

MINUTES OF FINANCE AND PERFORMANCE COMMITTEE MEETING

HELD ON TUESDAY 8 NOVEMBER 2016 AT 11:15hrs

AT SOUTHGATE HOUSE, DEVIZES

Present:

Dr Peter Jenkins	PJ	Chair, CCG
Peter Lucas	PL	Vice Chair, Lay Member
Steve Perkins	SP	Chief Financial Officer
Christine Reid	CR	Lay Member
Dr Mark Smithies	MS	Secondary Care Doctor
Dr Richard Sandford-Hill	RS-H	GP Chair, WWYKD
Dr Lindsay Kinlin	LK	GP Vice Chair, WWYKD
Dr Anna Collings	AC	GP Co-Chair, NEW
Mark Harris	MH	Chief Operating Officer
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning/Group Director NEW
David Noyes	DJN	Director of Planning, Performance and Corporate Services
Jo Cullen	JCu	Director of Primary Care and Urgent Care/Group Director WWYKD
Dina McAlpine	DMcA	Director of Quality (<i>from 11.30hrs</i>)
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of PMO
John Dudgeon	JD	Associate Director of Information
Lucy Baker	LB	Interim Director of Acute Commissioning (<i>joined the meeting at 12.15hrs</i>)
Sharon Woolley	SW	Board Administrator
 Apologies:		
Dr Toby Davies	TD	GP Chair, SARUM
James Roach	JR	Interim Integration Director
Tracey Cox	TC	Interim Accountable Officer
Dr Andrew Girdher	AG	GP Co-Chair, NEW

Item Number	Item	Action
FIN/16/11/01	<p>Welcome and apologies for absence</p> <p>PJ welcomed attendees and noted the above apologies.</p>	
FIN/16/11/02	<p>Declarations of Interest</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>There were none declared.</p>	

<p>FIN/16/11/03</p>	<p>Minutes of the meeting held on 11 October 2016:</p> <p>The minutes of the meeting held on 11 October 2016 were agreed as a true record, with the amendment to action 'FIN/16/09/06.3 Repatriation of WCCG patients to utilise the Daisy Unit' – to remain as ONGOING. Progression had been made, but this action was not complete.</p> <p>Action Tracker:</p> <p>FIN/16/08/04.2 – SFT ITU Activity and Chemotherapy Delivery: LB reported that a deep dive had been completed and the audit of the regular day admissions would be carried out on 23 November 2016. An update would be brought to the January Finance and Performance Committee meeting. ONGOING</p> <p>FIN/16/09/07 – Contracting Requirements and Governance Arrangements – agenda item. COMPLETED</p> <p>FIN/16/09/08.0 – TCOP Progress and Performance Update – agenda item. COMPLETED.</p> <p>FIN/16/10/03 – Update on Online Symptom Checker – noted on the Committee business planner. To be removed from the action tracker. CLOSED</p> <p>FIN/16/10/05.0 – SFT Elective Activity Payment Review – SP reported this had been reviewed and no double payments had been found. COMPLETED.</p> <p>FIN/16/10/05.1 – A&E and SWIC Impact report – agenda item. COMPLETED</p> <p>FIN/16/10/07 – Review 2017/18 QIPP Targets – SP reported that QIPP opportunities and re-prioritising existing investments continued to be reviewed. An update would be brought to the Committee when formulated. CLOSED</p> <p>FIN/16/10/08 – QIPP Report Format to be Revised – To be looked at when the Operational Plan was in place. ONGOING</p> <p>FIN/16/10/10.0 – Wiltshire Health and Care Workforce Issues – TW reported that Douglas Blair, Managing Director of Wiltshire Health and Care would be reporting against this at the Clinical Exec meeting that afternoon. Addressing workforce issues was a priority of the project. It was suggested that this item should remain OPEN until the outcome of the Clinical Exec meeting report was known. If the report from Douglas Blair was satisfactory, this item could be closed. An update report would come to the December Finance and Performance Committee meeting. ONGOING</p> <p>FIN/16/10/10.1 – BCF QIPP Scheme Evaluation – The impact of delivery was to be understood. Apologies had been received from James Roach, therefore this item was withdrawn from the agenda. This would be an item on the December Finance and Performance agenda. ONGOING</p> <p>FIN/16/10/11 – Locality Data and Case Review - This item was withdrawn from the agenda due to apologies received from Dr Toby Davies. This would be an item on the December Finance and Performance agenda. ONGOING</p>	<p>LB</p> <p>MH/DJN</p> <p>TW</p> <p>JR</p> <p>TD</p>
<p>FIN/16/11/04</p>	<p>Matters Arising</p> <p>There were none.</p>	
<p>FIN/16/11/05</p>	<p>Financial Position</p> <p>SP reported that M6 figures remained in line with NHSE requirements. The full</p>	

year impact of FNC had now been included in the forecast. This remained a pressure, although mitigations were in place through the Financial Recovery Plan. These had been agreed in principal with GWH and SFT Directors of Finance, discussions were ongoing with RUH.

- **SFT**

Excess bed days remained an issue and NEL was recorded at 8% above plan at an extra 3 spells per day. Activity for young people had remained at a consistent level, but over 65's had seen an increase equating to two thirds of reported activity. Intensive care activity had seen a growth, although this may not be assigned to WCCG once coded post patient discharge. RDAs had seen continued growth - an audit would be undertaken on 23 November 2016 of 50 patients and tariffs and to look at the correct place for intervention.

NEL pressures continued to reduce. RTT was being managed through proactive outsourcing. The case mix, volume and charging would continue to be monitored. SFT would be presented with an NEL operating challenge linked to the STP funds. As the Commissioner, it was WCCG's responsibility to ensure that it was actioned appropriately.

SP advised the Committee that SFT had applied for national monies to open a 16 bed 23 hour ward. The SFT Board were still to confirm the investment plans, as it was understood that there may be a change from the original intention This would be clarified at the next contract meeting. It would also be added to next week's Local Delivery Board agenda.

ACTION: FIN/16/11/05.0 Clarify SFT's investment plans for 16 bed 23 hour ward at next contract meeting and through discussion at the November Local Delivery Board. Update to be provided to the December Finance and Performance Committee meeting.

LB

- **RUH**

NEL had seen an annual growth of 11%, predominantly in the young people (35-40% of growth) and adult cohorts. TW advised that the Public Health Report was to be presented at that afternoons Clinical Exec meeting, which reviewed activity levels in particular for teenage girls. The additional consultant time at RUH had now concluded, but the role would be recruited to assist in reducing paediatrics. An update was to be provided to the sub group meeting next week.

ITU remained under plan, although two long stay patients could affect the current position once coded post discharge. The spike in elective activity had stabilised and subcontractors had supported the improved performance of RTT.

SP suggested that a deep dive into diagnostic areas of all three acutes would help to unpick the outpatient growth and the pathways. This would be raised at the RTT meeting with RUH next week.

Activity had now been correctly attributed to the ICD10 code. Excess bed days were 76% above plan. This was being looked at as part of the plan and funding. Outpatient levels were 26% over plan.

ACTION: FIN/16/11/05.1 - Deep dive needed into diagnostic areas of all three acutes to unpick the outpatient growth and pathways. To be raised at contract meetings.

LB

	<ul style="list-style-type: none"> • GWH <p>Excess bed days had increased significantly in M5. There had been a reduction in young people NEL admissions; however adult and over 65's cohorts had spiked. High cost drugs continued to be a pressure.</p> <p>GWH had recognised the importance of the referral and demand work and continued to improve on RTT. The GWH position was to be finalised to ensure they were protected from risk.</p> <p>PL questioned the acute forecasts shown on page 4 of the paper and the possibility of bigger variances in acute services. SP advised that the position presented was a prudent view and that he was comfortable with the forecast figures stated in the report. The variances represent an improvement when compared with the prior years due to improved funding positions.</p> <p>Financial Risks SP reported that a number of financial risks had been identified and shown on page 14. There could be possible additional pressures in acute contracts and estate costs. The market rent impacts from Property Services had not yet been received. Scheme risks were being mitigated through contract assessments.</p> <p>Financial Recovery Plan The plan, year to date achievements and forecast were shown in table 7 on page 15 of the paper. £0.5m had been secured, with £1.3m to deliver in the remaining part of the year.</p>	
FIN/16/11/06	<p>PCO/TCOP Update</p> <p>JCu reported that the embedded Primary Care Offer Q1 and Q2 reports had gone to the Primary Care Oversight Board on 4 November 2016, which included an enhanced services budget. The Oversight Board included NHSE and Healthwatch Wiltshire representatives.</p> <p>TCOP scheme development was included in the report, which indicated performance for each locality against local outcome measures, the use of the Locality Development fund and delivery of locally designed projects. TCOP plans were being merged with local plans. These additional schemes were to increase resilience and improve the workforce and skill mix.</p> <p>The recommendations going forward had received clinical input and were detailed in the Primary Care Offer Working Group Recommendations Paper embedded in the report, which included proposed enhanced services.</p> <p>The three year programme would be monitored through the Primary Care Oversight Board against the plans and reports given at Clinical Exec. Drug Monitoring would be presented at the Clinical Exec meeting later that afternoon and commissioning intention proposals for 2017/18 would be presented at the December Clinical Exec meeting.</p> <p>The locality dashboards were currently out for consultation with the Oversight Board, Clinical Exec, WWYKD members and GP Forums.</p> <p>Q1 costs had now been paid on an upfront basis. Q2 reconciliation was to be completed and would require an evidence based approach to support Q1 and Q2 payments to ensure that additional capacity had been put in place. Opportunities for de-investments and re-investments would be considered.</p>	

FIN/16/11/07	<p>A&E and Salisbury Walk in Centre Impact Review</p> <p>The hours of the Salisbury Walk in Centre (SWIC) had changed in August. JCu reported that data for the last few weeks was being analysed, but three months of data was needed to better understand the flow and use of the Centre. This would be reviewed during the next contract review meeting.</p> <p>A presentation was to be given at the November Governing Body meeting. MH requested that the report be prepared in advance of the Governing Body meeting, and should include the response to the recent SWIC petition, GP waiting times and integrated clinical health.</p> <p>Closer working of Out of Hospital services and SFT had been proposed, but this would need careful consideration to ensure joint working benefitted all involved and did not create another issue to manage. A clear message was to be reinforced as the Committee was not in favour of the site link up.</p> <p>ACTION: FIN/16/11/07 – November GB SWIC report to include the response to the recent SWIC petition, GP waiting times and integrated clinical health.</p>	JCu
FIN/16/11/08	<p>Status on CCG Project Milestones for QIPP Delivery 2016/17</p> <p>DJN informed Members that the QIPP report format would be revised for 2017/18.</p> <p>The 2016/17 QIPP target was not being met. Planned Care had seen some delivery, but like in all other areas there had been slippage. Urgent Care TCOP and BCF had produced good quality outcomes and was suppressing demographic growth up to a point. Schemes to reduce activity levels for working age adults and young people need to be considered for next year. Locality data was being reviewed by TD and would be reported at the December Finance and Performance Committee meeting. A more detailed scheme by scheme evaluation of BCF QIPP would be presented at the December meeting.</p> <p>SP questioned the NEL achievements and the need for a deep dive. The QIPP report did not align with the NEL activity reported through the M6 Financial Position, which reported a growth in over 65 activity and not a static position as reported. The growth of case mix brought higher costs. The length of stay for over 75's would also need to be reviewed to determine if it was a DTOC issue, or just patient need. It was noted that all three acutes did have DTOC issues. The Rehab Support Workers scheme would aid improvement in this area. Excess bed day data would also be looked at from patient level and diagnostics. JD was working with Attain to analyse the data to formalise a report with JCu.</p> <p>Clinical conversations with SFT were ongoing. Dr Andy Hall is seeking to redefine the process, consider multifactorial discharge and mortality issues.</p>	
FIN/16/11/09	<p>Update on 2016/17 Contracting Requirements and Links to STP Management Capacity</p> <p>a) Governance Arrangements</p> <p>MH updated the Committee on the CCG contract agreements being looked at jointly with BANES CCG and Swindon CCG. Working groups had been established to harmonise the contract negotiations. The financial offers of the joint contract were to be co-ordinated, which would bring coding challenges.</p> <p>The STP has brought greater collaborative working across CCG's and with Wiltshire Council, although functions are not yet being shared. A collaborative change should be expected, but as a CCG our voice, drive and strategy should not be lost.</p> <p>The joint Commissioner Roles and Responsibilities document, and the</p>	

	<p>associate document for Collaboration and Escalation process would be brought to the December Finance and Performance Committee meeting. It was advised that these would already be live when the process was started, which would be before the next Committee meeting. The process was still to be tested, but weekly meetings were held of the Chief Financial Officers and other CCG contacts.</p> <p>ACTION: FIN/16/11/09 - Commissioner Roles and Responsibilities document, and the associate document for Collaboration and Escalation process to be brought to the December Finance and Performance Committee meeting.</p>	MH
FIN/16/11/10	Agenda item removed	
FIN/16/11/11	Agenda item removed	
FIN/16/11/12	<p>Delivery of the Constitutional Targets Update JD reported on delivery against constitutional targets as at September 2016. JD advised the Committee that the report was not complete as it had been too early in the month to get a full set of data.</p> <p>There had been 44 RTT patient breaches, although some were accounted to tertiary providers that the WCCG had limited oversight of. Virgin Care had recorded 30, although a proportion was inherited from GWH. The accuracy of counting and classification was questioned. The process was being challenged with 12 patients having to wait more than 52 weeks. To improve the understanding of the figures and the support in place, it was requested that RTT narrative be added to state the actions being undertaken to improve figures and what the acute teams were providing.</p> <p>It was expected that Diagnostic Test Waiting Times would be green for October. GWH had done significant work to clear the patient waiting time and the pathway, which was hoped to be sustainable. GWH was becoming the patient choice.</p> <p>8 mixed sex accommodation breaches were recorded, all at GWH. Ongoing issues with GWH were not expected, but DMcA would raise this again with them. A&E targets were breached by all three acute trusts. This was an item for discussion at the next Local Delivery Board meeting. The average length of stay figure for August was being investigated. DTOC figures had continued to rise.</p> <p>As commissioners we request the data and reports required to enable monitoring of services. MRU evidence and Wiltshire Health and Care reports had been requested and would be included in future issues of this report.</p> <p>ACTION: FIN/16/11/12.0 – RTT narrative to be included in future Constitutional Target update reports.</p> <p>ACTION: FIN/16/11/12.1 – Mixed sex accommodation breaches to be raised with GWH.</p>	<p>JD</p> <p>DMcA</p>
FIN/16/11/13	<p>Any Other Business There was none.</p> <p>The meeting concluded at 12:45hrs</p>	

Dates of Finance and Performance Committee Meetings 2016/17:

- 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)