

Approved 28 August 2024

Minutes of the ICB Finance and Performance Committee Held on Monday 1 July 2024 by MS Teams

Members		
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
Asim Patel	Chief Digital Officer	L&SC ICB
Craig Harris	Chief Operating Officer	L&SC ICB
Sarah O'Brien	Chief Nursing 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
Roger Parr	Director of Assurance	L&SC ICB
Attendees		
Glenn Mather	Associate Director of Performance and Assurance	L&SC ICB
Terry Whalley	New Models of Care Programme Director	L&SC ICB
Sandra Lishman	Committee and Governance Officer	L&SC ICB

No	Item	Action
37 24/25	<p><u>Welcome, Introductions and Chair's Remarks</u></p> <p>The Chair reported that since the last Finance and Performance Committee meeting agreement had been reached on the ICB's control total and that the ICB Board had considered KPMG's comments that the ICB had approved a 2023/24 financial plan that contained excessive levels of risk. He also referred to a constructive meeting that had taken place regarding development of the Integrated Performance Report.</p>	
38 24/25	<p><u>Apologies for Absence/Quoracy of Meeting</u></p> <p>Apologies for absence had been received from Debra Atkinson, with standing apologies from Roy Fisher. The meeting was quorate.</p>	
39 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>	

(a) **Minutes of the Meeting held on 6 June 2024 and Matters Arising**

RESOLVED: That the committee approve the minutes of the meeting held on 6 June 2024.

Members were reminded that the clinical strategy would be an integrated strategy.

(b) **Action Log**

The action log was reviewed and discussed as follows:-

1. **Performance Report** – This action now related to resolving a primary care quality dashboard, that had been raised by internal audit. It was confirmed that discussion continued around the creation of a dashboard. Interaction was required between committees to ensure there was no duplication in reporting; D Corcoran and A Patel to discuss outside of this meeting. Moving forward, it was noted that the Finance and Performance Committee intends to place greater reliance on the monitoring done by the Senior Leaders Group, allowing it more time to focus on broader performance issues.
2. **Committee Business, ToR, Quoracy and Meeting Dates** – Not yet due.
3. **Detailed Questions on IPR** - Work continued on the integrated performance report; an update would be provided at today’s meeting.
4. **Neonatal Quality** –Brief update to be provided following discussion by the Quality Committee.
5. **NHS Oversight and Assessment Framework** – Not released as yet.
6. **UEC Winter Update** (effectiveness of work undertaken to deliver UEC) – Not yet due.
7. **UEC Winter Update** (healthcare contracts discussion) – Awaiting clarification on the approvals process.
8. **ICB Running Costs** – S Proffitt updated that ICB executives had discussed running costs and posts could now be filled if within budget. Strategic objectives had been aligned and structures reviewed. A process was being worked up as to how running costs were being utilised, ensuring support to deliver objectives. Action closed.
9. **Finance Report** – Discussion had taken place. Action closed.
10. **Linkages to Committees** – Proposals on how to ensure that Committees work together on this key agenda item will be discussed at the next meeting.
11. **Transfer of Specialist Learning Disability Service to a New Provider** – Not yet due.

Members noted that The Public Service Consultants (The PSC) had undertaken detailed work, linked to urgent and emergency care; this would now progress to detailed plans and implementation. S Downs updated that urgent and emergency care improvement plans had been received on Friday and work was underway internally to map local priorities into some of the system wide work. Mapping and stock take work would be undertaken this week. UEC Delivery Boards would present plans to executives next

DC/AP

	<p>week, highlighting risks, gaps, etc. A risk was highlighted around management capacity in this area of work, which had been supported by The PSC. The PSC work was evidence driven recovery, starting with issues that data highlighted and getting a consensus on priorities. D Corcoran expressed that this was excellent work, being critical from many perspectives, and would be of interest to other committees. C Harris confirmed that plans would be discussed in a closed ICB Board session, with a view that the ICB Board approve the final strategy at the September ICB Board meeting held in public. S Proffitt confirmed that the ICB Board would also receive an update on other work linked to recovery and transformation.</p>	
<p>41 24/25</p>	<p><u>Month 2 System Finance Report</u></p> <p>The ICS submitted its 2024/25 plan in May, setting out a system deficit of £198.2m, after assuming system efficiency savings of £516.5m. Members noted that the month 2 reporting was based on the May plan submission and reporting showed that the ICS was on target to deliver the 2024/25 plan, although with a shortfall of £0.2m on the year-to-date delivery of efficiency savings. Providers were slightly below QIPP and CIP deliveries. No concerns were highlighted from an ICB perspective.</p> <p>J Birrell and K Disley would look into reporting arrangements outside of this meeting; workforce figures were required for analysis. It was noted that the whole financial position must be delivered.</p> <p>S Proffitt reported that whole time equivalents (wte) were being monitored with 1700 wte reductions expected largely through agency and bank; a high-level report would be presented to the committee, feeding into the ICB Board meeting.</p> <p>The largest areas of high-risk focus in plans were 70% CIPs being in the last half of the year, QIPP for the ICB and independent sector contracts. In order to deliver the level of CIP required in Trust's, capacity would have to be taken out, along with work on the UEC pathway; this could only be taken forward in a safe and measured way.</p> <p>S Downs reported that due to an issue with Blackpool Teaching Hospitals 2023/24 financial position, accounts would be 2 weeks later than planned; NHS England were aware of the issue which would impact the system position. A formal position would be reported at the next committee meeting.</p> <p>RESOLVED: That the Finance and Performance Committee note the finance update.</p>	
<p>42 24/25</p>	<p><u>System Recovery and Transformation Programme Report</u></p> <p>The meeting report updated on progress made by the System Recovery and Transformation Programme, including a summary position of the components, ie, Trust CIP, ICB QIPP and additional system recovery projects necessary to bridge the gap. £531m was required to achieve the deficit plan of £175m, that had been agreed with NHS England. This figure required a provider CIP of around 8.4%. With regards to the UEC Transformation Plan, the Urgent and Emergency Care Collaborative Improvement Board (CIB), co-chaired by the ICB Chief Operating Officer and a Provider Chief Operating Officer, would drive forward requirements from the proposed UEC Strategy. The aim was to remove costs by the end of quarter 2, in time for winter 2024/25, and deliver £40m+ additional CIP for Trusts to help mitigate risk in current CIP plans.</p> <p>T Whalley highlighted that a QIPP oversight group had been established. Schemes had progressed since writing the meeting report and plans were now in the progress/delivery stage. Progress was being made through the QIPP Oversight Group and the Recovery</p>	

	<p>and Transformation Programme Board. A high degree of risk remained in terms of the stage of development of plans.</p> <p>Strasys had recently led a workshop with system colleagues to identify what models of care need to look like and what reinforced fragile services would look like. Colleagues were now focused on taking forward this work. Progress was being made and a single dashboard view with triggers was under development.</p> <p>The Chair raised concern that progress on fragile services was not taking place at the anticipated pace. A reserve list for schemes not delivering was required and there needs to be clarity on how and when to escalate any unforeseen delays/targets not being met. S Proffitt reflected that there were schemes behind this year's plan and a diagnostic had been undertaken to ensure there was evidence for the plan. The Recovery and Transformation Programme Board was held every 2 weeks to provide assurance. Risks were now emerging and conversations had taken place with Chairs and chief executives around taking every opportunity to deliver CIP levels, with support from the ICB if required. The ICB was holding Trust's to account at the Improvement and Assurance Group meetings.</p> <p>The Chair asked for a report at the next meeting on the scale of risk within the approved plan and the options for addressing any shortfall in the savings target.</p> <p>It was noted that although the 2023/34 financial plan contained high risk projects, the schemes within QIPP and provider CIPs were all potentially deliverable. In the event, high levels of inflation and increased prescribing and AACC costs had a major impact on the final outturn.</p> <p>RESOLVED: That the Committee note the content of the report.</p>	SP
<p>43 24/25</p>	<p><u>Contract Monitoring Progress Report</u></p> <p>The report highlighted that new integrated NHS Trust provider meetings had now been arranged during July 2024 with the 4 main acute providers. The meetings will provide a forum for strategic contracting discussions. Technical sub-group meetings were being refocused to ensure detailed transactional issues could be worked through and agreed outside of formal provider meetings. In line with planning guidance, all material contracts were required to be formally signed off by both parties prior to the end of June 2024; the ICB were not aware of any areas for dispute.</p> <p>The Chair asked that at the next committee meeting, an update be provided, including feedback from the integrated provider meetings.</p> <p>RESOLVED: That the Finance and Performance Committee note the report.</p>	
<p>44 24/25</p>	<p><u>Month 2 Performance Report</u></p> <p>G Mather took members through slides setting out the performance improvement framework and reporting. The current report was constructed from 68 indicators. Work taken forward with directorates resulted in 139 metrics being looked at. A flow chart showed performance reporting expectations. The performance report at this meeting included a number of different scorecards. Areas not working well would be discussed at the Business and Sustainability Group. The end position would result in a level of narrative for recovery support and benchmarking across the ICB area, the North West and national positions. The report at today's meeting presented the dashboard linked to strategic objectives, as well as a more detailed report on specific pathways. Next steps include working through a list of proposed indicators, exploring areas not included</p>	

in the presentation, ensuring requirements in the NHS Oversight and Assessment Framework and other national recovery programs were being met, agree arrangements and approach with the Business and Sustainability Group and continue to socialise the framework with ICB teams. The report would be refined each month to ensure committees were updated, and understood opportunities around data capture.

The Chair recognised that from an assurance perspective, using information to project ahead was required, and acknowledged that the team was under pressure from everyone to do something different. However, Finance and Performance Committee members were comfortable with how this work was progressing.

A Patel continued that in regard to the indicators used, conversations were being held with different directorates, including urgent care, planned care, mental health and primary care; the end metrics figure would probably be more than 250. As the Business Sustainability Group was not solely responsible for performance, exception reporting would be required that would include planned actions for improvement.

The Chair clarified that the Finance and Performance Committee would need to be alerted if a position deteriorated significantly. D Corcoran felt that the report presented at this meeting was more focused and easier to read, reflecting that the domains were right, however some teams would need more operational information, eg, primary care dashboard. The Primary Care Commissioning Committee would require detail on delegated budgets. The Quality Committee and People Committee would also require assurance on some areas.

G Mather assured members that as part of the process, groups/committees had been identified to oversee each area.

The Chair requested information to be timely whilst reflecting on resident population.

G Mather reported that Lancashire and South Cumbria's performance compared well against ICBs nationally, however, improvement needed to be seen in terms of national targets. Planning guidance reported plans for urgent and emergency care (UEC), if taken forward, targets for 5 and 10 years would be met. There was relatively good performance across a range of indicators. It was highlighted that learning disability figures were improving and there was a lot of good work taking place in the system. Members noted the increased volume of dental activity being undertaken across the ICB, growing from 60% of expected levels in 2022/23 to 91.5% in April 2024. This was above the national and the North West figures for April 2024. D Corcoran highlighted that the Primary Care Commissioning Committee currently do not receive this type of performance information, demonstrating that more connection was required.

S O'Brien raised that focus should be as to what was important to residents, highlighting that although learning disability checks had increased, quality still required improvement. Children's dental continued to be a population health concern. It was requested that performance summaries be seen through the lens of other teams, ie, quality, operational and what this meant for residents. A Patel responded that directors and leads had been contacted to ensure all required metrics were included within the report going forward, being cognisant of the impact on the population. There had recently been an increased focus on GP appointments and the number of GPs; concern had been raised in a recent ICB Board development session as a reduction in the number of GPs would impact UEC. D Corcoran confirmed that this had been reported in the primary care dashboard, however, the Primary Care Commissioning Committee would not be aware of the number of GPs; D Corcoran had recently discussed this matter with David Levy suggesting that the People Committee would be interested to look at opportunities to support this area.

	<p>S Downs reported that through UEC work, people were now linking primary care and UEC demand, highlighting whether value for money was being met in all parts of the system. To ensure maximum value for money, this was being picked up with ICB executives, the senior team and the Business and Sustainability Group.</p> <p>RESOLVED: That the Finance and Performance Committee note the report.</p>	
45 24/25	<p><u>Data Quality Policy</u></p> <p>Members noted that the Data Quality Policy approval route did not appear in the Scheme of Delegation; A Patel would take this forward with D Atkinson.</p> <p>RESOLVED: That members approve the draft Policy subject to strengthening of paragraphs 5.5 ‘finance and performance committee’ and 13 ‘monitoring and review arrangements’.</p>	
46 24/25	<p><u>ICB’s forward view based on updates provided</u></p> <p>The Chair confirmed that the finance reports to the committee were now providing the assurance required. Performance reporting data had been discussed earlier in this meeting. In relation to winter plans, it was confirmed that everything was on course at this time. The Chair mentioned that he had held a conversation with S Proffitt recently around how the Finance and Performance Committee received assurance, including how this linked to the broader governance structure, links to Recovery and Transformation and the Business and Sustainability Group. The dialogue would continue with a view to producing an overarching schematic for consideration by the Committee.</p> <p>In expanding on the above, S Proffitt reported that the committee would in future receive assurance regarding work being undertaken in Trusts via the Improvement Assurance Group Triple A reports. The business agenda was reported to the Business and Sustainability Group and would be reported to committees by exception. A lot of good work had been undertaken around contracts. Future committee reporting would be high level assurance and forward looking, including risks.</p> <p>A one-page slide to be produced showing high level summary architecture in relation to committees, linking Terms of Reference.</p> <p>RESOLVED: That the Finance and Performance Committee note the discussion in respect of future committee assurance and reporting.</p>	TW
47 24/25	<p><u>System Finance Group Minutes (Draft)</u></p> <p>Concern was raised in relation to poor attendance at meetings; S Proffitt responded that a clear message had been conveyed to Finance Directors on the importance of attendance at meetings.</p> <p>RESOLVED: That the Finance and Performance Committee note the draft System Finance Group Minutes of the meeting held on 26 April 2024.</p>	
48 24/25	<p><u>Committee Escalation and Assurance Report to the Board</u></p> <p>Alert - Virtual ward utilisation and transforming care in hospitals. Advise – ICS 2024/25 savings target, contract management, integrated performance report.</p>	

	Assure – 2024/25 financial plan, Data Quality Policy, dental activity.	
49 24/25	<u>Items Referred to Other Committees</u> There were no items referred to other committees.	
50 24/25	<u>Any Other Business</u> There was no other business.	
51 24/25	<u>Items for the Risk Register</u> There were no items.	
52 24/25	<u>Reflections from the Meeting</u> It was felt that the work currently being undertaken was making a difference and reporting at the Finance and Performance Committee meetings resulted in action. Clarity was required on the detail required in meeting papers going forward; leads writing non-standard meeting reports can contact J Birrell/D Corcoran prior to writing papers to clarify the expectations of the report, if not already known.	
53 24/25	<u>Date, Time and Venue of Next Meeting</u> Wednesday 28 August 2024, 10 am – 12 noon, MS Teams.	