NHS Bedfordshire Clinical Commissioning Group

Finance and Performance Committee

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Minutes of the meeting of the Finance and Performance Committee on 22 November 2017, Room 208 Endeavour House, Wrest Park, commencing at 12.00 and concluding at 14.45.

Members Present

Roland Ginn	Lay Member – Finance & Performance (Chair)	**RG**
Jim Hayburn	Chief Finance Officer	**JH**
Sarah Thompson	Accountable Officer	**ST**
Saqhib Ali	Lay Member – Audit and Governance	**SA**
Dr Alvin Low	Clinical Chair	**AL**
Dr David Howard	GP – Locality Chair of Bedford	**DH**
Dr William Hollington	GP – Locality Chair of Ivel Valley	**WH**
Dr Jonathan Kirkham	GP – Clinical Lead	**JK**

Others in attendance

Hayley Dixon	Assistant Board Secretary (Minutes)	**HD**
Matt Hollex	Head of Programme Management Office (PMO)	**MH**
Caroline Kurzeja	Director of Strategy and Transformation	**CK**
Andrew Moore	Lead Turn-around Advisor	**AM**
Alan Streets	Turn-around and Contract Advisor	**AS**
David McNeil	Head of Corporate Governance (Interim)	**DMc**
Jane Meggitt	Director of Governance, Risk and Corporate Services	**JM**
Emma Hunt- Smith	Head of Unplanned Care	**EHS**

Apologies for absence

Stephen Makin	Head of Finance, NHS England, Midland & East (Central Midlands)	**SM**
Malcolm Miller	Deputy Chief Finance Officer	**MM**

No	Item
1.0, 2.0	**Welcome and Apologies** Apologies for absence were noted as recorded above. RG requested that JH liaises with NHSE, to ascertain as to whether Stephen Makin is to attend any further meetings. It was agreed that the secretariat continue to circulate papers in the meantime. RG and SA raised concerns over the quality of the papers and the delays to submission once again this month. JH confirmed that following a request from RG prior to the meeting the pack had been reviewed and a decision was made on the 21 November to remove a number of papers from the distribution due to queries over the governance process of the reports. It was confirmed that this was an assurance committee resulting in numerous papers being removed as they were deemed by the Chair as not relevant to the meeting.

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	DMc to work with JH to find the correct approvals process for these papers. JH agreed to work with his team to further simplify the pack and in particular to ensure that one coherent view of the finance section was presented that aligned with the QIPP. RG stated that he had supplied examples from other CCGs for reference in the past and suggested they were looked at again. It was noted that the current finance section was too complex and not fit for purpose. JK noted that one of the papers that was removed raised significant clinical concerns to patients. **The meeting was noted as QUORATE**
3.0	**Declarations of Interest** DH declared an interest in Item 18.0 and 19.0 – it was confirmed that DH would be excluded from the meeting for these items. AL declared an interest in Item 21.0 – it was confirmed that AL would be excluded from the meeting at this point. AM and AS declared interests in Item 13.0– it was confirmed that both would be excluded from the meeting at this point. DMc declared an interest in item 14.0- it was confirmed that DMc would not participate in discussions of this item There were no further changes to declarations in relation to items on the agenda, or noted over and above these on the Conflicts of Interest register.
4.0	**Minutes** Minutes of the meeting held on 25 October 2017 were approved as an accurate record, RG gave compliments to HD and the secretariat for consistent accurate minutes of the committee meetings. These minutes are to be presented at the next BCCG Governing Body Meeting in public – scheduled for 11 January 2018.
5.0	**Action Tracker** The actions were discussed and logged with relevant updates within the live action tracker. All closed actions will be archived and coded accurately for future reference.
6.0	**Integrated Performance and Quality Report** The Integrated Performance and Quality report (IPQR) has been populated with the latest nationally published data which is predominantly Month 6 (September). The report provides an update on the CCGs performance and quality of services and links to the strategic objectives. AS drew attention to the performance headlines within the report to which the committee discussed and noted in detail. The committee reviewed at length the deterioration in Ambulance Response Times. EEAST has now commenced reporting against the new Ambulance Response Programme and feedback from the Trust was that this has commenced well. Calls are now categorised as follows: • Category 1 – Life threatening • Category 2 – Emergency • Category 3 – Urgent

	• Category 4 – Less Urgent Data to support the revised model of ambulance response will need to be developed and a rational timeline for reporting is currently being agreed with the Co-Ordinating Commissioner. The committee noted that more escalation is required, ST suggested inviting the Chief Executive of EEAST to a future Governing Body. **Action FP113: ST and DMc to invite the Chief Executive of EEAST to attend the next Governing Body meeting in public.** DH drew attention to page 10 of the report and referral analysis by speciality and the significant changeability in the numbers. It was noted that coding has seen advancements in quality assurance and that these are now accurate due to deeper data quality assurance and scrutiny. The committee discussed Transfer of the Bedfordshire Community Dermatology Service from Optum to Bedford Hospital and the impact on 18 Weeks RTT and outcome of Clinical Harm Review. Fortnightly meetings continue to be in place with Bedford Hospital to discuss RTT pressures trust wide. As a consequence of this additional activity the Trust has now breached the 92% compliance for October. The recovery plan is to be back within 92% by the end of March 2018. It is not yet clear what the impact of this will be on the CCG aggregate performance. It was noted that recovery plans are in place. ST confirmed that following discussions with AL there are to be a number of Board to Boards arranged, some of which relate to BHT. These meetings will be scheduled in January/early February on matters relating to the development of out of hospital services. Mental Health is an area of concern where the Lead Director, Jane Meggitt has been required to escalate appropriately. The committee commended the quality of the report. **Action FP114: RG to forward email to author of the paper with appreciation of the quality of this report.** **The Finance and Performance Committee noted the Integrated Contract, Finance and Performance Report**
7.0	**Contract Highlight Report** AS presented the report that summarised the Finance and Activity Performance of the largest Acute and Non-Acute Contracts, on a monthly basis. The purpose of this report is to make the Finance and Performance Committee aware of current performance and any issues, providing an opportunity for the Committee to challenge Contractual Performance. The two main acute contracts are over budget at month 6 by £3.7m (£3.1 M5), this is being driven by Non Elective activity in the Luton & Dunstable and by Elective, Outpatient first, Non Elective and excluded drugs at Bedford Hospital. As part of the review of non-elective activity, a letter is being sent to the L&D querying the conversion rate from A&E to non-elective. BCCG rates of conversion are at 40% whilst they remain at 35% overall for the trust. The Acute challenge process is now working well and additional resource has been introduced to bolster the team and to work with NHS England to identify new opportunities. The Challenge process

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	is on target to deliver £4.6m of savings. AS gave an out of hospital overview of main contract detailing that with regards to the new community provider, the standstill period has now elapsed, without any challenges. The new community provider is ELFT. The contract with Herts Urgent Care is unsigned and has not been performing as required. Discussions are ongoing with regard to additional funding (approximately £2m) and duration of contract. Whilst these conversations continue between the collaboration of CCGs and HUC, there is a definite improvement in quality and progress against KPIs which are being monitored via the informal RAP. Contract meetings have been re-instated after a temporary suspension. Full Performance reporting is not yet forthcoming, although daily sit rep data is being shared, and regular additional meetings are held to discuss the performance and actions to be taken. Early indications show improvement in the majority of areas. The committee discussed the variance in activity increase and cost increase between Luton and Dunstable and Bedford Hospital Trust, this seems disproportionate across. ST confirmed that there I a presentation taking place on the 23 November to the Chief Executives of the STP, where the financial position and to show the evidence against national bench marking to highlight the disproportionate spend in acute. The risk share agreement is on the agenda for this meeting. **Action FP115: JH and ST to share the presentation slides as prepared for the STP Chief Executive meeting at the next Finance and Performance Committee meeting.** **The Finance and Performance Committee noted Contract Highlight Report**
8.0	**Non-Emergency Patient Transport** AS noted that the Private Ambulance Service (PAS) were served a Winding up Petition by HMRC, and officially went into administration on the 2 October 2017. PAS stopped providing the NEPTS service for the CCG's in the consortium (BCCG, LCCG, E&NHCCG, HVCCG) as of that date. Emergency Cover Commenced on 1 October 2017. Each CCG managed their main acute trust for first 7-10 days. BHT agreed local transport capacity prioritised on high risk patients. AS stated that EEAST stepped in on emergency basis pending procurement and potential contract negotiation. Additional Capacity was being provided at Bedford Hospital Trust until EEAST were able to increase capacity to undertake all journeys. AS noted that a new contract is being agreed with EEAST following a Voluntary Ex-Ante Transparency notice (VEAT) being issued to halt the current procurement. EEAST only agreed to undertake the emergency cover on the basis that a longer term contract (not caretaker) was issued for all 4 CCG's affected by the collapse of PAS. A contract across the 4 CCG's (E&NHCCG, HVCCG, LCCG and BCCG) has been drawn up for a Contract Term of 2+1 years. A headline £1m over and above existing baseline figures was agreed on behalf of the 4 CCG's. The CCG's wish to attribute the additional £1m to achievement of performance KPI's due to the poor performance experienced in the past. The current offer from EEAST does not allow for this, the £1m is required as part of the whole envelope.

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	AS stated that the contract details are near completion, the remaining discussions for resolution are around the financials. **Action FP116: It was requested for NEPTS to remain on the agenda for the next meeting to ensure the committee are sighted on progress to date.** **The Finance and Performance Committee noted the Non-Emergency Patient Transport update**
9.0	**Private Ambulance Service – Unison letter** AS presented the paper to the committee noting that on 30 October, the CCG, along with others in the consortia, received a letter from the regional secretary of Unison alluding to the need for an independent investigation into the commissioning of the PAS contract and subsequent contract management. On 30 October 2017 BCCG received a letter from Unison (Eastern Branch) in which they state they are seeking an independent inquiry "to uncover failings in the commission process which resulted in a catastrophic failure…" This letter was attached for reference. Unison are also working to calculate the financial loss for each individual member of staff involved and will look to the CCGs to cover these costs if they are not covered by the insolvency process. East and North Herts CCG are the lead commissioners for this service and BCCG will contribute to the overall response. As part of the process, AS noted that we will respond to Unison explaining the internal governance process. BCCG governance team, led by David McNeil, will review the decision process – identifying the committees and governing body discussions on the award of the contract and subsequent updates. The results of BCCG's internal governance review will contribute to the overall response from the lead commissioner. At this point the potential cost pressure issue of contributing to the financial loss to individuals will be covered. The contracts team, led by Alan Streets, will review the contract management process. **The Finance and Performance Committee noted report and letter from Unison, and supported the governance process recommended.**
10.0	**Minor Contracts Register and Update** *This paper was removed from the agenda, decision made on the 21 November.* **The committee noted this deferment.**
11.0	**QIPP Report month 7** MH presented the report detailing the current QIPP month 7 position in relation to savings, investments, risks, mitigations and governance. The detail of the savings, movement and risks are contained within the QIPP Flash Report. It was noted that the time of writing the report the figures were based upon month 6 assumptions. The attention of the committee was drawn to the headlines. The current QIPP Programme at month 7 has strengthened and is estimated to deliver £19.9m, the current Pipeline is estimated to add an additional £650k, and therefore the combined QIPP Programme and Pipeline is estimated to deliver £20.6m.

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	As a result, in the remaining 142 days, the CCG will need to identify and deliver an additional £1.8m to achieve an overall £5.5m deficit control total and £7.3m to achieve an overall breakeven control total. To best ensure Beds CCG achieves as a minimum the £5.5m deficit control total, the PMO will continue to monitor delivery and minimise the risk in the existing £19.9m QIPP Programme. This includes assuring the "step-up" in pace and size of delivery in the programme in Q4; Support the scoping of the remaining £650k in the Pipeline to ensure it provides sufficient assurance to be included in the programme in month 8; and expand QIPP Board into the Financial Recovery Board, to ensure all aspects of recovery are monitored and controlled using the same governance and processes used by QIPP. The PMO will also create and drive a plan to identify and deliver the additional £1.8m as a minimum, however the CCG will be seeking more than the £1.8m required. The QIPP Programme 2017/18 contains 10 sub-programmes and 47 schemes. The forecast outturn at month 7 is £19.907m. This is £871k more than at month 6. Delivery in month 7 is £1.495m. Year-to-date delivery is £9.31m. The value of the Pipeline has reduced from £4.8m to £650k following 7 schemes being added to the programme. In addition greater scrutiny of the remaining Pipeline schemes has revealed potentially less opportunity than first estimated, however the PMO are continuing to work with leads to calculate more accurate estimations. MH referred to the appendix 6 within the Finance report (Item 12.0) it talks about a £9.4m of unidentified QIPP. In the forecast it is assumed £16.2m of QIPP as Finance figures are based upon a risk adjusted QIPP total. The actual value of the QIPP programme is £19.9m (gross figure), therefore £3.6m of QIPP should be referred to as 'more risky', not unidentified. **Action FP117: It was requested that in appendix 6 of paper 12.0, a line in the mitigations should detail and clarify the difference between risk adjusted and gross figures, and unidentified QIPP or riskier QIPP.** MH noted and gave assurance that the risk assessment of PMO are in line with Finance team. The QIPP programme is aligned to the financial recovery plan. **The Finance and Performance Committee noted the report and QIPP update**
12.0	**Finance report – Month 7** JH presented the Finance report with a summarised highlight of the key month on month movements in forecast outturn. JH gave apologies for the quality of the Finance papers, stating that it is incumbent that the papers are clear concise and as coherent as possible. The detail and number of papers circulated have proven to cause confusion. SA stated that he could not ascertain from the current papers how much the forecast had moved from the previous month or what the expected outturn would now be. **Action FP118: The Finance team to prepare a slim line summarised pack with clear detail for the committee.** The report highlights the current in-year position and the forecast outturn position for the year against

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	the requirement to deliver the revised financial target for the year, a break-even position £0.0m (original planned surplus £11.0m.) The committee noted and discussed the financial position at month 7, and noted the risk to delivering the target yearend financial position is still significant. Attention was drawn specifically to Appendix 6 which outlined the impact of additional risks and mitigations, not yet captured in the accounts, on the likely outturn for the year, which is currently assessed as a £9.4m deficit which would require a similar amount of as yet unidentified QIPP in order to achieve the target break-even position. JH asked the committee to review the tabled paper that summarised the financial indicators supplied to provide a clear overview of financial performance. In order to provide additional assurance and triangulation on financial reporting the CCG is now producing a monthly run rate view of financial performance. The run rate outturn for month 7, based on the year to date position at month 6, forecast a deficit for the month of £2.9m. The actual performance for month 7, as reported in the management accounts, is a deficit of £2.4m, £0.5m better than the run rate prediction. ST referred to the letter that was issued from NHSE following the Financial Recovery meeting in early November. The letter stated that NHSE will apply a formal control total of break-even, although it is acknowledged that there are still significant risks in achieving this. **Action FP119: HD to share the letter received from Dr Paul Watson, following the financial escalation meeting, to the members of the Committee. It was noted that the new control total imposed by NHS England was breakeven and members agreed to work on a best endeavours basis to get to this, but noted there were substantial risks given where we had come from. Paper to go to GB for noting** JK requested that further update on aged debtors is shared at the next meeting. **Action FP120: JH to give further analysis and detail aged debtors at the next meeting.** RG again raised concerns over the capability in the Finance team, it was suggested that ST and JH review the capability and capacity in the Finance team. **The Finance and Performance Committee noted the Finance Report.**
13.0	**Forecast costs of Financial Recovery Programme (FRP)** AM and AS declared a conflict of interest in this item – both left the meeting at this point. The paper informed the committee of the current estimate of costs which may be incurred to carry out the BCCG's Financial Recovery. ST noted that in order to deliver against an emerging Financial Recovery Programme (FRP) BCCG is having to take on additional short-term costs to deliver the work of recovery. These additional costs fall in to 3 main categories; Turnaround/ recovery expertise via Clarity Consulting; Temporary specialised staff to develop and implement recovery programmes – above establishment; and additional costs for using temporary senior staff – within establishment, but at costs higher than budgeted for those roles. The details were shared with the committee that in turn gave support to the short term costs.

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	Action FP121: Update to be given at the next meeting with regards to the costs, position/ services detailed as required in order to achieve the FRP.
14.0	**IR35 Compliance** JM and AS presented the report and gave reference to the table, an updated table of individuals was shared and reviewed. JM shared with the committee the internal governance process to ensure compliance with the IR35 regulations. The committee took assurance that BCCG has appropriate governance and operational processes in place to monitor IR35 compliance within HMRC requirements. JM stated that a policy on IR35 Off Payroll policy will be presented to January's Policy Approval Committee and then to Executive Committee. The committee requested that IR35 remains on the agenda until year end. **The Finance and Performance Committee noted the Update on IR35 Compliance**
15.0	**HBL ICT SLA** *This paper was removed from the agenda, decision made on the 21 November.* **The committee noted this deferment.**
16.0	**Bisphosphonates - JPC recommendations** *This paper was removed from the agenda, decision made on the 21 November.* **The committee noted this deferment.**
17.0	**Antivirals for Influenza** *This paper was removed from the agenda, decision made on the 21 November.* **The committee noted this deferment.**
18.0	**Urgent Treatment Centre** DH declared an interest and left the meeting at this point. ST presented the paper alongside EHS. The Urgent Care system is currently commissioned in a fragmented way by multiple providers with pathways that are less than clear for the patients of Bedfordshire CCG. The ambition of the CCG must be to simplify and streamline its offer to the population. The recommendation given to the committee was to make use of the current redevelopment works at the Caudwell Medical Centre site to house the Urgent Treatment Centre, for the next 12 - 18 months whilst GP Hubs are developed. The CCG enters discussion with a range of providers acting as a pool to determine the best fit. The preference would be for the GP Led consortium to be the lead provider. ST noted that we need to be clear around clinical models and that this is held within the financial envelope. It was noted that the service is ending in April, therefore the CCG needs to be aware of the

	possible clinical and financial risks. EHS discussed the finance and activity modelling assumptions and gave assurance to the committee; that assuming the price per attendance, with the example of an estimated price per attendance at £35 in year 2020, and would give a 'worst case' saving of £73,497. The committee were sighted upon the two recommendations for consideration, as supported and reviewed by the Clinical Reference Group, noting that this committee would not sign off or give comment to the clinical modelling. The committee noted that they have been assured on the financial risks and envelope of the recommendations given. **The committee noted the update and requested further updates as necessary.**
19.0	**CHS Procurement** **DH declared an interest and left the meeting at this point.** Bedfordshire CCG (BCCG) is working with Bedford Borough Council (BBC) and Central Bedfordshire Council (CBC) to procure Community Health Services (CHS) with a contract start date of 1st April 2018. The total annual contract value is c£39m. It was noted that a presentation was given to Governing Body on 2 October to seek ratification of the decision to award preferred provider status to ELFT, with HCT as reserve bidder. This was approved by Governing Body (although the names of the bidders were not revealed at the time due to ensure the procurement process was not compromised). Finance and Performance Committee were asked to support the Procurement Programme Team's request to the 7th December Governing Body to award the contract to the successful bidder. DMc noted that the next GB is scheduled for the 11 January, but could be deferred and rescheduled for a later meeting, this will be confirmed out of the committee meeting. RG stated that the papers were not in a suitable state for recommendation to GB. In particular there needed to be a lucid explanation of the commercials, how progress would be measured, how penalties if any were to be implemented and how the new contract compared to the existing one. Key timelines should also be shared. Due to its complexity he requested a specific meeting to be taken though this once the paper was rewritten. AL requested attendance at this meeting. RG also asked SA if he could free up time for attendance due to the importance of this meeting to the CCG. **Action FP122: RG and AL requested a briefing on Outcome frameworks, commercials and Finance Due Diligence briefing for assurance, with Jonathan Bilson, Amanda Lloyd and Alan Streets.** **The committee noted the CHS procurement report and noted that update will be given at the next meeting.**
20.0	**Medicines Management Cost Pressures** AM presented the paper informing the Committee of some of the current cost pressures in the Medicines Management budget referring to no cheaper stock obtainable issue and Category M drug rebate that is held centrally by NHSE at a National level. It was noted that the medicines management team cannot control the national pricing situation, however the QIPP plan is on track to over deliver. The QIPP plan is currently £4M for 17/18.

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	The prescribing committee approved additional work streams at the September Prescribing committee meeting, and more work streams are being prepared for the December Prescribing committee. **The committee noted the Medicines Management Cost Pressures**
21.0	**BCCG Primary Care Sustainability** AL declared an interest in this paper and left the meeting at this point. JH presented the paper, stating that there is a financial risk as part of our Joint commissioning responsibilities for Primary Care and the fact that BCCG will inherit the Primary Care budget in April 2018, NHSE are looking to BCCG for their commitment prior to final sign off in relationship to two contracts. The savings that have been achieved as a result of this procurement will bring the current Primary Care budget back into balance prior to April 2018. The committee reviewed the paper and noted that Village Medical Centre is currently run under a caretaking arrangement, which will lead to estimated savings on the annual contract value for LOT 1 of £827,800 p.a. (equivalent to over £4.14M over the full contract term). This estimate takes account of the different contract structures of the current proposed contract. The savings also reflect the impact of the price per weighted patient reducing from the current £220.85 to £102.42. The price per patient at Putnoe Medical Practice (Lot 2) will be reduced during this contract from a current £120.92 per patient to £102.42 per weighted patient, resulting in a saving of £334,000 p.a. (equivalent to a saving of over £1.67M over the full contract term). **The committee noted the report and supported the recommendations of the contract awards of the APMS contracts.**
22.0	**Risk Registers** The committee were asked to note and discuss the suite of risk registers (Finance, Contracts, IM&T and Information Governance). The risk registers identified potential risks and assessed their impact on the ability of the CCG to meet its financial targets and objectives. They also detailed the actions that were being taken by the department to manage these risks efficiently and effectively. The committee noted the three presented risk registers of Finance, Contracts and Information Governance, and took these as read. The IM&T Risk Register was not reviewed due to delay in submission. **The committee noted the Finance, Contracts, IM&T and Information Governance Risk Registers.**
23.0	**Finance and Performance Committee Terms of Reference** DH presented the report detailing two areas of update where the committee are required to show support and ratify these changes. **The committee noted and supported the update in the Terms of Reference. The committee agreed and supported the business cycle, understanding that this is a live document and will see change through the year.**

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24.0	**Any other Business** - ST noted that the QIPP Board has now been re-identified as the Financial Recovery Board. - HD noted that the next meeting scheduled is to be January 2018 and proposed a meeting in December to address the increased amount of business required at the Finance and Performance Committee. This proposal was agreed. **Action FP123: HD and DMc to identify a date and share the details accordingly.** No items of other business were discussed
25.0	**Date of Next Meeting** **20 December 2017 – Venue and time TBC**

Signed *(As a true record)* Dated

Roland Ginn
Chairman, Finance and Performance Committee

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Audit and Governance Committee

Minutes of the Audit and Governance Committee Meeting
Held on 13 December 2017
Boardroom, Suite 3, Capability House, Wrest Park, Silsoe, Bedfordshire MK45 4HR

Members Present:

Saqhib Ali	Lay Member – Audit and Governance (Chair)	**SA**
Roland Ginn	Lay Member – Finance and Performance *(Dialled in)*	**RG**

Others in attendance

Jim Hayburn	Chief Finance Officer *(Dialled in)*	**JH**
Jane Meggitt	Director of Governance Risk and Corporate Services	**JM**
Malcolm Miller	Deputy CFO	**MM**
Janet Young	Governance & Risk Manager	**JY**
Steve Lake	Director TIAA Internal Auditors *(Dialled in)*	**SL**
Paul Grady	Grant Thornton, External Auditor *(Dialled in)*	**PG**
Marcus Ward	Manager, Grant Thornton, External Auditors *(Dialled in)*	**MW**
David McNeil	Head of Governance	**DM**

Apologies:

Alison Borrett	Lay Member – Patient and Public Engagement	**AB**

Due to the potential for inclement weather, members of the committee were offered an opportunity to dial in.

1.	**Welcome and Introductions**	**Action**
	The Chair welcomed all members and attendees to the meeting and thanked those that had been able to dial in.	
2.	**Apologies for absence**	
	Apologies were received from Alison Borrett, Lay Member for PPE	
3.	**Declarations of Interest**	
	There were no interests declared	
4.	**Minutes of the Meeting Held on 11 October 2017**	

	The minutes of the Committee's meeting held on 11 October 2017 were agreed as a correct record with the exception of a change to the time of the meeting on the 13 December, which should have read 09.00 – 11.00 and not 15.00 – 17.00	
5.	**Actions from the Meeting Held on 14 June 2017**	
	Matters arising were tracked through the Committee's Action Tracker as follows: • **AC062- Deloitte's Report on QIPP** To be closed • **AC063-Tia Briefings on developments in governance, risk and control** To be closed**.** • **AC064 –Audit Plans** JH to meet with Internal Auditiors (IA) and External Auditors (EA)	**JH**
6.	**Internal Audit Progress Report** SL presented the progress report based on the internal audit work carried out by TIAA which summarised the work for the year to date against the 2017-18 internal audit plan. NHS Sector briefing materials, based on external publications and TIAA client briefings, were included. The committee's attention was drawn to the following: **Internal Control Framework** One review has been completed since the previous Internal Audit Progress Report - Co-Commissioning. Reasonable assurance were given and a number of priority 2 and 3 recommendations made to further strengthen controls. **CHANGES TO THE ANNUAL PLAN 2017/18** There have been two changes to the Internal Audit Plan in the year to date, both of which have been approved by the Audit and Governance Committee. The first relates to the addition of a 'Conflicts of Interest' review, and the second relates to the cancellation of the proposed 'QIPP- review and for the days to instead be used for a review of 'Better Care Fund' JH asked if there were any risks that the CCG were not aware of that needed to be considered. SL said that as far as IA were concerned, there were no additional risks to bring to the attention of the committee. RG raised the risk around BCCG having sufficient resources in place to support the move to delegated commissioning. MM said that discussions were on going with NHSE about the possibility of getting additional funding, which would definitely be needed in Q2/3 2018. There was further discussion about the need to ensure the STP and the move towards an ACS was factored in to any decisions on funding and resources. JH added that there would be a need to identify finance support quickly. There were two aspects, one was to ensure that the delegated commissioning functions were in place and working (which was being led by Caroline Kurzeja, Director of Population Health) and the need for financial management. MM agreed to develop a business case and present at the February meeting of the AC.	

	SA asked SL if the budget for 2017/18 was all allocated. SL confirmed that it was. JH said that it was important for the CCG to reconsider how these days were being used, for example a review of the process around forecast positons. SA agreed and added that it would be useful for auditors to share with the CCG any examples of best practice. JH added that this would be welcomed, but suggested that a meeting between JH, MM, SA and RG was arranged to review the forecasting process, with a view to agreeing the forecast position of for 2017/18. JH said that there would be merit in a review of the forecast outturns over that last few months and for audit to share good practice. JH continued that it was important that the forecast was not altered for minimal changes and noted that some of the changes were due to external pressures, such as the additional spend on high cost drugs, which was a national issue. **The Committee noted the report**	JH/MM
8	**External Audit Progress Report 2017/18** PG presented the EA progress report which summarised the current key issues facing the sector and the solutions being adopted across the country, drawing on sector insight as the external auditor to 37% of the clinical commissioning groups (CCGs). The paper also included a summary of national reports and developments that may be relevant to the CCG, for example: **Emerging issues** • Sustainability and transformation plans • New models of delivery (including future GP services) • Governance (including accounts issues and fraud) • Co-commissioning of primary healthcare **Stubborn issues** • Financial pressures and underlying deficits in future years • Capacity and ensuring commissioning support services are high quality and deliver value for money • Integration and the Better Care Fund (BCF) • Provider trusts **Issues on the horizon** • The future of clinical commissioning and collaborative commissioning (including CCG mergers) • Devolution • Technology in healthcare • Brexit JM said that she found this particularly helpful as it covered some of the issues currently facing the CCG. RG added that issues such as the potential CCG mergers and the planned merger of L&D and BHT, also brought additional risks. PG said that they were running a half-day training session at Luton CCG on issues facing CCGs and offered an opportunity for BCCG to join. The Committee felt this would be useful and, diaries allowing, committee members would attend. **PG to circulate dates for the meeting.**	**PG**

	The Committee noted the report	
8.	**Financial Tender Waivers** JH confirmed that NHSE were fully aware of Clarity's role at the CCG and that a business case was being developed to support future work. **The tender waivers were noted.**	
9.	**Review of the CCG Strategic Objectives and Assurance Framework** JY said that the Governing body had reviewed and agreed their strategic objectives at the development session on 5 October. However due to a refocus on the business of the CCG plus amendments to the Executive Directors responsibilities, means that the outcome measures to achieve them needed to be reviewed. PG challenged the Assurance levels as recorded in the report. This will be discussed off-line between JY and PG. **The Committee noted the progress on the strategic objectives and the on-going work to improve the assurance framework**	**JY/PG**
10	**Gifts and Hospitality** There was discussion on why Bedford locality seemed to be the only locality accepting sponsorship. This was part of a wider review of work in the localities. **The Committee noted the report**	
11	**Annual Report and Accounts** The committee received a report on the expected timetable for the presentation of the annual report and accounts.	
12.	**Terms of Reference and Annual work plan** The committee discussed the proposed changes to the terms of reference. The following amendments were agreed: • To remove from para 4 any issue of quoracy relating to the requirement to have a clinician at the meeting • To add to para 3, that a clinician may be invited as and when the committee feel their advice and guidance may be useful.	DMc
13.	**Any Other Business** Internal audit raised the issue that their contract was due to expire in March 2018. MM agreed to bring a report to the February Committee with a way forward.	MM
14.	**Items to Raise to Governing Body** • Good progress reported against internal audit programme • Financial Tender Waivers had been noted • Annual report timetable noted • Committee had reviewed and amended their ToR and approved the annual work plan • Latest GBAF reviewed – further work on assurance levels requested.	

	• Paper requested for a proposal regarding the IA contract which expires in March 2018 • Minutes to be presented to future Governing Body meetings	
15.	**Date of Next Meeting**	
	Wednesday, 14 February, **09.00 – 11.00 hours**, in the **Boardroom**, **Suite 3,** Capability House, Wrest Park, Silsoe, Bedfordshire, MK45 4HR	

NHS England

NHS Bedfordshire Clinical Commissioning Group

Minutes of the Joint Primary Care Co Commissioning Committee
14 December 2017
9.00-12.00
Room 208, Endeavour House, Wrest Park

Present:

Roland Ginn	**RG**	Lay Member Finance and Performance – **Chair**
Dominic Cox	**DC**	Locality Director (South), Central Midlands, NHS England
Dr David Howard	**DH**	Locality Chair – Bedford Locality, BCCG
Caroline Kurzeja	**CK**	Director of Strategy and Transformation, BCCG
Mel Gunstone	**MG**	Assistant Director of Nursing and Quality, BCCG
William Hollington	**WH**	Locality Chair – Ivel Valley Locality, BCCG
Nicky Wadely	**NW**	Assistant Director of Primary Care, BCCG
Malcolm Miller	**MM**	Deputy Chief Finance Officer, BCCG
Susi Clarke	**SC**	Primary Care Strategic Development Lead
Peter Graves	**PG**	Chief Executive, Beds and Herts LMC
Caroline Goulding	**CG**	Contracts Manager Medical and Pharmacy, NHSE
Tony Medwell	**DP**	Locality Business Manager – Bedford Locality
Hayley Dixon	**HD**	Assistant Board Secretary

In attendance:

Dr Saleh Ahmed	**SA**	GP Future Leader
Dr Linus Onah	**LO**	GP Future Leader
David McNeil	**DMc**	Head of Corporate Governance

No	Item
1.0	**Welcome, Introductions & Apologies:** Apologies were noted from Sarah Thompson, Jim Hayburn, Alison Borrett, Ian Brown, Miriam Coffie, Diana Blackmun. RG welcomed members to meeting. RG noted that the agenda would be taken out of suite to hold item 12.0 and 11.0 first following the action review, before returning to the general order of the meeting.
2.0	**Declarations of Interest:** RG asked members of the JPCCC to disclose any changes in circumstance which may give rise to an actual or perceived conflict. The following declarations of interest were made; **DH declared and interest in Item 12.0, and left the meeting at this point.**
3.0	**Minutes** RG requested members of JPCCC review minutes from the previous meeting held on the 22 November 2017.

No	Item
	The minutes were agreed as an accurate record of the meeting, once a minor amendment has been actioned, the chair will sign off the minutes.
4.0	**Action Tracker and Matters Arising** The actions were discussed and logged with relevant updates in the live action tracker. All closed actions will be archived and coded accurately for future reference.
5.0	**Risk Registers** **a) Co Commissioning Risk Register** SC presented the register and report that was taken as read. The committee were asked if the risk regarding workforce could be transferred to the issues log, as currently managed as an issue. The committee supported this request. **Action JCC 064: SC to modify the Corporate Risk Register and the Co Commissioning Register to reflect the sustainability issue of GP services and the move of the workforce risk to the issues log.** **b) Delegated Risk Register** SC presented the first edition of the risk register and discussed in detail. RG praised the risk register. SC requested that the quality risks are to be added. **The committee noted the risk registers the Chair gave thanks SC and the Primary Care Team for the quality and attention given to the registers**
6.0	**Changes to Constitution** DMc presented the item asking that the committee approve the changes to the Constitution to reflect the recent decision to move to delegated commissioning of Primary Care; approve the self-certification by the Chair or Accountable Officer, on behalf of the CCG, that the revised constitution continues to meet the requirements of the NHS Act 2006 (Appendix 2 of the paper); and to note the checklist (Appendix 1 of the paper). DMc noted that proposals for delegated commissioning arrangements will require an amendment to BCCG's constitution. CCGs taking on delegated commissioning need to establish a committee to manage the delegated functions and to exercise the delegated powers. For BCCG this will be the Primary Care Commissioning Committee. DMc took the committee through the key changes, to which DC stated had been shared with NHSE. Full submission to NHSE is due by late December 2017 and once approved will be circulated electronically to all members. This will then be updated on the BCCG website. **The committee noted the report and gave support for the constitutional changes.**
7.0	**Delegated Commissioning Update** NW referred to the previous discussion and details as held in item 11.0. NW stated that the confirmed decision will be released in January 2018. An outline draft work plan is in place and will be worked through in line with the checklist and project plan.

No	Item
	NW stated that this update will remain on the agenda for January where the checklist and project plan will be reviewed. **The committee noted the update.**
8.0	**BLMK ACS General Practice Workforce Development Plan** SC presented the report and noted that the plan (Appendix A of the report) has been developed to understand with increased granularity the pressures and workforce challenges facing general practice within BLMK, and our wider Primary Care and Community teams; the workforce implications of our new models of care; how the STP proposes to address the workforce gap, the anticipated cost impact and the funding sources to meet this and the options for developing schemes that require significant scaling up e.g. International Recruitment, GP and Practice Nurse retention. It was noted that the BLMK General Practice Workforce Plan and Development Programme covers a range of new roles and ways of working, recruitment and retention and education, training and development initiatives that aim to address these workforce challenges. SC mentioned that following feedback, the Workforce Development Plan was re-submitted to NHS England on 15 November 2017. The Central Midlands assurance panel has recommended that the BLMK STP Workforce Plan be assured with conditions. These conditions are linked to the following elements of the plan, where further clarity of detail is required: • Achievement of GP numbers through recruitment and retention strategy / initiatives • Financial affordability of implementation and delivery of the plan The recommendation above has now been shared with the NHSE regional team. A regional panel convened on the 23 November to consider the plan and it is anticipated that further feedback should be received in early December. **Action JCC 065: CK requested that a Primary Care learning set is to be presented as part of the Governing Body Development programme, to which the next session is the 1 February. CK to liaise with DMc to ascertain if the item can be added to the agenda.** **The committee noted the report and the plan as presented.**
9.0	**Extended Access Update** **The paper was taken as read and noted the report.**
10.0	**NHS England GP services budget - M07** **The committee took the report as read and noted the update.**
11.0	**BCCG Quality Transformation**

No	Item
	The committee supported the draft framework
12.0	**Clapham Road** ***DH declared an interest in this item, DH was excluded from the meeting.***

No	Item

No	Item
13.0	**Any other Business** No other items of business were discussed. The meeting closed at 11.00

DRAFT