

Approved 1 July 2024

**Minutes of the ICB Finance and Performance Committee
Held on Thursday 6 June 2024
by MS Teams**

Members		
Jim Birrell	Acting Chair/Non-Executive Member	L&SC ICB
Debbie Corcoran	Non-Executive Member	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
Debra Atkinson	Company Secretary/Director of Corporate Governance	L&SC ICB
Roger Parr	Director of Assurance	L&SC ICB
Sarah O'Brien	Chief Nursing Officer	L&SC ICB
Asim Patel	Chief Digital Officer	
Attendees		
Glenn Mather	Associate Director of Performance and Assurance	L&SC ICB
Terry Whalley	New Models of Care Programme Director	L&SC ICB
Elaine Collier	Deputy Director of Operational Finance	L&SC ICB
Sandra Lishman	Committee and Governance Officer	L&SC ICB

No	Item	Action
21 24/25	<p><u>Welcome, Introductions and Chair's Remarks</u></p> <p>The Chair expressed that this additional meeting had been arranged to receive updates on specific items. Elaine Collier was welcomed to the meeting, as an observer.</p>	
22 24/25	<p><u>Apologies for Absence/Quoracy of Meeting</u></p> <p>Apologies for absence had been received from Sam Proffitt, and Craig Harris, along with standing apologies from Roy Fisher. Members noted that the meeting was not quorate, however, no decisions were required to be made.</p>	
23 24/25	<p><u>Declarations of Interest</u></p> <p>(a) Finance and Performance Committee Register of Interests – Noted.</p> <p>RESOLVED: 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.</p>	

<p>24 24/25</p>	<p>(a) <u>Minutes of the Meeting held on 29 April 2024 and Matters Arising</u></p> <p>RESOLVED: That the committee approve the minutes of the meeting held on 29 April 2024.</p> <p>NHS Oversight and Assessment Framework – S O’Brien confirmed the document was currently out for consultation/comment and would circulate to members. ICB executives would co-ordinate an ICB response and a copy of the response would be provided to the Finance and Performance Committee members.</p>	<p>SO’B/ AP</p>
	<p>(b) <u>Action Log</u></p> <p>The action log was reviewed and discussed as follows:-</p> <ol style="list-style-type: none"> 1. Action Log – Performance Report – J Birrell updated that discussion had been held with D Corcoran and work continued with the performance team. Progress had been made, with further work required. 2. Winter – On meeting agenda – Item closed. 3. Committee Business, ToR, Quoracy and Meeting Dates – To be discussed on today’s meeting agenda. 4. Detailed Questions – Work in progress with A Patel and G Mather reviewing the performance report in general and primary care reporting in particular. 5. Performance – 65 week waiters – G Mather had provided J Birrell with detail required including the projection to the end of the year, which would be monitored. Item closed. 6. Budgetary Position – On today’s meeting agenda and detail would be included in future reports, as required. Item closed. 7. Neonatal Quality – Not yet due. Brief update to be provided following discussion by the Quality Committee. 8. System Recovery and Transformation – On meeting agenda – Item closed. 9. Transfer of Specialist Learning Disability Service to a New Provider – Not yet due. 	
<p>25 24/25</p>	<p><u>Membership and Quoracy of the Finance and Performance Committee</u></p> <p>It was highlighted that the full terms of reference would be reviewed in the near future. The proposed amendments related to the committee’s membership and quoracy, reflecting changes within the executive management team, their portfolios and to ensure consistency with other committees of the ICB.</p> <p>RESOLVED: That the Finance and Performance Committee:-</p> <ul style="list-style-type: none"> - Support the proposed changes to the membership and quoracy - Advise the ICB Board of the proposal and seek approval. 	
<p>26 24/25</p>	<p><u>Urgent and Emergency Care (UEC) Winter Update</u></p> <p>The meeting report provided an overview and update on the programmes of work during</p>	

	<p>2023/24 to support urgent and emergency care recovery, performance and winter pressures, whilst also setting out current key areas of focus for 2024/25.</p> <p>S Downs reported that the emergency care standards were being met and the impact of 2023/24 UEC funding was being reviewed, with each UEC Delivery Board producing a UEC Improvement Plan, and an update at the next Recovery and Transformation Programme Board. UEC systems were currently pressurised and work was underway to try to de-escalate the system throughout the summer.</p> <p>The committee discussed proposals for the 2024/25 UEC investment plan, which would be submitted to the ICB Board for approval.</p> <p>The Public Service Consultants (The PSC) were currently leading on a data-driven diagnostics to determine root causes of the significant growth in costs, capacity and demand in UEC. As part of the final stage of the work, The PSC would work closely with local UEC delivery boards to develop place-based improvement plans, priority actions and trajectories to drive improvements in quality, performance and costs in 2024/25 and beyond. It was suggested to frame funding for next year as a business case to ensure clarity on detail behind leverage and detail of return on investment.</p> <p>It was reported that the 5-year strategy was currently out for consultation, with local plans underpinning this. S Downs reported that the diagnostic work being undertaken had started to show reasons why some areas were underperforming, some of this being due to wider services or services not being used as intended.</p> <p>Lancashire and South Cumbria emergency department performance in April was 78%, with the national average being 74% and the North West average at 71%. It was discussed whether there was a financial premium associated with having better than national performance, albeit recognising safety issues involved.</p> <p>It was confirmed that investment made by East Lancashire Teaching Hospitals had been agreed by the Trust’s Board, based on the need for appropriate staffing in corridors and the A&E department, to keep patients safe. It was noted that other Trusts had additional staffing in A&E and corridors.</p> <p>A discussion took place regarding the UEC capacity investment funding and the approval governance route for the schemes. D Atkinson reported that recent email discussion had been exchanged regarding decision making in relation to the schemes. However, there is a need to ensure arrangements comply with the Scheme of Delegation. D Atkinson and K Disley to take this work forward, including the consideration of how the committee/ICB Board receive regular assurance on the effectiveness of the work being undertaken to deliver UEC.</p> <p>The Chair expressed his thanks for all the work undertaken around UEC, recognising the huge support network involved in delivering the service.</p> <p>RESOLVED: That the Committee:- - Note the content of the report.</p>	KD/DA
<p>27 24/25</p>	<p><u>Contract Update</u></p> <p>The meeting report provided assurance around the contract management/monitoring process function and an update on further developments to enhance the 2024/25 arrangements.</p> <p>The Chair acknowledged the report to be very helpful to the committee’s requirements,</p>	

	<p>showing the robust processes that sit behind contracting.</p> <p>K Disley explained that as part of the ICB's commissioning re-set and strategic delivery plan for 2024/25, a different approach to the management of NHS Trust provider meetings was required, with a new integrated meeting structure being established providing the overall aim to create a single strategic partnership forum. The new structure would provide a more joined up way of working, allow for whole pathway discussion to be held and reduce the need for multiple conversations across different stakeholder groups. It was confirmed that the technical contracting group meeting, that looked at finance and business intelligence/ensured consistent coding across providers that Trusts hold with the ICB, would be retained. The technical contracting group would report into an integrated meeting.</p> <p>Work had been undertaken with Mersey Internal Audit Agency (MIAA) following receipt of its report on Healthcare Contract Management, including implementation of recommendations. MIAA and the ICB were satisfied in relation to the processes in place, however, documented approaches to ensure processes were followed through is required. A balance was needed between more strategic and commissioning intention conversations. Provider reporting showed performance against the ERS target. It was noted that there were currently no regular contract meetings being held with out of area providers; this would be looked at in the near future.</p> <p>To ensure oversight and assurance, regular updates would be provided to the committee on general progress and areas of concern.</p> <p>RESOLVED: That the Finance and Performance Committee note the report.</p>	
<p>28 24/25</p>	<p><u>ICB Finance Report Month 12</u></p> <p>The report highlighted that at month 12, the ICB reported a deficit of £88.9m against a £0.5m planned surplus position and provided an overview of the year end position for the ICB, focusing on the key variances against budget for all programme spend categories.</p> <p>The Chair was pleased that more detail on variances had been provided within the report and asked that this be continued going forward, and if possible, more workforce numbers be reported. Outside of this meeting, K Disley and J Birrell would discuss the format of future reporting and detail required.</p> <p>It was noted that prescribing was having to cope with a range of variance drivers across the budget; options to mitigate would continue to be looked at.</p> <p>The Chair queried the running cost of the ICB, noting that staff were working under enormous pressure. K Disley responded that the ICB pay bills totaled £45m, with only a proportion being charged to running costs. The ICB has to reduce running costs, so needs to demonstrate how that can be delivered. £8m less expenditure was required by April 2025. S O'Brien and A Patel would discuss further with the executive team.</p> <p>The Chair thanked everyone for the work undertaken to produce the meeting report.</p> <p>RESOLVED: That the Finance and Performance Committee note the content of the report.</p>	<p>KD/JP</p> <p>SO/AP</p>
<p>29 24/25</p>	<p><u>2024/25 Plan Update</u></p> <p>The meeting report summarised the final 2024/25 planned position following the national</p>	

	<p>planning meeting and included the update to finance business rules arrangements for 2024/25, for the committee's information.</p> <p>S Downs highlighted that the system had agreed to a break-even plan, to be submitted next week, based on £175m deficit funding for 2024/25, which would be cash and revenue funded. 2024/25 capital allocation was being reduced by £10m whilst the revenue recovery, that will commence in 2025/26, would be limited to 1% of the total allocation. The system had identified plans to deliver a £192m deficit, leaving a £17m gap against the revised target. A meeting would be held with Trusts tomorrow to consider recovery.</p> <p>Members were reminded that to get to this position, a significant amount of savings had to be taken out of the system, which was a challenge and a real stretch.</p> <p>RESOLVED: That members note the report.</p>	
<p>30 24/25</p>	<p><u>System Recovery and Transformation Programme Report</u></p> <p>T Whalley presented a meeting report, providing an update on progress made by the system recovery and transformation programme, including a summary position of the three main components, Trust CIP, ICB QIPP and the additional system recovery projects necessary to bridge the gap. It was the intent for recovery and transformation to be seen as everyone's business. The report showed additional schemes which should mitigate some of the risks and close gaps. Benefits would fall to providers or the ICB. Nearly half the schemes were at the early stages of development, with risk, and there were areas that would need to be built in, particularly around reducing UEC pressures. The programme had developed significantly in recent months. The work included oversight of projected 2024/25 savings, in excess of £500m. It was highlighted that significant risks and challenges remained in delivery. A similar report would be presented to the Quality Committee to also monitor progress.</p> <p>The Chair commented that the clinical model was the long-term goal and both the Finance and Performance and Quality Committees would need to be updated on this in the near future. It was acknowledged that today's meeting report was a very helpful, good position statement looking ahead. At future meetings, a more succinct report from the Recovery and Transformation Programme Board would be reported to inform the committee of progress at future meetings, including an update on work undertaken by Strasys. Strasys would produce a blueprint and roadmap in the Summer, with final work being passed to the ICB in September. T Whalley would work with C Harris and provider collaborative colleagues to ensure this work aligned to commissioning intentions in future. There was a link between the Strasys work and accelerating some fragility work, which would become clear in the next couple of months. A lot of work being undertaken was around community and primary care.</p> <p>S O'Brien reported that although there was no overarching clinical strategy, some components of the strategy were not as joined up as it should be. Two clinical teams were being brought together to discuss how to connect this work. Concern was raised that the current Strasys work was coming from the service and it was felt that this should be stemming from an end to end patient point of view. The community and new hospital programmes need to be joined in an overarching programme. As part of clinical strategy discussions, the ICB would move away from medically led programmes of care.</p> <p>D Corcoran expressed the meeting report to be helpful, providing a better understanding and highlighting areas of risk. Significant risk remained in developed plans, with overlap, and the committee required assurance around this.</p>	

	<p>The Chair clarified that future meeting reports should include a dashboard on the breakdown on the delivery of savings, on a single sheet. The Trust CIP dashboard (appendix 1) and the detailed ICB QIPP tracker (appendix 2) in today's meeting report had been informative to the committee and should be presented at each meeting. Future reports would also include an aggregate view of CIP and QIPP, workforce details may be added in time. The Chair suggested a simplistic workforce detail be included, eg, the total number of employees in each organisation.</p> <p>Noting that the NHS' main cost driver was workforce, S O'Brien reassured members that the People Committee was currently undertaking a reset, with a review of Terms of Reference. The biggest focus of the People Committee was the delivery of the workforce strategy, which had been approved by the committee and the ICB Board. Caution was raised due to financial challenge across the country to reduce workforce numbers. S O'Brien felt that a workforce dashboard would be helpful in future reporting, with cautionary awareness that measures would not always equate to reduction. Safe staffing was felt to be similar as all services provided must be safe.</p> <p>D Atkinson to support how to link this work to other committees, with intelligence from the Finance and Performance Committee to provide an update position.</p> <p>RESOLVED: That the Finance and Performance Committee note the report.</p>	DA
<p>31 24/25</p>	<p><u>Committee Escalation and Assurance Report to the Board</u></p> <p><i>Alert</i> – Financial plan update, system recovery and transformation programme. <i>Advise</i> – Quoracy at meetings, healthcare contracting. <i>Assure</i> – Urgent and emergency care winter update.</p>	
<p>32 24/25</p>	<p><u>Items Referred to Other Committees</u></p> <p>There were no items referred to other committees.</p>	
<p>33 24/25</p>	<p><u>Any Other Business</u></p> <p>There was no other business.</p>	
<p>34 24/25</p>	<p><u>Items for the Risk Register</u></p> <p>There were no items.</p>	
<p>FPC 35/24</p>	<p><u>Reflections from the Meeting</u></p> <p>Members reported the following reflections from today's meeting:-</p> <ul style="list-style-type: none"> - That the meeting held a balanced discussion and that the degree of scrutiny and challenge was helpful - The committee needs to be clear as to what assurance was required in meeting papers, being mindful that large papers would not be required - If possible, questions relating to items be asked outside of the meeting - Committee drifts from core focus of report - It was the responsibility of committee members to challenge and bring their point of view - ICB executives recognised matrix working across some teams were not as robust as they could be. There was commitment at executive level to do more around cross working across teams and matrix working - It was suggested an executive pre-meet be held prior to committee meetings to ensure clear on the agenda items and what was covered 	

	<p>- Sometimes too much unnecessary technical detail is discussed.</p> <p>The Chair reflected that the committee had been assured from a governance perspective at this meeting. The meeting had been helpful, providing baseline assurance and data that had not previously been reported. On undertaking the committee review, D Atkinson would pose the question 'has the committee made a difference to the public?'</p> <p>The Chair thanked all for their time in attending the meeting and their reflection provided.</p>	DA
<p>36 24/25</p>	<p><u>Date, Time and Venue of Next Meeting</u></p> <p>Monday 1 July 2024, 10 am – 12 noon, Lune meeting room, ICB Offices, Level 3 Christ Church Precinct, County Hall, Preston, PR1 8XB.</p>	