

Finance, Estates and Digital Committee Minutes Tuesday 30th August 2022, 09:30-11:30 via teams

Members (Quoracy: 3 members required, including one of ICB Non-Executive members; and one of Chief Executive or Chief Finance Officer)		Initials
Steven West	Finance, Estates and Digital Committee Chair	SW
John Cappock	Audit Committee Chair	JC
Sarah Truelove	Deputy Chief Finance Officer and Chief Finance Officer	SaT
Joanne Medhurst	Executive Director of Medical	JM
Deborah El-Sayed	Executive Director for Transformation and Digital	DES
Attending		
Trudi Cox	Interim PMO Support Manager	TC
Debbie Campbell	Deputy Director Medicines Optimisation	DC
Richard Melling	Senior Medicines Optimisation Pharmacist	RM
Caroline Dawe	Deputy Director of Commissioning (Performance)	CD
Rosanna James	BNSSG D2A Programme Director	RJ
Andy Carpenter	Digital Business Partner - Corporate Services	AC
Sabrina Smithson	Exec PA (Note Taker)	SS
Apologies		
Jon Lund	Deputy Chief Finance Officer	JL
Shane Devlin	Chief Executive Officer for ICB	SD

Number	Item	Action
2.0	Declarations of Interest <i>To consider declarations of interest and conflicts of interest arising from this agenda</i>	
3.0	Minutes of the previous meeting Approved with slight amendment to the DOI section.	
4.0	Actions from Previous Meeting The actions were reviewed and updated	
<i>In Year Reporting (ASSURANCE)</i>		
5.0	<p>M4 ICB Revenue Finance Report</p> <p>A paper was circulated to the committee prior to the meeting, ST highlighted areas of the paper and answered the following questions.</p> <p>SW asked about the overall increase in running cost and it being contained within existing budgets. ST advised the operational plan flagged the excess cost of inflation and we received £20m to cover that. The main concern is care market and people handing back contracts with fuel and food increases to consider. SW asked if this was a risk being flagged to NHSE/I to which ST confirmed.</p> <p>JC asked are the running costs a confirmed or is there flexibility as we have not seen full extent yet. ST advised NHSE/I are proposed to reduce running costs by 40% and giving responsibility to the systems is very much an on-going debate. We have a session on the 14th of September as Executives and we will be thinking about our role as an ICB moving forward and what we are supporting.</p>	

	ACTION – Running costs to care markets for fuel, food etc to be added to the risk register	SS
5.1	<p>ICB Capital Finance Report</p> <p>A paper was circulated to the committee prior to the meeting, ST highlighted areas of the paper and answered the following questions.</p> <p>DES Flagged the GPIT piece will be a risk if the procurement is run.</p> <p>JC asked about the building '360 - Three Six Zero Bristol' lease expiring at the end of June and are there any concerns. ST advised this is due to when we re-lease we have the capital departmental expenditure limit (CDEL) to cover this.</p>	
5.2	<p>ICB Savings Reports</p> <p>A paper was circulated to the committee prior to the meeting, TC highlighted areas of the paper and answered the following questions.</p> <p>ST reported a discussion is required with the ICB N&Q Director and the availability of staff to do the work to achieve the savings. ST continued there is a table of deep dives into system savings and the DOF's have taken responsibility for each saving element.</p> <p>JC noted the high-cost packages being a reasonably long-standing issue and asked if there are resources in place to report to the committee soon. ST advised Funded Care and system MH are due to report coming next month.</p> <p>SW – commended the report.</p> <p>ACTION – ST to speak to Rosi Shepherd about funded care savings report deep dive.</p>	ST
5.3	<p>M3 NHS System Revenue & Capital Finance Report</p> <p>A paper was circulated to the committee prior to the meeting, ST highlighted areas of the paper and answered the following questions.</p> <p>SW stated the report was helpful and well written.</p> <p>JC asked SW about students who move around the system. SW reported there is work taking place with Health Education England (HEE) and engagement to understand workforce better. SW continued they are seeing higher rate of retirements that are not being mapped against. The Universities can take more students, but we do not have the placement resources, so we need to get ahead of this. SW reported MH have a 30-35% vacancy, so we need some fast-track routes to create a new workforce quicker. It was noted this would be discussed at the ICB People Committee.</p> <p>ST highlighted we are hosting a session with the HR Directors across the system and DOF's to explore this further.</p>	
5.4	<p>ICB Savings Deep Dive – Medicine Optimisation</p> <p>A paper was circulated to the committee prior to the meeting, DC highlighted areas of the paper and answered the following questions.</p> <p>SW asked if there is a record of individual GPs as there is concern the scattergun approach does not target the individuals. DC confirmed there is a spreadsheet where this is listed but we do need to look at this in more depth.</p>	



	<p>SW continued having identified the cost pressures, do we have the resources in place to absorb those pressures. DC reported as we look at other areas and the inequity, some of the pressures we are alluding too are national pressures and not always local.</p> <p>ST asked regarding No Cheaper Stock Obtainable (NCSO) do you envisage what the year will look like. DC advised PrescQIPP are projecting £1.5m impact for concessions at the end of August which is higher than we anticipated. ST added the health and inequalities impact on services this winter will see an increase in prescribing.</p> <p><i>ACTION -ST to meet with DC to Understand the Edoxaban issue and GP contract to escalate and to add the NCSO to CRR.</i></p>	ST
5.5	<p>Self-assessment against HFMA improving NHS financial sustainability checklist</p> <p>A paper was circulated to the committee prior to the meeting, ST and answered the following questions:</p> <p>JC asked for Non-Executive Director system wide seminar would be a good base. SW Agreed it would be a good way to embed a system approach.</p> <p><i>ACTION – ST to look into arranging workshop with NEDs across system to discuss process and timescale for the undertaking and audit of the HFMA self-assessment checklist.</i></p>	ST/Exec PA
5.6	<p>System Transformation Deep Dive – Discharge to Assess (Acute)</p> <p>A paper was circulated to the committee prior to the meeting, CD and RJ highlighted areas of the report and answered the following questions.</p> <p>SW noted the main concern is workforce and paying staff at a rate that they deserve. RJ advised we have not looked at pay rates and if this is something we can do. We need to get a grasp on the workforce plan and exploring all opportunities for the short term whilst long-term making it a significant investment in the future.</p> <p>DES asked the message we were left with was that we cannot be too bold. As programme director do you think we are being bold enough on what we want to achieve. RJ answered the financial control and ability for system to manage this activity has been strengthened by having a programme team in place. We have not got to grips with technology enabled care yet, but we are all talking operationally how we would like to align our processes, but this is not at ICB level.</p> <p>DES further asked is there anything else that is happening nationally that we actively have chosen not to do. RJ advised we are exploring different ways of working and we have scrutiny as well with opportunity to review best practice or other ways of working through the LGA peer review work as well as the 100d challenge regional meetings.</p> <p>ST reported the Local Authority CEO session will bring the S151 officers to this to discuss the system wide savings.</p> <p>ST asked about the length of stay, particularly P3. What actions have we taken for this. RJ reported we are closing spot beds as-well. We have done P3 mapping of every location and there are some significant differences. We need better data on workforce and performance data as well. The Data end reporting of this pathway is</p>	



	not possible to produce now so there is a proposal about a bed management system which will give us a better alignment.	
5.8	Corporate Risk Register The Committee noted the CRR	
Items for Approval		
6.1	<p>Primary Care Update - to cover the impending procurements: - Truncated Procurement contract for EMIS, Docman and Eclipse</p> <p>A paper was circulated to the committee prior to the meeting DES and AC highlighted areas of the paper and answered the following questions.</p> <p>ST asked about the implications of work and resources. DES noted yes we need to flag this as a risk especially when we get to the procurement activity.</p> <p>The committee approved and noted the urgency.</p> <p><i>Action – Risks to be discussed with either Jon or Sarah.</i></p>	DES
To Note		
7.0	Receive update from System DoFs Group Noted	Note
7.1	Receive update from System Estates Group Noted	Note
7.2	<p>Receive update from System Digital Delivery Group</p> <p>DES provided a verbal update: Connecting care we are bringing the budget spend per year back into the financial envelope and achieved reduction in CSU contract and development time in Orion. Business case for and guidance, there is no budget available, so we have parked it in a pipeline for now. Finish the business case for we're ready for when we can put the bid in.</p>	Note
For Committee to Note		
6.0	<p>Key Messages for Open Integrated Care Board</p> <ol style="list-style-type: none"> 1. Emphasis on the delivery of the Savings plan. 2. The need for whole system approaches. 3. Discussion on Flow through hospitals and system especially with D2A. 4. Focus on the Workforce to be raised with the people committee. 	