

Finance Performance & Quality Committee

APPROVED Minutes of the meeting held on Friday 26th June 2026, 10.00 – 11.45, held via MS Teams

Minutes

Present		
Ellen Donovan	Committee Chair & Joint Non-Executive Director, Cluster	ED
Alison Moon	Joint Non-Executive Director, Cluster	AM
Cath Leech	Chief Finance & Corporate Services Officer, Cluster	CL
David Jarrett	Chief Strategic Commissioning Officer, Cluster	DJ
Prof Dame Jane Cummings	Committee Chair & Joint Non-Executive Director, Cluster	JC
Dr Jeff Farrar	Cluster Chair & Non-Executive Director, Cluster	JF
Rosi Shepherd	Chief Clinical Leadership & Delivery Officer – Nursing, Cluster	RS
Apologies		
Prof Steve West	Joint Non-Executive Director, Cluster	SW
Dr Ananthakrishnan Raghuram	Chief Clinical Leadership & Delivery Officer – Medical, Cluster	AR
In attendance		
Ryan Brunsdon	Governance Manager & Board Secretary, GICB	RB
Dawn Collinson	Governance Administrator	DC
Tom Hodgett (Item 4)	Head of Business Intelligence - Strategy & Planning, GICB	TH
Anna Round (Item 4)	Head of System Intelligence, BNSSG	AR

Item	Action
-------------	---------------

1. Welcome & Apologies

- 1.1 ED welcomed those present, with apologies noted from AW & SW. This first meeting of the Finance, Performance and Quality (FPQ) Committee meeting was declared quorate by ED as the Terms of Reference required two Non-Executive members including the Chair or Vice Chair. The Chair was present and two Non-Executive members were in attendance.
- 1.2 Thanks were extended to RB and DC for organising meeting dates and bringing everything together during a period of organisational change, where the importance of starting the Committee meetings was noted. It was observed that directors were committed to establishing a well-functioning Committee and initial meetings would evolve throughout the process.
- 1.3 ED highlighted the Committee's oversight responsibilities for finance, performance, and quality, (FPQ) stressing the need to understand performance and trajectories, and briefly outlining the Agenda. ED noted the importance of check and challenge from non-executives in a safe environment.

2. Declarations of Interest

Item	Action
2.1	There were no new Declarations of Interest to note.
3. <u>Terms of Reference (ToR)</u>	
3.1	ED introduced the ToR as a key agenda item, noting they were a starting point and would evolve; likely being refined by year-end. It was noted that membership details, especially noting those of AM would be important. Action: RB to include AM in the TOR
3.2	AM praised the ToR as a good starting point but highlighted the Committee's broad remit and the importance of timely review to ensure effectiveness. AM raised questions about clarity in the relationship between the Committee and NHS England (NHSE), regarding performance oversight and potential joint working.
3.3	AM questioned the role of partner members in the committee and suggested the ToR should reflect any evolving clarity in those relationships. ED confirmed that AM's membership should be formalised and asked for updates on other members.
3.4	Discussion Points - JF noted uncertainty around NHSE responsibilities and the need to ensure clear governance and accountability across the three Committees. JF highlighted the risk of gaps due to the Committee's broad remit and stressed the need for clear roles and responsibilities. - DJ suggested inviting NHSE representatives to oversight discussions. JF agreed and said he would also push for this at Board level, ensuring that minutes reflected NHSE's engagement and representation. - DJ clarified that the Committee would seek assurance from executive actions and forums, rather than directly manage performance. - AM highlighted the need to route patient group concerns appropriately and avoid non-executives addressing operational issues. JF and RS agreed, suggesting a policy to direct people appropriately. - RS suggested that the committee's title be changed from "Finance, Performance and Quality" to "Finance, Oversight and Quality," not implying responsibility for direct performance management. - The Committee noted the requirement for clear reporting lines across quality and performance. - RS requested closed sessions for briefing NEDs on sensitive quality issues. Action: DJ to invite NHSE representatives to future Committee meetings.
3.5	ED summarised that the meeting's key aim was to understand the Committee's purpose and flexibility in the agenda. ED agreed to consider renaming the Committee and to finalise internal Non-Executive Director (NED) membership. She acknowledged the need for further thought on partner members, especially regarding Conflicts of Interest in procurement and contracts.
4. <u>ICB Performance Report and Oversight Framework</u>	
4.1	DJ introduced the ICB Performance Report and Oversight Framework, clarifying that the Committee's role was one of oversight rather than direct performance

Item	Action
	management, aligning with the new National Oversight Framework (NOF) published in June.
4.2	It was explained that: - ICBs were ranked in four segments based on leadership, governance, delivery, and finance metrics. - Financial deficit limited the highest segment to 3. - Scores used averages across 42 metrics with finance being the main driver. - Rankings and trends were shown on a dashboard.
4.3	SD expected the Committee to oversee the full framework and support the ICB in avoiding Segment 4 by maintaining high standards.
4.4	TH and AR from the BI teams demonstrated the NOF dashboard. Local dashboards would be focussing on performance trends and direction of travel, with separate views for BNSSG and Gloucestershire, with plans to merge in the new financial year.
4.5	- Discussion: - AM emphasised the need for discipline in metric selection, cautioning against expanding the list unnecessarily and advocating for targeted analysis, especially around inequalities and screening rates. Using heat maps and postcode breakdowns for deeper insight was suggested. - TH confirmed technical feasibility for granular analysis but noted limitations in linking to national scoring due to data refresh rates. TH recommended prioritising areas for focus to avoid unmanageable reporting. - The Committee agreed to allocate specific NOF metrics to relevant Committees (e.g., population health to SHIPPHC and workforce to the People Committee), with this Committee retaining overall oversight and responsibility for segmentation. - ED clarified access to dashboards, confirming all Committee members would have access, and discussed the transition to a unified report for both ICBs. - JF raised concerns about clarity of roles between ICBs and NHSE, stressing the need to avoid duplication and ensure clear boundaries for performance oversight. He requested assurance that the Committee was monitoring the right metrics and could push back on NHSE if needed. - AM requested clarification on the full range of levers available to the ICB for performance management, including contract performance notices and escalation processes.

Actions:

- | | |
|--|-------------|
| <ul style="list-style-type: none"> DJ to provide JF and SD with a clear position on key performance indicators (KPIs) and delivery against plan for the upcoming July 8th meeting, including legacy and current performance data. | DJ |
| <ul style="list-style-type: none"> TH and AR to develop the local dashboard, incorporating Committee feedback on metric selection and reporting cycle. | DJ, TH & AR |
| <ul style="list-style-type: none"> ED requested DJ clarify ways of working and engagement with NHS England | DJ |

Item	Action
<i>RESOLUTION: The Committee noted the presentation, and actions arising from the ICB Performance Report and Oversight Framework discussion.</i>	
5. <u>Finance Report</u>	
5.1 CL informed that both BNSSG and Gloucestershire ICB were forecasting a break-even financial position for year-to-date and forecast, meaning expenditure was within the allocation received. Risks were identified, including higher acute activity in the independent sector and significant spend on ADHD and autism "Right to Choose" services.	
5.2 Investment in local providers aimed to improve outcomes, with ongoing assessment of value and effectiveness. All key financial KPIs (payment policy, Mental Health Investment Standards, capital spend) were on track. Recurrent savings were being delivered, which was crucial for maintaining a strong underlying financial position.	
5.3 <u>Questions/Discussion</u>	
5.4 ED asked if the break-even number on the plan (slide three) was the key metric for segmentation. CL confirmed it was and explained the allocation had changed during the year, but net expenditure needed to match allocation for a break-even position.	
5.5 ED queried if provider overspend would affect ICB segmentation. CL clarified that if providers overspent against their income, it was their Board's responsibility to manage their organisational financial position. The ICB position includes contracts with providers which could overspend if activity exceeded contract, in which case activity management plans would be implemented by the ICB following discussion with providers.	
5.6 AM asked about managing independent sector elective activity and related risks. CL explained activity management plans could be enacted. It was noted that independent sector providers preferred to stay within 18 weeks due to business impact and this influenced their response to activity management plans if there was a risk of their waiting times exceeding 18 weeks.	
5.7 AM asked about remedies for ADHD/autism cost pressures across both ICBs. CL acknowledged ongoing work and investment, with further assessment needed and this would be brought back to the Committee.	
5.8 AM requested last year's recurrent/non-recurrent savings percentages. CL did not have these available at the meeting but would be following this up. Action: CL to follow up on last year's recurrent/non-recurrent savings percentages.	CL
<i>RESOLUTION: The Committee noted the presentation and discussion on the Finance Report.</i>	
6. <u>Risk Management</u>	
6.1 CL stated that the Executive team had taken away the Board Assurance Framework (BAF) and key risks for more detailed review, refinement, and additions, with the intention to bring it back to the board for further review. CL explained that the aim was	

Item	Action
------	--------

to allocate specific risks to each Committee, with the Audit Committee holding overall responsibility to ensure each Committee reviewed and assured themselves over those risks going forward. There were no further questions raised on this topic.

RESOLUTION: The Committee noted the update on Risk Management.

7. Any other Business

7.1 There were no items of Any Other Business.

7.2 The meeting concluded at 11.45am.

Date of next meeting: Tues 22nd September 2026 – 09:30-12.30pm

Add author's name: Dawn Collinson
Written 1st July 2026