

**FINAL MINUTES OF FINANCE AND PERFORMANCE COMMITTEE MEETING
HELD ON TUESDAY, 12 JANUARY 2016 AT 11:45hrs
AT SOUTHGATE HOUSE, DEVIZES**

Present:

Peter Lucas	PL	Vice Chair (Chair for this meeting), Lay Member
Christine Reid	CR	Lay Member
Deborah Fielding	DF	Chief Officer
Simon Truelove	STr	Chief Financial Officer
David Noyes	DJN	Director of Planning, Performance and Corporate Services
Steve Perkins	SP	Deputy Chief Financial Officer
Jo Cullen	JCu	Director of Primary Care and Urgent Care/Group Director, WWYKD
Dr Richard Sandford-Hill	RS-H	GP Chair, WWYKD
Dr Simon Burrell	SB	GP Chair, NEW
Dr Toby Davies	TD	GP Chair, Sarum
John Dudgeon	JD	Head of Information
Mark Harris	MH	Director of Acute Commissioning/Group Director, Sarum
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning/Group Director, NEW
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of PMO
Diana Hargreaves (<i>minutes</i>)	DJH	Board Administrator

Apologies:

Dr Peter Jenkins	PJ	Chair, CCG GP Chair
Dr Mark Smithies	MS	Secondary Care Doctor
Dina McAlpine	DMcA	Director of Quality
James Roach	JRo	Interim Integration Director

Item Number	Item	Action
FIN/16/01/01	<p>Welcome and apologies for absence</p> <p>PL welcomed everybody to the meeting, noting the apologies above.</p>	
FIN/16/01/02	<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>	
FIN/16/01/03	<p>Previous Minutes</p> <p>The minutes were agreed as an accurate record and there were no Matters Arising.</p>	

Action Tracker

FIN/15/09/03 - COMPLETE.

FIN/15/12/04 - MH reported on respiratory physiology at GWH

- Respiratory physiology is sleep studies which is a Financial Recovery Plan (FRP) scheme to review and amend the pathway, particularly for non-GP initiated activity
- A clinical meeting was cancelled due to the last planned strike and has now been re-booked
- GWH have lost a key member of staff to long-term sick and so have proactively reduced activity: therefore this increase should now decrease over the remainder of the year
- FRP work continues **COMPLETE.**

FIN/15/12/04 - MH reported on the referral data

- Work has been done with the SCW-CSU to form a series of dashboards using acute referral data, which is not a mandatory data submission: so this needs more work to make it useable, including adjustments for known anomalies and service changes that would skew the comparison between years and the trend line
- This will replace the previous report in the monthly practice packs and will be part of the SLA reporting to the Governing Body
- The headline message is that GP referrals are down 1.2% at month 8
- There are also referral rates per 1,000 weighted population for which there are outliers across Wiltshire. More work to occur with these practices
- NEW has identified two new pathways that are trending differently in the over 65s
- Sarum has mapped out referral information, first and follow ups, non-elective, care home admissions and hospital deaths and identified the top and bottom 5 practices: these are being contacted to establish the support needed **COMPLETE.**

FIN/15/12/04 - MH's team will be looking at a sample of physiotherapists, using RSS, to ensure that choice of providers was being offered.

FIN/15/12/04 - DF said that an out-of-hospital delivery board was being developed, bringing a number of workstreams together: DJN is producing a paper which suggests that the Clinical Executive may be the most appropriate place for this board. To be discussed at the next Clinical Executive on 9 February. **COMPLETE.**

FIN/15/12/07 - Update on the agenda. **COMPLETE.**

MH

FIN/16/01/04

M8 Financial Position and Detail Analysis

SP introduced the report briefing Members on the CCG financial position, including risks analysis, at month 8.

MH went through the detailed financial position for:

- GWH: the data has been somewhat cleaned up and has improved, although still far from perfect. The CCG is in discussion with GWH re the year-end position, including some fines, and will be planning to commission activity differently in 16/17 to ensure that GWH do not cause a financial pressure and can deliver the level of activity
- SFT: the position is more positive this year. The main area of over-performance pressure relates to non-elective activity
- RUH: over-performance pressure relates to a combination of

	<p>non-elective activity and high-cost drugs</p> <ul style="list-style-type: none"> • Circle: MH is in discussion with Monitor to see what the CCG are able to put into the contract re minimum waiting times and ongoing discussions with DMCA about specifying the limits of the contracted procedures <p>SB was concerned about the high increase in ophthalmology and suggested that the CCG needed to have discussions with NHSE about the issue and to engage with RSS to understand which opticians were referring.</p> <p>DF said that the GWH variance was significant and was unsustainable. MH advised that GWH was intending to move the backlog down to a sustainable level by the end of March, although MH felt that it would realistically take six months.</p> <p>The Members discussed the outstanding issues with WC and NHSE, both of which have been previously escalated. It was agreed that they would need to be escalated again if no resolution had been reached in the next few weeks.</p>	MH
FIN/16/01/05	<p>Month 8 Project Update (Financial Recovery Plan (FRP) and QIPP)</p> <p>DJN introduced the paper updating Members on the status of the ongoing projects which must deliver the 15/16 QIPP savings and also the savings identified in the FRP, to enable the CCG to meet its revised financial control total agreed with NHSE.</p> <p>Members were advised that there had been significant strides made with FRP delivery, particularly through prescribing and CHC. The planned care and urgent care elements still posed a challenge to the CCG's financial position.</p> <p>DF said that the variances in the QIPP savings schemes were very significant, which would be an issue for next year. The problem was not that the initiatives were not working, but rather the inability to prove that they were saving the CCG money. The situation was exacerbated by the acutes looking for increased productivity, resulting in higher charges to the CCG. The Members agreed the way forward would necessitate different contracts, capping the number of procedures and preventing the health system over-heating.</p>	
FIN/16/01/06	<p>Status on the Delivery of the Constitutional Targets and key activity and access indicators</p> <p>JD introduced the paper updating the Committee on the current performance at November 2015 against delivery of the constitutional targets set out by NHSE, taking Members through the headlines, detailed at p6 of the paper.</p> <p>MH said that, of the 9 breaches of patients waiting more than 52 weeks at North Bristol reported as WCCG patients, half were NHSE specialist patients: North Bristol were not expecting to clear the backlog until Summer 2016.</p> <p>Following discussions with GWH about the reporting of mixed-sex accommodation breaches, these are now starting to be reported.</p>	
FIN/16/01/07	Allocations Update	

STr introduced the tabled paper updating the Committee on the Allocation Announcement, the detail of which has now been produced:

- Wiltshire has received an uplift of 5.81% (£31.4m), approximately £21.8m more than originally planned for in the previous Medium Term Financial Plan
- Mental Health funding increased in line with the Parity of Esteem agenda
- Increase in the minimum required BCF
- In addition, there were a number of other national policy commitments e.g. pension costs, removal of capital grants etc, which also consume some of this additional growth
- Whilst having a positive impact on the previously reported 2016/17 QIPP challenge of £28m, the CCG still faces a challenge of £12m

In terms of the local context, Members were advised that there were cost pressures c£70m across the acutes and the transformation of the system was a significant challenge: a c4% increase in Primary Care commissioning next year and the CCG was working closely with NHSE on this: a c7% increase in specialist commissioning. SB articulated his concern that specialist commissioning was getting such a high uplift. There will need to be a debate about whether we should be focusing the growth on the whole population.

STr said that the allocation was a good outcome for the CCG, although it would be important to ensure that the system was stable and that there was the headroom available to support the transformation agenda. The culture within the system needed to change and the providers needed to understand that the allocation was not to be seen as 'new money'. Money would only be released if all the partners within the Wiltshire Healthcare Delivery Group agreed that it would support transformation programme.

FIN/16/01/10

Any Other Business

There was no further business discussed and the meeting closed at 13:15 hrs.

ITEMS FOR INFORMATION - The following papers are for information only and will not be discussed at the meeting. Printed copies can be made available to members. Should you have any questions regarding any of the papers, please contact the author.

Date of next Finance and Performance Committee Meeting: 9 February 2016 at 11:45hrs