

**MINUTES OF FINANCE AND PERFORMANCE COMMITTEE MEETING**

**HELD ON TUESDAY 13 SEPTEMBER 2016 AT 11:45hrs**

**AT SOUTHGATE HOUSE, DEVIZES**

**Present:**

Dr Peter Jenkins	PJ	Chair, CCG GP Chair
Peter Lucas	PL	Vice Chair, Lay Member
Steve Perkins	SP	Interim Chief Financial Officer
Dr Mark Smithies	MS	Secondary Care Doctor
Dr Richard Sandford-Hill	RS-H	GP Chair, WWYKD
Dr Toby Davies	TD	GP Chair, SARUM
Dr Anna Collings	AC	CP Co-Chair, NEW
David Noyes	DJN	Director of Planning, Performance and Corporate Services
Jo Cullen	JCu	Director of Primary Care and Urgent Care/Group Director WWYKD
Mark Harris	MH	Director Planned Care /Group Director SARUM
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of PMO
John Dudgeon	JD	Associate Director Information
Steve Collins	SC	Interim Deputy Chief Financial Officer
James Roach	JR	Interim Integration Director
Kate Purser	KP	Associate Director, CHC and Adult Safeguarding
Neal Goodwin	NG	Senior Commissioning Manager, Community Services and Joint Commissioning
Alex Goddard	AG	Deputy Head of Medicines Management
Sharon Woolley	SW	Board Administrator

**Apologies:**

Simon Truelove	STr	Interim Accountable Officer
Christine Reid	CR	Lay Member
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning/Group Director NEW
Dina McAlpine	DMcA	Director of Quality

Item Number	Item	Action
FIN/16/09/01	<p><b>Welcome and apologies for absence</b></p> <p>PJ welcomed everyone to the meeting. The above apologies were noted.</p>	
FIN/16/09/02	<p><b>Declarations of Interest</b></p> <p>Members were reminded of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of Wiltshire CCG.</p> <p><b>There were none declared.</b></p>	

FIN/16/09/03	<p><b>Previous Minutes – 9 August 2016:</b></p> <p>The minutes of the previous meeting were agreed as a true and accurate record.</p> <p><b>Action Tracker:</b></p> <p><b>FIN/16/04/07 – Prescribing Incentive Scheme:</b> On the agenda and presentation being given to the Out of Hospital Board later that day. <b>COMPLETED</b></p> <p><b>FIN/16/08/03 – AWP/DTOC Mental Health Out of Area Placement Figures:</b> In the absence of TW, this item would be carried over to the October Finance and Performance Committee meeting. <b>ONGOING</b></p> <p><b>FIN/16/08/04.0 – A&amp;E Activity Figures for All Three Acutes:</b> JD reported that some analysis had been carried out and shared with Emma Smith. SFT had seen the highest growth in activity, with the higher proportion of admissions coming from Hampshire. SFT had also seen a 17% increase in ambulance arrivals. The case mix will be looked into further and a narrative provided to detail the action being taken by the CCG and SFT. There have been a number of discussions taking place concerning A&amp;E activity and ambulance arrivals at various meetings. Duplication of reporting should be avoided. Details of pressure areas and action taken will be taken to the A&amp;E Delivery Board meetings <b>COMPLETED</b></p> <p><b>FIN/16/08/04.1 – Rise in Planned Care Activity:</b> MH reported there had been an increase in referrals to acutes and code changes, but at M4 this had not shown huge pressures for planned care. Urgent care pressures had been marginally less than expected, balancing finances with 0.5% over planned expenditure. <b>COMPLETED</b></p> <p><b>FIN/16/08/04.2 – SFT ITU Activity and Chemotherapy Delivery:</b> An update would be brought to the October Finance and Performance Committee meeting. <b>ONGOING</b></p> <p><b>FIN/16/08/04.3 – Locality Breakdown Sizeable Elements of Growth:</b> <b>ONGOING</b></p> <p><b>FIN/16/08/04.4 – Review RUH Urgent Care Centre:</b> JCu and SP have been pursuing this with BANES (as lead commissioner) but discussions with provider have been unsuccessful as they require any income shortfall to be covered. Further discussions will be had with BaNES regarding their commissioning intentions in this area. An update would come to a future Finance and Performance meeting. <b>ONGOING</b></p> <p><b>FIN/16/08/04.5 – Discuss Implementation of TEP System with SFT:</b> MH confirmed that this had been raised with SFT at their recent contract meeting, but had not yet been resolved. <b>ONGOING</b></p> <p><b>FIN/16/08/04.6 – Update on Technology Pilots for Online Symptom Checker:</b> There was no further update for this meeting. To be carried over to the October Finance and Performance Committee meeting. <b>ONGOING</b></p> <p><b>FIN/16/08/04.7 – List of Primary Care Offer Services Being Delivered:</b> JCu reported that a list of services had gone to the Planned Care Programme Board for information. <b>COMPLETED</b></p> <p><b>FIN/16/08/04.8 – Recovery Plan Options:</b> On the agenda. <b>COMPLETED.</b></p> <p><b>FIN/16/08/05 – Assessment of QIPP:</b> On the agenda. <b>COMPLETED.</b></p>	<p>TW</p> <p>LB/MH</p> <p>LB/JD</p> <p>JCu/SP</p> <p>LB/MH</p> <p>DJN</p>
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	<p><b>FIN/16/08/06.0 – Discuss National and Local Dementia Figures with NHSE:</b> In the absence of TW, this item would be carried over to the October Finance and Performance Committee meeting. <b>ONGOING</b></p> <p><b>FIN/16/08/06.1 – Detail of the Growth of Non-GP Referrals to Acutes and Control of First Seen Records:</b> JD's paper had been circulated with the meeting papers. Figures indicated a substantial rise in referrals initiated by Consultants. This growth of non-GP referrals was a counting issue. The WCCG figures were significantly over compared to the plans submitted due to these new RUH referral figures and counting issues. RUH were not charging first attendance fees, so there were no cost implications, but the counting inflation would affect the reporting of referrals, CCG forecasting and NHSE monitoring which could bring unnecessary questions. Intention that counting should be standardised across all acutes. An update would be brought to the November Finance and Performance Committee meeting. <b>ONGOING</b></p> <p><b>FIN/16/08/07 - Update on 2016/17 contracting requirements and links to STP management capacity:</b> On the agenda. <b>COMPLETED</b></p> <p><a href="#">ACTION FIN/16/09/03.0: Details of A&amp;E and ambulance pressure areas and action taken will be taken to the A&amp;E Delivery Board meeting.</a></p> <p><a href="#">ACTION FIN/16/09/03.1: Standardised counting to be discussed with the Finance Information Groups to gather feedback and update the November Finance and Performance Committee</a></p> <p><a href="#">ACTION FIN/16/09/03.2: Standardised counting to be raised with BANES.</a></p>	<p><b>TW</b></p> <p><b>JD</b></p> <p><b>JD/MH</b></p> <p><b>JD</b></p>
<p><b>FIN/16/09/04</b></p>	<p><b>Matters Arising</b></p> <p>There were none.</p>	
<p><b>FIN/16/09/05</b></p>	<p><b>Financial Position</b></p> <p>The CCG reported surplus continued to be in line with NHSE requirements, with the £3m FNC pressure shown as a risk that requires mitigation in line with NHSE treatment. The Financial Recovery Plan, next agenda item, has been developed to address the additional pressure.</p> <p><b>Acute Positions:</b> SP highlighted the following from the financial position paper:</p> <ul style="list-style-type: none"> <li>• <b>SFT</b> Regular Day Admissions were 17.8% above planned activity levels. MH confirmed that Lucy Baker had initiated an audit to look into this. Non-elective activity levels continued to grow. JD reported initially there was an increase in the elderly age group, but other age groups had now become more significant and needed schemes to address the growth. JRo said an understanding of what had led to the increase was needed to enable CCG support and the challenge back to providers to look at how to resolve it. The locality dashboard tied in with this. Smaller increases in other areas would lead to bigger issues with a more significant impact when compounded.</li> <li>• <b>RUH</b> Non-elective over-performance was the main pressure with an increased cost of 4.17%. Maternity variance was being reviewed with the CCG in discussions with the trust in relation to phasing and the counting and charging of items</li> </ul>	

	<p>covered by the maternity pathway. RUH had also seen a spike in the level of high cost drugs being used.</p> <ul style="list-style-type: none"> <li> <b>GWH</b>            Non-elective activity levels had increased but remained below planned levels. Excess bed days continued to be a pressure. The overall contract was performing within manageable levels         </li> </ul> <p>PL raised the need to look into the Westbury and Warminster locality due to the growth across two main providers. It was agreed that localities overall needed to be cut down further to look at the numbers and the case mix of the short length stays – TD and AC said that they had planned to review the pressures seen at SFT. Data would be cut by HRG and age groups, with a focus on those deemed unreasonable. This would be cross referenced with the Integrated Performance Report. Providers would be challenged to look at how to manage this. It would also be raised through the Primary Care route and at the Local Delivery Board.</p> <p>Section four of the paper indicated that the level of reserves had been maintained. The headroom reserve was under the control of NHSE and could not be utilised.</p> <p>SP briefly discussed the other risk issues but the main pressure was from FNC which would be discussed in the next paper.</p> <p><a href="#">ACTION FIN/16/09/05.0: Compile locality data and review cases. (linked to NEL pressures at SFT)</a>  <a href="#">ACTION FIN/16/09/05.1: Short stay cases to be raised through Primary Care route and Local Delivery Board.</a></p>	<p><b>JD/TD/AC</b></p> <p><b>JCu</b></p>
<p><b>FIN/16/09/06</b></p>	<p><b>Financial Recovery Plan</b></p> <p>SP presented the Financial Recovery Plan, which looked at the five work streams agreed at the last committee meeting. Section three contained the review of plans put into place last year, along with opportunities for this year. Directors had been involved in the preparation of this plan – looking at timescales, actions and the support required.</p> <p>An update was provided on each work stream by the relevant Director/Lead.</p> <ul style="list-style-type: none"> <li> <b>Expansion of clinical policies</b>            MH reported that the Patella Resurfacing Policy was looking at coding anomalies and was going to the Clinical Advisory Group. The potential saving takes into account the current waiting list with providers.            The IVF Policy would be presented to the Clinical Advisory Group and then recommended for approval at the September Governing Body meeting. This would have a phased impact upon finances but no impact in 16/17            The delay in the NICE guidance had impacted upon the Refreshed Injections Policy item. The financial saving had been difficult to quantify until the guidance was released.            Existing schemes were working well and had helped to change the behaviour within providers.         </li> <li> <b>Primary care schemes</b>            AG reported that the meds mgt team had been liaising with GP's to make them aware of the revised prescribing systems.            Test strip usage was being reviewed as it had been identified as an ongoing issue with a potential saving.            Schemes identified with small savings were not currently being addressed due         </li> </ul>	

to capacity, the additional work involved, and the need to achieve the schemes that would bring the greater benefit. Timescales would be added against the identified schemes.

JCu reported that the Primary Care Offer funding scheme underspend was linked to the TCOP and Locality Services. SC would be reviewing the finances of those schemes not in place. It was suggested that these unspent funds could be re-invested into the emerging TCOP and care home schemes and to save services. SP said that confidence would be needed in the schemes to ensure they were up and running quickly and able to bring about benefits. SP confirmed that this underspend is non recurrent and that the CCG was not taking the funding away. Current investments should be reviewed to increase the return where possible and to look at new scheme ideas and the expected achievements and return.

- **CHC/FNC/Specialist placements and CQUIN review**

KP reported that six patients had been identified under the Specialist Placement Patient scheme and a review was underway with the local authority of S117 patients and referrals. Financial savings would not be seen until January 2017. The savings for each individual scheme would be broken down and noted on the plan.

A review of the Neuro-Rehab cohort was underway and a clear commissioning process is being put in place for secondary care onward recuperation CHC Fast Track had undergone a desktop review.

Personal Health Budget clawback is looking at bringing back in monies that had not been utilised. The benefits would be seen over the next three months.

- **Repatriation of out of area patients into the Daisy Unit**

No update in the absence of TW – SP to liaise with TW to ensure the progress of repatriating WCCG funded patients and/or supporting other commissioners in utilising the facility.

- **Getting existing QIPP schemes performing**

MH reported that through the Planned Care Ophthalmology scheme, a benefit was expected when addressing the high cost drugs element. An increase in savings is projected on Clinical Policies based on previous trends.

CQUIN performance savings had been estimated by DMcA for the remaining part of the year based on Q1.

In answering questions, SP explained that the Financial Recovery Plan would continue to be monitored to ensure delivery and would be embedded as ongoing work schemes. The benefits would be reported to EMT and assurance fed back to the Finance and Performance Committee. The finance team would be producing a monitoring system to ensure there would be no double counting

On condition that the schemes identified in the plan were successful, the WCCG would have a residual £386k gap to address.

**The Committee noted the Finance Recovery Plan and supported its implementation.**

[ACTION FIN/16/09/06.0: Prescribing scheme timescales to be added to the plan](#)

[ACTION FIN/16/09/06.1: Current Primary Care investments to be reviewed to increase the return where possible and to look at new scheme ideas and the expected achievements and return.](#)

[ACTION FIN/16/09/06.2: Individual saving costs for CHC Specialist Placement Patient and S117 schemes to be identified and noted in the plan](#)

AG

JCu/SC

KP/DMcA

	<p><a href="#">ACTION FIN/16/09/06.3: SP to liaise with TW to ensure the progress of repatriating WCCG funded patients and/or supporting other commissioners in utilising the Daisy Unit</a></p> <p><a href="#">ACTION FIN/16/09/06.4: Monitoring mechanism to be brought to the October Finance and Performance Committee meeting and the Plan reviewed.</a></p>	<p><b>SP/TW</b></p> <p><b>SP/SC</b></p>
<b>FIN/16/09/07</b>	<p><b>Update on 2016/17 Contracting Requirements and Links to STP Management Capacity</b></p> <p>MH reported that alongside the STP process, discussions were underway to move to single contracts with providers, resulting in three contracts with three acutes. The possibility of two year contracts were also being looked into. It is hoped this would bring standardised approaches and better management of resources with parameters negotiated.</p> <p>MH highlighted the three recommendations, the associated work and dependencies and the immediate risks noted in his paper. The workshop to be held on 23 September 2016 would look at this in further detail to progress the work and to clarify roles and timescales. The governance arrangements would be brought back to the Finance and Performance Committee to be signed off.</p> <p><a href="#">ACTION FIN/16/09/07: Governance arrangements to be brought back to the Finance and Performance Committee for sign off.</a></p>	<b>MH</b>
<b>FIN/16/09/08</b>	<p><b>Status on CCG Project Milestones for QIPP Delivery 2016/17</b></p> <p>DJN reported that EMT had reviewed the QIPP schemes as requested at the last Committee meeting. Growth of frail and elderly activity had been contained with some success, but there had been growth of non-elective activity in other areas.</p> <p>The recommendations in section five followed production and review of the August Integrated Performance Report. The continued investment of staff time and resources was questioned if schemes were not showing signs of achieving and delivering a financial benefit. The return of investments through the Better Care Fund was to be reviewed by Wiltshire Council and the CCG to ensure there was an understanding of the schemes being supported. MH added that those Planned Care schemes not fully delivering did not have significant resources attached to them. There were no schemes noted on the list that were not also being covered under the STP work streams.</p> <p><b>The Committee noted the report and three recommendations and requested an update at the next Finance and Performance Committee meeting.</b></p> <p><a href="#">ACTION FIN/16/09/08.0: Update to be provided to the October Finance and Performance Committee meeting on the progress and performance across the TCOP projects</a></p> <p><a href="#">ACTION FIN/16/09/08.1: Evaluate the Better Care Fund schemes in line with planned rationalisation exercise.</a></p>	<p><b>JCu</b></p> <p><b>JR</b></p>
<b>FIN/16/09/09</b>	<p><b>Prescribing Incentive Scheme</b></p> <p>The Prescribing Incentive Scheme update presentation was noted by the Committee. AG would be presenting this update to the OOH Board later that day.</p>	
<b>FIN/16/09/10</b>	<p><b>Delivery of the Constitutional Targets Update</b></p> <p>JD reported on delivery against constitutional targets as at July 2016. Late figures received from SFT actually increased the RTT Incomplete Pathways figure to</p>	

	<p>91.9%. There had been some slippage at GWH. August would show a challenging month.</p> <p>JD reported the headlines and breaches noted on page 7 of the update paper.</p> <p>If the Junior Doctors strike goes ahead, it was thought that would create at least one week of RTT workload to rebook, which would have a knock on effect to the winter resilience plans.</p>	
<b>FIN/16/09/11</b>	<p><b>Finance and Performance Committee Work Plan</b></p> <p>The Committee work plan was agreed and noted.</p>	
<b>FIN/16/09/12</b>	<p><b>Any Other Business</b></p> <p>Members discussed the timings of the Finance and Performance Committee meetings and considered a change in the Audit and Assurance Committee meeting start time to allow this Committee to begin earlier.</p> <p>It was agreed that when the Audit and Assurance Committee meeting is held before this Committee, the start time would be 11.15hrs. On the intervening month when the Audit and Assurance Committee meeting is not held, the Finance and Performance Committee would commence earlier at 10.00hrs.</p> <p>The meeting was closed at 13:35hrs</p>	

#### Dates of Finance and Performance Committee Meetings 2016/17:

11 October 2016 (11.45 – 13.15)  
8 November 2016 (11.15 – 13.15)  
6 December 2016 (10.00 – 12.00)  
10 January 2017 (11.15 – 13.15)  
14 February 2017 (10.00 – 12.00)  
14 March 2017 (11.15 – 13.15)  
11 April 2017 (10.00 – 12.00)