NHS
Wiltshire
Clinical Commissioning Group

MINUTES OF FINANCE AND PERFORMANCE COMMITTEE MEETING
HELD ON TUESDAY 11 JULY 2017 AT 11:15hrs
AT SOUTHGATE HOUSE, DEVIZES

Voting Members Present:

Dr Peter Jenkins	PJ	Chair, CCG
Sujata McNab	SM	Deputy Chief Financial Officer
Linda Prosser	LP	Interim Chief Officer
Peter Lucas	PL	Vice Chair, Lay Member
Christine Reid	CR	Lay Member *(from 11.45hrs)*
Dr Mark Smithies	MS	Secondary Care Doctor
Dr Richard Sandford-Hill	RSH	GP Chair, West
Dr Anna Collings	AC	GP Vice Chair, NEW

In Attendance:

Mark Harris	MH	Chief Operating Officer
Jo Cullen	JCu	Director of Primary Care and Urgent Care/Group Director West
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning/Group Director NEW
Lucy Baker	LB	Acting Director of Acute Commissioning
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of PMO
John Dudgeon	JD	Associate Director of Information
Sharon Woolley	SW	Board Administrator

Apologies:

Steve Perkins	SP	Chief Financial Officer
Dr Toby Davies	TD	GP Chair, Sarum
Dr Andrew Girdher	AG	GP Chair, NEW
Dr Helen Osborn	HO	Medical Advisor

Item Number	Item	Action
FIN/17/07/01	**Welcome and apologies for absence** PJ welcomed attendees, the above apologies were noted.	
FIN/17/07/02	**Declarations of Interest** Members were reminded of their obligation to declare any interests they may have at the beginning of the meeting, or any issues arising during the meeting, which might conflict with the business of Wiltshire CCG. (This included any relevant interests previously declared on the Register of Interests). No declarations were made.	
FIN/17/07/03	**a) Minutes of the meeting 16 May 2017** The minutes of the meeting held on the 16 May 2017 were agreed as a true record. **b) Matters Arising**	

	There were none. **c) Action Tracker:** **FIN/16/10/08 and FIN/17/05/06 –** The development of a revised QIPP report continued. The quality of the data for months 1 and 2 was being reviewed, which had inhibited progress. A meeting was to be held within the CCG to agree data and format requirements, which would then be finalised with the CSU. Details of QIPP and its workstreams could then be included in the practice packs. **ONGOING** **FIN/17/01/06.1 –** SM reported that the Swindon Borough Council disputes panel had been in favour of the CCG concerning CHC patient charges, but that Swindon Council had not accepted this determination. **ONGOING** **FIN/17/05/05 – CLOSED** **FIN/17/05/07.1 –** LB reported that work was underway to look at the PANS and templates for Wiltshire. An update would be brought to the Committee when available. **ONGOING**	**MH** **SP** **LB**
FIN/17/07/04	**Financial Position** SM reported that the CCG's financial position was in line with the plan. NHS England had instructed CCGs to release the 1% headroom at the end of 2016/17, which now formed part of the CCG's brought forward surplus. The planned cumulative surplus was shown as £11.7m at the end of 2017/18 in line with NHS England's requirements. The CCG's planned in-year surplus position was £57k, and this was what the CCG was reporting and monitoring against in 2017/18. The CCG was currently reporting a £57k in year surplus in line with this plan. Page 5 of the report gave provider and programme details against the position. There had been very limited information for SFT's month 1 SLAM to provide any meaningful forecast due to the ongoing data quality issues. Concerns continued. LB explained that NHS England and NHS Improvement had been involved in making improvements with SFT. The RTT impact of this had now been mitigated following SFT actions, but SFT could not guarantee that activity data informing SLAM was correct. It had now moved from a clinical risk to a financial risk. SFT could not confirm a date for when this would be corrected. It was a known issue of the Lorenzo system. MH had been sighted on the very latest SLAM information for the 3 acutes before the meeting, and stated that a 3% change at SFT could have a significant impact. SFT had been rated as 'red' due to the validity of data. MS was concerned at the CHC variance for the year to date. SM said that year to date costs included provision for ongoing disputes. Section 4 of the paper set out the CCG's reserves, including headroom. The CCG is required to hold half of the headroom reserve as part of the national risk reserve. Investments had been committed against the balance of £1.4m. Other reserves were being used to offset the risk position. Risks were shown in table 5. There were risks against the acutes SLA despite indicative performance for M1, as there were risks around QIPP and in particular SFT was not recognising the CCG's QIPP targets. RSH questioned if there were particular specialists that had seen an increase in patient referral levels. There had been a general reduction in follow ups and monthly peaks and troughs through specialities. Referrals were down in general. LB would provide further information regarding outpatient and referrals to append to the minutes. The benefits of referrals going through the RSS were now being seen. An update on the RSS and clinical policies would be brought to the September Committee meeting.	

	ACTION: FIN/17/07/04.0 - Further information regarding outpatient and referrals to be appended to the minutes. ACTION: FIN/17/07/04.1 - An update on the RSS and clinical policies would be brought to the September Committee meeting.	**LB** **LB**
FIN/17/07/05	**Headroom Investments** The paper circulated informed Members of how the headroom monies were being managed this year. The CCG was required to set aside 1% of its allocation as headroom. 0.5% was to be retained as system risk reserve; the remaining 0.5% could now be used against CCG projects. The paper set out the methodology used to assess applications for funding initiatives. Table 2 indicated the allocations agreed to date. The headroom monies available for allocation equated to £1.6m. £829k had been transferred to Directorate budgets. The proforma being used was included as appendix A. MH raised a concern that two sign off processes were now being used, as Right Care had also recently agreed a process. The two processes would be aligned. ACTION: FIN/17/07/05 – The Headroom Investment and Right Care sign-off processes to be aligned.	**MH / SM**
FIN/17/07/06	**Better Care Fund Update** JD explained that the report showed the indicators used by Wiltshire Council to monitor the Better Care Fund (BCF) but included both data from the Council and the CCG. The narrative had been added by Wiltshire Council. NHS England monitored the Fund and its Plan monthly. This was the first time the report had been brought to the Committee. It enabled the CCG to track activity against the Plan, but Members felt that it did not contain enough detail. MH explained that it was a difference in the style of reporting. Lead indicators had been reviewed and agreed with those involved. The monitoring data then sat behind this summary BCF report. Delayed Transfer of Care (DTOC) had become adrift from plans and was now a significant issue. LP raised this as an urgent concern for the Committee to monitor. There had been new money into the social care budget, but there was a risk that it may not be exclusively used to fund delay reduction work. LP queried whether the figures included those delays outside the official definition. DTOC needed robust performance management by the CCG and partners. The independent sector was benefitting from additional work to clear the back log which had been increasing as a result of delays, but LP stressed that this should remain an interim measure. The CCG would work with Wiltshire Council to ensure good quality data was collected. A significant number of DTOCs were due to patients awaiting transfer to the Help to Live at Home services. TW explained that a deep dive of Community Hospitals found that DTOC patients there were awaiting care placements. A collective review was needed to gather an accurate picture of the whole system across Wiltshire and to establish the internal ambition for what the CCG wants for Wiltshire. The ‘value for money’ of the Better Care Fund was raised by RSH. It was a national requirement to have the BCF in place, and involved a significant amount of money. Sue Shelbourne-Barrow would be in post as the Transformation and Better Care Fund Lead from 19 August 2017 and would attend Committee meetings. Members felt it was the right time to review the systems and procedures and to ensure further analysis and monitoring was in place. JCu mentioned that there were a number of lines in the Integrated Urgent Care Procurement that will	

	need to be aligned to the BCF. The Committee requested that the review be undertaken before October to clarify the delivery of the BCF. ACTION: FIN/17/07/06.0 – Review of the Better Care Fund to be undertaken to clarify its deliverables and to ensure that appropriate procedures and monitoring was in place. A report to be brought to the September Finance and Performance Committee meeting. It was suggested that Wiltshire Council's Director of Social Care (or the appropriate staff member associated with the BCF delivery) be invited to attend Finance and Performance Committee meetings when appropriate. ACTION: FIN/17/07/06.1 – Wiltshire Council's regular attendance at Finance and Performance Committee meetings to be considered.	**LP / MH** **LP / MH**
FIN/17/07/07	**Marginal Rate Emergency Tariff (MRET) Proposal** SM explained that, in line with the requirements of the National Tariff, the CCG was required to adjust the contract values to reflect emergency admissions so that any admissions above an agreed baseline were funded at 70% of the normal tariff rate. This is known as the Marginal Rate Emergency Tariff. How the CCG planned to utilise the MRET funding was shown on page 3 of the paper. A mechanism was in place to apply for funding and to ensure there was no cross over. LB queried if this was then cross-referenced to the Operational Resilience Capacity Plan (ORCP). It was an opportunity for Directorates to review what ORCP and MRET was used in line with the BCF. ACTION: FIN/17/07/07 – Review of ORCP and MRET funding to be undertaken across the Directorates. The percentage allocated was proportionate to the deductions for each Trust. There was no contractual obligation for the CCG to offer the funding back to the acutes – but it was beneficial to reinvest it back into appropriate schemes. LB felt that investment should focus on those schemes that would help reduce DTOC.	**LP / MH**
FIN/17/07/08	**Status on CCG Project Milestones for QIPP Delivery 2017/18** RH presented the QIPP delivery update, informing Members that some data had not been available at the time of writing the report. Page 3 of the report included a table of the CCG's financial saving targets, along with the risk profile. The grey 'reconciliation' area identified the scheme position. NHS England were aware that £740k of the target was currently unidentified. MH emphasised the benefit of using the tracker tool, which showed the impact on areas and provided good, reliable evidence to enable informed decisions. The CCG continued to lead the STP Planned Care Programme and will deliver its QIPP through that area of work. The STP Planned Care workbook would bring a consistent service to the patient through the Referral Management approach. PIFU had demonstrated some success, with follow up activity reducing, allowing resources to be redeployed. Right Care was providing reliable data for the Planned Care programme. NHS England were content that the CCG was correctly utilising the Right Care approach. 10 elements had been identified, with MSK being a priority. The Right Care process was to be embedded throughout the CCG, raising staff awareness through team meetings and corporate inductions. The schemes associated with Urgent Care had been revised and now totalled £2.23m. EMT was reviewing the programme to define how they would be	

	implemented. The CSU have been engaged to report on a number of areas which were expected to be impacted upon by the urgent care initiatives. Pages 13 and 14 listed the identified urgent care workstreams that would be a focus for 2017/18. There was a reliance on the BCF delivering. Item 7 indicated the delivery of savings against non-programme related activities, and the amount of unidentified QIPP. Annex A presented the high level milestone plan, which included the Right Care workbook. CR questioned the confidence in the CSU to deliver the data required for the report going forward. RH confirmed he had confidence in the CSU to deliver. The CCG and the CSU were taking stock of the current position and then clarifying a review process to ensure it moved forward correctly.	
FIN/17/07/09	**Delivery of Constitutional Targets Delivery Update** The report had been reissued that morning following some figure amendments. JD reported on the May highlights against the constitutional targets: • The target for RTT incomplete pathways had been breached the last 2 months. The SFT focus on data in this area may help improve the reported data. RUH had significant issues with their cardiology waiting list. A plan was now in place to ensure these were allocated in chronology order. An update from RUH would be requested. There had been an increase in demand for Cardiac, MRI and CT scans. A new test was now being used across tertiary centres. Neurophysiology activity was being monitored. The CCG had been affected by a few Trusts reporting NHS England commissioned patients as Wiltshire's in error. LB informed members that the 52 week waiting list had been requested from these other Trusts, but Wiltshire patients were not a focus. To ensure patients were clinically validated this had been challenged and escalated to NHS England. These needed to be booked in chronological order. This would filter through the Provider Performance Management (PPM) monitoring. LB would request the PPM directly for a breakdown of Wiltshire patients. ACTION: FIN/17/07/09.0 – PPM to be requested from those Trusts outside of Wiltshire to show breakdown of Wiltshire patients. • Diagnostic targets had been breached the last 2 months. It was expected that this would recover in the next month. • 2 of the 9 Cancer targets had been breached in May. GWH had achieved 42.6% against the 2 week wait. The 62 day treatment standard had been breached, but was seen to be improving over the month. Providers had been requested to provide additional assurance in relation to cancer patient pathways. • Geography impacted upon the ambulance response times. Wiltshire had never achieved the target. SWAST were now implementing a new reporting process which had impacted on the data. • NHS England's DTOC target was 3.5%. RUH and SFT had reported high numbers for April, and GWH's figures were double the target. It was expected that this would be raised at the next Quarterly Assurance meeting. PL informed Members that the Audit and Assurance Committee had received a paper to update on the Mental Health DTOC position, but it had been agreed to retract the paper due to lack of appropriate representation at the meeting. AAC Members had agreed it was the responsibility of the Finance and Performance Committee to monitor such activity and	**LB**

	performance. TW explained that the review of Mental Health DTOC had shown the number of DTOC beds in Wiltshire, but it was noted that these were not necessarily always Wiltshire patients. At a recent meeting with AWP, they had reported that 6 of the DTOC beds were Wiltshire patients. LP questioned what the CCG was doing to support local providers in reducing their DTOC position. TW confirmed that investment had been made in care staff, especially those working in the advanced Dementia field. The team were also working with HealthWatch Wiltshire towards dementia public engagement events at the end of July to consult on options. Targeted, additional support was being offered to Care Homes to ensure that the care pathway was available. Wiltshire Health and Care's average length of stay was 9 days over the target. This was a concern, especially in relation to delays in placements. TW expected that the Home First scheme would help to move patients quicker into domiciliary care. MH would raise the DTOC issue through the STP to ensure that neighbouring CCGs were also providing support. ACTION: FIN/17/07/09.1 – DTOC issue to be raised through the STP to ensure that neighbouring CCGs were also providing support.	**MH**
FIN/17/07/10	**Finance and Performance Committee Work Plan 2017/18** The Committee noted the revised work plan for 2017/18.	
FIN/17/07/11	**For information: Minutes from the Estates Steering Group meeting held on 6 April 2017** The Committee noted the Minutes from the Estates Steering Group meeting held on 6 April 2017. CR felt that the Steering Group minutes did not provide sufficient information for such an important area of work. SM explained that estate reports had now been built into the Committee work plan, with a report to be brought to the September meeting.	
FIN/17/07/12	**Any Other Business** There were none. The meeting was closed at 12.35hrs	

Date of next Finance and Performance Committee Meeting:
Tuesday 12 September 2017 11.15 – 13:15hrs