATE.</p>
3.0	<p>Declarations of Interest</p> <p>Dr David Howard declared an interest in Agenda Item 13.0.</p> <p>There were no declarations in relation to items on the agenda, or noted over and above these on the Conflicts of Interest register.</p>
4.0	<p>Minutes</p> <p>Minutes of the meeting held on 25th April 2018 were approved as an accurate record.</p>

5.0

Action Tracker

The actions were discussed and logged with relevant updates added to the live action tracker.

All closed actions will be archived and coded accurately for future reference.

FP126 – To remain open and Roger Hammond to follow up with MM.

FP132 – To remain open and Roger Hammond to become nominated lead.

FP140 – To remain open. AS reported that CSU had been served notice. BCCG are using Civica as a contract BI system therefore Month 01 has more detailed information.

Loaded our model in BHT system and they are using it as their basis, loaded L&D but they are not using it as their basis, they are wedded to NEL CSU. MK are not using Civica.

FP148 – To be closed. All risk registers have been reviewed and updated.

6.0

Integrated Performance Report and Contract Highlight Report – Month 01

AS presented the Month 01 report.

Key Points are:-

Bedford Hospital A &E performance [4 hour wait = 91.5%] has improved, even though they were still suffering with a large volume of ill people presenting at A&E, AS reported that it was not the volume of attendances, it was acuity. They have made a significant turnaround from March to April, this is down to all the hard work they have been doing. From a finance prospective it is in line with the BCCG forecast for Month 01 as is L&D.

Contracts 2018/19 – All of the acute contracts have been agreed within their financial envelopes for 2018/19, with QiPP built in to them.

JK referred to the Page 5 Contract Report, budget activity, he pointed out that the Other Services were showed as 0, SLAM showed as 0, and the Variance activity showed as 100%, he queried that perhaps this should be 0. AS agreed that this was a presentational error and that it would be corrected.

AS reported that the data for the overall performance dashboard is not available nationally. There has been no data from Cambridgeshire University Hospital Trust. It makes reporting the complete position for the CCG very difficult, where we have Cambridge University and East and North Herts not publishing their data. RG asked if this should be recorded on the risk register, but ST said as we are not lead Commissioner we need to gain assurance that the lead Commissioner has it adequately recorded on their risk register. We are an associate under the terms of the contract. AS added that contractually this has been raised to NHSE.

ST reported that looking at the performance piece as of 27th June 2018, the most challenged area is the delivery of the four hour waiting time at BHT. This would not be expected in late June, but it is over 85's and acuity, and both the L&D and BHT have 100% occupancy. She said that BCCG should anticipate that they are seeing now a consistency of winter pressures working into summer months where the evidence is being very clear. BCCG is arranging a winter planning summit to bring together NHSE, NHSI and this will be held in late July. There is a fragility around the BHT system, it needs to be monitored.

ACTION: AS to write a one page schedule with the provider contract values documented for the next Finance and Performance Committee meeting. Also to provide a list of the contracts as evidence of the contracts being agreed and signed.

The committee noted the performance report.

7.0 QiPP Report

NV referred to the presentation that was shown at the Financial Recovery Board.

- PIDS have been completed for 40 of the 45 schemes within the programme.
- Additional resource needed in Planned Care and Mental Health.
- Clinical Leads structure being reviewed, plans have been drafted.
- Directors Away Day held. QiPP schemes reviewed and revised.
- NHS England Assurance meeting held on 6th June 2018.
- Further opportunities in Estates, Clinical, IT and other Back Office identified, including Pan-BLMK opportunities
- The PWC Review of the CCG's financial position and Recovery Plan has started.
- The Mental Health Recovery Board has been restarted.

Summary as at 13th June 2018 showed PID and Evaluated Schemes totalling £22.3m and £3.7m unidentified QiPP equalling £26m [gross].

14 PIDS were presented at FRB on the 20th June, for approval.

QCG is planning to concentrate particularly on reviewing other CCG's QiPP schemes to identify opportunities to develop new pipeline schemes.

ACTION: NV to produce an update at the July Finance and Performance Committee meeting.

NV added that Mark Peedle, IT, is looking at the following QiPP savings:-

- Telecon circuits, have been reviewed
- Microsoft tailoring
- Mobile tariff
- Data Dongles
- Agile Working, how can this be done better
- Estates – can agile working make this work better

ACTION: NV to report back to Finance and Performance Committee in September 2018 with a plan for 2019/2020.

SA asked how much clinical engagement there had been. JK replied that looking at a clinical aspect, he attends the CRG to give feedback. Matt Hollex is attending all of the Locality Board meetings and is listing all of the schemes. JK also said that he attends the QOG [QiPP Operational Group]. He added that there was no slip in the quality of service, and that there was clinical assurance.

NV said that at the Directors Away day they had cleansed the list of QiPP and had removed £3.3m out of the gross figures. Contract challenges will come back in.

PIDS awaiting agreement are being presented for approval at the Financial Recovery Board. Schemes with developing PIDS are being presented at the Financial Recovery Board in July.

	<p>Pipeline schemes will be presented to QCG [Quality Control Group] for consideration in July.</p> <p>ST said that she commends the commissioning intentions and that there will be some good opportunities that will bear some fruits going forward.</p> <p>ST further added that realisation of estates is a QiPP scheme.</p> <p>RG thanked NV for the presentation and it was agreed that the Committee were assured by this.</p>
<p>8.0</p>	<p>PWC Final Review NHS Cambridgeshire and Peterborough CCG [Capability, Capacity and Independent Review of Financial Position]</p> <p>Lessons to learn from the report are:-</p> <ul style="list-style-type: none"> • We must look and reflect on the lessons that Cambridgeshire and Peterborough learned. • Can we see that some of the issues are the same as BCCG are experiencing. <p>RH shared his view of the report. He said that anything that could have gone wrong had gone wrong. He said that it is a classic case study of how things could go wrong.</p> <p>IC shared his view of the report. He said the scale of movement is staggering. There was no proper contract management. There are lessons to be learnt, that without a good grip, control could be lost.</p> <p>SAd said that it showed the strength of governance.</p> <p>RG said that the key point is that BCCG have to make sure that the STP doesn't distract the CCG, and that BCCG need to keep on top to ensure that we do not lose control.</p> <p>SA said that the closest risk is the turnover of staff, it echoes the BCCG 3-4 years ago. It is necessary to retain staff.</p> <p>The Finance and Performance Committee noted the report</p>
<p>9.0</p>	<p>Integrated Finance and QiPP Report – Month 02</p> <p>RH presented the report.</p> <p>As at month 2:</p> <ul style="list-style-type: none"> • The CCG is reporting an £1.4m in-year surplus (marginally ahead of plan) and a forecast £10m surplus, both being consistent with the most recent 2018/19 plan submitted to NHSE. • Limited activity at month 01 and financial data available (particularly providers) hence making any forecasting uncertain. The limited data has impacted on QiPP reporting. • Provider expenditure has generally been taken to budget or close to budget. • It is difficult to quantify financial risks but the general risks are considered to be manageable at this stage in the year. • The CCG retains £2.5m contingency to manage risk should they materialise. • It is expected that month three reporting will be based on full set of data. <p>SA said that the pack needs to be smarter and that it needs to be revised to make it easier to read.</p> <p>RH said that he had been meeting with other DCFOs and had been gauging how they presented their reports.</p> <p>SA added that the pack needs to be simple enough for the public to understand as it will be out in the public domain. RG added that everything should be ragged in colours.</p>

	<p>ACTION: RH to outline on the forecasting methodology for Committee and discuss with RG options to improve financial reports to Committee.</p>
10.0	<p>Running Costs/Internal Budget Setting 2018/19</p> <p>RH gave a brief summary of the report to the Finance and Performance Committee.</p> <ul style="list-style-type: none"> • Allocation of £9.1m • Budget Set for £9.5m • All running costs have been signed off by Directors. <p>ST said to give assurance to the Committee that there are vacancy controls at the Directors meetings to contain vacancies to underpin the spend position.</p> <p>SAd added that the Directors had been having regular meetings with the Management Accountants to keep control of budgets.</p> <p>The Finance and Performance Committed noted the report.</p>
11.0	<p>IT and IG Update/NHS Mail2 Update</p> <p>JM and MP joined the meeting to give a verbal update on the IT and IG.</p> <p>JM introduced Mark Peedle who has been seconded from HBLICT for 12 months as IT Manager.</p> <p>There are three major aims, being:-</p> <ol style="list-style-type: none"> 1. Review the Corporate Contract with HBLICT, making an opportunity for QiPP savings. 2. A strong delivery of IT for GPs, ensuring that it is fit for purpose. There is a strong IT Sub Group. There is a plan which will be presented at IM&T Programme Board in July. 3. P4 – Programme workstream. One issue is the GDPR in Primary Care, this needs to be up to speed and robust. <p>RG asked how the Board will be informed of progress. JM said that it is reported to IM&T Programme Board, the risk register is regularly reviewed and it is also reported to the Executive Committee.</p> <p>ACTION: JM/MP to give a quarterly update on IT and IG to Finance and Performance Committee.</p> <p>JM reported that migration to NHS Mail2 had been relatively good across the CCG. It had thrown up a number of consequences which are being reviewed. HBLICT is looking at having a dedicated help desk for the BCCG.</p>
12.0	<p>Extended Access BCCG Corporate Report to Execs</p> <p>NW presented the report.</p> <p>The Finance and Performance Committee is asked to note the financial implications to the CCG of commissioning extended access services from BEDOC, Chiltern Vale Community Interest Company (CIC) and the West Mid Beds GP practices.</p> <p>The report outlines the CCG's proposal for commissioning Extended Access to General Practice Services from 1st September 2018 for two years. This was originally scheduled for the 1st October 2018 and results in a cost pressure of £226k which will be covered within the existing budget envelope.</p>

The PIN notified the wider healthcare market that Bedfordshire CCG had identified three 'Most Capable Providers' to deliver locality level provision of Extended Access to General Practice services namely:

Bedford, Ivel Valley and Leighton Buzzard – BEDOC with West Mid Beds practices working with BEDOC, and Chiltern Vale Community Interest Company (CIC).

There were no challenges. The PIN notice expired on 24/5/18 and no other providers had expressed an interest in providing these services.

It is proposed that the contract for extended access services be a 2 + 2 year contract running from 1st September 2018 to 1st September 2020. This will mitigate the cost pressure over the two years by reducing the amount spent in 2019/20.

A mobilisation task and finish group has been established.

Funding has been identified and the relevant templates completed. Risks are tempered.

Financial modelling is being reviewed and the BCCG is in a process of engagement with practices and the public to ensure that they are aware.

The risks are being managed to meet the September deadline.

The service will be delivered from the South and the North of Bedford and will offer services from 8.00 am – 8.00, 7 days a week.

Practices will give information about the extended access service and where it will be available to patients. The service can be booked directly at the practices and also through the 111 service.

Communications and Providers are to make sure that there is a consistent message sent out to patients.

NV asked if there would be any QiPP savings.

NW replied there would be more value around same day access, reducing non elective admissions. There is a potential benefit which may reduce attendance at A&E.

ST said that there had been an assessment day carried out at BHT A&E and there was no evidence of patients mis-presenting or with no doctor's appointment.

The paper was noted by the Finance and Performance Committee as giving assurance and the paper is to be presented at the next Governing Body Meeting.

13.0

[REDACTED]

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14.0 MOU Personalised Care Demonstration Sites

The Finance and Performance Committee is asked to note and agree this paper.

This is an agreed programme of work to deliver Personalisation including Personal Health Budgets across Bedfordshire, Luton and Milton Keynes. The programme of work will be supported by NHSE and £300K of infrastructure support is provided. This will be managed at LCCG who are in their second year of the programme.

It was reported 1% - 2% of people per head of population are to have a personal health budget (PHB), 50% of that money being a formal personal health budget that we are familiar with in terms of CHC care packages. It widens it out in terms of personalisation, people can access not just the traditional care packages, but also access training or even have a supporter.

The Personalised Care Group at NHS England is keen to support progress in Personalised Care Demonstrator sites. BCCG will get programme support as well as national support so that we can develop the programme with them.

SAd said that the paper asks for executives to note signages between personalised care and existing work and objectives across the STP, and agree for us to be a personalised care demonstrator site in 18/19 as part of the Bedfordshire, Luton and Milton Keynes ICS system.

	<p>RG said that this will be cost neutral to BCCG.</p> <p>ST commends that this enables Bedfordshire be at the forefront of this new policy approach.</p> <p>SAd said that all of the information will have to captured and reported regularly, so that we know if we hit trajectory.</p> <p>ACTION: RG asked that SAd report back to the Finance and Performance Committee in October 2018.</p>
<p>15.0</p>	<p>Quality Premium Proposal</p> <p>IC reported that this was guidance and a proposal.</p> <p>The Quality Premium (QP) scheme is a national NHSE incentive scheme designed to reward CCGs for improvements in the quality of services they commission, improved health outcomes, reduced health inequalities and improved access to services. Approximately 75% of the available national quality premium funding is now based on emergency demand management indicators.</p> <p>The QP scheme has been updated to reflect the requirements in the 18/19 Planning Guidance to moderate emergency care demand.</p> <p>There are challenges in doing so, to achieve the maximum potential funding the CCG would need to achieve the targets but there are other gateways to hit. The gateways being:-</p> <ul style="list-style-type: none"> • Quality Gateway • Financial Gateway • NHS Constitution Gateway <p>Funding is expected to be made available to CCGs in 2019/20 assuming we meet the necessary requirements. Milton Keynes CCG are proposing a gain share of 25% of the emergency demand planning element of the Quality Premium with its local provider. This amounts to £220k for Milton Keynes CCG. If the BCCG adopted a similar approach with local providers, a 25% gain share would amount to £424k. The advantage would be a system and alignment approach.</p> <p>AS said that the links to a single control total would be an added incentive to Providers.</p> <p>Finance and Performance Committee support this.</p>
<p>16.0</p>	<p>Briefing on ICS Partial Control Total Status 2018/19</p> <p>RH presented the paper. He said that the purpose of the paper was to update the Committee on the progress made towards agreeing a Single Control Total for the Integrated Care System (ICS).</p> <p>The incentives for agreeing to a Single Control Total would be access to increased Provider sustainability funding for capital grants, additional funding streams, national initiatives, etc. There are options to split the access to the fund.</p> <p>Three options proposed are:</p> <p>Full PSF 70% of the total funds linked to the delivery of the Single Control Total</p> <p>Partial PSF 70% of the additional PSF funding is linked to the delivery of the Single Control Total</p> <p>50% Partial PSF: 35% of the additional PSF funding is linked to the delivery of the Single Control Total</p> <p>The least worst option would be for everyone to sign up to 50% of 70% of hitting control total.</p> <p>ST said that this had caused a lot of discussion across the STP. Bedfordshire CCG had been</p>

	singled out as a risk to achieving the single control total.
17.0	<p>STP Estates Bid Evaluation</p> <p>RH presented the report.</p> <p>The purpose of the report is to provide an update on the governance arrangements to support the delivery of the BCCG Estates Programmes. To also provide an update on the development of the STP Estates Strategy and system capital bids.</p> <p>RH reported that work is underway to develop an STP-wide Estates Strategy, and there is an opportunity for STPs to apply for capital funding in July.</p> <p>A number of capital of bids have been drafted. The schemes have to be prioritised, LCCG have asked if we could prioritise the number 8 scheme to make it the number one scheme.</p> <p>The Local Authorities have agreed to lead on the development and delivery of schemes, but it has emerged that no formal mechanism exists to making STP capital available for Local Authority-led schemes. A further issue is that it has become clear that Local Authority capital counts against CDEL (Capital Departmental Expenditure Limit) which could prevent community, mental health and acute providers from entering into long-term leases with Council, without CDEL cover in place. These two issues are likely to prevent the BCCG capital bids being successful as it is likely to put risk in the system and might not be approved in the first round.</p> <p>The Finance and Performance Committee support the paper and understand the issues. To go to Governing Body</p>
18.0	<p>Risk Registers</p> <ul style="list-style-type: none"> a) Finance – To try to mitigate the big ticket risks, resources have been increased. Enhanced grip by the introduction of a new contract management system - CIVICA b) Contracts – CSU Bi Contract risk will reduce. Civica is working and is providing better data. 80% of every acute hospital use it, although it is not widely used in CCGs. c) Information Management and Technology – Risks have improved. d) Information Governance – Risks have improved. <p>The Risk Registers were noted by the Finance and Performance Committee.</p>
19.0	<p>Any Other Business:</p> <p>ACTION: RG informed the Committee that he has asked Heather Moulder, Chair, if the NED capability on the Committee can be stretched. He said that he would like some extra resource at the meeting. The extra resource will be either someone internally or someone with the STP footprint.</p>
20.0	Items to raise to the Governing Body – STP Estates Bid Evaluation
21.0	Date of Next Meeting: 25th July 2018

