

**Finance and Performance Committee**

**MINUTES**

**Minutes of the meeting of the Finance and Performance Committee on 5<sup>th</sup> September 2018, Room 208, Endeavour House, Wrest Park, Silsoe, Beds commencing at 16.00 and concluding at 18.00.**

**Members Present**

Saqhib Ali	Lay Member – Audit and Governance (Acting Chair)	SA
Malcolm Miller	Acting Chief Finance Officer	MM
Alan Streets	Accountable Officer	AS
Roshan Jayalath	GP Member and Mental Health Clinical Lead	RJ
Ian Chislett	Deputy Chief Finance Officer	IG
Richard Dodds	Programme Director Contracts	RD
Dr Jonathan Kirkham	GP – Clinical Lead	JK

**Others in attendance**

Alyson Malciw	PA to Chief Finance Officer and Director (minutes)	AM
Nicky Wadely	Assistant Director of Primary Care [Agenda Item 9.0]	NW
Nick Varney	Turnaround	NV

**Apologies for absence**

Roger Hammond	Deputy Chief Finance Officer	RH
Allison Borrett	Lay Member for Patient and Public Engagement	AB

No	Item
1.0, 2.0	<p><b>Welcome and Apologies</b></p> <p>Apologies for absence were noted as recorded above.</p> <p><b>The meeting was noted as QUORATE.</b></p>
3.0	<p><b>Declarations of Interest</b></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><b>Minutes</b></p> <p>Minutes of the meeting held on 25<sup>th</sup> July 2018 were approved as an accurate record.</p>
5.0	<p><b>Action Tracker</b></p> <p>The actions were discussed and logged with relevant updates added to the live action tracker.</p> <p>All closed actions will be archived and coded accurately for future reference.</p> <p><b>FP126</b> – Delegated Authority for S106 Applications – MM reported that he had met with Kate Walker but that the meeting was dominated by Section 117 discussions. This issue was not discussed as there wasn't enough time. He said it was a point of clarification as to why they do not have any Section 106 monies, when Central Beds do. He will report back at the next meeting with regard to Section 106 monies. Action to remain open.</p> <p><b>FP132</b> – PMS Investment Scheme for 18/19 – Action remains open.</p>

	<p><b>FP140</b> – Contract Activity and Finance System – RD reported that progress had been made, BHT had agreed the change and is progressing. Data is being received earlier than expected. Will report back to the next meeting. Action remains open.</p> <p><b>FP151</b> – QiPP reviews – NV reported that that there had been no action or engagement from the SRO. SRO asked to prepare a report and to be invited to the next F &amp; P Committee meeting – Action remains open.</p> <p><b>FP152</b> – Integrated Finance and QiPP report – MM reported that the DCFOs for the three CCGs have met re standardising the reporting across the three CCGs. Draft proposal/outline report to be presented at the next F &amp; P Committee Meeting. – Action remains open.</p> <p><b>FP153</b> – IT and IG update/NHS Mail2 update – David McNeil/Mark Peedle to be invited to the F&amp;P Committee Meeting in October. Action remains open.</p> <p><b>FP155</b> – Extra Resource at the F&amp;P Committee – HM reported that she will be attending the meeting going forward and that she and Roshan Jayalath are endeavouring to recruit an additional member. – Action to remain open.</p>
<p><b>6.0</b></p>	<p><b>Integrated Performance Report and Contract Highlight Report – Month 04</b></p> <p><b>RD gave a summary of the Highlight report.</b></p> <ul style="list-style-type: none"> <li>• 52 Week plus and getting the RTT back into trajectory.</li> <li>• 3 patients o f52 week plus as of 4<sup>th</sup> September 2018. Two of which should not be on the report as they are Milton Keynes patients. One has chosen to be in after being admitted in 2014, therefore will always appear on the data. The other was a mistake.</li> <li>• One patient has a TCI date of 25<sup>th</sup> September is the soonest date the patient can attend for treatment at Kings. This will be sorted by the end of the calendar month. NHSE are requesting a daily report on this patient.</li> <li>• RTT – Tara Dear is reviewing and is targeting specific areas using tracker to bring back into the 18 weeks. HM asked if there was any additional national money for this extra work, MM said that there is no additional money for RTT. MM said that this is built into the financial position. The original guidance said that no deterioration from March 2018 to March 2019.</li> <li>• Circle are meeting on 5<sup>th</sup> September 2018 and have plans to refocus on those who have missed the Circle loop. We have to be careful that if they miss the Circle loop that they accept the recharge and we end up with the bill in terms of leakage, if Milton Keynes are not following the correct route, then BCCG will go back to Milton Keynes and say that we are not going to pay them.</li> <li>• BCCG are working to build RTT assumptions into planning forecast trajectories. One of the challenges is that we are not getting enough information out of the Trust to actually to do this.</li> <li>• Patient Transport has improved marginally, regular meetings are being held.</li> <li>• EEast has a potential new CEO.</li> <li>• 999 Service is a bigger issue, Bedfordshire is the exception, they are missing significant 999 targets, Bedfordshire are actually the best performers.</li> <li>• Developments:- Impact on A&amp;E in Bedford is the Extended Access which started on the 1<sup>st</sup> September 2018 and the opening of the UTC. This will be monitored to see what the impact on front door A&amp;E is. It will be monitored to see how many patients don't actually need Extended Access.</li> </ul>

- Have been informed that the UTC are confident that they will open 1<sup>st</sup> October 2018.
- Luton uncoded invoices – The A&E coding number of codes has disappeared. Persistent uncoded U code grouping, which will improve as people get used to it.
- Cambridge – A transplant did not go ahead and therefore the Trust mistakenly gave the CCG a critical care bill of £33,000.
- Contract Challenges – 30% of the top box which is the year to date are rejected by both the Trust and BCCG. This needs to be reviewed. 10% not responded to. RD will propose to his colleagues that if there is no response from letters, then BCCG will withhold monies.
- Mixed sex accommodation is being looked at very closely and there were 11 incidences, but the ones at Bedford were not breaches because they were in critical care and they are not treated as a breach.

**The committee noted the Highlight and Performance report.**

**7.0 QiPP Report – PIDs update**

NV gave a brief summary:-

**Key points:**

- Full year QiPP forecast has decreased to £21.3m, which is £1.2m decrease in month.
- Remain £4.8m short of the QiPP target of £26.1m.
- Year to Date the QiPP delivery is £5.1m.
- Year to date the revised plan of £5.5m is £336k short as at June 2018.
- There is presently £4.5m of risk in the forecast of £21.3m.
- BHT engagement with schemes is not progressing at pace.
- Additional risk in Unplanned Care, Out of Hospital and Children and Young People and Maternity.
- There is currently a lack of BCCG led commissioning schemes to address the increase in activity and price at the L&D.
- QiPP week – Planned Care cleared their diaries week commencing 20<sup>th</sup> August 2018 to concentrate on strengthening current schemes and identify new schemes to address the pressures in Elective/day Case and Outpatients, they came up with a saving of £460k of QiPP. [REDACTED]

NV asked the Finance and Performance Committee Members to note that there will be an Unplanned and Mental Health QiPP week in the coming months.

**ACTION: NV to refresh the QiPP report.**

Schedule – schemes 4.4 and 4.7

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p><b>The Finance and Performance Committee noted the report.</b></p>
<p><b>8.0</b></p>	<p><b>Finance Report as at 31<sup>st</sup> July 2018 (Month 04)</b></p> <p>MM reported that Month 04 was much the same as Month 03.</p> <ul style="list-style-type: none"> <li>• We are overspent on Acute and underspent on Non Acute.</li> <li>• Year to date we are £3/4m adrift.</li> <li>• £2.6m surplus.</li> <li>• We can retrieve and deliver £10m but it is a risk.</li> <li>• Non recurrent benefits and significant savings on CHC in both YTD and forecast.</li> </ul> <p><b>Key Messages</b></p> <ul style="list-style-type: none"> <li>• Month 04 is reporting £2.3m surplus and forecast £10m surplus, which is consistent with the plan submitted to NHSE. With year to date pressures emerging the forecast outturn of £10m has been given an amber rag rating.</li> <li>• Where there is confidence in data and other information received, full monthly reporting processes have been adopted.</li> <li>• The standard of information from Providers has impacted upon QIPP reporting.</li> <li>• Cash and debtors positions are not giving concern.</li> <li>• Debtors have reduced by £1.3m from Month 03 and are being closely monitored, these are the lowest levels seen for a long time.</li> <li>• Underlying position shows £10m, indicating that things are getting tight.</li> <li>• Risks to achieving the CCGs financial plan are considered to be the usual risks i.e. acute over performance and QIPP under delivery.</li> <li>• The BCCG's contingency has already been released against the year to date and forecast outturn positions to offset the current over performance and financial pressures.</li> <li>• SA said that the underspend in CHC cannot be relied on in future.</li> <li>• Other opportunities are being pursued to ensure that any financial benefits are identified and secured as soon as possible.</li> <li>• The overall year to date position on Acute has deteriorated since the Month 03 report.</li> <li>• BHT, L&amp;D and ENHerts contracts have all experienced a deterioration in their position.</li> </ul>
<p><b>9.0</b></p>	<p><b>Putnoe Walk in Centre Update</b></p> <p><b>Nicky Wadley gave a short summary:-</b></p>

**Update on the current contract, the options and opportunities to consider going forward at the end of the current arrangement that we have with the partners at Putnoe, and further updates that need to be taken into consideration after the discussions with the OSC.**

The current contract with the Putnoe partnership for the Walk in Centre was put in place under emergency measures and when we had a challenge from the OSC in Bedford Borough. The contract at that time because it was for a six month period it had a number of areas that we BCCG felt that needed to be managed, namely the unknown of what activity might be going through, but also making sure that we weren't putting undue pressure on other services such as A&E, and also a number of resilience issues within primary care.

The contract was put in place and was based on looking at the fact that over the last three years the activity levels has been going up, but we knew that this year we would be putting things in place that should mitigate and reduce down the activities.

MP reported that from April to August we are actually seeing less activity going into the Walk In Centre than was anticipated, so in 17 /18 there were 2318 per month of attendances, on average it is 2000 per month. We are at the moment being able to maintain that and actually each month it is reducing.

One of the areas where there has been a significant impact is where the three practices merged, there has been significant progress, although there are still challenges in the localities.

We are looking at the way that extended access can have an impact and the fact that last week we were able to open up a 101 GP appointments for the weekend and those were fully filled and taken in a few days, this shows a way in which patients want to access care in those periods, which are hours which the walk in centre doesn't offer.

[REDACTED]

**10.0 National Mandate for Integrated Urgent Care**

[REDACTED]

	<p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
<p><b>11.0</b></p>	<p><b>NHSE Special Measures Meeting update</b></p> <p>Cover in Agenda Item 8.</p>
<p><b>12.0</b></p>	<p><b>Changes to CHC Operational Expenditure Limits</b></p> <p>MM summarised the report.</p> <p>The Committee were asked to note and discuss the proposal for an increase in the level of financial authorisation and approve the revised authorisation limits.</p> <p>MM reported that Diane Butterworth, Head of CHC, had said that there had been high levels of unnecessary panel reviews and this should be reflected in the SFIs.</p> <p><b>The Finance and Performance Committee noted the report. This will be reflected in the SFIs.</b></p>
<p><b>13.0</b></p>	<p><b>Risk Registers</b></p> <p><b>a) Finance</b></p> <p><b>FIN68</b> – New risk. Risk to performance around fragile services.</p> <p><b>FIN71</b> – Acute over activity, there is a risk that the cost of delivering acute contracts will result in the BCCG not meeting the financial target. This action should remain RED if the forecast shows a cost pressure in Month 05.</p> <p><b>FIN 73</b> – The risk to the position is still LOW but the impact would be MODERATE.</p> <p><b>ACTION: RH to review and reword the Risk Register for the next Finance and Performance Committee meeting.</b></p> <p><b>b) Contracts</b></p> <p><b>10</b> and <b>11</b> Risks are both MODERATE.</p> <p><b>14</b> – Current BI System Resilience, only one person within the BCCG with the knowledge of the new BI Platform, they are interim, the risk being if they leave who would be able to complete the build. MODERATE</p> <p><b>15</b> – Current CSU covers BI, General and Descro. BCCG have served notice on the BI only. There is a business case to be signed off. There are revised costings for the general and Descro from the CSU. The contract runs out April 2019. BLMK will need to decide whether to extend the contract. MODERATE RISK</p> <p><b>c) Information Management and Technology</b></p> <p><b>ACTION:</b> David McNeil to chase up the business continuity plan.</p> <p><b>ACTION:</b> Mark Peedle to attend the Finance and Performance Committee to present the IM&amp;T Risk register.</p>

	<p><b>d) Information Governance</b></p> <p>15 – To be closed</p> <p>1 – To be closed</p> <p>3 - To be closed</p>
14.0	<b>Any Other Business: None recorded</b>
15.0	<p><b>Items to raise to the Governing Body –</b></p> <p>Acute performance</p> <p>Special Measures</p> <p>QIPP</p>
	<b>Date of Next Meeting: Wednesday 26<sup>th</sup> September 2018</b>

Signed

*(As a true record)*

Dated



**Saqhib Ali – Acting Chairman, Finance and Performance Committee**

