

Approved 6 June 2024

**Minutes of the ICB Finance and Performance Committee  
Held on Monday, 29 April 2024 at 10.00pm  
In the Lune Meeting Room, ICB Offices, County Hall, Preston**

Name	Job Title	Organisation
<b><u>Members</u></b>		
Jim Birrell	Acting Chair/Non-Executive Member	L&SC ICB
Debbie Corcoran	Non-Executive Member	L&SC ICB
Sam Proffitt	Chief Finance Officer	L&SC ICB
Katherine Disley	Director of Operational Finance	L&SC ICB
Andrew Harrison	Director of Place and Programme Finance	L&SC ICB
Stephen Downs	Director of Strategic Finance	L&SC ICB
Sarah O'Brien	Chief Nursing Officer	L&SC ICB
Craig Harris	Chief Operating Officer	
Debra Atkinson	Company Secretary/Director of Corporate Governance	L&SC ICB
Roger Parr	Director of Assurance	L&SC ICB
Kathryn Lord (for Sarah O'Brien)	Director of Nursing, Quality Assurance and Safety	L&SC ICB
<b><u>Attendees</u></b>		
Glenn Mather	Associate Director of Performance and Assurance	L&SC ICB
Terry Whalley	New Models of Care Programme Director	L&SC ICB
Kirsty Hollis	Associate Director and CEO Business Partner	L&SC ICB
Sandra Lishman	Committee and Governance Officer	L&SC ICB

Item No	Item	Action
FPC 1/24	<b><u>Welcome and Introductions</u></b>  The Chair, welcomed all to the meeting, including Terry Whalley, New Models of Care Programme Director, who would be joining meetings on a regular basis, and Kathryn Lord, Director of Nursing, Quality Assurance and Safety, to represent Sarah O'Brien.	
FPC 2/24	<b><u>Apologies for Absence / Quoracy of Meeting</u></b>  Apologies for absence had been received from Sarah O'Brien, Asim Patel, and standing apologies from Roy Fisher. The meeting was quorate.	
FPC 3/24	<b><u>Declarations of Interest</u></b>  (a) Finance and Performance Committee Register of Interests – Noted.	

	<b>RESOLVED:</b> There were no declarations of interest relating to items on the agenda. Members were asked that if at any point during the meeting a conflict arose, to declare at that time.	
FPC 4/24	<p><b>(a) <u>Minutes of the Meeting held on 25 March 2024 and Matters Arising</u></b></p> <p><b>RESOLVED:</b> That the committee approved the minutes of the meeting held on 25 March 2024.</p> <p><b>(b) <u>Action Log</u></b></p> <p>The action log was reviewed and the following discussed:-</p> <ol style="list-style-type: none"> <li>1. <b>Action Log – Performance Report</b> – C Harris confirmed that there was a dashboard for every speciality, apart from primary care which was an ongoing piece of work. G Mather reported that a paper would be presented to the Primary Care Commissioning Committee at its next meeting in response to the internal audit report, setting out a performance framework for primary care. It was confirmed that reporting would need to include an understanding of variation, the current situation and what work was being undertaken to address any issues.</li> <li>2. <b>Winter</b> – C Harris reported that plans were being looked at for quality improvement next winter and further detail would be reported at the May/early June committee meeting.</li> <li>3. <b>Committee Business, ToR, Quoracy and Meeting Dates</b> – D Atkinson would address quoracy rules in the near future. Terms of Reference, including roles and responsibilities would be reviewed in due course to better reflect the work of the group in providing assurance to the Board. Revised meeting dates for 2024/25 were currently being explored, to ensure timely for receipt of finance and performance data.</li> <li>4. <b>Virtual Wards</b> – S Proffitt updated that following an ICB Board session discussing recovery, focusing on the Urgent and Emergency Care pathway and work around place, some metrics were being realigned. T Whalley was putting a programme together around recovery, which would include the use of virtual wards and holding to account, which would be detailed in the system recovery and transformation update at this meeting. Item closed.</li> <li>5. <b>Performance Report</b> - Discussion took place under action 1. J Birrell proposed to work with G Mather and A Patel to take forward the Integrated Performance Report.</li> <li>6. <b>Finance and Performance Committee Terms of Reference</b> – Item closed.</li> <li>7. <b>Transfer of Specialist Learning Disability Service to a New Provider</b> – Not yet due.</li> </ol>	
<i>The agenda was taken out of order.</i>		
FPC 5/24	<p><b><u>Month 12 Performance Report</u></b></p> <p>The Chair was pleased to see that the executive summary of the report contained the detail that the committee required, including highlights and lowlights. It was also</p>	

	<p>commented that, where appropriate, the narrative should be more focused on updates between committee meetings. Concern was raised around palliative care as there had been a reduction in the proportion of people identified and recorded as being in the last year of life at time of death and in the proportion of people that had died with a form of care planning in place. A Harrison reported that activities were taking place to adjust current trajectories and highlighted that it would be helpful to include an awareness of work being undertaken specific to recovering a trajectory/improvement, etc, in future meeting reports if this was available.</p> <p>Members discussed options to gain more insight into the detail contained within the performance meeting report prior to it being presented at the committee meeting. S Proffitt said that performance was currently being looked at by ICB senior leaders and a summary would serve the committee better. To assist the smooth running of the committee meeting, executives would agree a mechanism for members to ask detailed questions, prior to meetings.</p> <p>D Corcoran asked that a RAG rating be included in the executive summary of future reports, providing a view and judgement as to whether the service was expected to recover or not.</p> <p>NHS England were developing a regional single oversight framework that should provide more clarity on the metrics that the committee require for assurance and the areas requiring further discussion by the executive team.</p> <p>In response to members questions, it was confirmed that the contract monitoring process included oversight of independent contracts and the volume of out of area patients. The Chair suggested that capacity for out of area placements should be reviewed. The new Provider Selection Regime statutory guidance, along with patient choice, has contributed to long waiters continuing to be seen at private hospitals and the Chair asked for more detail on over 65-week waiters.</p> <p>Poor performance was noted regarding neonatal quality and the Chair asked that a brief update be provided to the Finance and Performance Committee following consideration of the matter by the Quality Committee. It was noted that over 20% of patients were waiting more than 12-hours, which was unacceptable, however, a 13% increase had been seen in A&amp;E attendances in March 2024, which had been managed.</p> <p><b>RESOLVED: That the Committee note the update report.</b></p>	<p>SP</p> <p>GM</p> <p>SO/KL</p>
<p><i>The agenda reverted to its original order.</i></p>		
<p>FPC 6/24</p>	<p><b><u>Key Messages and Overview of Agenda</u></b></p> <p>S Proffitt spoke to a presentation summarising the agenda for this meeting and highlighting the following key messages:-</p> <ul style="list-style-type: none"> <li>- Discussion continued with NHS England regarding the projected 2024/25 financial position which remained challenging. It was anticipated that the agreed figure would be an improvement on 2023/24. Feedback included that the team were content with non-financial performance which was in a good position.</li> <li>- CIPs and QIPP delivered last year were higher than the previous year.</li> <li>- To highlight improved performance from the previous year, recurrent action with a higher level of grip and control had been discussed with NHS England.</li> </ul>	

	<ul style="list-style-type: none"> <li>- At month 12, the ICS reported a deficit of £148.6m. The system had delivered its adjusted year-end target of £198.5m reforecast deficit, less £80m deficit funding from NHS England. Figures included recurrent and historical CIP.</li> <li>- There had been significant change in the ICB position, from the initial projected break-even, mainly due to unfunded inflation.</li> <li>- An assessment had been undertaken of the ICBs going concern status, with approval sought by the Finance and Performance Committee at today's meeting</li> <li>- Last year £176m CIP had been delivered. Trust recovery was at nearly £247m.</li> <li>- Going forward, it was felt that the BAU CIP would be delivered, however, this would require help around the urgent and emergency care pathway and may involve closing some capacity. Review on the pathway showed an £80m opportunity coming from the removal of corridor care, escalation beds, etc.</li> <li>- Work had started on achieving more value in-year from contracting and commissioning. A plan for reducing contract values would need to be in place by the end of this year. Pace and robust delivery infrastructure was required.</li> </ul> <p>D Corcoran asked for a basic budgetary position for future meetings, and it was suggested this could be included as part of the finance paper. D Corcoran would discuss with S Proffitt outside of this meeting.</p> <p><b>RESOLVED: That the Finance and Performance Committee note the key messages and overview.</b></p>	<b>DC/SP</b>
FPC 7/24	<p><b><u>Month 12 System Finance Report</u></b></p> <p>K Disley presented the month 12 system finance report, highlighting that final accounts had been submitted reflecting the position outlined within the report.</p> <p>In order to gain a better understanding of finances, members requested a deep dive to comprehend key items, an explanation of variances and opportunities for realignment at an additional meeting to be held at the end of May/early June 2024.</p> <p>K Disley continued that in month 12, the full year projected CIP was £600m, both recurrent and non-recurrent items. The actual amount delivered in month 12 was in excess of the figure that had been declared to be delivered this year. This was part of the challenge that had been put to Trusts as part of the exit run rate. There was a marked difference in the way each Trust approached the exit run rate, and more consistency was required, with an understanding of what was behind this. To reach a more consistent approach, this would be progressed through Improvement Assurance Groups.</p> <p>S Proffitt confirmed that risk was a key part of reporting and would ensure that throughout future reporting, risks would be clearly articulated. The detail behind QIPP schemes and recovery and transformation programmes were being worked up for next year. CIPs had been worked into ICB plans. A number of areas were being worked up to deliver CHC, however, risk was attached.</p> <p>The Chair highlighted that the timing of this committee was not ideal for providing assurance to the ICB Board.</p> <p><b>RESOLVED: That the Finance and Performance Committee note the report.</b></p>	
FPC 8/24	<p><b><u>2023/24 Annual Accounts Going Concern Assessment</u></b></p>	

	<p>Members noted an error in section 5 of the document - there were four Trust's in deficit at the end of the year, not five as the report had stated.</p> <p><b>RESOLVED: That the Finance and Performance Committee:-</b></p> <ul style="list-style-type: none"> <li>- <b>Note the ICBs assessment of its going concern status</b></li> <li>- <b>Approved the recommendation that the accounts for the 2023/2024 financial year are prepared on a going concern basis.</b></li> </ul>	
<p>FPC 9/24</p>	<p><b><u>System Recovery and Transformation Update</u></b></p> <p>S Proffitt presented a previously circulated report highlighting key performance indicators as part of the recovery and transformation of urgent and emergency care. The Chair expressed that in order to monitor progress, the committee would require sight of delivery plans with key milestones, and a trajectory for outcomes that were expected to be delivered in the next 12-18 months. More information on the acute clinical configuration blueprint work, supported by Strasys was also requested.</p> <p>C Harris expressed that commissioning intentions had been based on the assumption of an agreed, viable clinical operating model; feedback would be provided to the committee along with an update on Place implementation plans – a comment was made at the recent Board meeting regarding the Place plans.</p> <p>T Whalley spoke to a presentation providing an overall update to the system recovery and transformation programme. The following points were highlighted:-</p> <ul style="list-style-type: none"> <li>- Drivers of deficit included unfunded posts since pre-COVID, cost of out of area placements and All Age Continuing Care spend</li> <li>- In order to address issues, waste and duplication would need to be reduced, quality improved and services transformed</li> <li>- Grip and control would continue tactically, eg, vacancy and controls panel, holding some strategic development funds (SDF) unless compelling return on investment (ROI) was evidenced</li> <li>- To ensure well executed plans were delivered, some areas would need to be accelerated, ie, work being undertaken on the acute clinical blueprint and delivery roadmap supported by Strasys</li> <li>- The System Recovery and Transformation Board (SRTB) recently agreed that the current forum (chairs and chief executive officers) would become more strategic and repositioned as a quarterly Senior Leaders Oversight Group. A new system recovery and transformation programme board (SRTPB) would be established, chaired by S Proffitt, which would look at recovery and transformation schemes in terms of pace of delivery to meet recovery plan requirements. The SRPTB would hold senior responsible officers (SROs) and programme directors to account for the production of detailed plans that set out what, by when and how much. The ICB's Programme Management Office (PMO) would support the SRTPB in the production of a schedule setting out planned schemes, including a brief description of each project, estimated savings and timescales for delivery and key milestones</li> <li>- De-escalation of urgent and emergency pressures was a key priority. This would be overseen by the Urgent and Emergency Care (UEC) Collaborative Improvement Board and through this, to Place UEC Delivery Boards. It was recognised that some of the responsibility for necessary delivery impacts would be through transforming community care, and through the four Places which had been asked to work up local community plans focussing on deescalating UEC pressures in line with the UEC strategy. This would be connected through the work on urgent, emergency and planned care, underpinned with commissioning intentions, plans and contracting</li> </ul>	<p>TW</p>

	<ul style="list-style-type: none"> <li>- Plans were emerging around each of the Wave 1 fragile service projects and benefits should start to be delivered this year</li> <li>- A proposal for the acute clinical configuration blueprint, with a delivery road map, was expected to be available in September 2024</li> <li>- Place plans were being drafted and developed for delivery; it was noted there would be nuances in each place to reflect local context and priorities, but with consistency where this mattered</li> <li>- Metrics were being worked up around UEC de-escalation, leading to better outcomes and better use of resources, (eliminating corridor care, ambulance delays, out of area placements, excess beds and staffing added to cope with UEC pressures).</li> <li>- One LSC would drive early collaborative benefits and it was the intention to TUPE transfer staff to the new hosted service by the end of September 2024</li> <li>- The vacancy and control panel (VCP) would be further strengthened across the system, to ensure discretionary recruitment was reduced, unless there was a compelling safety driver for filling posts.</li> </ul> <p>The Chair said that pace of delivery was critical. It was expected that savings would be seen from the projects highlighted by the end of June 2024, in order to deliver significant contribution to recovery in 2024/25. Further detail was required at the additional May/early June committee meeting in order that the committee could be better assured on the planned approach. The Chair also reiterated that recovery and transformation work was as much about quality as the Use of Resources, and asked that links to the Quality and Safety Committee be developed in parallel with finance and performance.</p> <p><b>RESOLVED: That members note the update.</b></p>	
<p>FPC 10/24</p>	<p><b><u>Planning Update 2024/25</u></b></p> <p>S Downs spoke to a presentation that had been circulated in advance of the meeting. It was highlighted that finance plans submitted included the system position being a deficit of £198.3m, which included a £6.033m PFI adjustment at East Lancashire Teaching Hospitals that required national resolution. Diagnostics and Not Medically Fit 2 Reside performance were flagged, as providers were struggling to change this position. It was reported that the ICB People Board was monitoring provider sickness absence rates which were higher than both regional and national averages.</p> <p>An update on the delivery of £220m QIPP schemes would be provided at the May/early June additional committee meeting as part of the recovery and transformation update.</p> <p>S Proffitt confirmed that the systematic approach now in place would make it easier to track the delivery of savings/benefits.</p> <p><b>RESOLVED: That the Finance and Performance Committee note the update.</b></p>	
<p>FPC 11/24</p>	<p><b><u>Contract Review Update</u></b></p> <p>The report circulated with the meeting papers provided an update on integrated commissioning and contracting, including the approach to NHS Trust provider meetings for 2024/25. In order to improve management of commissioning and contracting, members noted that a new integrated meeting structure would be established with the overall aim of creating a single strategic partnership forum, providing a more joined up way of working where effective, and where whole pathway discussion could take place.</p>	

	<p>The Chair requested that future reporting include more detailed analysis on the monitoring and oversight of contracts, including how arrangements would satisfy the overarching governance duties of the ICB. To provide the committee with assurance, a further update would be reported to the committee at its May/early June meeting.</p> <p>The Chair acknowledged ongoing conversations were being held with NHS England and region and that the organisation was in the process of moving forward. There was much work taking place, however, the position remained difficult and must be addressed and progressed appropriately. It was highlighted that 'transforming the NHS' included all parts of the service.</p> <p><b>RESOLVED: That the Committee note the content of the report.</b></p>	
FPC 12/24	<p><b><u>Reimbursement of Expenses for Public, Carers and Volunteers Policy</u></b></p> <p><b>RESOLVED: That the Finance and Performance Committee approve the policy.</b></p>	
FPC 13/24	<p><b><u>Lancashire and South Cumbria Provider Collaboration Board Minutes</u></b></p> <p><b>RESOLVED: That the Finance and Performance Committee note the Lancashire and South Cumbria Provider Collaboration Board minutes of the meetings held on 14 March 2024.</b></p>	
FPC 14/24	<p><b><u>System Finance Group Minutes (Draft)</u></b></p> <p><b>RESOLVED: That the Finance and Performance Committee note the draft System Finance Group Minutes of the meeting held on 22 March 2024.</b></p>	
FPC 15/24	<p><b><u>Committee Escalation and Assurance Report to the Board</u></b></p> <p><i>Alert</i> – Projected 2024/25 financial position, ICB QIPP programme, palliative care, One LSC, provider sickness absence rates.  <i>Advise</i> – Monitoring timescales and targets, urgent and emergency care pathway targets, A&amp;E attendances and 12 hour waits, contract management, ICB volumetric data, reimbursement of expenses for volunteers, carers, etc, proposed finance and performance deep dive.  <i>Assure</i> – 2023/24 financial outturn.</p>	
FPC 16/24	<p><b><u>Items Referred to Other Committees</u></b></p> <p>There were no items referred to other committees.</p>	
FPC 17/24	<p><b><u>Any Other Business</u></b></p> <p>Proposed committee meeting dates would be circulated for revised timings in order to ensure reporting could be made to the committee appropriately. An additional meeting would be arranged at the end of May/early June to discuss recovery and transformation which would capture QIPP, CIP and delivery of the £200m, detail around budget variation, UEC winter update and contracts.</p>	
FPC 18/24	<p><b><u>Items for the Risk Register</u></b></p> <p>There were no items.</p>	

<p>FPC 19/24</p>	<p><b><u>Reflections from the Meeting</u></b></p> <p>The Chair reflected that greater advance executive performance oversight would not only benefit the ICB but add value to committee discussions. Members and attendees were thanked for their contribution to the meeting.</p>	
<p>FPC 20/24</p>	<p><b><u>Date, Time and Venue of Next Meeting</u></b></p> <p>Future meeting dates would be circulated.</p>	