


Wiltshire
Clinical Commissioning Group

**MINUTES OF FINANCE AND PERFORMANCE COMMITTEE MEETING
HELD ON TUESDAY, 14 JUNE 2016 AT 11:45hrs
AT SOUTHGATE HOUSE, DEVIZES**

Present:

Dr Peter Jenkins	PJ	Chair, CCG GP Chair
Peter Lucas	PL	Vice Chair, Lay Member
Simon Truelove	STr	Chief Financial Officer
Christine Reid	CR	Lay Member
David Noyes	DJN	Director of Planning, Performance and Corporate Services
Jo Cullen	JCu	Director of Primary Care and Urgent Care/Group Director WWYKD
Dr Richard Sandford-Hill	RS-H	GP Chair, WWYKD
Mark Harris	MH	Director Planned Care /Group Director SARUM
Dr Toby Davies	TD	GP Chair, 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
James Roach	JR	Interim Integration Director
John Dudgeon	JD	Associate Director Information
Doreen Wiltshire		Notes

Apologies:

Steve Perkins	SP	Deputy Chief Financial Officer
Mark Smithies	MS	Secondary Care Doctor

Item Number	Item	Action
FIN/16/06/01	Welcome and apologies for absence PJ welcomed everybody to the meeting, noting the apologies above.	
FIN/16/06/02	Declarations of Interest 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. There were none declared.	

<p>FIN/16/06/03</p>	<p>Previous Minutes – 12 April 2016</p> <p>The minutes were agreed as an accurate record.</p> <p>Matters Arising: None.</p> <p>Action Tracker FIN/16/04/04 – 2015/16 Year End Position: Congratulations/thanks letter sent to GPs 25.5.16- CLOSED FIN/16/04/05 Projects Update: RH updated at the June Meeting on project milestones. CLOSED</p>	
<p>FIN/16/06/04</p>	<p>M2 Update</p> <p>STP Programme: Detailed Action Plan and key messages will be shared at the Governing Body, 28.6.16. Work is progressing towards producing a work plan covering: prevention, planned care, urgent care, IT and workforce . Plan is due by 30 June 2016. More time is required to provide costings and detail for September submission. There is a lot of common ground between BaNES, Swindon and Wiltshire CCGs, but people recognise the scale of the challenge and that one size does not fit all localities. Primary Care is in the forefront. PWC are supporting the initial submission. PL asked if there was enough support from people in power to help make things happen, are we doing enough to harness others. ST reported on attending a DoH meeting with James Scott where Andrew Ridley and Anne Eden were both really supportive of the BSW plans. ST said that so far there has been good support and input by everyone.</p> <p>M2 The financial position is being achieved, but it is early in the year with limited activity data – HSCIC national data issues have impacted on this. Working days have also been lost due to Junior Doctors industrial action which has impacted on the providers elective capacity.</p> <p>All 3 acutes are failing to meet A&E targets</p> <p>PL asked how this year compared with last year. ST replied that last year Finance meeting were already being held on a monthly basis. We are in the same position, with pressure on demand and the importance of QIPP delivery. There is still a £2.9m potential overspend exposure this year from activity related QIPP with acute providers. The CCG need to start to deliver what is required to achieve the savings.</p> <p>GWH, SFT and RUH contracts have all been signed the GWH have agreed to improve their coding and not increase activity - this will remain a challenge. Wiltshire Health and Care contract has been agreed in principle.</p>	

FIN/16/06/05

Projects Update QIPP

RH presented the report from the PMO Office, identifying and updating, the project schemes which will contribute to the QIPP Target in the 16/17 Delivery Plan agreed by the Governing Body.

It is generally accepted that reporting accuracy of M1 performance against activity and finance is not possible. Future QIPP performance reports will use a revised version of the CSU report, elements of which feature in the Integrated Performance Report which is presented to the Governing Body.

The schemes have a named director and clinical lead identified. Progress is reviewed monthly via Directorate Dashboards at EMT.

Following the Audit and Assurance Committee recommendation, STAR reporting tool has been introduced to increase ownership and accountability to deliver plans. Each director provides a percentage confidence level against delivery, applied to their scheme.

PL questioned the accuracy of the percentages, and was there any analysis. DN replied that the CCG have persisted because of recommendation by PWC, they are not completely accurate but are of use. PL felt the mechanism of scrutinising these could be enhanced to enable earlier corrective action.

ST said that milestones are absolutely key, monitoring achievement, and to see changes being made, and recognise where support is required to deliver operational targets.

Planned Care have a number of projects this year, each with its own activity and financial target, as does CHC and Prescribing, all are monitored through QIPP report.

Planned Care QIPP - reported MSK is the biggest risk, the milestone will not be met due to difficulties with the pilot mobilisation taking longer and secondary care backlog.

Ophthalmology - Clinical discussions are taking place prior to roll out.

Follow UP Appointments - RUH commenced work in April, but IT difficulties have delayed the start at GWH. Second phase should commence in June but may be impacted.

Clinical Priorities - This year some activity has been decommissioned and schemes are in place to ensure the Hospitals do not carry out unapproved work.

Cardiology - Still in the design stage and will be discussed at the Planned Care meeting pm today.

ST said that Referral Support Services future and use of Ardens sits in the planned care workstream of the STP footprint, it is important not to lose any opportunities. Further discussions will take place with clinicians at the Planned Care Programme Board meeting.

PL enquired of there are any areas which RSS do not cover.

JD replied that neither of the Referral Support services have complete

coverage, but do not have any more capacity without financial support.

Urgent Care, BCP and Transfer Care Board have new and roll over schemes from last year. Performance monitoring will show delivery of activity targets only. The milestone plan provides information from the project register reported to the PMO office.

BCP: JR reported

- 75% of schemes are moving forward. Paediatrics has the biggest growth in admission avoidance.
- Care Home Liaison Plan scheme which started in April.
- The delay of patients in Hospital are dementia patients, providers are not accepting patients.
- IC length of stay has reduced
- Liaison Programme DTOC AWP – out of area placements, report to be discussed at July JCB. Can ICT beds be converted to long term beds? OSJ provide additional beds.
- AWP service modelling is expensive, need to reduce costs. IAPT may incur additional costs if services change.
- There is potential for a number of care home providers to go to tender, this is progressing slowly, joint agreement with the Council is required, and is on the July JCB agenda.
- Home Care Assistants, more recruitment is necessary.
- Health & Social Care, Urgent Care at Home hourly rate has increased, this has financial implications. Patients expectations need to be managed, after the initial 6 weeks, look at phasing of step down of care.
- Help to live at Home manage a high level of patients and referrals
- Urgent care at home capacity is currently resitrcted, contingency work is ongoing with Medvivo

Included in the plan is Wiltshire Health and Care, who from 1 July will be the provider of Adult Community Services. The CCG is reliant on WHC for information on their schemes for reporting purposes.

TCOP and Primary Care Offer are merging and the panel is working through Multiple schemes. All practices have signed up to Primary Care Offer LES, (1 practice has not signed up to1 element which is being worked through)

Primary Care Prescribing: thanks to workshops around usage, hot spots are faring well, national changes have benefited some prescribing charges. The Oxygen contract is producing savings.

CHC- DMc reported that resources are being used to best effect using High Cost Care Brokerage Services.

The committee received the report

- **DTOC AWP Out of Area Placements to be discussed at JCB 2.8.16**
- **Cardiology and Referral Support Services are to be discussed at Planned Care Meeting**

FIN/16/06/06

Status on the Delivery of the Constitutional Targets and key activity and access indicators;

	<p>JD reported that in April ambulance response reporting standards changed. Performance is below plan and last year's level. The pilot scheme is being monitored closely.</p> <p>TD said that cardio and stroke are no longer 999.</p> <p>RTT incomplete pathway constitutional target is 92%. GWH & RUH are delivering above plan levels submitted for STF funding, but not delivering the national target.</p> <p>April Breaches</p> <ul style="list-style-type: none"> • Cancer breached 3 standards: 2 week wait, 2 week breast symptoms (staffing issues at RUH) and Radiotherapy due to external providers. • Mixed sex, in GWH due to open day surgery pressures • A&E 4 hr wait at all 3 acutes , due to DTOC delays. • Dementia Diagnosis – 2% change in dominator 2016/17 results on impact of delivery, but improvement noted against April 15. • Community Services- All below plan due to delayed discharges. • Planned Care activity reductions were mainly due to Junior Doctors industrial action. 	
FIN/16/06/07	<p>Update on 2016/17 Planning and Contracting</p> <p>DN presented the Draft Operational Plan for 2016/17 which will be taken to the Planned Care Meeting this afternoon.</p>	
FIN/16/06/08	<p>Any Other Business</p> <p>There was no further business discussed and the meeting closed at 13:30 hrs</p>	

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.

Dates of Finance and Performance Committee Meetings 2016/17 9 August, 11 October, 13 December
14 February 2017 @ 11.45 – 13.15