

MINUTES OF FINANCE AND PERFORMANCE COMMITTEE MEETING

HELD ON TUESDAY 10 JANUARY 2017 AT 11:15hrs

AT SOUTHGATE HOUSE, DEVIZES

Present:

Dr Peter Jenkins	PJ	Chair, CCG (<i>until 11.30hrs</i>)
Peter Lucas	PL	Vice Chair, Lay Member (<i>Chaired meeting from 11.30hrs</i>)
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, West
Dr Toby Davies	TD	GP Chair, SARUM
Dr Anna Collings	AC	GP Co-Chair, NEW
Mark Harris	MH	Chief Operating Officer
Sujata McNab	SMcN	Deputy Chief Financial Officer
David Noyes	DJN	Director of Planning, Performance and Corporate Services
Jo Cullen	JCu	Director of Primary Care and Urgent Care/Group Director West (<i>until 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	Acting Director of Acute Commissioning
Sharon Woolley	SW	Board Administrator

Apologies:

Ted Wilson	TW	Director of Community and Joint Specialist Commissioning/Group Director NEW
James Roach	JR	Interim Integration Director
Dr Andrew Girdher	AG	GP Co-Chair, NEW
Dr Lindsay Kinlin	LK	GP Vice Chair, West
Tracey Cox	TC	Interim Accountable Officer
Dina McAlpine	DMcA	Director of Quality

Item Number	Item	Action
FIN/17/01/01	<p>Welcome and apologies for absence</p> <p>PJ welcomed attendees, in particular SMcN who joined the CCG this week as the Deputy Chief Financial Officer. The above apologies were noted.</p>	
FIN/17/01/02	<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. This included any relevant interests previously declared on the Register of Interests.</p>	

	AC declared an interest as a Governor of GWH.	
FIN/17/01/03	<p>Minutes of the meeting held on 8 November 2016:</p> <p>The minutes of the meeting held on 8 November 2016 were agreed as a true record.</p> <p>Action Tracker:</p> <p>FIN/16/08/04.2 – SFT ITU activity and chemotherapy delivery – January agenda item. CLOSED.</p> <p>FIN/16/08/06.3 – Repatriating WCCG funded patients to utilise the Daisy Unit – SP reported that the Daisy Unit had now been registered by CQC as a hospital. Two patients would be moving into the Unit in January. Ensuring full use of the Unit would be ongoing work. CLOSED</p> <p>FIN/16/10/08 – QIPP report format to be revised – Revised report to be in place by 1 April 2017. ONGOING</p> <p>FIN/16/10/10.1 – BCF QIPP scheme evaluation – Apologies had been received from JR, therefore this item would carry forward to the February meeting. ONGOING</p> <p>FIN/16/10/11 – Locality data and case review – January agenda item. CLOSED</p> <p>FIN/16/11/05.0 – Clarify SFT’s investment plans for additional beds – January agenda item. CLOSED</p> <p>FIN/16/11/12.1 – Mixed sex accommodation breaches to be raised with GWH - DMcA’s update to the action stated that the CCG had raised this with GWH. It had been a result of exceptional urgent care requirements. There had been no further mixed sex accommodation breaches from GWH. COMPLETED</p>	
FIN/17/01/04	<p>Matters Arising</p> <p>There were none.</p>	
FIN/17/01/05	<p>Review of Finance and Performance Committee Terms of Reference</p> <p>The Committee agreed that it was good practice to have all three locality groups represented at meetings and for each to be noted as a voting member.</p> <p>The Committee approved the Finance and Performance Committee Terms of Reference and recommended these for ratification by the Governing Body.</p> <p>ACTION: FIN/17/01/05 – Finance and Performance Committee Terms of Reference to be ratified by the Governing Body.</p>	PJ
<i>PJ and JCu left the meeting at 11.30hrs. PL took over as Chair of the meeting from this item onwards.</i>		
FIN/17/01/06	<p>Financial Position</p> <p>SP went through the M8 report, which indicated that the 1% surplus was on track to be delivered.</p> <p>SP advised Members that M7 data had been questionable for SFT due to their new system and new data warehouse. RUH data was questionable due to large amounts of uncoded activity. Data would be re-submitted in time for the next SLAM.</p>	

- **SFT**

SP reported that the year-end agreement was in place. The new data system should bring better granularity of data. The level of Specialist Commissioning activity had improved. NEL activity remained over plan, being 12.4% above planned, over plan by 5% YTD, an extra 3 day on day. Representative activity levels had been built into baseline plans for 2017/18. A&E activity was over plan by 4%, with YTD financial plans being 2% over.

Residual funds had been re-invested into RTT work, alongside further funds allocated by NHSE. LB reported that SFT were using funds to outsource to New Hall. GWH were combining outsource work with waiting list sessions. (RUH had not wished to participate in the RTT scheme). NHSE had requested a report back on the progress of this work and the Patient Tracking List (PTL) by 11 January. LB had reported back with what data was available.

The request for re-submission of clean data would be raised with SFT at the contract meeting on 12 January 2017, stressing the operational impact it was having.

Indicative M8 data suggested that NEL activity continued to be above plan, with over-performance at 11%. OP Follow Up activity had increased, resulting in the QIPP target not being met. Back logs were being cleared. PIFU (Patient Initiated Follow-Ups) would be undertaken to ensure that the needs of patients were being met and to confirm if follow ups were required. It was suggested that the re-admission rate was reviewed by the Local Delivery Board.

[ACTION: FIN/17/01/06.0 – SFT re-admission rates to be reviewed by the Local Delivery Board](#)

LB

- **RUH**

NEL activity had increased and was now 17% over plan, with YTD activity 7.63% over. This was a sizeable growth and had brought significant operational pressures. A&E activity continued to be over planned levels, and was 5.22% over plan in M7.

Elective and Domiciliary Care activity levels were 1.82% over plan, but combined activity was coming back on plan. There were continuing pressures to reach delivery trajectories. It had been outsourced May 2016 to September 2016 to the independent sector. September to November had seen 1000 cases outsourced to ensure faster access to treatment.

M8 data indicated that NEL activity levels were 26% over plan, but this is likely to be due in part to a significant proportion of uncoded activity. A&E activity levels were over plan for the successive sixth month.

MS questioned the NEL Excessive Bed Days and the negative figures for RUH outpatient procedures. LB advised that this was being looked into.

- **GWH**

NEL activity had stabilised. A&E activity levels had increased for M7, although slightly under plan YTD by -0.79%. The maternity position had moved adversely due to increased birth levels and additional postnatal pathways.

M8 data identified that there had been a significant increase of £0.33m over M7

	<p>YTD, bringing the YTD performance at £0.62m. High Cost Drugs continued to bring substantial cost pressures, Nadine Fox continued to work on this.</p> <p>Financial Risks, Reserves and Recovery The report to NHSE remained unchanged.</p> <p>There had been no further movement from RUH concerning contracts, with a substantial gap remaining between RUH and CCG positions RUH have assumed continued investment from MRET (Marginal Rate Emergency Tariff), and there is also some double-counting around some activity. The CCG continued to engage with the RUH to move forward.</p> <p>The CHC patient charges dispute continued with Swindon Borough Council and Wiltshire Council due to the CHC eligibility process. The CCG continued to work with both Councils to resolve the disputes. If this remained outstanding at the end of the financial year, the CCG had scope to put provision in place. An update was requested for the February meeting.</p> <p>ACTION: FIN/17/01/06.1 – Update on CHC patient charges disputes to be brought to the February Finance and Performance Committee meeting.</p> <p>Financial Recovery Plan £1.2m of risk adjusted forecast savings had been identified in the plan. The underachievement had been factored into the M8 position. It is expected that the CQUIN and Medicines Management schemes would overachieve.</p>	<p>SP</p>
<p>FIN/17/01/07</p>	<p>NHS Funding Settlement Impact</p> <ul style="list-style-type: none"> a) 2017/18 Impact b) Budget Setting Process c) Contract Status Update <p>SP advised Members that the paper confirmed the 2017/18 funding settlement to the CCG and the budget setting process adhered to.</p> <p>Overall allocation remained unchanged, although there would be some small in year changes. This included non-recurrent changes, such as the HRG4+ impact, giving greater coding ability. At a national level, it is assumed that this change would be cost neutral as resources are moved around the system. The CCG had allocated £250k against this change.</p> <p>Nationally, identification rules had been refined that were used to identify Specialised Commissioning activity, with some related funding transferring back to CCGs, but it was unclear on what activity basis.</p> <p>A breakdown of the CCGs resource limit for 2017/18 was included in Appendix 2 of the paper.</p> <p>The CCG was to continue delivering a 1% surplus. The reporting process was currently unclear as it had been suggested this may move from a cumulative position to in-year only reporting, with NHSE retaining the brought forward surplus. This would mean that the CCG would report a break even position.</p> <p>In 2016/17, CCGs had to set aside 1% as headroom as a risk reserve, which could not be used. In 2017/18, 0.5% of the 1% headroom can be used for local investment. Providers are to contribute to the headroom monies. £1.1m of investments had been linked to QIPP schemes.</p>	

	<p>In year QIPP savings of £14.5m had been included in the plan. A breakdown of the programme and scheme analysis of QIPP was shown in table 3. The QIPP plan would be revised subject to further review.</p> <p>The identified risks were shown in table 4. The greatest risks being acute over performance and non-delivery of QIPP. A net risk of £3.6m remained to be aligned to further QIPP projects.</p> <p>The activity plan positions, based on M4 STP discussions, had been submitted to NHSE in December, and were shown in Appendix 3. The plan was based on month 4 YTD actual activity, with local adjustments and the growth applied in line with STP assumptions. The service pressures had been reflected, containing growth would be a challenge.</p> <p>Year on year NEL activity continued to exceed plans. PL questioned the certainty of being able to ensure NEL activity did not continue to exceed plans for 2017/18. Containment of growth had been successful, particularly within the over 65's group. Other areas should be focussed on. TC advised Members that a workshop with the Executive Management Team was to be held to appraise QIPP targets and scheme plans. The outcome of this would be brought back to the Committee.</p> <p>ACTION: FIN/17/01/07 – Outcome from EMT’s appraisal workshop of QIPP targets and scheme plans to be brought to the Finance and Performance Committee.</p> <p>Key provider contracts had to be signed by 23 December 2016. SP reported that the majority of its contracts had been signed. A response from providers was awaited concerning the outstanding contracts, but SP had no material concerns.</p> <p>The Committee wished to note its thanks to SP and the team for the excellent work completed on budgets and contracts.</p> <p>The 2017/18 budget would be recommended for adoption by the Governing Body.</p>	<p>TC</p>
<p>FIN/17/01/08</p>	<p>SFT</p> <p>a) Deep Dive and Audit Results (RDAs)</p> <p>LB reported that the paper provided an update on the Regular Day Admissions (RDA) audit which had been conducted at SFT. For the period April to October, £1.2m was spent on RDA activity, which averaged at £532 per person.</p> <p>Dr Andy Hall undertook a clinical audit of SFT’s RDA activity, the final results were awaited. Initial findings found that 30% of patients did not need to be treated at SFT. It was a historical issue of patients being stuck in the system and not discharged to appropriate care packages.</p> <p>Audits of GWH and RUH would be undertaken in February. Once all reports were finalised, performance across all would be reviewed, alongside patient feedback. Quick remedies would be implemented initially.</p> <p>The findings from the audits would be enacted through the SDIP (Service Delivery Improvement Plan) and could result in reduced spend. The two main aims of the audit were 1. To ensure the right activity and service for the patient in the right place and 2. To ensure the CCG was getting the best</p>	

	<p>service for its money.</p> <p>b) Investment Plans LB reported that SFT had initially planned to invest in a recovery day ward for surgery patients. SFT had not been successful with their bid for national monies and so would not be progressing with the ward plan. There were currently no plans to increase bed numbers at SFT.</p> <p>c) Locality Data and Case Review LB reported that the review of data through A&E had not been undertaken. The Sarum Executive Group were monitoring A&E admissions and would be conducting an audit. Actions for this were to be agreed. It was suggested that all Practices should go through this process.</p> <p>It was agreed that ACTION: FIN/16/10/11 – Locality data and case review – was removed from the action tracker.</p>	
<p>FIN/17/01/09</p>	<p>Status on CCG Project Milestones for QIPP Delivery 2016/17 a) 2017/18 QIPP Programme and Benchmarking Horizon Scanning</p> <p>DJN reported that at M7 QIPP savings were not being achieved as planned, with savings being £3.7m below target.</p> <p>The summary of QIPP schemes identified for 2017/18 were included on page nine of the report. Plans to contain growth of NEL activity (as achieved in 2015/16) were being developed through TCOP, BCF and the community contract with Wiltshire Health and Care. Planned Care schemes would focus on demand management and policy revisions.</p> <p>The 2017/18 plans were achievable, but capacity may become a challenge. Some Planned Care areas may not fully meet associated savings due to the STP. WCCG is not the lead on the Planned Care workstream, so therefore would not have control on progression.</p> <p>Detailed milestone plans would be used to track achievements. As noted under item 7, a workshop was to be held internally to test the QIPP aspirations. Performance reporting would be re-configured to be coherent with the Directorate Dashboards.</p>	
<p>FIN/17/01/10</p>	<p>Delivery of Constitutional Targets Delivery Update JD reported on delivery against constitutional targets. It was noted that the report was semi-complete as much of the November data had been unavailable, affected by the implementation of new systems at SFT and GWH.</p> <p>RTT was considerably below target, largely due to the reporting from SFT. Issues with SFT's Commissioner Identification had led to a 59% increase in Wiltshire's waiting list. SFT had been asked to re-submit data.</p> <p>There had been 5 patients recorded as waiting over 52 weeks. The CCG Quality Team were seeking further information on all 5 patients. Assurance was given that patients are being seen; it is just exceeding the 52 week target.</p> <p>There had been a breach on the 99% 6 week target for Diagnostics with an achievement of 98.2%. It is expected that December data would bring that back on target. 8 mixed sex breaches were recorded, all at SFT. The latest A&E data reported that all three acutes breached the 95% 4 hour target. Ambulance</p>	

	<p>Response Times had improved in November, however red response times were below the standard. C.Diff data was on track to deliver the year target. Dementia Diagnosis performance had improved in November. TW confirmed his confidence in delivering on target in Q4.</p> <p>Wiltshire Health and Care's performance against targets was deteriorating. MH and TW were to review this to see what recovery actions needed to be implemented.</p> <p>ACTION: FIN/17/01/10 – MH and TW to review Wiltshire Health and Care's performance against constitutional targets and identify recovery actions.</p> <p>MH reported that the Q3 Assurance Meeting with NHSE had raised questions concerning Diagnostics Testing, RTT inconsistencies and A&E trajectories going forward. MH reported that the three acutes had submitted trajectories for the next three years, and all three would not be meeting the A&E targets.</p>	MH / TW
FIN/17/01/11	<p>Any Other Business</p> <ul style="list-style-type: none"> • February Meeting The next Committee meeting would focus on and test the QIPP plan and Milestone plan. It was suggested that it may be beneficial to widen the meeting audience for the discussion. <p>The meeting concluded at 12.45hrs</p>	

Date of next Finance and Performance Committee Meeting: 14 February 2017 11.15 – 13:00hrs